

Title	EMERGENCY CONTRACEPTION GUIDANCE			Number	CL60
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Author:	Dr. Liz Nyholm			Version:	1.2
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Contacts:					

Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

DATE	CHANGE	CHANGED BY
01.07.17	Original version	LN
22.05.19	Reviewed, no change	SMcD
04.04.23	Reviewed, minor updates	LR/FW

Introduction

Emergency contraception is widely prescribed for patients who wish to avoid unplanned pregnancy after unprotected sexual intercourse. The advice about the management of requests for emergency contraception has been provided the Faculty of Sexual and Reproductive Healthcare in the light of new awareness of the effectiveness of the oral preparations used for emergency contraception and the need to inform patients about opportunities for them to receive the most effective method of emergency contraception – the copper intrauterine device.

The Faculty of Sexual and Reproductive Healthcare emergency contraception guidance is available here:

<http://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

In association with this, clinicians should be aware of the updated and related guidance on ‘Quick-Start Contraception’.

<http://www.fsrh.org/standards-and-guidance/documents/fsrh-clinical-guidance-quick-starting-contraception-april-2017/>

Procedure

When a patient calls Badger requesting Emergency contraception (EC) advice, it is important to be receptive, empathetic and ask the right questions in order to best assist the patient. Young people in particular are extremely anxious about phoning Badger, so it is beholden on us to be particularly sensitive to their needs. Remember that unprotected sexual intercourse puts an individual at risk of both unwanted pregnancy but also sexually transmitted infections.

Telephone Assessment

You may be in a position, as the clinician, to undertake a telephone consultation effectively in which case the patient is able to collect a prescription for the pills either from Badger or a local pharmacy.

1. Yes, we can help,
2. Ask the questions needed to signpost the patient to the most appropriate source of help (Badger Centre, GP, Pharmacist, Umbrella Clinic).
3. *The Questions:*
 - a) When was the unprotected sexual intercourse (UPSI) - hours ago?
 - b) Periods – first day of LMP, cycle length? Shortest cycle,
 - c) other UPSI since LMP,
 - d) taken EC already in this cycle,
 - e) Are they using a form of regular contraception?
 - f) plans for future contraception - remember that progestogens are ineffective for 5 days after taking EllaOne (UPA)
 - g) do they think they are at risk of STI from partner (standard sexual history – STI testing is important – kits available from Umbrella pharmacies
 - h) did they agree to have the sex – are they at risk in any way
4. Reassure that some form of emergency contraception should be possible

Management

- If you assess that treatment with EHC is indicated then either issue a prescription (if you are confident from the telephone consultation) or if possible arrange consultation for counselling, signposting to condoms, further advice and to promote consideration of the Copper Coil IUCD.
- **FOLLOW the March 2017 FSRH Decision Making Algorithms for Emergency Contraception (1) and for Oral emergency contraception (2)** These form part of the FSRH Guideline March 2017 Emergency Contraception
- **Oral Emergency Contraception**
 - UPA (Ullipristal Acetate) EllaOne: up to 120 hours from UPSI
 - LNG (Levonorgestrel) Levonelle: up to 72hr
 - **ORAL EC GIVEN AFTER OVULATION IS INEFFECTIVE**
 - **but if in doubt always offer EC**
- **The Intrauterine Copper Device**
 - Where appropriate, offer ALL EC requests the opportunity to have the **best method of EC** – the Copper Coil IUCD. It can safely be fitted in women who have not given birth and young people.
 - The patient should be offered the details for Umbrella health to request an emergency IUCD (COIL) the number for Umbrella to request an emergency IUCD. 0121 237 5700 <https://umbrellahealth.co.uk/>

Further Information

Detailed guidance is available online at:

<http://www.fsrh.org/standards-and-guidance/>

See also the FSRH guidance on emergency contraception:

<http://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

Sexual Infection guidance is available at the British Association of Sexual Health and HIV site: <https://www.bashh.org/guidelines>

The Umbrella Website has details of all SRH related topics. Oral EC is available for free at Umbrella Pharmacies. <https://umbrellahealth.co.uk/> 0121 237 5700 (Birmingham & Solihull patients only)

