

Emergency Hormonal Contraception

– an open learning programme
for pharmacists

A spring 2008 update to the
January 2005 edition

Introduction

CPPE uses experts from different healthcare specialties to maintain the currency and integrity of its learning programmes. We call these our programme guardians.

This update has been prepared by Evelyne Beech and should be read in conjunction with our *Emergency hormonal contraception* open learning programme (January 2005). Where amendments or additions have been made to the existing text, we have indicated the relevant section and page number.

Before you start working through the programme we suggest that you amend the content, using the information in this update. This will ensure that your learning is accurate and up to date.

Online resources

Website address information frequently changes. If you are reading this update significantly after the date of publication, you may need to navigate the listed website addresses from the specified home pages. Where we think it will be helpful we have provided the URL to take you directly to an article or specific part of a website. However, we are also aware that web links can change (eg, the Department of Health links) so in some cases we have provided the URL for the organisation's home page only. If you have difficulty accessing any web links, please go to the organisation's home page and use appropriate key words to search for the relevant item.

Note on articles: If you have difficulty locating an article on the internet, search via: <http://www.google.co.uk> by typing in the title, author, date and name of the journal. It can also be helpful if you add in, at the end of the search criteria, the website where you think the information may be, eg, dh.gov.uk

Brand names

CPPE acknowledges the following brand names which are mentioned throughout this update:

Levonelle[®] One Step (P medicine) and Levonelle[®] 1500.

are the only method proven to prevent the transmission of sexually-transmitted infections.

You can find more information about all forms of emergency contraception in the Faculty of Sexual and Reproductive Healthcare (FFPRHC guidance), dated April 2006.

2.2 Assessing the risk of pregnancy from unprotected sex or contraceptive failure (page 6 – additional text)

Since we wrote this section, the FFPRHC has updated their advice which is available in the most recent edition of the *British national formulary*. We recommend that you read this FFPRHC guidance as it provides a clear description of the advice to offer.

The evidence for missed pill recommendations is primarily derived from studies of women using 30–35 microgram ethinylestradiol pills. The limited evidence on 20 microgram ethinylestradiol pills suggests that there may be a higher risk of pregnancy when missing such pills than when missing 30–35 microgram ethinylestradiol pills. A more cautious approach needs to be taken when missing ethinylestradiol pills of 20 micrograms or less.

2.5 Interactions between EHC and other medicines (page 10 – additional text)

We do not provide a comprehensive list of enzyme-inducing medicines, but if you are unsure whether a client is taking a medicine which may interact with EHC, we recommend that you use *Stockley's drug interactions*.

The FFPRHC has released a statement (November 2005) on Levonelle 1500 and the use of liver enzyme-inducing drugs. They recommend that the prescriber should increase the dose by 100 percent. The client should take 3 mg of levonorgestrel at their first presentation, within 72 hours of unprotected sexual intercourse. This use is outside of the product licence, is based on clinical judgment and there are no published studies on compliance or side-effects.

2.7 Side-effects of EHC (page 11 – additional text)

FFPRHC data from 2006 found that with the current dosing approach of EHC, 1 percent of women vomit, while 14 percent experience nausea. Although two hours after taking it is likely that the drug has been absorbed, the manufacturer and family planning clinics generally advise the client to return to the pharmacy if they vomit within three hours of taking the dose.

Antiemetics and EHC (page 13 – amendment)

Amend the second sentence of the first paragraph to read:

The FFPRHC suggests that vomiting is only likely in 1 percent of women.

(page 13 – additional text)

Pharmacists working with a patient group direction (PGD) for EHC may find it useful to also have a PGD for domperidone in place.

If the period is light or painful, then direct the client to their GP as these symptoms may be associated with an ectopic pregnancy.

