

# ATTENTION SHIFT IN EMERGENCY CONTRACEPTION

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## LEARNING OBJECTIVES

- 1: The delegates will increase their knowledge of the new Faculty of Sexual & Reproductive Healthcare guidance on Emergency Contraception
- 2: The delegates will be able to apply the 'new rules' in emergency contraception (case scenarios)
- 3: The delegates will be enabled to appreciate the factors involved in decision making around emergency contraception based on current evidence

## CASE SCENARIO: JENNA

- Jenna attends your clinic for emergency contraception. She is 30 years old and in a happy relationship.
- She has been with her partner for 12 years and is not concerned about STIs
- She has no allergies
- What else do you want to know?

## What do you want to know?

### WHAT YOU HOPEFULLY CAME UP WITH

- What happened
- When
- LMP/ cycle
- Other UPSI/ Other EC this cycle
- Medical problems/ medication

SHIFT

### ATTITUDE SHIFT 2017

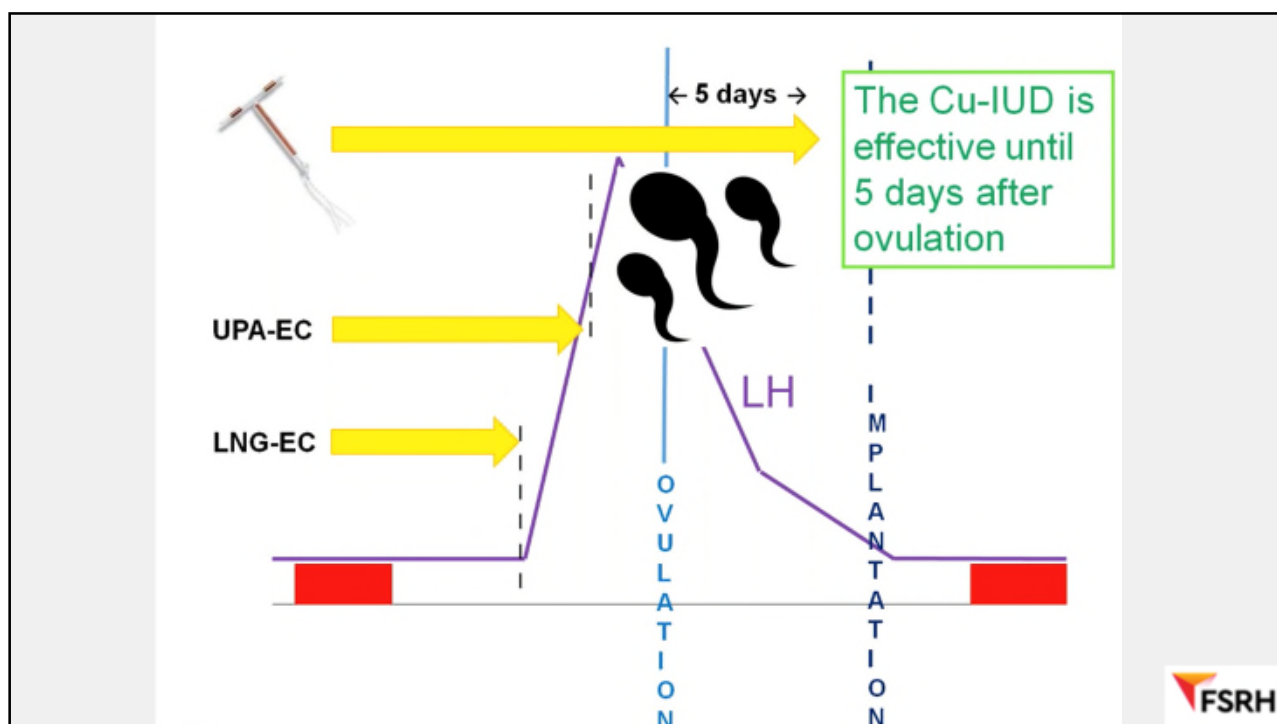
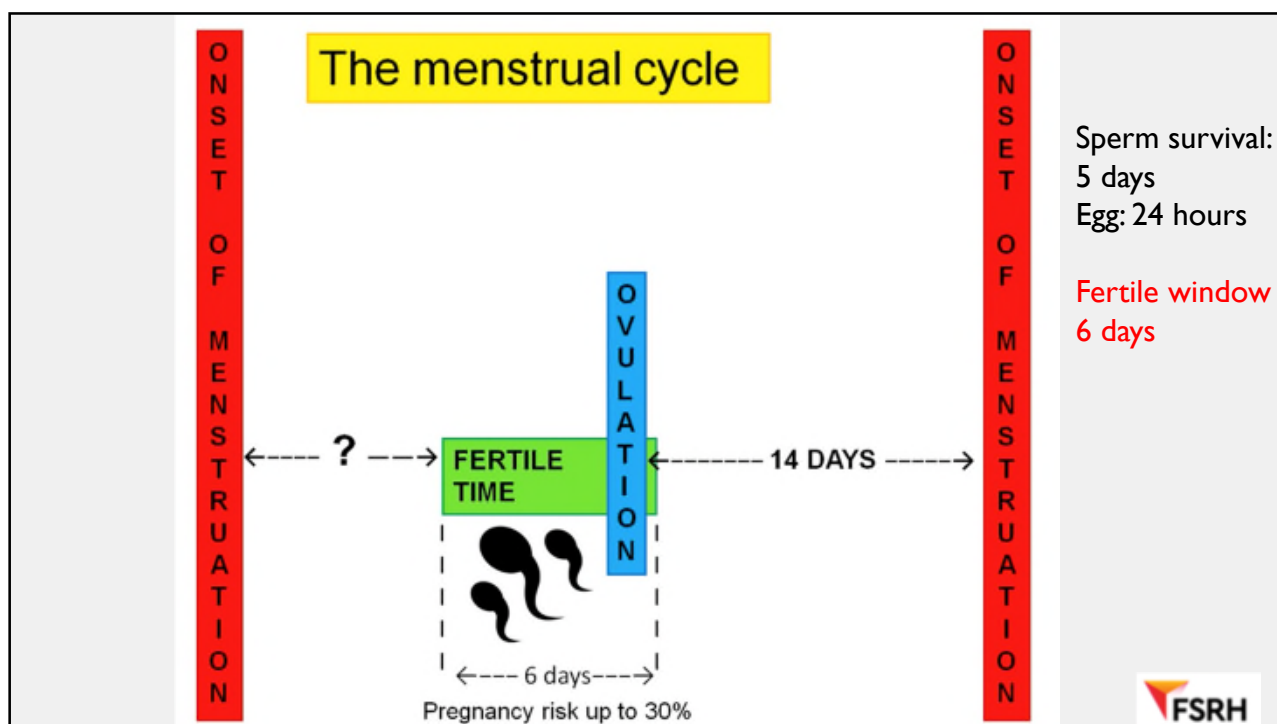
- How likely is she to get pregnant from this episode
- What does she want to do for future contraception
- How important is it not to get pregnant
- Height/weight/ BMI

