



CLINICAL PRACTICE GUIDELINE

# Contraception- Emergency

This document should be read in conjunction with the [Disclaimer](#)

## Aim

To provide emergency contraception (EC) to reduce the risk of pregnancy after unprotected sexual intercourse (UPI), sexual assault, or contraceptive failure.<sup>1</sup>

## Key Points

1. Some hormonal EC (e.g. levonorgestrel -LNG) is available over the counter at most pharmacies and does not require a medical prescription. If any difficulties locating a pharmacy, locations are available from Sexual & Reproductive Health WA (formerly Family Planning Western Australia), or Quarry Health Centre. The EC price varies between pharmacies.<sup>2</sup>
2. Hormonal methods of EC (LNG, Ulipristal acetate) should be taken as soon as possible after UPI.<sup>1,3</sup> The LNG-EC have proven efficacy up to 96 hours.<sup>1,3</sup> EllaOne® (Ulipristal) has proven efficacy up to 120 hours. (Need ref)

Hormonal EC dose may be repeated (with an antiemetic) if vomiting occurs within 2 hours of taking it.<sup>1,4</sup>

## Methods of Emergency Contraception

### Hormonal methods

These methods prevent or delay ovulation,<sup>3</sup> however they do not prevent fertilisation or inhibit implantation if ovulation has already occurred.<sup>1</sup>

- **Ulipristal acetate – available as EllaOne®**
- **Levonorgestrel (LNG) – available as Postinor®, NorLevo® or Levonelle®**<sup>1</sup>

### Non Hormonal Methods

- Cu-IUD – interferes with sperm movement preventing fertilisation and stopping implantation of the fertilised ovum.<sup>1</sup>

## Efficacy

The efficacy is the percentage of pregnancies prevented that would have occurred if no method was used:

- Post-coital Cu-IUD: 99%<sup>1,3</sup>
- LNG: 85% - Efficacy is improved the closer LNG-EC is taken in relation to coitus<sup>1,3</sup>

- Percentage of pregnancies that occurred after taking the emergency contraceptive pill within **24** hours of unprotected sexual intercourse: 0.9% Ulipristal acetate; 2.3% LNG-EC.<sup>5</sup>
- Percentage of pregnancies that occurred after taking the emergency contraceptive pill within **72** hours of unprotected sexual intercourse: 1.4% Ulipristal acetate, 2.3% LNG-EC.<sup>5</sup>
- Percentage of pregnancies that occurred after taking the emergency contraceptive pill within **120** hours of unprotected sexual intercourse: 1.3% Ulipristal acetate, 2.2% LNG-EC.<sup>5</sup>
- Ulipristal acetate has been shown to be more effective in overweight and obese women using emergency contraception within 120 hours: 1.1% and 2.5% in overweight and 2.6% and 5.8% in obese women.<sup>5</sup>

## Contraindications

### *Hormonal EC*<sup>1</sup>

- Established pregnancy (both LNG-EC and Ulipristal acetate)
- There are no studies to state whether Ulipristal acetate may be used in early pregnancy without harm.
- Breast-feeding (Ulipristal acetate)
- Allergy to EC components.

### *Copper IUD*

- See Clinical Guideline [Intrauterine Devices](#).

## Side-effects

### *Hormonal EC*

- Altered bleeding patterns, nausea & vomiting,<sup>1, 4</sup> headache<sup>1</sup>
- Abdominal / pelvic / back pain, fatigue, dizziness, breast tenderness

### *Copper IUD*

- See Clinical Guideline [Intrauterine Devices](#).

## Medical history and investigations

### *Medical History*

This includes:

- risk of existing pregnancy: menstrual history- nature & timing of last normal menstrual period (LNMP), previous episodes of UPSI this cycle.<sup>1</sup>
- risk of conception / reason for EC: include times/dates of intercourse since LNMP; history of failed contraception (e.g. missed pills, broken condom).<sup>1</sup>(sexual assault)
- medications:
  - Including St. John's Wort. Warfarin levels may be affected therefore INR levels should be checked 2-3 days following EC in this circumstance.

