Patient Group Direction
For use by the Virgin Care service stated below

Ulipristal Acetate 30 milligram tablets
(Emergency Contraception)
Reference Number: BU16/Sexual Health (Community Pharmacy)/2018/PGD015
Start date: 1st February 2018 Expiry date: 31st January 2020

This PGD replaces: New Patient Group Direction

Situation or condition
Provision of emergency contraception to females presenting at a community pharmacy following unprotected sexual intercourse (UPSI)

Service(s) in which this PGD is authorised for use:
Community pharmacies contracted Virgin Care to provide emergency contraception services.
See page 2 for details of the specific service this PGD is authorised for use in.

Developed by the following members of the patient group direction (PGD) working group

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Brown</td>
<td>Lead Pharmacist BU16, Virgin Care</td>
<td></td>
<td>04/01/18</td>
</tr>
<tr>
<td>Dr A Nadgir</td>
<td>Associate Specialist Lead Clinician, Sexual Health Teesside</td>
<td>Nadgir</td>
<td>4/1/18</td>
</tr>
<tr>
<td>Alyson Lawty</td>
<td>Clinical Manager, Sexual Health Teesside (Clinical Representative)</td>
<td>Alyson Lawty</td>
<td>04/01/18</td>
</tr>
</tbody>
</table>

See page 2 for the details of the specific service this PGD is authorised for use in and the details of authorisation by the commissioning body.

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Authorised for use by the service’s statutory commissioning body: (the PGD is not legally valid without at least one signature below; three signatory lines are available to accommodate commissioner preference but not all lines must be filled for it to be legally authorised for use)

<table>
<thead>
<tr>
<th>Name of statutory commissioning body</th>
<th>Hartlepool Borough Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Role</td>
</tr>
<tr>
<td>Dr Paul Edmonson-Jones</td>
<td>Interim Director of Public Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of statutory commissioning body</th>
<th>Middlesbrough Borough Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Role</td>
</tr>
<tr>
<td>Edward Kunonga</td>
<td>Director of Public Health</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Name of statutory commissioning body</th>
<th>Redcar and Cleveland Borough Council</th>
</tr>
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<tr>
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<td>Role</td>
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<tr>
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<tr>
<th>Name of statutory commissioning body</th>
<th>Stockton-on-Tees Borough Council</th>
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<tr>
<td>Name</td>
<td>Role</td>
</tr>
<tr>
<td>Dr Tanja Braun</td>
<td>Consultant in Public Health</td>
</tr>
</tbody>
</table>
### Clinical Content: Clinical Details

<table>
<thead>
<tr>
<th><strong>Situation or condition</strong></th>
<th>Provision of emergency contraception to females presenting at a community pharmacy following unprotected sexual intercourse (UPSI) in current cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclusion criteria</strong></td>
<td>Patients aged 13 years old(^1) or over attending a Virgin Care sexual health service for emergency contraception who fulfil all of the following 4 criteria:</td>
</tr>
<tr>
<td></td>
<td>1. Emergency contraception is indicated and ulipristal is an appropriate choice of emergency contraception(^2) (see appendices 1 and 2 and FRSH guideline – Emergency contraception)</td>
</tr>
<tr>
<td></td>
<td>2. Have been advised about the effectiveness of intrauterine (IUD) methods of emergency contraception and oral methods and have chosen the oral method instead of or in addition to an IUD(^3). (see appendices 1 and 2 and FRSH guideline – Emergency contraception)</td>
</tr>
<tr>
<td></td>
<td>3. Have been interviewed by an accredited pharmacist prior to supply and a full history taken of UPSI in current cycle, management of any previous UPSI in current cycle and methods of contraception used.</td>
</tr>
<tr>
<td></td>
<td>4. Have provided valid consent to treatment with ulipristal and also fulfil one of the following 2 criteria:</td>
</tr>
<tr>
<td></td>
<td>1. UPSI within previous 120 hours (see appendix 2 and FRSH guideline – Emergency contraception)(^2)</td>
</tr>
<tr>
<td></td>
<td>2. Have vomited within 3 hours of ingestion of a 1(^{st}) supply of ulipristal as per criteria above but still within 120 hours of unprotected sexual intercourse NB: option of IUCD should be offered again(^3).</td>
</tr>
</tbody>
</table>

