

Contraception - emergency - Management

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How do I assess a woman who is requesting emergency contraception?

- [Assess](#) the woman's:
 - Current risk for pregnancy.
 - Need for future contraception.
 - Risk for sexually transmitted infection.
 - Risk for having had non-consensual sexual intercourse.
 - Vulnerability.

What information should I provide a woman requesting emergency contraception?

- Provide verbal and printed information on:
 - The options that are available: the levonorgestrel pill, the ulipristal acetate pill, and the copper intrauterine device.
 - Their [pros and cons](#) of the different emergency contraception methods, including their failure rates and complications/adverse effects.
 - Their [mechanisms of action](#).

[In depth](#)

What method should I recommend for emergency contraception?

- Options include the levonorgestrel pill, the ulipristal acetate pill, or a copper intrauterine device (IUD).
- The choice of emergency contraception should be made by the woman.
- [Levonorgestrel](#) is licensed for use up to 72 hours (3 days). Inform the woman that the effectiveness of levonorgestrel effectiveness diminishes rapidly with delay in using it, and that

pharmacists will not provide levonorgestrel without a prescription if the time since unprotected sexual intercourse is more than 72 hours.

- [Ulipristal acetate](#) is licenced for use up to 120 hours (5 days) after unprotected sexual intercourse. Effectiveness is maintained over time. Safety and efficacy of ulipristal acetate has only been established in women 18 years and older and it is only available on prescription.
- [An IUD](#) containing at least 380 mm² of copper is the most effective method. It can be inserted up to 5 days after unprotected intercourse or, if the [timing of ovulation](#) can be estimated, up to 5 days after ovulation. Ideally, an emergency IUD should be fitted at first presentation, but insertion can be offered later. In this case, levonorgestrel emergency contraception should be given in the interim.

[In depth](#)

[What else should I do when an adolescent younger than 16 years of age requests emergency contraception without parental consent?](#)

- Reassure her that the consultation will remain confidential.
- Counsel her on the emotional and physical implications of sexual activity, including the risks and consequences of pregnancy and the risks of sexually transmitted infections.
- Assess her competency to make an independent consent to treatment, and document in her case notes that she meets (or does not meet) the [Fraser criteria](#).

[What issues other than emergency contraception need to be addressed?](#)

- Offer to arrange ongoing contraception if appropriate — see the CKS topic on [Contraception](#). If the woman does not want long-term contraception, consider advance provision of levonorgestrel emergency contraception.
- For women at [higher risk](#) for sexually transmitted infection, offer advice, one to one discussion about preventing sexually transmitted infection, and testing (for *Chlamydia trachomatis* at a minimum if an intrauterine device is to be inserted).
- Refer or manage adolescents or women who have been abused, or who are at risk for sexual abuse, or who are particularly vulnerable.

[What follow up and aftercare advice should I give?](#)

- A few women vomit after taking levonorgestrel or ulipristal acetate. If this happens within 2 hours of taking levonorgestrel or 3 hours of taking ulipristal acetate, the woman should repeat the dose as soon as possible.
- A new prescription will be required for ulipristal acetate and some pharmacies may require a prescription to provide a repeat dose of levonorgestrel.
- Some women have light bleeding or spotting after taking levonorgestrel or ulipristal acetate.
- No contraceptive method is perfect. If pregnancy is suspected (e.g. the next menstruation is abnormally late or light), the woman should have a pregnancy test.

How should I manage a woman taking a liver enzyme-inducing drug who requests oral levonorgestrel emergency contraception?

- A copper intrauterine device is the preferred option in women taking liver enzyme–inducing drugs who require emergency contraception.
- However, if oral levonorgestrel emergency contraception is prescribed to a woman taking a liver enzyme–inducing drug:
 - Double the dose of levonorgestrel to 3 mg (i.e. 2 tablets of levonorgestrel 1500 micrograms).
 - Explain to the woman that this recommendation is based on expert clinical judgement of the balance of risks and benefits rather than evidence, and is outside the terms of the product licence.
- Ulipristal acetate is not recommended for women taking an liver enzyme-inducing drug.

Prescriptions

Oral levonorgestrel

Age from 12 to 60 years

Levonorgestrel tablets: 1.5mg as a single dose

Levonorgestrel 1.5mg tablets

Take one tablet as soon as possible after unprotected intercourse.

Supply 1 tablet.

Age: from 12 years to 60 years

NHS cost: £5.11
OTC cost: £25.00
Licensed use: yes

Patient information: The sooner Levonelle is taken after unprotected sex the more successful is its effect. If you are sick less than 2 hours after taking a dose, immediately return to your doctor for more tablets as the tablets may not work properly.

Taking liver enzyme inducing drugs: oral levonorgestrel

Age from 12 to 60 years

Levonorgestrel tablets: 3mg as a single dose

Levonorgestrel 1.5mg tablets

Take two tablets together as soon as possible after unprotected intercourse.

Supply 2 tablets.

Age: from 12 years to 60 years

NHS cost: £10.22

Licensed use: no - off-label dose

Patient information: The sooner Levonelle is taken after unprotected sex the more successful is its effect. If you are sick less than 2 hours after taking a dose, immediately return to your doctor for more tablets as the tablets may not work properly.

Oral ulipristal acetate

Age from 18 to 60 years

Ulipristal acetate tablets: 30mg as a single dose

Ulipristal acetate 30mg tablets

Take one tablet as soon as possible after unprotected intercourse.

Supply 1 tablet.

Age: from 18 years to 60 years

NHS cost: £16.95

Licensed use: yes
Black triangle

Patient information: The sooner ulipristal acetate is taken after unprotected sex the more successful is its effect. If you are sick less than 3 hours after taking a dose, immediately return to your doctor for more tablets as the tablets may not work properly.

Framed intra-uterine devices (380mm² copper or more)

Age from 13 to 60 years

Nova-T380

Nova-T 380 intrauterine contraceptive device

For insertion into the uterine cavity.

Supply 1 IUD.

Age: from 13 years to 60 years

NHS cost: £13.50

Licensed use: no - misc item available on the NHS

T-Safe 380A QL

T-Safe 380A QL intrauterine contraceptive device
For insertion into the uterine cavity.
Supply 1 IUD.

Age: from 13 years to 60 years

NHS cost: £10.09

Licensed use: no - misc item available on the NHS

TT380 Slimline

TT380 Slimline intrauterine contraceptive device
For insertion into the uterine cavity.
Supply 1 IUD.

Age: from 13 years to 60 years

NHS cost: £11.70

Licensed use: no - misc item available on the NHS

UT380 Short

UT380 Short intrauterine contraceptive device
For insertion into the uterine cavity.
Supply 1 IUD.

Age: from 13 years to 60 years

NHS cost: £10.53

Licensed use: no - misc item available on the NHS

UT380 Standard

UT380 Standard intrauterine contraceptive device
For insertion into the uterine cavity.
Supply 1 IUD.

Age: from 13 years to 60 years

NHS cost: £10.53

Licensed use: no - misc item available on the NHS

Neo-Safe T380

Neo-Safe T380 intrauterine contraceptive device
For insertion into the uterine cavity.
Supply 1 IUD.

Age: from 13 years to 60 years

NHS cost: £12.82

Licensed use: no - misc item available on the NHS