Livewell Southwest

COMMUNITY CONTRACEPTION & SEXUAL HEALTH SERVICE

Emergency Contraception – Clinical Policy No. 5

Version No 2.7
Review: October 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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Reader Information

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Author	Nurse Lead, Contraception & Sexual Health Service
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Equality Analysis Checklist completed	Completed – full assessment not needed
References/Source	• Supply of Emergency Contraception Levonelle 1500 - Patient Group Direction version 4.2 October 2013 • British National Formulary (B.N.F.) Vol.65 • Department of Health (D.H.), Review of Prescribing, Supply and Administration of Medicines. Final Report 1999 www.dh.gov.uk Department of Health (D.H.), Patient Group Directions (England only) (H.S.C.) 2000/026

	www.dh.gov.uk • Faculty of Family Planning & Reproductive Healthcare *Template for the Patient Group Direction for nurses to supply emergency hormonal contraception (Levonelle-2)* http://www.ffprhc.org.uk/ accessed 28.12.05 • Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit "FFPRHC Guidance: The Use of Contraception outside the terms of the product licence" Journal of Family Planning and Reproductive Health Care 2005 **31**(3) 225-242 • Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit "FFPRHC Guidance: Emergency Contraception" Journal of Family Planning and Reproductive Health Care 2006: **32**(2) 121-128 • N.M.C. Code of Professional Conduct (2002). • N.M.C. Guidelines for the Administration of Medicines (2002). • N.M.C. Guidelines for records and record keeping 2002 www.nmc.org.uk • http://www.southwest.devonformularyguidance.nhs.uk/index.html • Royal College of Nursing Patient Group Directions Guidance and information for nurses R.C.N. Direct 0845 772 6100 publication code 001 370. • Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit "FFPRHC Guidance: Emergency Contraception" clinical guidance. Updated January 2012.
Associated Documentation	Equality Analysis Checklist Tool To complete IUD Lilie template Supply of Emergency Contraception Patient Group Direction version 4.2 (2013)
Supersedes Document	Clinical Policy No 5 Version 2:7 Emergency Contraception
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Document Review History

Version No.	Type of Change	Date	Originator of Change	Description of Change
1				
2	Full review	March 2006	Clinical Service Manager	Change to Levonelle 1500. To incorporate out-of-licence use in PGD for repeat supply within the cycle
2.1	Review	July 2008	Clinical Service Manager	Vomiting within 2 hours; improved information on counselling and advice to be given;
2.2	Review	July 2008	Clinical Service manager	Repeat supply following vomiting; clarity on timing for emergency IUD
2.3	Review	Aug 2008	Clinical Service manager	Addition of informed verbal consent
2.4	Formatted	Sept 2008	Clinical Service manager	Adapted to new format
2.5	Reviewed	Apr 2010	Clinical Service Manager	Reviewed, no changes made.
2.6	Review	July 2012	Lead Nurse CASH Service	Reviewed Minor changes. Service name and corporate logo.
2.7	Review	July 2014	Nurse lead	Addition of EllaOne to policy and training

Abbreviations

BNF	British National Formulary
EHC	Emergency hormonal contraception
IUD	Intra-uterine device
IUS	Intra-Uterine System
LMP	Last menstrual period
PGD	Patient Group Direction
LSW	Livewell Southwest
UPSI	Unprotected Sexual Intercourse
C –CASH	Contraception & Sexual Health Service

Emergency Contraception – Clinical Policy No. 5

1. Introduction

1.1. This Policy should be used in conjunction with the "Supply of Emergency Contraception Levonelle 1500 – Patient Group Direction version 4.2 (2013) by those who are trained and competent to do and have signed the individual PGD authorisation document .

1.2. There are two methods of emergency contraception available – oral emergency hormonal contraception (EHC) and emergency intra-uterine device (IUD).

1.3. There are two EHC's available, EllaOne and Levonelle 1500. Levonelle 1500 is required to be taken within 72 hours of an act of unprotected sexual intercourse (UPSI). When taken within 24hours of UPSI, it is 95% effective. This reduces to 58% efficacy at 72 hours. Ease of access is critical in ensuring women are able to take this at the earliest opportunity.

1.4. EllaOne should be taken within 120 hours. Evidence suggests that EllaOne shows no decline in effectiveness if taken after 72 hours.

1.5. Emergency IUD needs to be fitted by the 5th day following UPSI, or by Day 19 of a 28 day menstrual cycle.

1.6. In all cases, ease of access to either method of emergency contraception is vital to help in reducing the risk of an unplanned pregnancy.

2. Purpose

2.1. The "Emergency Contraception Clinical Policy" will provide guidance to clinical staff who need to offer advice following UPSI.

2.2. The Policy clearly identifies when it will be appropriate to provide EHC and / or emergency IUD.

2.3. All women who have had UPSI and are at risk of an unplanned or unwanted pregnancy will be enabled to seek appropriate advice and access to emergency contraception where suitable.