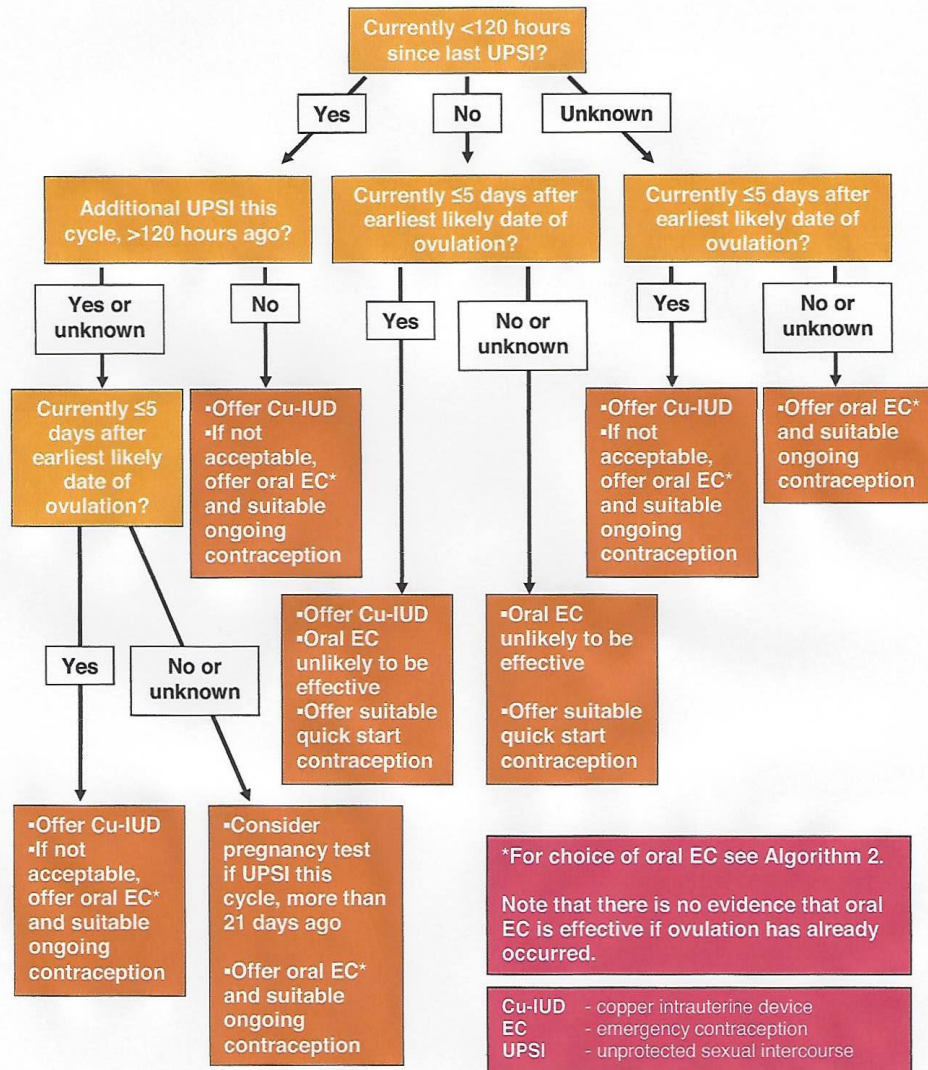
Queries

Any queries please contact the duty associate medical director or an Umbrella specialist nurse or health advisor can be contacted via Umbrella at 0121 237 5700 (Telephone opening hours - Mon, Weds, Thurs 9:00-17:00, Tues 10:15-17:00, Fri 09:00-16:30) or www.umbrellahealth.co.uk



Decision-making Algorithms for Emergency Contraception

Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC):
Copper Intrauterine Device (Cu-IUD) vs Oral EC





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1



BMJ 2012;344:e1492
Practice Therapeutics

Emergency contraception

Fig 2 Comparative predicted estimates of the number of pregnancies expected if 1000 women at risk used various forms of emergency contraception or nothing

