Northamptonshire Healthcare
NHS Foundation Trust

MMPr001 EMERGENCY CONTRACEPTION PROTOCOL

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Why we need this protocol

The purpose of this protocol is to describe the process for NISH staff to provide emergency contraception within the clinics. The Northamptonshire Integrated Sexual Health Service (NISH) welcomes all clients and we respect all personal beliefs and life choices. We aim to serve everyone equally and we work hard to eliminate any disadvantages faced in respect to gender, age, ethnicity, disability, sexuality or any health inequalities. Carers/interpreters/chaperones are welcome to attend the consultation at the request of the client. The trust is happy to provide this service, although prior notification may be required.

What the protocol is trying to do

The aim of this protocol is to describe the process for Northamptonshire Integrated Sexual Health Services (NISH) staff to provide emergency contraception within the clinics and satellite venues.

Which stakeholders have been involved in the creation of this protocol

Medicines Management Committee meeting

Any required definitions/explanations

NHFT - Northamptonshire Healthcare NHS Foundation Trust
NISH- Northamptonshire Integrated Sexual Health services
MMC- Medicines Management Committee
BP – Blood pressure
EC – Emergency Contraception
LMP – Last Menstrual Period
CVD – Cardiovascular disease
BMI – Body Mass Index
FPA- Family Planning Association
INP- Independent Nurse Prescriber
FSRH – Faculty of sexual & reproductive healthcare
IUD – Intrauterine device
PGD – Patient Group Directive

Key duties

The Medicines Management Committee

Will review and approve the protocol

Medical Director

Is responsible for the dissemination of this protocol as appropriate to their Clinical Director's and Clinical Tutor's

Clinical Director's

Are responsible for the dissemination and implementation of the protocol in their service areas as appropriate

NISH staff

Are responsible for following this protocol when providing emergency contraception to clients. .

Protocol detail

Client attends Clinic / Venue

Discuss with the client the reason for needing Emergency Contraception (EC)

Record history (Integrated history and U18 if appropriate) in client record ensuring and recording valid consent is obtained.

Minimum History to be documented:

- Risk of existing pregnancy – last normal period, normal cycle length, shortest cycle
- Normal contraceptive method, reason for UPSI
- Number and timing of all episodes of UPSI since last period
- Previous EC use within this cycle
- Medical History
- Drug history including use of enzyme inducing drugs and warfarin
- If IUD considered take history relevant to IUD (see IUD protocol)

Discuss eligible options i.e. Levonelle, ellaOne, IUD. Adequate information of suitable methods should be given to the patient for her to make her choice of method.

Levonelle and ellaOne can be issued under PGD. (PGD Numbers: PGD 100 & 164)

If Levonelle or ellaOne cannot be given under PGD or the patient needs an IUD then refer the patient to a doctor or Independent Nurse Prescriber or an IUD fitting clinician.

Complete Emergency Contraception-oral template if issuing oral EC.

If patient is unsuitable for emergency contraception, then record why. Proceed using relevant protocol e.g. Unplanned pregnancy / relevant contraception.

Providing Information for clients: Your Guide to Emergency Contraception

Go through the leaflet with the client making sure she understands the following

- The mechanism of action
- Efficacy
- Side effects including nausea, possible sickness and menstrual disturbance
- There is no evidence of teratogenicity with Levonelle nor ellaOne on available data
- Both ellaOne and Levonelle can be used is there has been previous UPSI or use of oral EC in the same menstrual cycle
- Advice on additional contraception if continuing hormonal contraception after administration of oral EC
- Contraception for the rest of the menstrual cycle
- Future contraception
- If Levonelle is given outside product licence inform this to the client and document in patient records (see PGD100 & FSRH EC guidelines)

Future Contraception

- Discuss and give leaflet on future contraception. Combined hormonal contraception, the Progestogen-only pill and Nexplanon can be quick started immediately after administration of Levonelle, for ellaOne they need to wait 5 days. The woman should be informed of the theoretical risks, additional contraception and the importance of pregnancy testing. Document discussion appropriately. If future contraception is not relevant, record this.