\(^1\) Patients under 16 years old must be assessed as Fraser competent (see appendix 3)  
\(^2\) Ulipristal may be supplied more than once per cycle. A full history must be established of all UPSI within the current cycle to ensure that the most appropriate method of emergency contraception is provided for the most recent episode of UPSI  
\(^3\) If patient opts for IUD insertion, ulipristal can still be supplied if appropriate, in case patient is unable to make an appointment or does not attend.  

<table>
<thead>
<tr>
<th><strong>Exclusion criteria</strong></th>
<th>Patients fulfilling one or more of the following criteria are excluded from treatment under the PGD.</th>
</tr>
</thead>
</table>
|                        | • Under 13 years old\(^4\)  
|                        | • Under 16 years of age who do not fulfil the Fraser guidelines\(^4\).  
|                        | • Ulipristal contra-indicated, inappropriate or not warranted (see FRSH guideline – Emergency contraception), including one or more of the following criteria:  
|                        | o Attend more than 120 hours after most recent occurrence of UPSI  
|                        | o Vomited a 2\(^{nd}\) supply of ulipristal  
|                        | o Essential or desirable to commence (including Quick start) or recommence oral hormonal contraception within the next 5 days  
|                        | o Breastfeeding. NB: Only a criteria for exclusion if patient does NOT wish to stop breastfeeding for 7 days after treatment. Can be considered for patients who are breastfeeding if they are willing to stop breastfeeding (i.e. extracting and discarding breastmilk) for 7 days after treatment. |
- Progestogen taken within previous 7 days including:
  - Levonorgestrel 1.5 mg supplied for a previous episode of UPSI
  - CHC or POP (require EC due to missed doses)
  - Progestogen taken to delay menstruation
- 21 days or less post-natal / post-partum
- 5 days or less after abortion, miscarriage, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD).
- Pregnancy (known or highly suspected)
- Do not require emergency contraception NB: If there is doubt regarding possible contraceptive failure (e.g. number and/or timing of missed pills) then emergency contraception should be supplied as benefit will outweigh any risks
- Severe hepatic disease / dysfunction.
- Severe asthma treated with oral glucocorticoids
- Severe intestinal malabsorption syndromes e.g. Crohn’s disease.
- Gastric bypass surgery (with exception of gastric band)
- Currently experiencing severe diarrhoea and/or vomiting.
- Known severe hypersensitivity to ulipristal or any of the ingredients of the product.
- Lactose or galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption.
- Experienced previous severe clinical problems with ulipristal 30mg
- Currently taking other medicines that significantly interact with ulipristal (see BNF appendix 1, manufacturer's SPC and FSRH/CEU guidance), including specifically:
  - Concomitant use (or use within the last 28 days) of liver enzyme inducing drugs
  - Ciclosporin

### Managing excluded patients

- Manage as per Safeguarding Policy.
- Persons not requiring emergency contraception to be given appropriate advice regarding on-going contraception.
- Discuss and offer, if appropriate, other forms of EC (except for those who do not require emergency contraception).
- Otherwise advise urgent self-referral to a Sexual Health Teesside clinic or GP or to contact NHS 111 (except for those who do not require emergency contraception).
- Document all actions/decisions.

### Relevant warnings / Precautions

1. Studies suggest that levonorgestrel is less effective in patients weighing >70kg and / or BMI > 26kg/m² and that ulipristal is less effective in patients weighing >85 kg or with a BMI >30 kg/m².

**Patients weighing >70kg and / or BMI > 26kg/m²:**
Recommended that ulipristal (UPA-EC) is offered if a Cu-IUD is not indicated or not acceptable, or in addition to a Cu-ID. If UPA-EC is not suitable, a 3mg (double dose) of LNG-EC can be used (see PGD).