## SHIFT ISSUES



The copper IUD is 10 times more effective than oral EC

SO HOW DOES IT ALL WORK?



## ORAL EC

### ONLY WORKS BEFORE OVULATION

#### LNG-EC

- Licensed up to 72 hours
- Not effective after 96 hours and from start of LH surge
- **Postpones** ovulation
- Can be given more than once per cycle
- Repeat if sick within **3** hours

#### UPA-EC

- Licensed up to 120 hours
- Effective until later in LH surge, but before ovulation itself
- **Postpones** ovulation for approx. 5 days
- Can be given more than once per cycle
- More effective than LNG-EC

Both can be given if there has been earlier UPSI as there is evidence that oral EC does not disrupt a pregnancy and is not associated with fetal abnormality

## DRUG INTERACTIONS

#### ENZYME INDUCING DRUGS

- Offer double dose LNG
- No evidence for UPA, so use not currently recommended

#### PROGESTOGEN CONTAINING DRUGS

- May affect UPA
- Do not use UPA if Pg-containing drug has been used within last 7 days

Do not mix: use UPA-UPA and LNG-LNG if need arises more than once in cycle

UPA should not be used by women with severe asthma controlled by glucocorticoids

## OTHER RELEVANT FACTORS

BMI & body weight:

- Offer double dose LNG if weight over 70kg or BMI >26 kg/m<sup>2</sup>
- Data on UPA do not support change in practice

Future contraception

- Quick-starting

## UPA vs LNG

UPA works closer to the time of ovulation & should always be considered first line if the woman has had UPSI in last 5 days **& in her fertile window**

If UPSI was **not** likely within fertile window (or she is otherwise at low risk of pregnancy), remember that:

- She would have to delay starting hormonal contraception for 5 days after UPA (& needs other precautions during first 2-7 days)
- UPA may be less effective if she has taken a progestogen within the last 7 days
- UPA is more expensive than LNG

But will she come back?

Jenna has not used contraception as they had intended to try for another baby  
 She had UPSI 2 days ago, but there were other episodes this cycle  
 Her LMP was 17 days ago  
 Her cycle is 30 days, she gets heavy periods

How likely is Jenna to get pregnant?

When is the earliest likely ovulation?

Yesterday! (30d cycle -14: D16 ovulation)

When was UPSI in relation to ovulation?

The day before ovulation

**Jenna is at high risk of getting pregnant**

## SO WHICH EC FOR JENNA?

IS SHE ELIGIBLE FOR EC IUD?

Is she within 5 days from UPSI?

- **No**

Is she within 5 days from earliest ovulation?

- **Yes, so she is eligible for EC IUD**

BUT SHE DOES NOT WANT AN IUD ☹

## WHICH EC FOR JENNA?

- Can she take oral EC?
- Yes, this may be the cycle that she ovulates later than usual, so give oral EC
- Which one?
- UPA works until closer to ovulation, so UPA preferred option
- What about the earlier UPSI?
- Those sperms would be dead. If she has not ovulated yet UPA may still work. Should she have ovulated earlier and conceived then UPA is not likely to cause harm
- What about future contraception?



## WHICH EC FOR JENNA?

She chooses LNG & quickstarting POP as she is still within 72 hours from this UPSI and she had it before

What else do you need to know?

She weighs 76kg: offer a double dose of LNG



## TO DISCUSS WITH JENNA

- How important is it not to get pregnant?

IUD most effective EC

- How likely is it that she would get pregnant from this episode/ in this cycle?

