

Emergency Hormonal Contraception - Frequently asked Questions

Why is there a PGD for the supply of Levonorgestrel but not for Ulipristal?

Ulipristal is a pharmacy only medicine and therefore does not require a PGD to supply to patients. The reason that Levonorgestrel has a PGD is to allow access to the more cost effective prescription only product rather than supply the pharmacy medicine Levonelle.

However, there is a guidance document for Ulipristal to aid decision making.

What Product should I choose?

Women should be advised that the Copper IUD is the most effective method of Emergency Contraception. If after discussion the hormonal method is preferred, Ulipristal is now joint first line and could be given unless there are any contra-indicating factors.

As both EHC options are considered ineffective after ovulation, what advice should we be giving if we consider the patient to have ovulated?

The Copper IUD can be used effectively as emergency contraception until day 19 of a 28 day cycle. This option should be advised as first line.

Oral EHC options can be used if ovulation has not yet occurred, if there is uncertainty as to whether it has occurred, or if the patient requests treatment for peace of mind. The patient can be supplied with oral EHC and also attend to have the IUD fitted, if after consideration they would like something more effective to prevent pregnancy.

Consider the difficulty in judging whether ovulation has occurred given that it can vary from woman to woman, month to month and that patient may not be aware when they ovulate. If after discussion, the patient has ongoing concerns regarding their risk of conception refer to Sexual health services.

What should we advise patients with a high BMI regarding effectiveness of EHC?

The effectiveness of EHC methods may be reduced in women with a higher BMI (27 or above). Women should be informed that the effectiveness of the Copper IUD is not known to be affected by weight or BMI. If a Copper IUD is not indicated or not acceptable, it is recommended that women be offered Ulipristal (at usual dose). If this is not suitable, a double dose (3 mg) of Levonorgestrel can be used.

Can the patient be offered Ulipristal if they have taken a progesterone within last 7 days?

If the patient has taken progesterone within the last 7 days then the effectiveness of Ulipristal could theoretically be reduced. Patients taking the contraceptive pill should be advised of this and supplied with Levonorgestrel if UPSI/Contraceptive failure occurred within the last 72 hours. If this occurred between 72 and 120 hours and Ulipristal is supplied, then the patient should be advised to stop their usual method of contraception for 5 days after taking. A barrier method of contraception should be used for these 5 days plus for an additional further 7 days after re-starting (48 hours if desogestrel POP).

What should we advise if patient has already had UPSI/Contraceptive failure (with or without EHC) within the last cycle?

It may be more appropriate to refer these patients for review by GP or sexual health services for review of their contraceptive options. However, if clinically appropriate, or dictated by circumstance (e.g. weekends/evenings), EHC can be offered to a woman if she has had UPSI earlier in the same cycle as well as within the last 5 days, as evidence suggests that these do not disrupt an existing pregnancy and are not associated with foetal abnormality. If a woman has already taken Ulipristal, Levonorgestrel should not be taken in the following 5 days and if a woman has already taken Levonorgestrel, Ulipristal could theoretically be less effective if taken in the following 7 days. Please note: under the PGD Levonorgestrel may only be supplied once per cycle but additional supplies within the cycle can still be sold if considered clinically appropriate.

Following referral, what options are provided for patients with UPSI/contraceptive failure more than 120 hours prior?

Sexual health specialist practitioners may determine that it is still appropriate for patients to receive Copper IUD or EHC. They can also discuss and supply more suitable ongoing contraception.

Why are women who given birth up to 3 weeks ago not suitable for EHC?

Contraception is only required after this point. Women should be reassured that they cannot become pregnant again up to 3 weeks/ 21 days after childbirth.

What advice should be given to breast feeding mothers regarding EHC?

Breastfeeding is not recommended for 7 days following ingestion of Ulipristal. Advise the woman to express and discard the breast milk during this time.

There is limited evidence regarding the use of Levonorgestrel in breastfeeding but there is no suggestion of adverse effects on breastfeeding or on their infants.

Does EHC affect ability to drive or operate machinery?

EllaOne may have minor or moderate influence on the ability to drive or use machines as mild to moderate dizziness is a common side effect. Advise patients not to drive or operate machinery if they experience dizziness.

No studies on the effect on the ability to drive and use machines have been performed on Levonorgestrel.

To book an appointment at Sexual Health clinic please call 01324 673554 Monday-Friday -8.30-13.00

Stirling Community Hospital

Area 1, Livilands Gate, Stirling. FK8 2AU

- Monday morning & afternoon
- Tuesday morning & afternoon

Clackmannanshire Community Healthcare Centre

Hallpark Road, Sauchie. FK10 3JQ

- Wednesday afternoon & evening

To access the sexual health services enter the building from the Parkhead Road entrance and report to the main reception.

Falkirk Community Hospital

Suite D, Major's Loan, Falkirk. FK1 5QE

- Monday morning, afternoon & evening
- Wednesday, morning & afternoon
 - Thursday evening
 - Friday morning