Emergency Contraception (EC) after unprotected sexual intercourse (UPSI) or failure of contraception

This BLMK guidance aims to summarises the key points to consider with regards to choice of emergency contraception. For comprehensive guidance, on the most appropriate choice, depending on individual circumstances, please refer to the following resources:-

- **Faculty of Sexual Reproductive Healthcare (FSRH)** - Emergency Contraception - full guidance
- **FSRH decision making algorithms:-**

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

  Algorithm 2:Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)
- **Clinical Knowledge Summaries (CKS) - Emergency Contraception** - full guidance
- **Ardens templates - GPs can access the Ardens templates via SystmOne**.

Carry out a detailed initial assessment:-

- Check to see if EC is needed and that a pregnancy is reasonably excluded.
- Enquire if the woman is currently using hormonal contraception.
- Ask about timing of last menstrual period (LMP), average cycle length, timing and number of episodes of unprotected sexual intercourse (UPSI) since LMP.
- Determine if UPSI is likely to have occurred at a high risk time e.g. if woman is currently ≤5 days after earliest date of ovulation.
- The choice of EC should be decided by taking additional factors into consideration, such as the UK Medical Eligibility Criteria, the woman's preference, likely time of ovulation in menstrual cycle, current medication, e.g. liver enzyme inducing medications, body mass index/weight, length of time since UPSI and whether post partum or breastfeeding.
- If working from a Patient Group Direction (PGD), check the woman meets the inclusion criteria specified within the PGD.

1st line choice: 380 mm² Copper IUD (Cu-IUD)

Points to note:

- **Cu-IUD is the most effective method of EC** - offer to **all** women provided the criteria for insertion is met and is acceptable.
- Cu-IUD can be inserted for EC within 5 days (120 hours) after the first unprotected sexual intercourse (UPSI) in a cycle or within 5 days of the earliest estimated date of ovulation, whichever is later.
- Emergency coil fitting appointments can be accessed at local sexual health clinics – Click here for contact details for local centres
- Offer oral EC at the time of referral in case a Cu-IUD cannot be inserted or woman changes her mind.
- Cu-IUD provides effective ongoing contraception

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

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2nd line choice : Oral emergency contraception

The choice of oral EC is influenced by various factors such as length of time since UPSI, timing of UPSI in relations to likely timing of ovulation within a cycle, woman's body mass index / weight, any contraindications, any concurrent medications e.g. liver enzyme -inducing drugs, whether woman is post partum or breastfeeding.

General Points to consider:

- **Ulipristal acetate has been demonstrated to be more effective than levonorgestrel.**
- The use of oral EC post ovulation is ineffective.
- Ulipristal acetate and levonorgestrel can be prescribed on a FP10, obtained from a sexual health clinic, obtained from a community pharmacy (via a PGD or purchased over the counter (OTC)).
- **Length of time since UPSI** should be taken into account when considering a suitable choice of oral EC.

Oral EC options if : **Up to 72 hours after UPSI**	**Ulipristal acetate 30mg (EllaOne) OR Levonorgestrel 1.5mg** (**to aid decision making, consult** FSRH decision making algorithm **or** CKS guidance)
Oral EC options if: **Between 72 hours to 120 hrs after UPSI**	**Ulipristal acetate 30mg (EllaOne)** NB:- • If other EC methods are unsuitable or declined, Levonorgestrel may be used **up to 96 hours after UPSI (FSRH guidance, off-label use).** • **Levonorgestrel is ineffective if taken more than 96 hours after UPSI.**

Additional information

- Ulipristal acetate and levonorgestrel can be used once or more in a menstrual cycle, however:-
  - **Do not use** ulipristal acetate if previous use of levonorgestrel in the preceding/last 7 days.
  - **Do not use** levonorgestrel if previous use of ulipristal acetate in the last 5 days.
- If progestogen (in any form e.g. the progestogen only pill, HRT etc) has been taken 7 days prior to UPSI:- the effectiveness of ulipristal acetate could theoretically be reduced and levonorgestrel should be considered instead,
- Effectiveness of ulipristal acetate could be reduced if a woman takes progestogen in the 5 days after taking ulipristal EC.
- Effectiveness of both ulipristal acetate and levonorgestrel is reduced with concurrent use of enzyme-inducing medication or within 28-days of stopping enzyme inducer:- In such cases, refer to a specialist centre asap - if Cu-IUD not suitable, second line option is **double dose (3mg) levonorgestrel (FSRH guidance, off-label use**). U**lipristal acetate is not recommended.**
- Ulipristal acetate is not suitable for use by women who have severe asthma controlled by oral glucocorticoids.
- The effectiveness of levonorgestrel could be reduced if the woman has a BMI greater than 26 kg/ m^2 or body weight greater than 70 kg - a dose of 1.5mg levonorgestrel should **NOT** be used - a **double dose (3mg) levonorgestrel is recommended (FSRH guidance, off-label use)**
- If time since UPSI is over 120 hours see CKS guidance on over 120 hours; refer to the Sexual Health services for an EC-IUD assessment.
- For breast feeding mothers:- refer to FSRH guidance (section 12, page 19).