Is an IUD suitable/ acceptable: relationship of UPSI/ likely ovulation

- What contraception does she wish to use for the future

Explore starting routines & methods

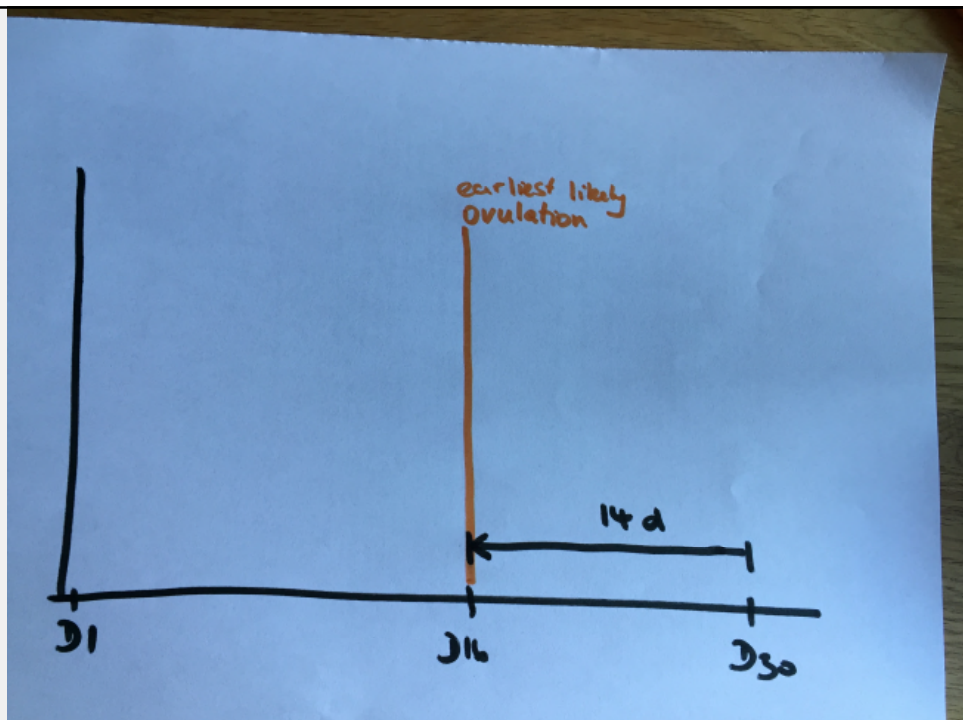
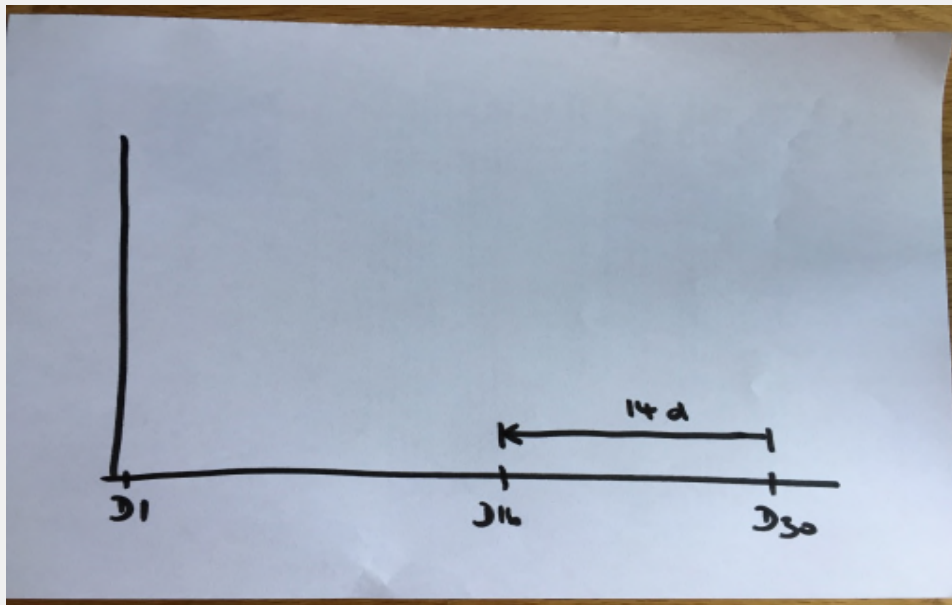
- Does she require dose adjustment of oral EC

