Emergency Contraception - New Guidelines For Best Practice

The Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists, updated its guidelines in March 2017 on the prescribing of emergency contraception (EC). This guidance aims to create a consistent message of patient advice and to ensure EC recommendations are based on the most up-to-date evidence. The guidance incorporates the updated advice from the MHRA in a Drug Safety Update (Vol 10 Issue 2 September 2016) on use of oral contraception on interactions with hepatic enzyme inducers.

The key take home points for pharmacists are:

1. **Copper IUD** is the most effective method of EC by far and should always be recommended first line for women who do not want to conceive. Copper IUD is the only effective EC after ovulation has taken place.

Emergency Contraception Method	Estimated Failure Rate per 1,000 Patients
Copper IUD	1
Ulipristal acetate (UPA) 30mg tab	13
Levonorgestererol (LNG) 1.5mg tab	22

2. **Oral EHC (UPA, LNG)** should be offered to women when the copper IUD is not acceptable, e.g. patient choice or convenience, a contraindication, or lack of access to an appropriate contraception clinic locally within the required time frame. However, if a woman chooses a copper IUD, an oral EHC can be provided as a precaution to a woman (who had unprotected sex less than 72 hours) just in case they were to miss the clinic appointment.
3. **Women with a weight over 70kg or with a BMI more the 26 kg/m2** for who the copper IUD is not acceptable should be advised to either use UPA 30mg or a double dose (3mg) of LNG as EC. This is because there is a 4 fold increase of risk of pregnancy with LNG above this weight/BMI.
4. **Women using enzyme inducing medicines** who copper IUD is not acceptable should be advised to use LNG (3mg) as per BNF advice, however its effectiveness is unknown. This is appropriate action for any women who has used an enzyme inducing medicine in the last 4 weeks. Common enzyme inducing medicines are; phenytoin, carbamazepine, rifampicin and St. John's Wort. Note the use of double-dose UPA-EC is not currently recommended.
5. **UPA interaction with progesterone**. UPA use with progesterone (e.g. combined oral contraceptives, progestogen only contraceptive, LNG and HRT) can reduce the efficacy of both drugs, and hence is not recommended for use if a woman has taken any progesterone 7 days before. In addition if UPA is used no progesterone medicine should be started within 5 days of taking the UPA.

Current community pharmacy EHC service: The pharmacy LNG PDG service will be updated soon to reflect the above FSRH recommendations, and it is anticipated there will be an additional PGD for UPA as part of the pharmacy EHC service.

For more information and patient advice leaflets see: http://thecentresexualhealth.org/index.php. Specialist contact numbers can be found on the 'Pharmacy EHC Assessment and Record Sheet', at Devon LPC http://devonlpc.org/locally-commissioned-services/commissioned-services/

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