

Community Pharmacy Contraception Services Refresher Event

September 2023

Hampshire, Isle of Wight,
Portsmouth & Southampton



Agenda

- Introduction
- Locally Commissioned Service
- Pharmacy Contraception Service (PCS)
- Sexual Health Promotion Update
- Emergency Contraception Choices
- Example Scenarios

Locally Commissioned

- Commissioned by Council
 - Hampshire CC, Southampton CC, Portsmouth CC, IOW CC
- Can sign up anytime
 - Hampshire County Council Public.health.contracts@hants.gov.uk
 - Isle of Wight Council public.health@iow.gov.uk
 - Portsmouth City Council PHContracts@portsmouthcc.gov.uk
 - Southampton City Council hLocally
Commissionedsiccg.so.pccommissioning@nhs.net

– Service Specifications and PGDs available on the CPSC website:

- <https://cpsc.org.uk/>



Community Pharmacy
South Central

Locally Commissioned

- Delivered by Pharmacist via PGD
- Recorded using PharmOutcomes
- No minimum age
 - Must be competent
- No ID checking required



Community Pharmacy
South Central

Young People

- For **all under 16 year olds**, ensure patient is competent.
- For **all under 18 year olds**, the pharmacist should complete [Child Sexual Exploitation Risk Questionnaire \(CSERQ4\)](#)
- **All under 18 year olds** to be offered a referral for follow-up contraceptive advice.
- Provision of or signposting to free condoms for **under 25 year olds** via the Get It On Scheme.
- Free STI testing available for patients **under 25 yrs.**



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Onward Signposting

- Onward signposting to Sexual Health Service:
 - <https://www.letstalkaboutit.nhs.uk/>
 - 0300 300 2016
- If Cu-IUD (copper coil) recommended phone for appointment.
 - *Oral EC should be given at the time in case the Cu-IUD cannot be inserted or the woman changes her mind*
- Provision of double dose LNG-EC in line with [FSRH Guideline](#)
- Provide information about and signposting for ongoing contraception.

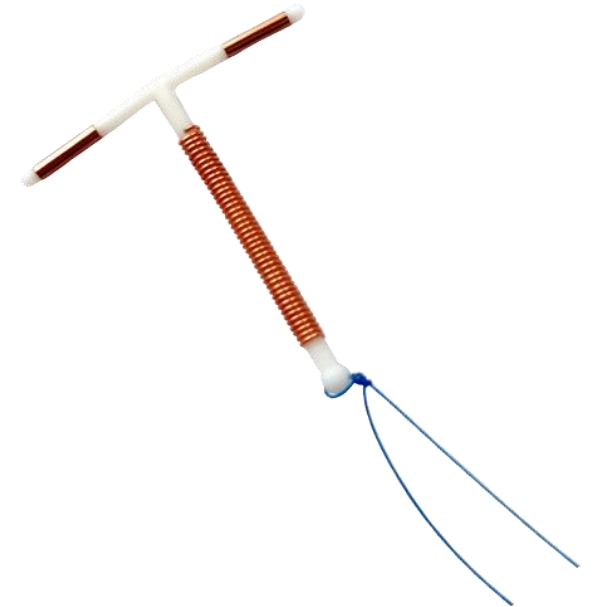


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Emergency Contraception – An Update

Means of preventing pregnancy following unprotected sex (UPSI) or contraceptive failure

- **Levonorgestrel LNG** (Levonelle[®], Isteranda[®], Upostelle[®]) **Ulipristal acetate UPA** (EllaOne[®])
- **Copper IUD Cu IUD**



What needs to be covered

Is emergency contraception needed?

What is the risk of getting pregnant from the episode of UPSI?

Is the person using any interacting medications?

Is there any significant past medical history, recent pregnancy or breast feeding?

What are the person's on going contraception needs?

Are there any STI risks or additional vulnerability?

