

<ul style="list-style-type: none"> • Name of Protocol 	<p>EMERGENCY CONTRACEPTION</p>
<ul style="list-style-type: none"> • Authors 	<p>Dr Sue Mallard</p>
<ul style="list-style-type: none"> • Date 	<p>2nd July 2019</p>
<ul style="list-style-type: none"> • Aim 	<p>To support clinic staff in the use of Emergency Contraception</p>
<ul style="list-style-type: none"> • Persons affected & Responsibility 	<p>Clinic staff</p>
<ul style="list-style-type: none"> • Definition of Terms 	<ul style="list-style-type: none"> • Quick Start refers to the practice of starting hormonal contraception outside the time that is traditionally recommended. • DMPA – depot medroxyprogesterone acetate • IUD – intrauterine device • LNG IUD – levonorgestrel intrauterine device • Cu IUD – copper IUD • POP – progestogen only pill • CHC – combined hormonal contraception • LNG-EC – Levonorgestrel emergency contraception • UPA -EC – ulipristal acetate emergency contraception • UPSI – Unprotected sexual intercourse • PBS – Pharmaceutical Benefits Scheme • DH – drug history • OTC – over the counter i.e. prescription not required

- **Background**

EC is a contraceptive method used after intercourse has occurred. Oral EC should be taken as soon as possible after UPSI as possible in order to prevent or delay ovulation.

EC methods do not have an effect once implantation of a fertilized ovum has occurred, that is, they do not cause an abortion.

Oral methods of EC do not provide ongoing contraception and women are at risk of pregnancy later in the cycle if further UPSI occurs.

The use of EC can cause a non-menstrual bleed that can be interpreted as normal menstruation.

When EC is used, a negative pregnancy test will not exclude pregnancy until 3 weeks after the woman has had unprotected sex, regardless of whether or not she has had bleeding.

None of the dedicated EC products available in Australia are listed on the PBS.

Risk of pregnancy is based on the timing of ovulation and the understanding that ovum may survive for 24 hours once ovulation has occurred and sperm may survive up to 7 days.

There is no legal lower age limit for prescription or OTC supply of EC, provided the young woman is assessed as a mature minor, see FPT COP consent for minors.

UPA and LNG EC are both available OTC, but can also be accessed with a prescription.

UPA is:

- more effective than LNG but is more expensive
- acts by preventing or delaying ovulation until sperm from an episode of UPSI are no longer viable.
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UPA 30ug is given as a single tablet.

LNGEC prevents or delays ovulation by impeding follicular development, it has no effect once the LH surge has occurred.

Success rate at preventing pregnancy is between 60-94%.

LNG-EC 1.5mg given as a single dose. If single dose is not available can give 2 doses of 25 microlut POP given 12 hours apart.

Cu IUD; affects sperm movement, inhibits fertilization by direct toxicity and may also prevent implantation of a fertilized ovum.

- **Procedure**

- I. History: make assessment of risk of pregnancy following UPSI based on menstrual history and time of UPSI but have a low threshold for recommending EC. Check whether women is breast feeding, DH, ongoing contraceptive needs, whether STI testing is required. has the UPSI occurred within the context of coercion or sexual assault
- II. Investigations:
 - Pregnancy test; only if concern regarding the possibility of an earlier pre-existing pregnancy
 - STI testing; chlamydia testing ideally occurs at least 1 week after UPSI but may be performed earlier if this presents the only opportunity for testing. Other STI testing as appropriate in the correct timeframes should be considered
- III. BMI assessment; women with BMI>30 may be at increased risk of failure of LNG-EC, at this stage there is insufficient data to make a definitive conclusion but consideration to use of UPA should be given
- IV. Types of EC:
 - **Cu- IUD** is the most effective method of EC and provides ongoing contraception. It can be used up to 120 hours after UPSI. Generally involves assessment and insertion of IUD on same day, which in practice is difficult to achieve. Cost of device is \$100.
 - **UPA** is the most effective oral method and can be used up to 120 hours post UPSI. Contraindicated for use in women with severe liver disease or severe asthma uncontrolled with oral steroids. Not recommended for use by women on liver enzyme enhancing medication
 - **LNG-EC** may have reduced efficacy in women with BMI> 30, licensed for use up to 72 hours, can be used off label up to 96 hours. Contraindicated for use in women with severe liver disease. Double dose required (off label use) if concomitant use of liver enzyme inducing medication.
- V. Side effects of oral medication; headache dysmenorrhoea, nausea vomiting and altered vaginal bleeding can occur with both LNG EC and UPA.
Advise repeat dosing of LNG EC if vomiting occurs within 2 hours.
advise repeat dosing of UPA if vomiting occurs within 3 hours of dose
- VI. Breast feeding. LNG EC considered safe to use with no need to interrupt feeding. UPA breast feeding women are advised to express and discard breast milk for 1 week after UPA is taken.
- VII. Ongoing contraception:
 - Following insertion of copper IUD women have immediate contraceptive cover.
 - Women can choose to Quick Start contraception immediately following use of LNG EC.
 - Women must wait 5 days before starting hormonal contraception if using UPA due to potential reduction in efficacy of UPA.

	<p>VIII. Multiple use: formatting LNG EC may be used multiple times during a cycle and should be repeated if UPSI occurs anytime beyond 12 hours after EC was taken. Concurrent use of LNG EC and UPA is not recommended. There appears to be no harm for off label use of repeat UPA during a cycle, however as UPA is a fairly new drug there is insufficient evidence to determine whether UPA taken after implantation has occurred is associated with adverse effects on either the pregnancy or the foetus.</p> <p>IX. Return for review: Review is generally not necessary following UPA or PNG EC but a follow up pregnancy test should be undertaken in 3-4 weeks in the following situations:</p> <ul style="list-style-type: none"> • When risk of pregnancy high at the time EC was taken • If hormonal contraception was Quick Started following EC • If oral EC used more than once during this cycle • If next menstrual period is more than 7 days late <p>All women having a copper IUD for EC should be seen for review including pregnancy test 3-6 weeks following insertion of Cu IUD.</p> <p>X. Ongoing contraception after EC should be addressed.</p>
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VERSION CONTROL

Document review and version tracking	
Version 1.0	Original version