**Patients weighing >85 kg or with a BMI >30 kg/m²:**
UPA-EC or LNG-EC 3mg (see PGD) can be offered (no evidence of one being more effective than the other) if a Cu-IUD is not indicated or not acceptable, or in addition to a Cu-ID.
2. The effectiveness of ulipristal acetate could be reduced if progestogen is taken in the following 5 days. Quick start or recommencement of hormonal contraception should be therefore be delayed for 5 days (120 hours) after taking ulipristal acetate. *See patient advice on additional precautions and FSRH Guideline Quick Starting Contraception (April 2017).*

**Managing patients who don’t want treatment under PGD**
- Ensure person fully understands risks of declining
- Advise patient on alternative sources and methods of treatment
- Advise urgent self-referral to Sexual Health Teesside clinic or GP to contact NHS 111.
- Ensure actions are documented

**Documentation or treatment records required**
Records and paperwork maintained in accordance with professional body standards and requirements of service specification/contract including:
- Record of product supplied/administered:
  - Manufacturer /brand of product, batch number, expiry date
  - Date and time of supply/administration
- Record of person supplying ulipristal under PGD
## Clinical Content: Medicine Details

<table>
<thead>
<tr>
<th>Name, form and strength</th>
<th>Ulipristal acetate 30 milligram</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal classification</td>
<td>Pharmacy Medicine (P)</td>
</tr>
<tr>
<td>Route/method of administration</td>
<td>Oral</td>
</tr>
</tbody>
</table>
| Dosage                  | 30 milligram (1 tablet) to be taken as a single dose. 
                              Tablet(s) to be taken as soon as possible, but no later than 120 hours, after most recent occurrence in current cycle of UPSI to achieve the highest efficacy. 
                              If vomiting occurs within 3 hours of taking a first supply of ulipristal, a further dose may be supplied. A copper intra-uterine contraceptive device (IUCD) should also be considered and if appropriate offered again. 
                              The dose may be taken by the patient in the pharmacy. If supplied and taken away by the patient the medicine must be over labelled with directions for use and patient name and date of supply added. |
| Frequency               | See ‘Dosage’ above            |
| Maximum / minimum treatment period | • See ‘Dosage’ above  
                              • Ulipristal may be supplied for more than one episode of UPSI in a cycle |
| Quantity to be administered/ Supplied | See ‘Dosage’ above |
### Side effects

(Please refer to current SPC & BNF for full details)

Suspected adverse reactions to drugs including vaccines should be reported on the yellow card available at the back of the BNF. Also at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

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Most commonly reported adverse reactions:
- Headache
- Nausea
- Abdominal pain
- Dysmenorrhea

Other potential adverse / undesirable effects:

<table>
<thead>
<tr>
<th>System Organ Class</th>
<th>Common (≥ 1/100 to &lt;1/10)</th>
<th>Uncommon (≥ 1/1,000 to &lt;1/100)</th>
<th>Rare (≥1/10,000 to &lt;1/1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections and infestations</td>
<td></td>
<td>Influenza</td>
<td></td>
</tr>
<tr>
<td>Metabolism and nutrition disorders</td>
<td>Mood disorders</td>
<td>Appetite disorders</td>
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<tr>
<td></td>
<td></td>
<td>Emotional disorder</td>
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<td></td>
<td></td>
<td>Anxiety</td>
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<td></td>
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<td>Insomnia</td>
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<td>Hyperactivity disorder</td>
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<td></td>
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<td>Libido changes</td>
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<tr>
<td>Nervous system disorders</td>
<td>Headache</td>
<td>Somnolence</td>
<td></td>
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<tr>
<td></td>
<td>Dizziness</td>
<td>Migraine</td>
<td></td>
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<tr>
<td>Eye disorders</td>
<td></td>
<td>Visual disturbance</td>
<td></td>
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<td></td>
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<tr>
<td>Ear and labyrinth disorders</td>
<td>Respiratory, thoracic and mediastinal disorders</td>
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<tr>
<td></td>
<td></td>
<td>Vertigo</td>
<td></td>
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<td></td>
<td></td>
<td>Dry throat</td>
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<tr>
<td>Gastrointestinal disorders</td>
<td>Nausea*</td>
<td>Diarrhoea</td>
<td></td>
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<tr>
<td></td>
<td>Abdominal pain*</td>
<td>Dry mouth</td>
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<tr>
<td></td>
<td>Abdominal discomfort</td>
<td>Dyspepsia</td>
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<tr>
<td></td>
<td>Vomiting*</td>
<td>Flatulence</td>
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<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td></td>
<td>Acne</td>
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<td></td>
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<td>Skin lesion</td>
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<td>Urticaria</td>
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<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td>Myalgia</td>
<td></td>
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<tr>
<td></td>
<td>Back pain</td>
<td></td>
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<tr>
<td>Reproductive system and breast disorders</td>
<td>Dysmenorrhea</td>
<td>Menorrhagia</td>
<td></td>
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<tr>
<td></td>
<td>Pelvic pain</td>
<td>Vaginal discharge</td>
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<tr>
<td></td>
<td>Breast tenderness</td>
<td>Menstrual disorder</td>
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<td></td>
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<td>Metrorrhagia</td>
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<td></td>
<td></td>
<td>Vaginitis</td>
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<tr>
<td></td>
<td></td>
<td>Hot flush</td>
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<td></td>
<td></td>
<td>Premenstrual syndrome</td>
<td></td>
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<tr>
<td>General disorders and administration site conditions</td>
<td>Fatigue</td>
<td>Chills</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Malaise</td>
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<tr>
<td></td>
<td></td>
<td>Pyrexia</td>
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<tr>
<td></td>
<td></td>
<td>Thirst</td>
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</tbody>
</table>
| Side effects (cont’d) | Ulipristal may have minor or moderate influence on the ability to drive or use machines. Mild to Moderate dizziness is common after ulipristal intake, somnolence and blurred vision are uncommon; disturbance in attention has been rarely reported. **The patient should be informed not to drive or use machines if they are experiencing such symptoms**

If adverse reactions occur:
- Advise patient to report to own GP
- If reported to pharmacy:
  - Document in patient medication record (PMR)
  - Report to GP (only if authorised by patient)
  - Yellow Card to Medicines Control Agency (only if serious, severe or unusual adverse reactions) |
| Additional information | • A copper IUD should be offered where appropriate to do so, instead of, or in addition to, ulipristal 30 mg on the basis that it is the most effective method of emergency contraception. |
| Advice to patient or carer | • Advise patient on both intrauterine methods and oral methods of emergency contraception, their modes of action and effectiveness.
  - Explain the relative effectiveness of ulipristal, compared with IUD and levonorgestrel, in preventing pregnancy.
  - Explain that an intra-uterine device (IUD) if appropriate is a more effective method of emergency contraception (99% effective).
  - Discuss mode of action of ulipristal.
    - Primary mechanism is inhibition or delay of ovulation. Delays ovulation for at least 5 days, even after the start of the luteinising hormone (LH) surge
  - Provide ulipristal patient information leaflet (and FPA advice leaflet if available) to support advice/information
  - Explain dose
  - Advise to return promptly, or seek medical advice, if vomiting occurs within 3 hours of taking ulipristal.
  - Advise on potential adverse / undesirable effects.
    - Explain the need to be seen promptly by GP or contraceptive clinic if any lower abdominal pain occurs or if irregular and/or heavy bleeding occurs, if the subsequent menstrual bleed is abnormally light or absent or if otherwise concerned about adverse effects or symptoms.
    - Provide advice on driving or operating machinery if experiencing dizziness, drowsiness or blurred vision.
  - Advise that the next period may be early, late or on time.
  - Advise client that she could still become pregnant. Advise pregnancy test if expected menstrual bleed is more than 7 days late or abnormal in any way (light, heavy, and painful).
  - Advise that emergency contraception only provides contraceptive cover for the recent episode of UPSI and does not provide cover for the remainder of the cycle and effective contraception or abstinence must be advised for the remainder of the cycle or until pregnancy can be excluded.
  - If breastfeeding, advise the need to stop for seven days after taking the medication and in order to stimulate lactation during this time, it is advised that women express and discard the breast milk. |
Advice to patient or carer (continued)