Additional advice

- If the woman vomits up to 3 hours after taking an oral EC, a second dose should be taken as soon as possible.
- Explain that after taking oral EC, a woman will continue to be at risk of pregnancy from UPSI later in the cycle as ovulation has been delayed.
- Offer suitable contraception - the **FSRH** advises that hormonal contraception should begin immediately after levonorgestrel and, five days after ulipristal acetate
- Advise to use additional contraception (such as a condom) or avoid sexual intercourse until the chosen contraception choice becomes effective—See CKS continuing or starting regular contraception after emergency contraception for full details.
- Advise a follow up pregnancy test after 3 weeks following the UPSI.
- Risk assess for safeguarding issues and for sexually transmitted infections (STIs). Recommend attendance to Sexual Health Services.

Useful Contact numbers

iCaSH Bedfordshire (2 Clinic hubs)
website :- iCaSH Bedfordshire

Tel: 0300 300 3030

Addresses:-

- Kings Brook Clinic, 5 St Johns Street Bedford , MK42 OAH
- Grove View Integrated Health and Care Hub, Court Drive, Dunstable, LU5 4JD.

iCaSH Milton Keynes
Website:- iCaSH Milton Keynes

Tel: 0300 300 3030

Address:-

624 South Fifth Street, Milton Keynes, Buckinghamshire, MK9 2FX

Luton Sexual Health Clinic
Website:- Luton Sexual Health

Tel: 01582 497070
Address:-

- 1st Floor Arndale House, The Mall, Luton, LU1 2LJ

Algorithm 1: Decision-making Algorithm For Copper Intrauterine Device (Cu-IUD)

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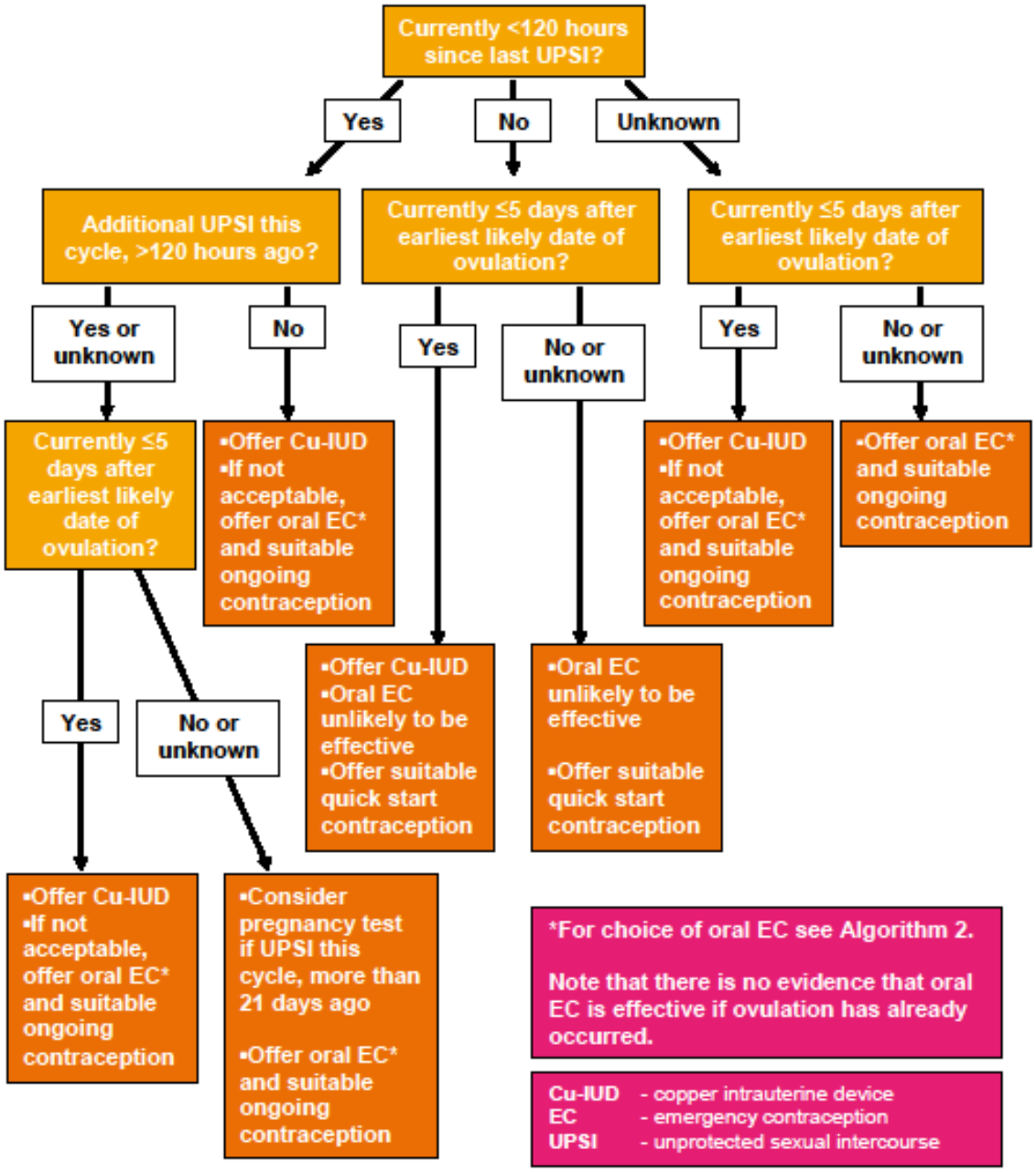
Decision-making Algorithms for Emergency Contraception

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



Algorithm 2: Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)

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Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)