- Offer condoms ensuring patient understands how to use them as per protocol

- Advice on safer sex and follow up for STI screening

Repeat and return visits

Timing of next appointment, as appropriate, is at the discretion of the doctor or nurse but is usually 3 weeks to exclude pregnancy and discuss contraception and sexual health screening.

ADDITIONAL INFORMATION

Emergency IUD

- Copper IUD can be inserted as emergency contraception for up to 5 days after 1st act of UPSI in a cycle or up to 5 days after the earliest expected date of ovulation. An Emergency IUD should ideally be fitted at the time of presentation. Where this is not possible, arrangements should be made for the patient to attend as soon as possible within the legal timeframe. Oral EC should be advised at the initial visit, in case, for any reason it is not possible to subsequently fit the IUD.
- The IUD can be removed at next normal menses, if not required for ongoing contraception

ellaOne (Ulipristal acetate 30 mg)

- ellaOne is the oral emergency contraceptive licensed for use up to 120 hours after UPSI. It can be issued under prescription or by PGD (PGD 164).
- ellaOne may be used in the following circumstances:
    - Patient requesting EC and has had UPSI in the previous 120 hours.
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    - Declines or is not suitable for an emergency IUD
    - No contraindications to ellaOne
    - If the patient is breast feeding she should not give the baby breast milk for 1 week after taking ellaOne (and any milk expressed during that time be discarded)

ellaOne should NOT be used in the following circumstances

- In women taking liver enzyme inducers or within 28 days of stopping taking this medication
- In women with severe asthma controlled with regular oral glucocorticosteroids (i.e. oral prednisolone)

Levonelle

- Levonelle can be given up to 120 hours after UPSI (unlicensed use) by prescribers and PGD (PGD 100)

Training requirements associated with this policy

Mandatory Training

There is no mandatory Training associated with this protocol

Specific Training not covered by Mandatory Training

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description. All nurses and doctors working under this protocol will hold a relevant family planning qualification

How this Protocol will be monitored for compliance and effectiveness

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Protocol process followed	Audit of 50 patients records from across the service	NISH Contraceptive Lead Clinician	Every 2 years	NISH Contraceptive Lead Clinician Senior Nurse MMC	NISH Senior Nurse
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

Equality considerations

Refer to MMP001 Control of Medicines policy

Reference Guide

- FSRH Clinical Guidance; Emergency Contraception, December 2017
- Ulipristal Acetate (ellaOne®) FSRH, October 2009
- Drug Interactions and Hormonal Contraception, FSRH, January 2011
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- Statement on Drug Interactions between Hormonal contraception and Ulipristal Products: ellaOne® November 2012
- FSRH Clinical Guidance; Quickstarting Contraception, April 2017
- UK Medical Eligibility for Contraceptive Use, FSRH, April 2016
- Ulipristal (ellaOne) FAQs: Faculty statement from the CEU, FSRH, December 2009
- CEU Statement – Update on use of Ulipristal Acetate (ellaOne) in breastfeeding women, March 2013

- NMC Standards for medicines management, August 2008
- PGD 100, Levonorgestrel 1500, July 2017
- PGD 164 Ulipristal Acetate, July 2017Levonelle SPC, medicines.org.uk
- ellaOne SPC, medicines.org.uk

Document control details

Author:	Sophie Herbert -GUM Consultant Rosalind Phillips – Clinical Lead for Contraception
Approved by and date:	Medicines Management Committee – September 2018
Any other linked Policies:	MMP001 Control of Medicines
Protocol number:	MMpr001
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Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1.0	19.07.16	19.07.16	31.07.18	Review
2.0	11.09.18	15.11.18	30.09.20	Amendments to reflect changes in national guidance