- In addition to the above advice women continuing to use (recommence after missed pills), or commencing a hormonal method of contraception, should be advised not to recommence/commence within 5 days of taking ulipristal and then to continue to use additional contraceptive precautions or abstinence for a further 7 days (CHC), 2 days (POP) or 9 days (Qlaira) even if this time period carries over to a new cycle.
- Discuss all methods of contraception and client suitability and provide health education leaflets and information for future contraception needs.
- Provide information on follow-up support services available e.g. Sexual Health Teesside clinics and GPs.
- Raise awareness of the Manufacturers Risk Minimisation Measure in the Patient Information Leaflet (Pregnancy section) regarding the reporting mechanisms if inadvertently taken ulipristal during pregnancy or have become pregnant despite having taken ulipristal.

Follow up

- The patient will need to be seen at a contraceptive clinic, or her GP, promptly if:
  - any lower abdominal pain occurs or if irregular and/or heavy bleeding occurs
  - If the subsequent menstrual bleed is 7 days late or abnormally light, heavy or painful.
  - If she is otherwise concerned about adverse effects or symptoms.
- Provide contact details for self-referral to a GP or Sexual Health Teesside clinic if patient requests IUD or other advice or follow-up regarding sexual health.

References

Refer to current versions for up to date information.

- Current Faculty of Sexual and Reproductive Healthcare clinical guidelines or statements:
  - Emergency Contraception (March 2017)
  - Missed pills recommendations (May 2011)
  - UK Medical Eligibility Criteria (UKMEC)(May 2016)
  - Drug interactions with hormonal contraception (January 2017)
  - Quick starting contraception (April 2017)
- British National Formulary (current edition)
- Manufacturer’s Summary of Product Characteristics www.medicines.org.uk
- General Pharmaceutical Council Standards for Pharmacy Professionals (May 2017)
- General Pharmaceutical Council Guidance on the provision of pharmacy services affected by religious and moral beliefs (September 2010)
- NICE Good Practice Guidance (MPG2) Patient Group Directions (02 August 2013) Updated March 2017
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### Staff Characteristics

- Registered pharmacist with GPhC.
- Successful completion of CPPE Emergency Hormonal Contraception learning package and on-line assessment on the most recent date applicable to one of the following:
  - during or after April 2017 (reviewed 04/2017)
  - from the date a new or updated learning package is made available (after 1st February 2018)
  - within previous 3 years
- Completed Declaration of Competency (DoC) for Pharmacy Services – Emergency Contraception Service (with the use of a Patient Group Direction) on the most recent date applicable to one of the following:
  - during or after April 2017
  - in response to new guidance, standards, practice and any relevant new learning programmes / assessments (after 1st February 2018)
  - within the previous 3 years
- Completed self-declaration on PharmOutcomes for all of the following:
  - Successful completion of CPPE learning package and on-line assessment as evidenced by CPPE certificate.
  - Completion of Declaration of Competency
  - Patient Group Direction read, understood and signed and, if applicable, authorised to use.
- Responsible for maintaining own level of updating and competence in line with the DoC

**The above requirements apply at the date of supply of EC and not the date of signing PGD i.e. on-going requirement**

Staff must only work under the current version of this PGD and if their manager (if applicable) authorises them by name to do so.

### Practitioners Qualified and Authorised to Work to this PGD

Registered pharmacists fulfilling the above criteria are eligible to supply EC under this PGD from Community Pharmacists contracted with Sexual Health Service Teesside/Virgin Care Services Ltd.

All staff operating in accordance with this PGD must have a current and signed copy of it readily available for reference at the site named above.
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Healthcare professional individual declaration

I have read and understood this PGD, and agree to supply the named medicine only in accordance with it.

I understand that PGDs do not remove inherent professional obligations or accountability, and it remains my responsibility to practice only within the bounds of my own competence.

