

Public Health

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Date: 11th April 2016

Dear Pharmacists

Rochdale Borough Council is aware of that Faculty of Sexual and Reproductive Healthcare (FSRH 2017) has released an updated guidance regarding Emergency Contraception (EC) in March 2017.

The guideline recommends actions which are not in the current service specification and PGD for community pharmacists who deliver EC across Rochdale Borough.

Rochdale Borough Council will, in collaboration with NHS Greater Manchester Shared Services and Greater Manchester LPC, be reviewing the service specification in light of this new information and will update it in the near future.

The new guidance recommends patients are made aware that Copper IUDs are the most effective option for EC and ulipristal acetate is more effective than levonorgestrel for EC, and that ulipristal acetate is recommended for first line oral treatment in women who have had unprotected sexual intercourse within the last 5 days.

As it will take time to amend and agree an update to the current service specification and review the existing levonorgestrel Patient group direction; Rochdale Borough Council are asking community pharmacists who are signed up to provide the EC service to advise their patients about the comparative effectiveness of all forms of emergency contraception and for patients wishing to use a different method other than levonorgestrel refer them to an alternative provider of sexual health services. Care should be taken to make sure patients have sufficient time to access alternative providers.

Where patients are willing to accept levonorgestrel as a treatment option the existing PGD remains safe to use. Where patients plan to access a

Cu-IUD as treatment it is advisable to still treat with levonorgestrel as recommended in the PGD.

For a full copy of the guidance please go to <https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

A brief outline of the main recommendations of the new guidance is set out below:

Findings from a recent ComRes survey found that only 13% of women could identify the most effective form of emergency contraception - the copper coil or copper intrauterine device (Cu-IUD), with 60% of women aged 18-24 incorrectly believing that oral emergency contraception, also known as the morning after pill, is the most effective method. In addition, only 15% of those who had accessed emergency contraception had been offered the copper coil as a method of contraception by their healthcare professional.

The guideline recommendations include:

- *EC providers should advise women that the copper IUD is the most effective method of emergency contraception*
- *EC providers should advise women that ulipristal acetate (UPA-EC) has been demonstrated to be effective up to 120 hours after unprotected intercourse*
- *EC providers should advise women that levonorgestrel (LNG-EC) is licensed as emergency contraception for up to 72 hours after unprotected intercourse*
- *EC providers should advise women that UPA-EC has been demonstrated to be more effective than LNG-EC.*
- *Providers of emergency contraception who cannot offer all EC methods should give women information about other methods and signpost them to services that can provide them. If a woman is referred on for Cu-IUD, oral emergency contraception should be given at the time of referral in case the Cu-IUD cannot be inserted or the woman changes her mind.*
- *Providers of emergency contraception should be aware that a Cu-IUD can be inserted up to 5 days after the first instance of unprotected intercourse in a natural menstrual cycle, or up to 5 days after the earliest day of ovulation.*
- *If a Cu-IUD is not appropriate or acceptable, women should be advised that oral EC should be taken as soon as possible if there has been unprotected intercourse within the past 5 days.*
- *Providers of EC should consider UPA-EC as the first line oral emergency contraception for a woman who has had unprotected intercourse within the last 5 days.*

Works Cited

FSRH. (2017, March). *Emergency Contraception*. Retrieved April 6th, 2017, from Faculty of Sexual and Reproductive Healthcare: <https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

Yours Faithfully,

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