

SCOPE OF PRACTICE

TARGET POPULATION

- Clients requesting emergency contraceptive (EC)

EXCLUSION CRITERIA

- Clients who are pregnant or breast feeding
- Clients who have contraindications to EC

GUIDELINE OBJECTIVES AND ANTICIPATED OUTCOMES

- Appropriate exploration of contraceptive choices and prescription of the emergency contraceptive
- Identification of individual STI risk and provision of appropriate screening
- Identify public health risks to control infections by:
 - Provision of STI education and information
 - Identification and exploration of sexual risk taking behaviors

BACKGROUND

CONDITION DESCRIPTION

Emergency contraception (EC) contains higher doses of the same hormones (estrogens, progestins, or both) found in regular combined oral contraceptive pills and is used to reduce the risk of pregnancy after unprotected intercourse, sexual assault or contraceptive failure.^{1,2,3,4} EC acts by preventing or delaying ovulation or fertilisation and possibly post-fertilization implantation and induces transient changes in the endometrium when taken within 72 hours after unprotected sexual intercourse (UPSI).^{2,3,4,6,8,9,10} The World Health Organisation (WHO) Medical Eligibility Criteria for Contraceptive Use, lists no medical condition for which the risks of emergency contraception outweighs the benefits.⁵

METHOD	RECOMMENDATION
WHO Category 4 Absolute Contraindication	Established pregnancy Allergy to EC
WHO Category 3 Strong Relative Contraindication	nil
WHO Category 2 Generally safe to use	History of severe cardiovascular complications including ischaemic heart disease, cerebrovascular attack or other thromboembolic conditions

Table HC4.1. WHO Medical Eligibility Criteria for Contraceptive⁵

EFFICACY

The efficacy of the method of EC is given as a percentage of pregnancies prevented that would otherwise have occurred if no method were used.^{4,6} Efficacy is improved the earlier the EC is given in relation to sexual contact.^{4,6,7,8} There is some contraceptive effect up to 120 hours using postinor-2 although referral for an IUCD should be considered.^{7,8}

TIME LAPSE	EFFICACY
• <24 hours	95%
• 24-48 hours	85%
• 48-72 hours	58%
• Efficacy continues to decrease after 72 hours	

Table HC4.2. Efficacy of EC⁶

An initial assessment is required to ascertain the need for EC and the possibility of STI risk^{1,7,9,10}

- Hormonal EC may be used for each act of unprotected intercourse in any cycle
- Repeated EC use will result in disturbances in menstrual bleeding
- There is no evidence of harm caused by repeated use of EC

EC ASSESSMENT

Medical History

- Allergies
- Current medications
- Vaccination history
- Medical history including complimentary therapies
- PAP history

Menstrual history

- Establish day of cycle
- Time of last menstruation
- Normal or abnormal for client
- Pre menstrual symptoms present or absent

Sexual History

- Time and date of any intercourse since last normal period
- Contraception used for each episode
- Rate of partner change
- Risk assessment for STI's
- Regular method of contraception

Table HC4.3. EC Assessment^{1,2,4,6,9,10}

INVESTIGATIONS^{1,2,3,6}

- Pregnancy Test is required if there is a possibility that the client has a pre existing pregnancy
- Opportunistic Chlamydia and other STI screening for women who are at risk
- Refer to CPG G1: Sexual History and Genital Examination

TREATMENT^{13,14}

TREATMENTS INDICTORS

- UPSI with risk of unintended pregnancy
- Sexual assault
- Break or slippage with barrier contraception

TREATMENT

• Levonorgestrel 1.5mg stat dose as Postinor-2 tablets

- Postinor should be taken as soon as possible after unprotected intercourse and can be used up to 120 hours after unprotected intercourse. ^{9,13,16}

MANAGEMENT^{1,2,9,13,14,10}

Education

- Ongoing contraception should be discussed and offered
- Written consumer information and STI information should be provided

Vomiting after taking EC

- If vomiting occurs within 2 hours of a dose of EC it should be repeated
- Vomiting more than 2 hours after EC is not thought to affect efficacy

Diarrhoea and malabsorption

- Postinor is absorbed in the duodenum; consideration should be given to conditions affecting small bowel absorption. MO review is required if significant absorption impairment is likely

Young Women

- Provided young women can give informed consent, it is legal to prescribe EC.
- There is no legal age limit for prescription of EC.

Breastfeeding

- Postinor is considered safe in breastfeeding

Warfarin Levels

- Postinor may alter warfarin levels
- INR 2-3 days after postinor is advisable and discuss warning signs of bleeding
- Concomitant use of Liver Enzyme Inducing Drugs requires MO review

COMMON SIDE EFFECTS

- Nausea
- Vomiting
- Dizziness
- Fatigue
- Headache
- Breast tenderness
- Lower abdominal pain

Table HC4.3. Common Side Effects ^{1,2,3,4,6,9,10}

FOLLOW UP AND REVIEW ^{1,2,3,4,6,9,10}

Women should return for a pregnancy test in 3 weeks if

- Late period (>7 days late)
- High risk of pregnancy
- If client commenced OCP immediately after taking EC
- If client had intercourse without contraception more than once this cycle

Women should return for review if

- Develops symptoms consistent with an STI
- Irregular or change in menstrual bleeding
- Develops lower abdominal pain or dyspareunia

Possible EC failure

- Confirmatory pregnancy test
- Exclude ectopic pregnancy
- Assess gestations
- Discuss pregnancy choices

Referral is required when;

- The women wishes to have an IUCD inserted
- The women is a victim of sexual assault; counseling services and sexual assault referral centre information should be offered

MEDICATION FORMULARY ¹³

DRUG	INDICATIONS	ROUTE	DOSE	FREQUENCY	THERAPEUTIC CLASS/ Poisons Schedule	CONTRAINDICATIONS/ INTERACTIONS	PRECAUTIONS/ ADVERSE EFFECTS
Levonorgestrel	Emergency Hormonal Contraception	Oral	1.5mg	2 tablets stat	Progestogen contraceptive D S3	Pre existing pregnancy should be excluded	None reported
						Hepatic enzyme inducing medication <ul style="list-style-type: none"> • Rifampicin • Griseofulvin • Phenyton • Carbamazepine • Primidone • St Johns War (hypericum) • Barbiturates • Rifabutin • Ritonavir 	Breast discomfort, disturbance of menstrual bleeding pattern

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