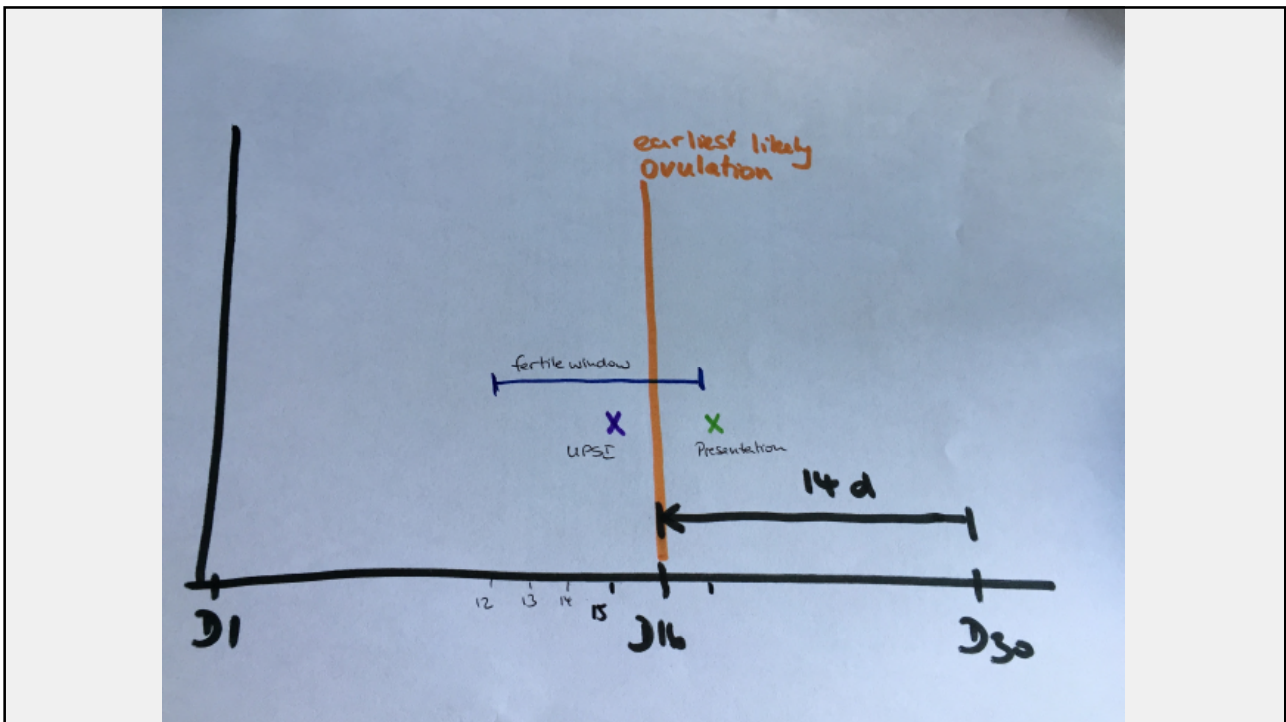
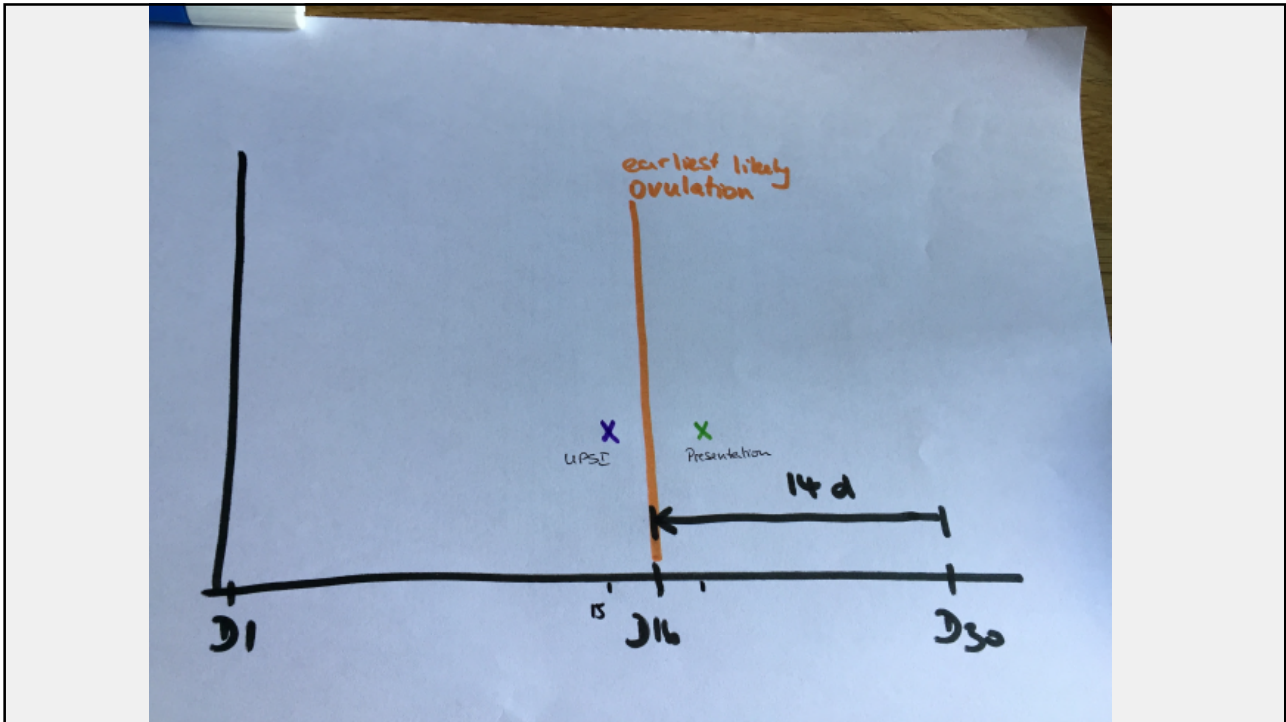
Enzyme inducing drugs/ weight or BMI issues