Advice on side effects and follow up

| Method | Type of Error | When to Consider EC |
|--|--|---|
| Combined Hormonal Contraception Pills/Patches/Rings | More than 2 pills missed Patch detached / Ring expelled for more than 48 hours | If the hormone free interval is extended by 48 hours because of this OR if occurs during week ONE and there has been UPSI in that week or in the hormone free interval HFI before re-starting |
| Progesterone Only Pill | Late or missed pill <ul style="list-style-type: none"> • >27 hrs (traditional) OR • >36 hrs (Desogestrel) <i>since last pill taken</i> | If UPSI has occurred since the last missed pill |
| Depo Provera | Injection late – greater than 14 weeks since the last injection | UPSI has occurred > 14 weeks after last injection or within 7 days after a late injection |
| Copper IUD and LNG IUD | Removal without immediate replacement, expulsion, missing threads | UPSI has occurred in the 7 days prior to removal Women can be advised that any 52mg LNG - IUD is effective up to 6 years (licensed Levosert/Benilixa and unlicensed Mirena) |
| Expired Implant | Women can be advised that there is good evidence of effectiveness up to 4 years | |

How do they work?

Both Levenorgestrel LNG and Ulipristal acetate UPA – inhibit or delay ovulation for 5–7 days, by which time any sperm in the reproductive tract will have become non-viable.

Ulipristal acetate UPA is able to work to suppress the LH surge so is better when given closer to ovulation than LNG

Neither have any effect once ovulation has occurred

Copper IUD – copper is toxic to sperm and ova giving immediate effect to prevent fertilisation. *Secondary* effect prevents implantation.

Which One?

- Cu IUD is the most effective method 10 x more effective than EHC – can be used up to 5 days after UPSI or 5 days after earliest calculated date of ovulation
- Evidence shows that the effectiveness of UPA is maintained up to 120* hours after unprotected intercourse or contraceptive failure.
- Evidence shows that giving LNG up to 72hrs* and 96** hrs after UPSI was not significantly different from that on day 1 BUT on day 5 (120 hours) it was a similar pregnancy rate to not giving it at all. **Unlicensed use *Licensed use

Case Scenario

- It is Monday morning - Maya calls into the pharmacy asking for advice having missed 2 of her pills at the weekend because she went away to see her boyfriend. They had sex without using a condom on Friday, Saturday and Sunday.

What do you need to know?

- Which pill?
 - POP Cerelle (desogesterel)
- Has it been taken correctly up until now?
 - Yes
- Does she need EC?
 - Yes, UPSI in the last 72 hours AFTER missing her pills
- What can/should you offer her?
 - IUCD (most effective) or Levenorgestrel LNG BUT NOT UPA (EllaOne) because has been using a progesterone in the previous 7 days.
- What else do you need to know?
 - Any drug interactions, weight (double dose if BMI > 26 or weight > 70kg)
 - Is there an IUCD appointment you can refer her to in the next 2 days

Is the person taking medication that may interact with EHC?

- **Hormonal contraception** - UPA (a progesterone receptor modulator) effectiveness is reduced by use of progesterone in the 5 days after taking and theoretically could be affected by its use in the preceding week. LNG or Cu IUD could be offered.
- **Liver enzyme-inducing drugs** e.g St John's Wort, rifampicin and carbamazepine. Current use or use within last 28 days
 - IUD is the preferred option.
 - LNG double dose – unlicensed use but support by FRSH
 - UPA is not advised
- **Drugs that increase gastric pH** such as antacids, proton pump inhibitors (e.g. lansoprazole, omeprazole, esomeprazole and cimetidine), may reduce the plasma concentration of UPA and decrease its efficacy. Avoid concomitant use.

WEIGHT

FSRH guidance states -

- The effectiveness of LNG-EC could be reduced if the BMI $>26 \text{ kg/m}^2$ or weight $>70 \text{ kg}$.
- It is recommended that either UPA-EC or a double dose (3 mg) of LNG-EC is given in this situation. It is unknown which is more effective.

Case Scenario

- It is Monday morning – Uzma comes to the pharmacy for advice. She had a coil fitted at the time of her caesarean section 8 weeks ago and has just had her first period. When she tried to feel her coil threads, she couldn't find them.

What do you need to know?

- What else do you need to know?
 - She last had sex 4 days ago (and also 2 weeks before that). It is an LNG IUD that she had fitted and she is breast feeding.
- Does she need EC?
 - Yes, UPSI in the last 120 hours if you assume the coil may have expelled
- What can/should you offer her?
 - NOT an IUCD as unknown risk of pregnancy. Levenorgestrel LNG BUT NOT UPA (EllaOne) because could have been using a progesterone in the previous 7 days AND breast feeding.
- What else do you need to do?
 - Any drug interactions, weight (double dose if BMI > 26 kg/m² or weight > 70kg)
 - Advise her that it is important to use condoms until she can see her GP to have an USS arranged to check for the coil.

Breastfeeding or post partum?

- A copper IUD can be used for E/C from 4 weeks or more postpartum but NOT between 48 hours to less than 4 weeks postpartum (whether breastfeeding or not).
- LNG can be used during breastfeeding, although a small amount is excreted in breast milk - advise to take LNG immediately *after* breastfeeding.
- The manufacturer of UPA advise avoid breastfeeding for 1 week after taking.

Case Scenario

- It is Tuesday afternoon – Nemy comes into the pharmacy to ask for “the morning after pill”
- On questioning you establish that they had sex Thursday night but no other episodes in the last week.

What do you need to know?

- Are they using any other method of contraception or have they used any EC since their last period?
 - No
- Do they need EC?
 - Yes, UPSI in the last 120 hours
- What can/should you offer?
 - IUCD (most effective) or UPA (EllaOne). LNG is unlikely to be effective and is outside of any licenced use / recommendations
- What else do you need to know?
 - Any drug interactions, breast feeding, medical conditions

Is there any past medical history?

- Severe asthma insufficiently controlled by oral corticosteroids - UPA has a high affinity for glucocorticoid receptors: consider LNG or Cu IUD.
- Severe malabsorption syndromes such as Crohn's disease or gastric bypass surgery, may impair the efficacy of hormonal EC: consider a Cu IUD.
- Fibroids or current pelvic inflammatory disease – IUD's are not recommended if there is active pelvic infection or a distorted endometrial cavity: consider LNG or UPA.
- Severe hepatic dysfunction affects the metabolism of UPA and LNG: consider a Cu IUD.

Case Scenario Cont.

- Nemy had planned to start the combined pill that the GP had prescribed – what advice do you now need to give?

Quick starting after EC

- Starting contraception at the time of the consultation or following EC
- Unlicensed use
- Can be a “bridging” method or on-going method
- POP active with 48 hrs (quickest acting)
- PT 3 weeks after starting a method

UPA and Quick starting

Recommendation -

- Hormonal contraceptive methods should not be started for at least **5 days** and use barrier methods.
- After 5 days, start the hormonal method with the usual recommended contraceptive precautions depending on the method used

Repeat use of Emergency Contraception

Taken UPA – EC

LNG – EC should not be taken in the following 5 days



Cu IUD or UPA- EC

Taken LNG – EC

UPA-EC could theoretically be less effective if taken in the following 7 days



Cu IUD or LNG – EC

Side effects

- Nausea and Vomiting
 - Mood disorders
 - Dizziness
 - Myalgia and back pain.
 - Breast tenderness
 - Pelvic and period type pain
 - Fatigue
- Vomiting occurs in about 1% of people taking hormonal emergency contraception.
 - Nausea is more common and occurs in about 14% of people.
 - If a person vomits within 2 hours of taking levonorgestrel or within 3 hours of taking ulipristal acetate, prescribe a second dose of hormonal emergency contraception to be taken as soon possible.
 - If vomiting is persistent offer the copper intrauterine device (IUD), *or* an antiemetic.

Follow up

- Pregnancy test in 3 weeks, if period more than 7 days late or bleeding lighter than usual.
- Most people will have a normal period at the expected time; some will have their period later or earlier than normal
- STI screening in 2- 3 weeks - Studies show that 9.1% of women younger than 25 years of age, requesting emergency contraception, tested positive for chlamydia.
- Advice regarding on going contraception

Encouraging Better Contraception

“It seems to me that it is quite important for you not be pregnant at the moment, have you thought about starting contraception or using a more effective method after this?”

- How important is it for you not to be pregnant at the moment?
- Are you planning a pregnancy anytime soon?
- How difficult was it for you to find a pharmacist able to provide emergency contraception today?
- How often have you forgotten your pill in the last 6 months?
- Have you ever had to use emergency contraception before?
- Are you unhappy or worried about side effects of your current method?
- Would you prefer not to have to think about contraception?



KNOW YOUR OPTIONS



YOUR-LIFE.COM
or ask your healthcare provider.

