

NYCC Emergency Contraception Aide Memoir

NB These documents are intended to support, not replace, the PGD documentation

Confidentiality

Be open and honest about confidentiality with the client. Give reassurance that information will only be shared with other agencies if there is any risk to the client or anyone else and the client will be informed of this, or otherwise will be shared for information purposes with consent.

Safeguarding

Consider any safeguarding issues
Consider Fraser competency
Refer to PGDs for full details

Determine that EC is indicated

- take full contraceptive, sexual and menstrual history, including STIs
- exclude existing pregnancy and medical contra-indications to various EC methods
- check current/recent use of enzyme-inducing drugs
- check whether woman has used EHC in this cycle already
- establish:
 - o number of episodes of unprotected sexual intercourse (UPSI) in this cycle
 - o timing of earliest and most recent UPSI in relation to last menstrual period (LMP)
 - o timing of intercourse in relation to incorrect contraception use, including in pill/patch/ring free week
 - o earliest possible date of ovulation (=14 days before period, based on shortest possible cycle)
 - o timing of earliest and most recent UPSI in relation to earliest possible date of ovulation

Three options for emergency contraception – discuss all three

Copper IUD

Levonorgestrel

Ulipristal acetate

Assess client suitability

Assess suitability for the three EC options.
Use the decision tree and then refer to the PGD to make a final decision on eligibility.
Signpost / refer on to other services if required.

Supply of emergency hormonal contraception

Supply in line with the PGD if clinically appropriate.
Signpost / refer on to other services if required.

Give advice

If EHC supplied, give advice on what to do if vomiting occurs within 3 hours of taking. Provide advice on contraception for the remainder of this cycle and beyond. Give advice on sexually transmitted infections – advice on screening if indicated - and condom use. Supply condoms as appropriate.

Documentation

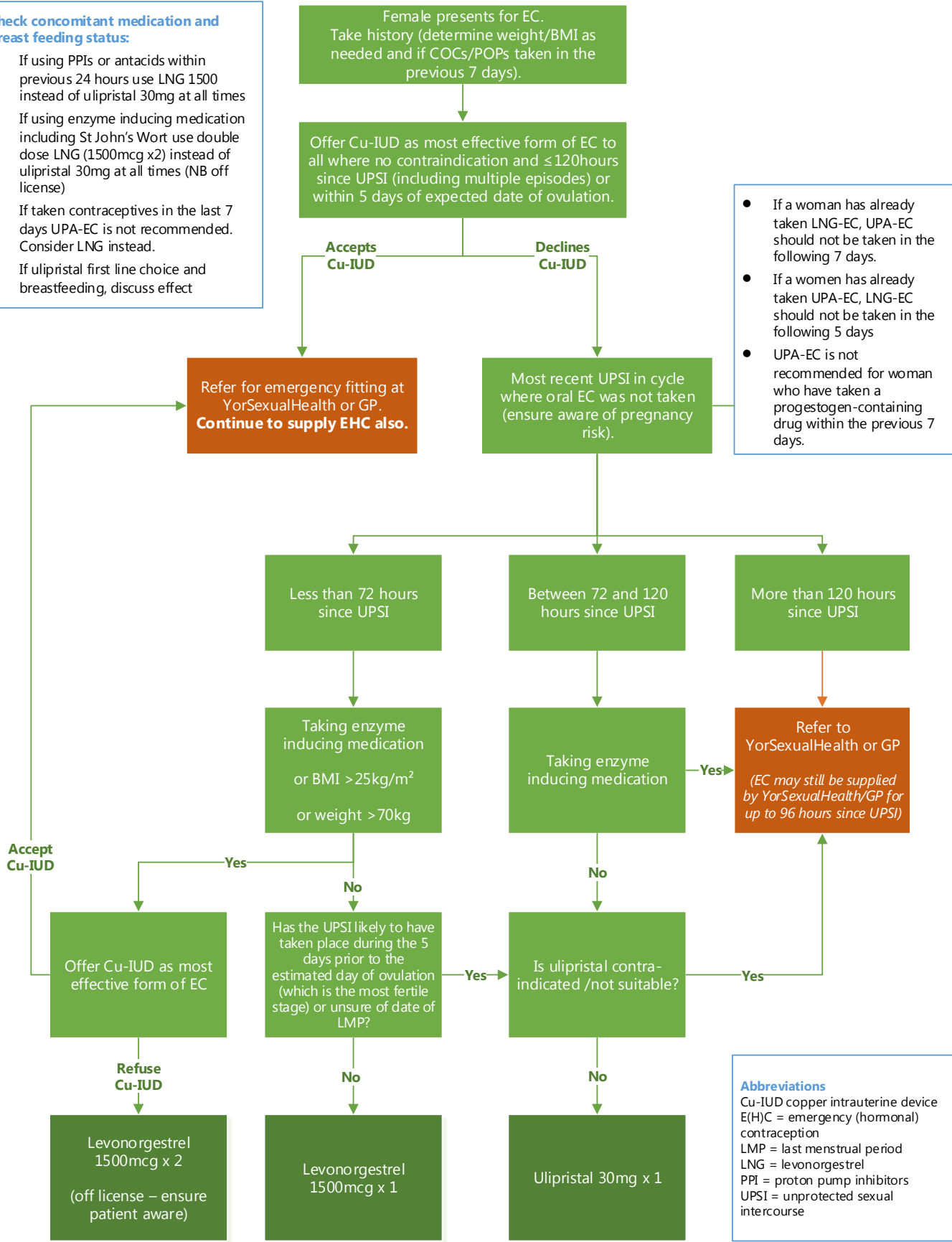
Ensure that all relevant documentation is completed. Refer to other healthcare professionals and document accordingly as set out in the PGD documentation.

NYCC – Emergency contraception decision tree

Check concomitant medication and breast feeding status:

- If using PPIs or antacids within previous 24 hours use LNG 1500 instead of ulipristal 30mg at all times
- If using enzyme inducing medication including St John's Wort use double dose LNG (1500mcg x2) instead of ulipristal 30mg at all times (NB off license)
- If taken contraceptives in the last 7 days UPA-EC is not recommended. Consider LNG instead.
- If ulipristal first line choice and breastfeeding, discuss effect

- If a woman has already taken LNG-EC, UPA-EC should not be taken in the following 7 days.
- If a women has already taken UPA-EC, LNG-EC should not be taken in the following 5 days
- UPA-EC is not recommended for woman who have taken a progestogen-containing drug within the previous 7 days.



Abbreviations
 Cu-IUD copper intrauterine device
 E(H)C = emergency (hormonal) contraception
 LMP = last menstrual period
 LNG = levonorgestrel
 PPI = proton pump inhibitors
 UPSI = unprotected sexual intercourse

**Note that oral EC is unlikely to be effective if taken after ovulation
 Pharmacies should provide advice and supply of condoms as appropriate**