Section 3 Dealing with requests for emergency contraception

3.3 Advice to give when supplying EHC (page 15 – amendments)

Amend the bulleted list to read as follows:

- The dose should be taken as soon as possible.
- Some women feel sick after taking Levonelle, but this is relatively rare.
- About one in ten women feel sick, but only one in 100 are sick.
- If the woman is sick within three hours of taking her tablet, she should come back and get another supply.
- Her next period may start earlier, on time, or later than usual. If it is lighter and/or painful then she should visit her GP as these symptoms can be signs of an ectopic pregnancy. This is rare but serious.
- If the woman takes the pill, then she must use condoms as well as the pill until her next period. EHC does not provide ongoing contraception and it will not protect against sexually-transmitted infections. (As a pharmacist you need to be sure that you can advise on the correct way to use condoms.)

3.4 Referral to other family planning providers (page 16 – additional text)

Make sure that you know who fits emergency copper intrauterine devices in your area. You may need to refer women to these providers if you feel that the risks of them taking EHC are too high. (Add this to the Action planner grid Part 1.)

3.5 Referral to child protection services (page 18 – amendment)

The publication: *What to do if you're worried a child is being abused* was updated in 2006 by the Department for Education and Skills. All primary care trusts are now required to develop procedures to manage such reporting. Pharmacists must read the RPSGB guidance on child protection and obtain further information from their local safeguarding children boards.

3.6 EHC and the under-16s: The Fraser Guidance (page 18 – additional text)

In Scotland all patients under 16 years can access services, but health professionals in Scotland interpret the ruling in the same way as in England for good practice. For more information about this, visit the NHS Scotland website:

<http://www.confidentiality.scot.nhs.uk>

3.7 Repeat requests for EHC (page 19 – additional text)

Pharmacists should routinely discuss the suitability of copper intrauterine devices which, for some women who regularly attend for EHC, may offer a solution to ongoing contraception.

3.9 Advance requests for EHC ('planned emergencies')

(page 20 – additional text)

In December 2006, the RPSGB stated that pharmacists can supply EHC in advance, but that they must consider the clinical appropriateness of a supply when faced with such a request. It recommends that pharmacists should decline repeated requests for advance supply and advise customers to use more reliable methods of contraception.

Frequently asked questions (page 21 – amendments)

Amend the answers to the questions listed as follows:

Q What should the pharmacist do if sexual abuse is suspected in association with a request for EHC?

A If you find that EHC has been requested as a result of rape or sexual assault, or other circumstances such as child abuse, then you need to decide what action to take. If the client is an adult, you should refer her to her GP or a family planning doctor. You should also encourage her to report the offence to the police. If the client is a child then you need to inform your local child protection officer.

The RPSGB code of ethics believes that potential harm to the patient outweighs the requirement of confidentiality.

Q What should the pharmacist do if a third party request is made and it is not possible to speak directly to the woman?

A As well as using your professional judgment to decide whether to make the supply in these circumstances, bear in mind what information you need to obtain before you can make the supply, and the possibility that the woman may have been the victim of an assault.

**Action planner – Part 2** (page 22/23 – amendment)

It is now common practice to hold a Standard Operating Procedure (SOP) for the supply of EHC in the pharmacy, rather than a basic written policy. So, amend the pharmacy policy entry in the action planner to read:

- Production of a pharmacy standard operating procedure on record-keeping of OTC interventions and supplies for individual customers.

(page 22/23 – additional text)

Also, add the following item into the action planner:

- Ensuring appropriate information leaflets on EHC are available to give to the client.

References

Corrections to references sections (page 24)

Replace the Department of Health (2003) reference with:

Department for Education and Skills (2006). *What to do if you're worried a child is being abused*. (London: HMSO). Available online at:

<http://www.everychildmatters.gov.uk>

Replace the Faculty of Family Planning and Reproductive Health Care (2000) reference with:

Faculty of Sexual and Reproductive Healthcare (2006). *FFPRHC Guidance (April 2006) Emergency contraception* (London: FFPRHC). Available online at:

<http://www.ffprhc.org.uk>