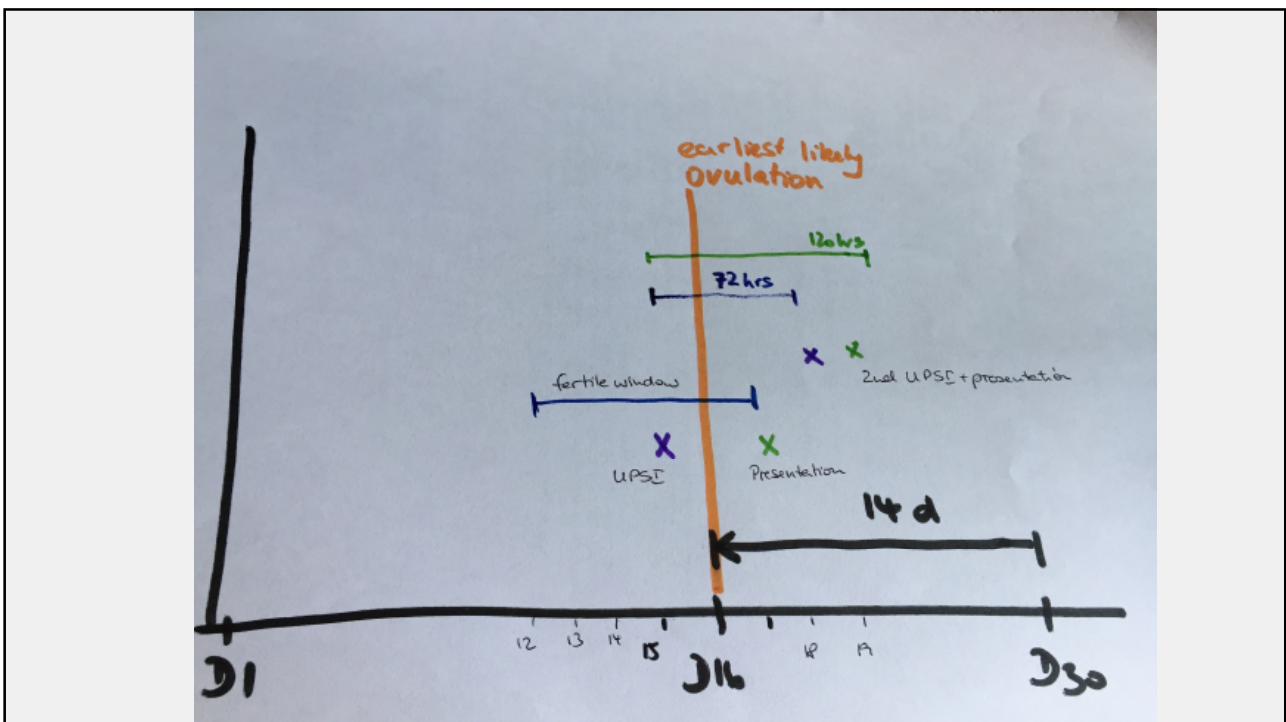
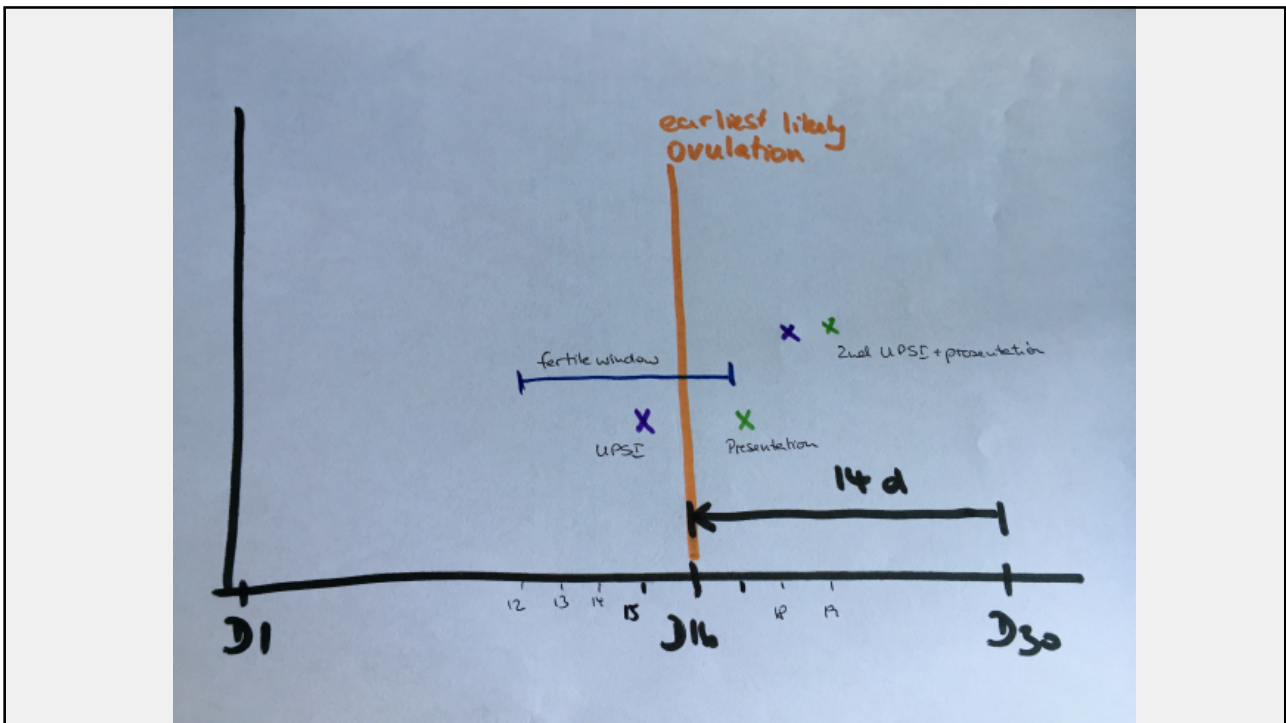
- Follow up arrangements