2.4. Clients will be correctly counselled and assessed for emergency IUD where this method is more appropriate.

2.5. The Policy thus aims to support the reduction in unwanted pregnancies.

3. Duties

3.1. Contraception & Sexual Health Service have a responsibility to provide easy access to emergency contraception to all members of the public accessing its' service.

3.2. The Editor for all Contraception & Sexual Health Service Policies rests with the Clinical Service Manager. The Editor will oversee the review process.

3.3. The Author for this Policy is the Clinical Service Manager. The Author ensures that draft policies are circulated to the Family Planning Policy Review Group and that comments are fed back and reflected in the review process.

3.4. Contraception & Sexual Health Service Review Group will consist of the Policy Author, Clinical Service Manager, Nurse Lead, Medical Lead and a representative from the Family Planning Nurses. Additional members may be co-opted for specific policies.

4. Definitions

Emergency Contraception	Either of two methods used to reduce the risk of conception post-coitally, usually after a contraceptive accident or forgotten use of contraception.
Emergency hormonal contraception	Levonelle-1500. EllaOne - (Ulipristal Acetate 30mg®)
Emergency Intra-uterine device (IUD)	The only effective emergency IUDs are those bearing copper. These are the same IUDs as may be fitted routinely upon request for regular and reliable contraception.

5. Emergency Contraception – Clinical Policy No. 5

5.1. Emergency contraception is indicated whenever there is a risk of unwanted conception e.g. unprotected intercourse, split condom, forgotten pills, extended pill-free interval.

5.2. There is no upper or lower age limit for emergency contraception.

5.3. It would be prudent to provide emergency contraception even if the likelihood of conception seems remote.

5.4. There is no limit to the number of times emergency contraception may be used.

5.5. A request for emergency contraception provides an important opportunity to discuss and supply reliable ongoing contraception.

5.6. EllaOne can be offered after 72 hours until 120 hours from UPSI or refer to CCASH Doctor or Nurse Prescriber.

Assessing and Counselling

5.7. Clients requesting emergency contraception will require a history to be taken:

- Take a full medical history or update any existing medical history.
- Take Blood Pressure to assist counselling for future contraception.
- Document reason for request for emergency contraception.
- Document LMP and verify that this was a 'normal' period.
- Discuss and document all episodes of UPSI in the current cycle.
- Discuss and document risk of sexually acquired infections.

5.8. Clients under the age of 16 yrs must be assessed for Fraser competency. This assessment must be documented.

5.9. Offer EHC and emergency IUD where appropriate.

5.10. If over 72 hours Offer EllaOne up to 120 hours or refer to Doctor or Nurse prescriber if EllaOne is required.

5.11. Ensure client provides informed verbal consent for EHC or emergency IUD and document such consent in client notes.

5.12. Discuss future contraception and provide written information, ensuring client knows how to access her chosen method.

5.12.1. Where appropriate, supply contraception as requested e.g. condoms and/or oral hormonal contraception - offer advice on date of commencement.

5.13. Following full consultation, enable the client to make an informed choice on whether she would prefer EHC or emergency IUD.

Emergency Hormonal Contraception

5.14. The two licensed EHC in the UK are *Schering* Levonelle-1500 (containing 1500mcg Levonorgestrel) taken as a single dose and Ullipistral Acetate 30mg.ie EllaOne.

5.15. EHC leveonelle is required to be taken within 72 hours of an act of unprotected sexual intercourse (UPSI) but is most effective in preventing pregnancy when it is taken within 24 hours. The efficacy declines as intercourse - to - treatment interval increases. EllaOne is required to be taken within 120 hours.

5.16. When taken within 24hours of UPSI, EHC is 95% effective. This reduces to 58% efficacy at 72 hours. Ease of access is critical in ensuring women are able to take this at the earliest opportunity. EllaOne evidence suggests this is 98% at any time in the 120 hr window.

5.17. Nurses must complete the Levonelle-1500 emergency contraception checklist prior to the supply of EHC under Patient Group Direction (PGD).

5.18. EllaOne can be offered under PGD after 72 hours and up to 120 hours and only repeated in same cycle if tablet is vomited within 3 hours of administration.

5.19. Clients should be encouraged to report any side effects via the yellow card system.

5.20. Levonelle-1500 and EllaOne should preferably be given as a directly-observed treatment. However, in some circumstances this may not be appropriate. The clinician must advise the client:-

- On the risks of delaying treatment.
- Agree on and document the time when the client will take her EHC.

5.21. Further advice to be given to the client:-

- If vomiting occurs within 2 hours of taking Levonelle 1500 or 3 hours of taking EllaOne the client will need to repeat the treatment.
- If the clients' next period is more than 5 days late or does not occur when expected she should attend clinic with an early morning urine sample for pregnancy test.
- Offer the client a follow-up appointment during the next 3-4 weeks (depending on when her next period is due) for either a pregnancy test or chlamydia sampling.

5.22. Clients at high risk of Chlamydia may be offered a self-taken swab on the same day, if it is felt likely that she may not return for a test.

