



ADULT MEDICATION GUIDELINE

Levonorgestrel

Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology

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

Quick Links

[Dose](#)

[Administration](#)

[Monitoring](#)

[Pregnancy and Breastfeeding](#)

Restrictions

Mirena®, **Kyleena®**: [Formulary: Restricted](#)

Others: [Formulary: Unrestricted](#)

Medication Class

Progestogens

Presentation

Tablet: 30microg (**Microlut®**), 1.5mg (**Levonorgestrel GH®**)

Combination Products

Femme-Tab ED 20/100® Tablet:

Levonorgestrel 100microg/Ethinylestradiol 20microg

Microgynon 50 ED® Tablet:

Levonorgestrel 125microg/Ethinylestradiol 50microg

Femme-Tab ED 30/150®:

Levonorgestrel 150microg/Ethinylestradiol 30microg

Intrauterine device:

Mirena® 52mg (delivering 20microg/24hours over 5years)

Kyleena® 19.5mg (delivering an average of 9microg/24 hours over 5 years)

Storage

Tablet & combination products: Store at room temperature, below 25°C. Protect from light and moisture. Keep in the original packaging and out of reach of children.

Mirena®: Store below 30°C. Protect from direct sunlight and moisture.

Kyleena®: Store below 30°C.

Dose

Emergency Contraception

Oral:

1.5mg as a single dose.

Give levonorgestrel as soon as possible within 72 hours after unprotected intercourse, as its efficacy decreases with time. May still be considered up to and beyond 96 hours but efficacy is uncertain.

Contraception

Oral:

30microg once daily at the same time each day. Begin 2-3 weeks after delivery; use before this may cause heavy, irregular bleeding.

Prolonged Contraception (regular cycle)

Intrauterine device:

One device (52mg or 19.5mg) inserted into the uterus within the first 7 days of the menstrual cycle for immediate effect. Replace every 5 years.

Postpartum Prolonged Contraception

Intrauterine device:

One device (52mg or 19.5mg) inserted within the first 48 hours postpartum. If this cannot be achieved, wait until at least 4 weeks (usually 6 weeks) postpartum to reduce the risk of expulsion or uterine perforation. Replace every 5 years.

Heavy menstrual bleeding, HRT (as adjunct to oestrogen), Endometriosis

Intrauterine device:

One device (52mg only) inserted into the uterus within the first 7 days of the menstrual cycle for immediate effect. Replace every 5 years.

Administration

Oral

May be taken with or without food. Taking the 1.5mg tablet after food may reduce nausea.

Intrauterine Device

To be inserted by the doctor.

Monitoring

Refer to guidelines.

Pregnancy

1st Trimester: Contraindicated

2nd Trimester: Contraindicated

3rd Trimester: Contraindicated

Breastfeeding

Oral: Considered safe to use

Combination product: Consider alternative

IUD: Considered safe to use but insert at least 4-6 weeks after delivery

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Comments

N/A

Related Policies, Procedures & Guidelines**WNHS Clinical Practice Guidelines:**

[Contraception](#)

[Gynaecology \(Non-oncological\)](#)

[Menopause and menopausal symptoms](#)

[Pain: Acute on chronic pelvic pain management](#)

References

Australian Medicines Handbook. Levonorgestrel. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2013 [cited 2023 May 03]. Available from: <https://amhonline.amh.net.au/>

Australian Medicines Handbook. Levonorgestrel IUD. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2023 [cited 2023 May 03]. Available from: <https://amhonline.amh.net.au/>

Therapeutic Guidelines. Emergency Contraception. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2020 [cited 2023 May 03]. Available from: <https://tgldcdp.tg.org.au>

Therapeutic Guidelines. Intrauterine contraceptive devices. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2020 [cited 2023 May 03]. Available from: <https://tgldcdp.tg.org.au>

The Royal Women's Hospital. Levonorgestrel. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2022 [cited 2023 May 03]. Available from: <https://thewomenspbmq.org.au/>

The Royal Women's Hospital. Levonorgestrel with ethinylestradiol. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2022 [cited 2023 May 03]. Available from: <https://thewomenspbmq.org.au/>

Glasier A, Bhattacharya S, Evers H, et al. Contraception after pregnancy. Acta Obstet Gynecol Scand. 2019 Nov;98(11):1378-1385.

Cooper M, Cameron S. Postpartum contraception. The Obstetrician & Gynaecologist. 2018; 20(3):159-166.









Family Planning New South Wales, Family Planning Victoria, True Relationships and Reproductive Health. Contraception: An Australian Clinical Practice Handbook, 4th ed. Ashfield NSW, 2016

CDC Contraceptive Guidance for Health Care Providers

FSRH UK Medical Eligibility Criteria for Contraceptive Use

FSRH CEU Guidance: Drug Interactions with Hormonal Contraception

NHS Contraception Guide

Keywords	Levonorgestrel, POP, COCP, contraception, emergency contraception, Mirena, Kyleena, Microlut, intrauterine device, intra-uterine device, IUD, heavy menstrual bleeding, endometriosis, HMB, HRT, hormone replacement therapy				
Document Owner:	Chief Pharmacist				
Author/ Reviewer	KEMH Pharmacy Department				
Version Info:	5.0				
Date First Issued:	February 2015	Last Reviewed:	May 2020	Review Date:	03/05/2023
Endorsed by:	Medicines and Therapeutics Committee			Date:	06/06/2023
NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance <input type="checkbox"/>  Std 2: Partnering with Consumers <input type="checkbox"/>  Std 3: Preventing and Controlling Healthcare Associated Infection <input checked="" type="checkbox"/>  Std 4: Medication Safety		<input type="checkbox"/>  Std 5: Comprehensive Care <input type="checkbox"/>  Std 6: Communicating for Safety <input type="checkbox"/>  Std 7: Blood Management <input type="checkbox"/>  Std 8: Recognising and Responding to Acute Deterioration		
Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from WNHS HealthPoint.					

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

This document can be made available in alternative formats on request for a person with a disability.

© Women and Newborn Health Service 2022

Copyright of this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.