- Women using liver enzyme inducing medications e.g. carbamazepine<sup>1</sup> (including if ceased in past 28 days), should be advised that Cu-IUD EC is the only method to not be affected by the medication.<sup>4</sup>(Both LNG-EC and Ulipristal)
- risk for sexually transmitted infections (STIs); and ongoing contraceptive needs.<sup>1</sup>
- if applicable (<18), assess for being a 'mature minor'.<sup>1</sup>

### **Investigations**

- Pregnancy test – should be performed if concern the woman is already pregnant. Urine pregnancy tests performed within 21 days of UPSI may show a false negative. Interpret in conjunction with menstrual & sexual history.<sup>1</sup>
- Offer to screen for STIs as required.<sup>4</sup> Ideally screen for chlamydia 1 week after UPSI, however attend earlier if it is the only opportunity for screening as it may identify pre-existing infection.<sup>1</sup> Opportunistic yearly screening of women under 25 for chlamydia is advised.<sup>1</sup> Attend other STI screening as indicated.<sup>1</sup>

See also Clinical Guidelines [Sexually Transmitted Infections: Screening Tests](#) & STI Screening Tests for [Asymptomatic](#) or [Symptomatic](#) Women.

### **Examination<sup>1</sup>**

None necessary unless inserting IUD- see Clinical Guideline: [Intrauterine Devices](#).

### **Counselling**

When providing advice, maintain the woman's confidentiality, privacy and dignity.<sup>3</sup>

Women using EC should be provided with information regarding:

- different EC methods available and their:
  - efficacy, interactions, medical eligibility, need for additional contraception, and that they are not covered for future UPSI<sup>4</sup>
  - adverse / side-effects<sup>4</sup> – including signs of an ectopic pregnancy<sup>2</sup>
  - mode of action, administration
- ongoing contraception needs<sup>1, 3</sup>
- follow-up
- risk for sexually transmitted infections<sup>1-3</sup>
- prevention of pregnancy management, including what to do if the contraception fails and pregnancy occurs<sup>3</sup>

An information sheet regarding EC is available from Sexual & Reproductive Health WA (formerly Family Planning Western Australia) at <http://www.srhwa.com.au/><sup>2</sup>

## **Dosage and Administration**

### **Ulipristal acetate (EllaOne®)**

Ulipristal acetate is approved for use up to 120 hours after UPSI. Evidence indicates improved efficacy the earlier it is given in relation to the UPSI.

- Dose: 1 tablet of EllaOne®, containing 30mg of ulipristal acetate

**Levonorgestrel- Ing**

LNG-EC is approved for use up to 72 hours after UPSI, although has proven efficacy up to 96 hours (4 days).<sup>3,4</sup> Some evidence has indicated efficacy is improved the earlier the LNG-EC method is given in relation to UPSI.<sup>3</sup> While it can be given up to the fifth day post UPSI, there is a greater risk of pregnancy compared to administration within the first 24 hours or within 3 days.<sup>2</sup> **Stat dosage**<sup>1</sup>

- 1.5 mg stat dose of LNG (first line preferred method).<sup>1</sup> Note: Use 3mg (Double the dose) if using liver enzyme inducing drugs and unsuitable for Cu-IUD EC.<sup>1,3</sup>

**OR**

- 2 doses of 0.75 mg of LNG taken 12 hours apart. Each dose is made up of:
  - 1 x 0.75 mg tablet (a total of 2x 0.75mg tablets will be given across 12 hours)

**OR**

- 25 x Microlut<sup>®</sup> progestogen-only pills (a total of 50 x 30mcg LNG tablets).

Should only be used if there is no possibility of obtaining the LNG method:

- 2 doses of ≥100mcg ethinyloestradiol (EE) and 500mcg LNG, are taken 12 hours apart. Anti-emetics can be provided.

**Copper IUD**

A Cu-IUD can be inserted within 5 days of the earliest expected date of ovulation<sup>4</sup> (insert up to day 12) or up to 5 days (120 hours) after the first episode of UPSI (whichever is later) if there are multiple episodes of UPSI in the cycle.<sup>1</sup>

- If the woman and clinician are reasonably sure about the timing of ovulation (e.g. regular cycle & pain/mucous changes with ovulation), then insertion can be up to 5 days after the earliest predicted ovulation (e.g. if ovulation (pain/mucous changes) occurred on day 14, then insertion can occur up to 5 days later).
- Due to its low failure rate, all eligible women presenting between 0-120 hours of UPSI should be offered Cu-IUD.<sup>3,4</sup> This includes obese women, who are at higher risk of oral LNG EC failure.<sup>3</sup>

See also Clinical Guidelines [Intrauterine Devices](#).

**Management in special circumstances**

- Vomiting after taking oral EC – women should seek medical advice, where a dose of EC can be repeated if vomiting occurs within 2 hours of the LNG-EC EllaOne<sup>®</sup>.<sup>1,4</sup>
- Late taking of the second dose of EC - the second dose does not lose its efficacy if taken within 24 hours of the first dose (for the two dose regimen).<sup>1</sup>
- Young women –there is no legal lower age limit for over the counter supply if the young woman is assessed as a 'mature minor', however pharmacy supply is regulated by state law.<sup>1</sup> In Western Australia there is no legal age limit to obtain EC pill.<sup>2</sup> If interpretation of the state laws restricts over the counter supply of LNG-EC, a prescription can be supplied in advance.<sup>1</sup>

- It is expected that with the down scheduling of EllaOne® (ulipristal) to a schedule 3, pharmacy medicine as of 1st February 2017, the Pharmaceutical Society of Australia will produce Australian guidelines for the provision of ulipristal acetate through pharmacy. These guidelines are expected to be produced in 2017.
- Hormonal LNG-EC can be used for each act of UPSI in any cycle i.e. it should be repeated if UPSI occurs<sup>4</sup> anytime more than 12 hours after EC was taken.<sup>1</sup>
- Advanced supply: If the woman is travelling to an area with restricted access to LNG-EC, or perceives a barrier to obtaining over the counter LNG-EC, a prescription for advanced supply may be considered.<sup>1</sup>

### **Follow-up<sup>1</sup>**

Review in 2-3 weeks for STI testing if STI risk or symptoms develop.

### ***Hormonal EC<sup>1</sup>***

Review is not usually necessary after hormonal EC.<sup>1</sup> However, women who have used a hormonal method of EC should be informed to seek medical review for a pregnancy test in  $\geq 3$  weeks if:

- Her period is  $\geq 7$  days late or she has a positive home pregnancy test
- Her next menstruation is abnormal (e.g. light, prolonged, painful, spotting before or after the period).
- She has 'quick-started' hormonal contraception immediately after taking EC<sup>4</sup>
- She is high risk for pregnancy or she used hormonal EC more than once this cycle.

### **Copper IUD EC<sup>1</sup>**

Women who use Cu-IUD for EC should have a medical review 3 weeks after insertion. Follow-up includes a pregnancy test regardless of menstruation.

## References



1. Sexual Health & Family Planning Australia. Contraception: An Australian clinical practice handbook. 3rd ed. Canberra: **SHFPA**; 2012.
2. Family Planning of Western Australia. Emergency contraception: **SRHWA**; 2010. Available from: [http://www.srhwa.com.au/wp-content/uploads/2015/03/Infosheet\\_Emergency-Contraception-web.pdf](http://www.srhwa.com.au/wp-content/uploads/2015/03/Infosheet_Emergency-Contraception-web.pdf).
3. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Emergency contraception: C-Gyn 11. **RANZCOG**. 2015. Available from: [http://www.ranzcog.edu.au/component/docman/doc\\_download/1001-emergency-contraception-c-gyn-11.html?Itemid=946](http://www.ranzcog.edu.au/component/docman/doc_download/1001-emergency-contraception-c-gyn-11.html?Itemid=946)
4. Faculty of Sexual & Reproductive Healthcare. Emergency contraception. **FSRH**. 2012. Available from: <http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf>
5. Glasier et al. Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and met-analysis. Lancet, 2010; 375: 555-562

## Related policies and resources

Department of Health WA (2013). [Working with youth](#) (assessment as mature minor)  
 WA Government: Get the Facts: [Emergency Contraception](#) (patient website)

## Related WNHS policies, procedures and guidelines

Contraception Clinical Guidelines

|  |  |                   |               |
|--|--|-------------------|---------------|
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