

EHC SUPPLY UNDER PGD – COUNSELLING NOTES

All the following subjects must be discussed with the client before supply of EHC

- Possible adverse effects –and actions to take if they occur
- The most commonly reported undesirable effect is nausea.

Body System	Frequency of adverse reactions	
	Very common ($\geq 10\%$)	Common ($\geq 1/100$ to $<1/10$)
Nervous system disorders	Headache	Dizziness
Gastrointestinal disorders	Nausea	Diarrhoea
	Lower abdominal pain	Vomiting
Reproductive system and breast disorders	Bleeding not related to menses*	Delay of menses more than 7 days **
		Irregular menstruation
		Breast tenderness
General disorders and administration site conditions	Fatigue	

- Advise that Levonelle-1500 is not 100% effective and that pregnancy might still occur
- Possible effects on the foetus if pregnancy occurred. There is limited epidemiological evidence, but no adverse effects have been reported
- Action to take if vomiting occurs within 2 hours of the dose; i.e. revisit for a repeat dose
- The need to consistently and correctly use a reliable barrier method of contraception at least until the next period. Other hormonal contraception may be continued
- Future contraceptive needs, including supply of family planning leaflets and condoms
- That Levonelle-1500 does not protect against STDs; offer a Chlamydia test to clients <25yrs
- Recommend a pregnancy test if the next period is late or abnormal in any way. In the case of pre-existing amenorrhoea carry out a test 3 weeks after UPSI.