<table>
<thead>
<tr>
<th>Name of professional (please print)</th>
<th>GPhC number</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Date of achievement of CPPE certificate*  
*responsibility of pharmacist to maintain competency as per requirements of PGD (see section 6)

Authorising manager approval (if applicable)

The above named person is authorised to practice using this PGD.

<table>
<thead>
<tr>
<th>Name of authorising Manager</th>
<th>Title</th>
<th>Signature of Authorising Manager</th>
<th>Date</th>
</tr>
</thead>
</table>
Decision-making Algorithms for Emergency Contraception

Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC

Currently <120 hours since last UPSI?

Yes

No

Unknown

Additional UPSI this cycle, >120 hours ago?

Yes or unknown

No

Currently ≤5 days after earliest likely date of ovulation?

Yes

No or unknown

Currently ≤5 days after earliest likely date of ovulation?

Yes

No or unknown

Yes

No or unknown

• Offer Cu-IUD
• If not acceptable, offer oral EC* and suitable ongoing contraception

• Offer Cu-IUD
• Oral EC unlikely to be effective
• Offer suitable quick start contraception

• Offer oral EC and suitable ongoing contraception

• Offer Cu-IUD
• If not acceptable, offer oral EC* and suitable ongoing contraception

• Oral EC unlikely to be effective
• Offer suitable quick start contraception

• For choice of oral EC see Algorithm 2.

Note that there is no evidence that oral EC is effective if ovulation has already occurred.

Cu-IUD - copper intrauterine device
EC - emergency contraception
UPSI - unprotected sexual intercourse

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Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)

The Cu-IUD is the most effective form of EC. If criteria for insertion of a Cu-IUD are not met or a Cu-IUD is not acceptable to a woman, consider oral EC.

Last UPSI <96 hours ago?

Yes

UPSI likely to have taken place ≤5 days prior to the estimated day of ovulation?

Yes or unknown

BMI >26 kg/m² or weight >70 kg

No

Yes

No

No or unknown

Last UPSI <120 hours ago?

Yes or unknown

Oral EC unlikely to be effective.

- Reconsider Cu-IUD if currently within 5 days after likely ovulation
  or
  - Immediate QS only

NOTE THAT ORAL EC IS UNLIKELY TO BE EFFECTIVE IF TAKEN AFTER OVULATION

- UPA-EC* + start contraception after 5 days
- Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation
- If UPA not suitable: LNG-EC** + immediate QS

- UPA-EC* + start contraception after 5 days

- Double dose (3 mg) LNG-EC + immediate QS

- LNG-EC** + immediate QS
  or
  - UPA-EC* + start contraception after 5 days
  - LNG-EC unlikely to be effective.
  - Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation

- UPA-EC* + start contraception after 5 days

UFU-ED - copper intrauterine device
EC - emergency contraception
LNG-EC - levonorgestrel 1.5 mg
QS - quick start of suitable hormonal contraception
UPA-EC - ulipristal acetate 30 mg
UPS - unprotected sexual intercourse

*UPA could be less effective if:
  - a woman is taking an enzyme inducer (see Section 10.1)
  - a woman has recently taken a progestogen (see Section 10.3)

UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)

**Consider double-dose (3 mg) LNG if BMI >26 kg/m² or weight >70 kg (Section 9.2) or if taking an enzyme inducer (Section 10.1)
Appendix 3

FRASER ASSESSMENT

Name........................................... Date of birth ............

<table>
<thead>
<tr>
<th>Under 16 Checklist</th>
<th>Notes</th>
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<tr>
<td>Client Age</td>
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<td>Age of Partner</td>
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<td>Confidentiality discussed</td>
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</table>

FRASER GUIDELINES FOLLOWED

1. The young person understands the advice they are being given

2. The young person cannot be persuaded to inform a parent or guardian

3. Is it likely that the young person will begin or continue having intercourse with or without treatment/contraception

4. Unless he or she receives treatment/contraception their physical or mental health (or both) is likely to suffer

5. The young person’s best interests require contraceptive advice, treatment or supplies to be without parent consent.

Staff must work within these guidelines to ensure that the young person is able to understand the choices available and their consequences. This includes the implications and risks of sexual relationships.