Marden Medical Practice

Emergency Contraception Protocol

Introduction

This protocol sets out the practice procedure for dealing with and advising patients who present asking for emergency contraception.

First Contact

Any patient requesting emergency contraception either by phone or presenting in person at the surgery should be offered a same-day emergency appointment with a GP.

Consultation

History to be documented:

- Actual or possible established pregnancy: last normal period, normal cycle length, regular or irregular periods
- Normal contraceptive method and reason for UPSI
- Number and timing of all episodes of UPSI since last period
- Previous EC use since last period
- Medical history including current breast cancer and severe liver disease
- Interacting drugs including enzyme inducers and warfarin
- IF IUD considered, take relevant history
- Calculate earliest expected day of ovulation: 14 days prior to expected period using shortest cycle length
- Young people attending for contraception, especially emergency contraception, may be at risk of child sexual abuse or exploitation. If concerned, refer to practice safeguarding policy and discuss with practice safeguarding lead, Dr Sarah Butler.

Emergency Contraceptive options should be discussed with all patients

- Copper IUD. Most effective emergency contraceptive with less than 1% failure rate. Can be used within 120 hours (5 days) of UPSI or within 120 hours (5 days) of expected ovulation. **Should be offered first line to all patients who fit this criteria.** Emergency IUD should ideally be fitted at the time of presentation. Where this is not possible, arrangements should be made for the patient to attend as soon as possible within the legal timeframe. Oral EC should be advised at the initial visit, in case, for any reason it is not possible to subsequently fit the IUD.
  The IUD can be removed at next normal menses, if not required for ongoing contraception

- Levonelle. Can be taken within 72 hours (3 days) of UPSI and can be used multiple times during one cycle.

- EllaOne. Can be taken within 120 hours (5 days) of UPSI. Ideal for a patient requesting EC and has had UPSI in the previous 72-120 hours and declines IUD insertion. **Should be offered to all women presenting at high risk time (day 12-14) if copper IUD declined as there is evidence that it is more efficacious then levonelle.**
  EllaOne can be given if:
  - No UPSI more than 120 hours ago
  - Declines or is not suitable for emergency IUD.
  - No contraindications to ellaOne
  - If the patient is breast feeding she should not give the baby breast milk for 1 week

  EllaOne should not be used:
  - more than once in a cycle or if there has been another UPSI>120 hours ago
  _ if Levonelle has already been given in the same menstrual cycle
  _ In women taking liver enzyme inducers or within 28 days of stopping taking this medication
  _ In women currently taking drugs that increase gastric pH (antacids, Histamine H2 antagonists, proton pump inhibitors)

Advice on Continuing Oral Contracpetion

If patients are planning to start or continue on oral contraceptives, the following advice should be given:

Levonelle: use barrier contraception for 7 days if using the COC, 2 days if using POP or 9 days if using Qlaira

EllaOne: use barrier contraception for 14 days if using the COC, 9 days if using POP or 16 days if using Qlaira

Further Advice

- Offer advice on future contraception. Fitting an IUD can offer continuing contraception. You can quick start the Combined pill or the progesterone only pill after administering EC
- Offer STI screening
- Advise patients to perform a pregnancy test if they have not had a normal period within 4 weeks of emergency contraception.

Written Advice

All patients should receive an EC information sheet before they leave the practice.

Fraser Guidelines

The following set of criteria must apply when offering contraceptive services to under 16's without parental knowledge or permission.

- Does the young person understand your advice?
- Can the young person **not** be persuaded to inform their parents?
- Is the young person likely to begin or to continue having sexual intercourse with or without contraceptive treatment?
- If this person does not receive contraceptive treatment, is their physical or mental health, or both, likely to suffer?
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent?