EMERGENCY CONTRACEPTION GUIDANCE FOR PAEDIATRICIANS

(Relevant Key Recommendations taken from the Faculty of Sexual and Reproductive Healthcare Guideline Emergency Contraception December 2017)

Paediatricians should discuss individual need for emergency contraception (EC) and be familiar with the different methods with regard to efficacy, adverse effects, interactions, medical eligibility and need for additional contraceptive precautions.

Lothian
OOH Emergency drug box RHSC ward 6
Levonelle and Ulipristal available in children's ward St Johns Hospital accessed by nurse in charge.
Borders
Ulipristal available from Emergency Department and BECS.
Levonelle 2 via pharmacy and kept in emergency cupboard OOH accessed by nurse in charge.
Fife
Ulipristal & Levonelle is kept in the locked cupboard at PACU next door to the examination room.

Most Effective Method -- Copper-bearing intrauterine device (Cu-IUD)
The Cu-IUD is the most effective method of EC and should be considered in all cases. The Cu-IUD can be inserted up to 120 hours after the first episode of unprotected sexual intercourse (UPSI) or within 5 days of the earliest expected date of ovulation.
If a Cu-IUD is not appropriate or not acceptable then oral EC should be given. The Cu-IUD should be encouraged when hormonal methods cannot be used, there have been multiple episodes of unprotected sex or if intercourse was outwith the time limits for hormonal treatment.
Young women wishing insertion of a Cu-IUD should be asked to attend the walk-in clinic which runs at Chalmers Sexual Health Service each afternoon Monday to Friday. Please give oral EC prior to referral incase the young woman changes her mind or IUD insertion is not appropriate/possible. Please call 536 1520 to discuss a case with the senior sexual health doctor. Or if more appropriate a Cu-IUD insertion may be organized after discussion with the on call Gynaecology registrar or consultant-via switchboard at NRIE, BGH or Victoria Hospital.

First Choice Oral EC – Ulipristal acetate (UPA) – also known as 'ella-One'
The efficacy of UPA has been demonstrated up to 120 hours and can be offered to all eligible young people requesting EC during this time period. It is the only oral EC licensed for use between 72 and 120 hours. However if a young woman wants to 'quick start' contraception she must wait 5 days after UPA.

Second Choice Oral EC – Levonorgestrel (LNG)
The efficacy of LNG has been demonstrated up to 96 hours. Use of LNG beyond 72 hours is outside the product licence. Hormonal contraception can be started immediately after LNG-EC.

Future/ongoing contraception
Advise that oral EC methods do not provide contraceptive cover for subsequent UPSI and that they will need to use contraception or refrain from sex to avoid further risk of pregnancy. All young women should be advised to commence an effective method of contraception after using EC unless there is no chance of ongoing sexual activity. Please either refer to Chalmers Sexual Health Service or their GP. HR+ clinics at Chalmers are available every afternoon on a walk-in basis and a referral is not required. - See *www.**lothiansexualhealth**.scot.nhs.uk/ for clinic times.*

Sexual Health

Fife: 01592 729271 (Office) or 01592 647164
Borders: 01896 663700

Drug interactions

Young people taking liver enzyme-inducing drugs (or who have stopped taking this medication within the last 28 days) should be advised that a Cu-IUD is the only method of EC not affected by these drugs. A double dose of LNG (3mg) can be offered if they decline a Cu-IUD.
Young people should be advised not to use UPA if they are currently taking drugs that increase gastric pH (e.g. antacids, histamine H_2 antagonists and proton pump inhibitors).
LNG rather than UPA should be offered to young women who require EC due to missed contraceptive pills-either POP or COCP.
UPA is not suitable for use if they have severe asthma controlled by oral Glucocorticoids

Side effects

Young people should be advised to seek medical advice if they vomit within 2 hours of taking LNG or
3 hours of UPA administration. A repeat dose of the same method or a Cu-IUD may be offered if appropriate.

Young people should be advised about menstrual disturbances after oral EC use. If there is any doubt about whether menstruation has occurred, a pregnancy test should be performed ≥3 weeks after UPSI has occurred.

Multiple uses in the same cycle

LNG and UPA can be used more than once in a cycle or for a recent indication even if there has been an earlier episode of UPSI outside the treatment window (>120 hours).