5.22.1. Same-day testing may not detect any infection which has been acquired during the most recent act of UPSI.

5.23. To date there is no evidence that Levonelle-1500 or EllaOne increases the risk of foetal abnormalities. Termination of pregnancy is therefore not automatically indicated if EHC should fail.

5.24. If the client vomits within two hours of taking Levonelle-1500, or 3 hours with EllaOne a replacement supply may be issued, as long as the dose remains within 72 hours (Levonelle) and 120 hours (EllaOne) of the episode of UPSI. The Nurse must follow the Supply of Emergency Hormonal Contraception Patient Group Direction version 4.2.

Levonelle-1500 Outside Of Product Licence

5.25. The C-CASH Nurse may, at her discretion supply Levonelle 1500 outside of product licence, when requested for a second time within the cycle:[i, ii]

- The Nurse must follow the ”Supply of Emergency Contraception Patient Group Direction”.
- The Nurse must be satisfied that use of Levonelle-1500 or EllaOne meets the clients’ best interests and needs.
- The Nurse must be satisfied that use of Levonelle 1500 or EllaOne is clinically indicated.
- There should be full consultation on the risks of UPSI, including the failure rate of emergency contraception and the benefits of regularly and consistently using reliable contraception.

5.26. Records should show a full documentation of the consultation and the decision making process for offering a repeat supply of Levonelle 1500 or EllaOne, including future use of contraceptive method chosen.

5.27. The Nurse should not give out Levonelle 1500 more than twice in any one cycle Or EllaOne once in any cycle. Clients requesting further supplies within the same cycle must be referred to the Doctor or GP.

Emergency Intra-Uterine Device

5.28. An I.U.D. may be used as emergency contraception up to 5 days after unprotected sexual intercourse. It may also be fitted up to 5 days after the earliest expected date of ovulation - i.e. up to day 19 of a 28 day cycle.

5.29. An emergency IUD, fitted within these time constraints, is 98% effective against an unwanted pregnancy, regardless of intercourse-to-treatment delay. It may therefore be more suitable for women who access treatment towards the end of the 72hr time limit for EHC and who are at high risk of pregnancy, or for whom pregnancy is medically undesirable.

5.30. The Mirena I.U.S. is not suitable as a post-coital method.

5.31. Clients who make an informed decision to have an emergency IUD fitted must be fully counselled using the IUD counselling template on Lilie or counselling stickers (See Appendix 1) Consider screening for Chlamydia at time of fitting.

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[i] Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit “FFPRHC Guidance: The Use of Contraception outside the terms of the product licence” Journal of Family Planning and Reproductive Health Care 2005 **31**(3) 225-242

[ii] Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit “FFPRHC Guidance: Emergency Contraception” Journal of Family Planning and Reproductive Health Care 2006: **32**(2) 121-128

5.32. Clients should be referred immediately to a Family Planning Doctor for fitting. If no Doctor is available within clinic, the Nurse must assist the client to make an appointment at the earliest opportunity and within the time constraints given.

5.33. When there may be a delay in having an emergency IUD fitted, consider the appropriateness of supplying EHC immediately and in addition to emergency IUD. In making this decision, nurses should consider any potential/expected difficulties in fitting an IUD (e.g. nulliparous, menopausal, previous history of difficulties with IUD fitting).

5.34. The IUD may be removed after the next normal period, or retained as the clients' long-term method of contraception.

5.35. Clients who do not wish to continue to use the I.U.D. as an ongoing method should be seen after an appropriate interval to discuss alternative methods of contraception prior to I.U.D. removal.

5.36. Clients who plan to use the I.U.D. as their ongoing method should have it checked after 6 - 12 weeks.

Follow Up

5.37. The client needs to be advised to attend the clinic with a sample of early morning urine for a pregnancy test if her period does not occur as expected or is more than 5 days late.

5.38. There is a 2% background risk of abnormality in any pregnancy - clients should be aware of this. Levonelle-1500 does not increase this risk.

5.39. Clients who do not attend their appointment are not contacted.

6. Monitoring Compliance and Effectiveness

6.1. This policy will be audited annually to monitor compliance and effectiveness

6.2. Audit responsibility will fall to the Nurse Lead.

7. Training Implications

7.1 CCASH Nurses using this policy must have completed ENB 901 or equivalent and school nurses or minor injuries nurses must be signed off as competent to use the PGD.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

Signed: Director of Operations

Date: 23rd October 2014

Appendix 1

IUD/IUS Counselling

UD/IUS please tick	Counselling	Fitting
Mode of action	☐	☐
Failure rate	☐	☐
Ectopic pregnancy	☐	☐
Perforation	☐	☐
Expulsion	☐	☐
STIs/PID	☐	☐
Change to bleeding pattern	☐	☐
Hormonal effects (IUS)	☐	☐
Use of tampons	☐	☐
Check threads	☐	☐
FPA leaflet given	☐	☐
Analgesia	☐	☐
GP informed	☐	☐
Abstain from S/I	☐	☐
Manufacturer's leaflet	☐	☐
Signature:		
Date:		