**Emergency contraception**

**Overview**

1. Use the Faculty of Sexual and Reproductive Health ([FSRH) Emergency Contraception](https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/) guideline to establish whether a woman requires emergency contraception. The decision flowchart can be found on page 13
2. All women needing emergency contraception (EC) should be offered the emergency copper intrauterine device (emIUD) as a first line choice. It is the most effective method of emergency contraception – pregnancy rate in users <0.1%. It can be inserted up to 120hrs after sex or up to 5 days after the woman’s earliest expected ovulation.
   1. Encourage emIUD especially if:
      1. Unprotected sexual intercourse (UPSI) has taken place in the 5 days leading up to predicted ovulation (the high risk window)
         1. Also note that the oral EC does not work after ovulation
      2. patient is motivated to keep IUD for long term contraception
   2. Exclusions- as per routine coil fit e.g. active uterine infection

**Who to refer**

* Refer to Unity:
  + If patient requires an emIUD fit and this is not possible in primary care
  + If specialist input is required to make EC assessment or to complete IUD fit.

**Red flags**

* + Under 16
  + Vulnerabilities
  + Complex medical conditions preventing oral EC/reliable ongoing contraception

**Referral process for emIUD**

* Complete the [**Emergency IUD referral form.**](https://remedy.bnssgccg.nhs.uk/media/2734/uhb-referral-form-for-emergency-iud-12-04-19.doc)
* Send the referral form to [**UBH-TR.UNITYCENTRAL@NHS.NET**](mailto:UBH-TR.UNITYCENTRAL@NHS.NET)
* EmIUD referrals will be assessed Mon-Fri 9-5 and 9-12 Sat. The patient will receive a call back from a clinician (on a withheld number) within 1 working day.
* Women will receive information to read prior to appointment- see below

**What to do before referral:**

* **All women who you refer for EmIUD should ALSO be given oral EC**, in case the fitting is unsuccessful or patient does not attend.
* Use the [FSRH Emergency Contraception](https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/) flow diagram on page 14 to guide decision-making about which pill. Top tips:
  + **!! You must weigh and calculate BMI before prescribing oral EC !!** 
    - **Patients >70kg or BMI >26 may need require a specific oral EC or dose adjustments. See** [BNF](https://bnf.nice.org.uk/drug/levonorgestrel.html)
  + **Patients using enzyme-inducing medications require a double dose of LNG**

**Patient information resources**

* Patients can find the nearest pharmacies that provides emergency contraception by texting ‘Pharmacy emergency contraception [post code]’ to **80011**
* See our website’s [Unity EC pages](https://www.unitysexualhealth.co.uk/contraception/emergency-contraception/) for full range of resources including a [patient information video](https://youtu.be/0B1sbAhepEE)
  + [Unity pre-IUD fit leaflet](https://www.unitysexualhealth.co.uk/wp-content/uploads/2019/10/PracticalAdviceBeforeYouHaveIntrauterineContracept-1.pdf)
  + [FPA EC leaflet](https://www.fpa.org.uk/sites/default/files/emergency-contraception-your-guide.pdf)
  + [FPA IUD leaflet](https://www.fpa.org.uk/sites/default/files/intrauterine-device-iud-your-guide.pdf)