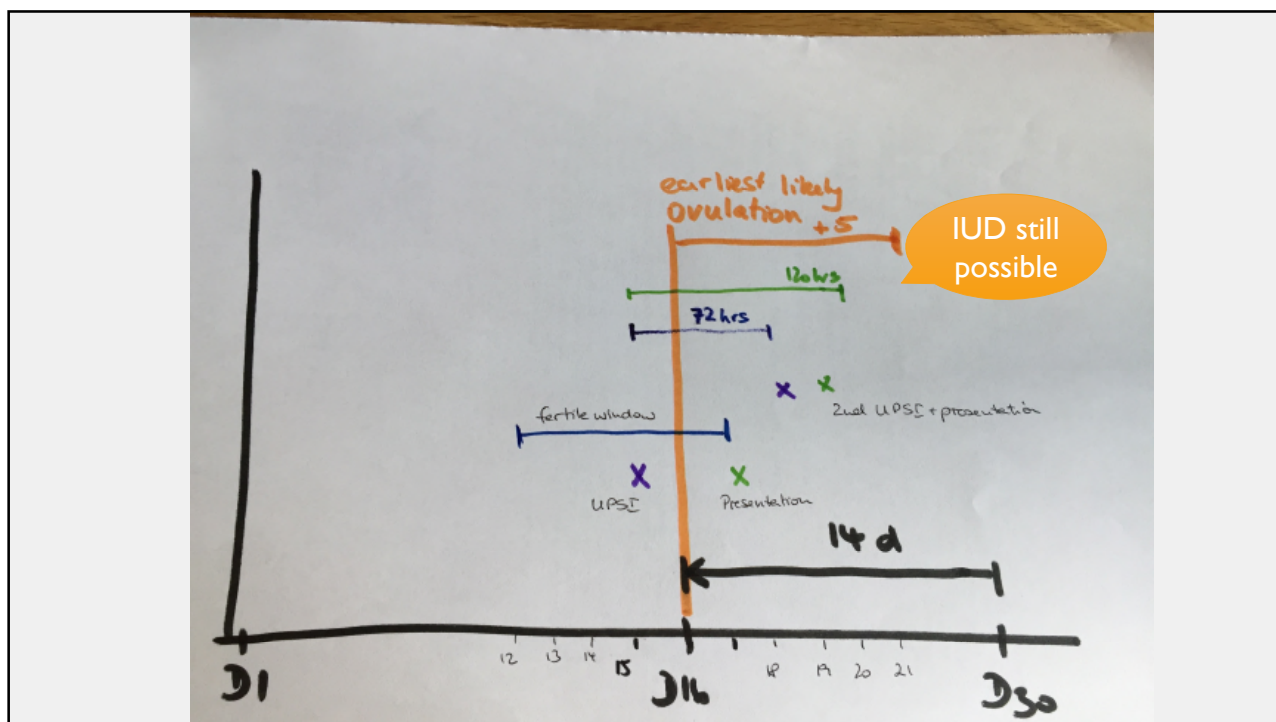
## AND THEN THIS:

- Jenna comes back two days later, she had her handbag stolen with the pills inside, just after picking them up and the condom split last night....
- It is now D 19 of her 30 day cycle (earliest likely ovulation D16)
- It is within 120 hours from the previous episode, but!



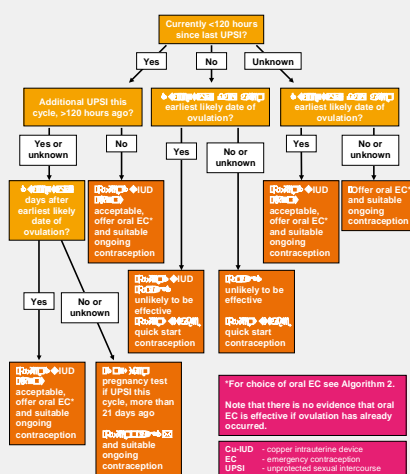






### Decision-making Algorithms for Emergency Contraception

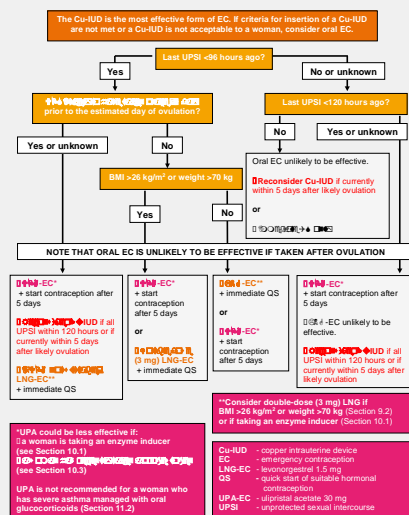
Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC):  
Copper Intrauterine Device (Cu-IUD) vs Oral EC







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



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## SPECIAL CIRCUMSTANCES AFTER PREGNANCY

EC is indicated if UPSI has taken place from D5 after TOP, ectopic pregnancy or evacuation after gestational trophoblastic disease (special rules for IUD!)

After childbirth (except when LAM is used) EC is indicated from D21 onwards. An IUD can be used from 4 weeks post-partum

### SpEcial Circumstances Breastfeeding

- The risk of perforation with an IUD is higher in women up to 35 weeks post-partum who are breastfeeding (yet overall still a low risk)
- Women wishing to use UPA for EC are advised to express and discard the milk for a week after using UPA.

### SPECIAL CIRCUMSTANCES PEPSE

- If Truvada & raltegravir are given then no problem with oral EC as no enzyme inducers are involved
- If other regimes are used, then check drug interactions

THANK YOU  
For listening & always offering an  
IUD

fsrh-guideline-emergency-contraception-  
17mar2017.pdf

Access EC webinar via Faculty website