Take a look and see if you can find the right one for you.

| | SUPER EFFECTIVE | HIGHLY EFFECTIVE | LESS EFFECTIVE | | | |
|---------|---|--|--|---|--|---|
| 99%* |  The Implant 3-5 YEARS |  IUS Hormonal Intrauterine System 3-5 YEARS |  IUD Copper Intrauterine Device 5-10 YEARS |  Sterilization FOREVER | LESS THAN 1 PREGNANCY PER 100 WOMEN IN 1 YEAR | |
| 91-94%* |  The Pill EVERY DAY |  The Patch EVERY WEEK |  Vaginal Ring EVERY MONTH |  Injection 1-3 MONTHS | 6-9 PREGNANCIES PER 100 WOMEN IN 1 YEAR | |
| 72-82%* |  Withdrawal EVERY TIME |  Cervical Cap, Diaphragm & Sponge EVERY TIME |  Fertility Awareness EVERY DAY |  Spermicides EVERY TIME |  Female & Male Condom SINGLE USE | 18 OR MORE PREGNANCIES PER 100 WOMEN IN 1 YEAR |

*AT TYPICAL USE

SOURCE: TRUSSELL, J. CONTRACEPTIVE EFFICACY, EFFICACY AT TYPICAL USE FIGURES, IN: HATCHER RA, TRUSSELL J, NELSON AL, CATES W, KONAL D, POLICAR M. CONTRACEPTIVE TECHNOLOGY: TWENTIETH REVISED EDITION, NEW YORK NY: ARDENT MEDIA, 2011. WORLD CONTRACEPTION DAY/YOUR LIFE CONTENT DOES NOT NECESSARILY REFLECT THE VIEWPOINTS OF THE MEMBERS OF WCD PARTNER COALITION.

Case Scenario

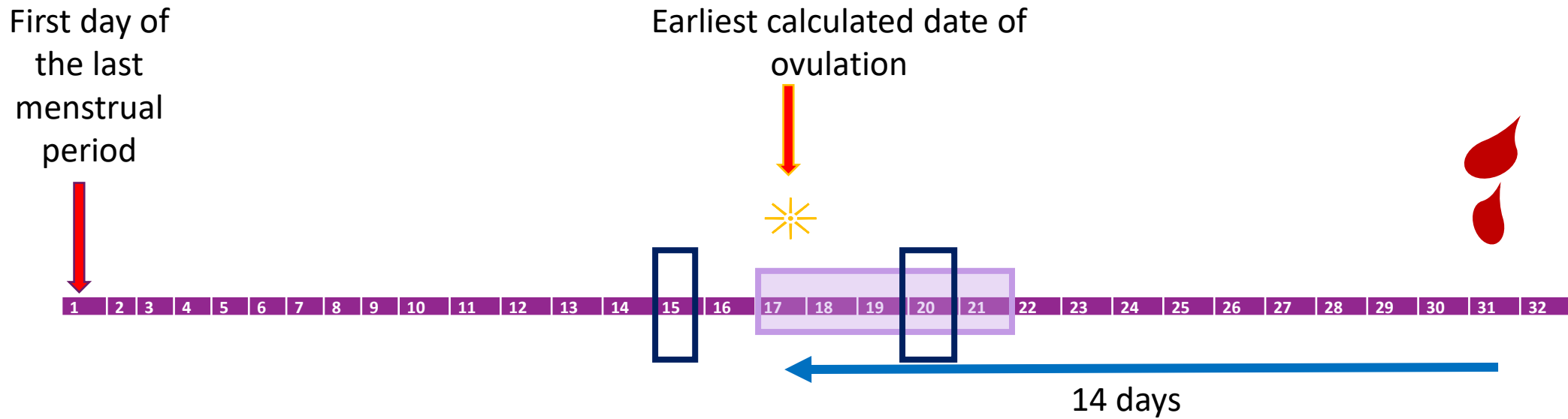
- Emily, 21 year old
- Not using any contraception
- **Last UPSI 6 days ago**
- LMP 20 days ago
- Shortest cycle 31 days
- Can you offer her any emergency contraception?

A CuIUD can be inserted for EC -

- Within 5 days of FIRST UPSI since LMP, OR
- Within 5 days of the earliest calculated date of ovulation, whichever is later

CuIUD is 10 x more effective than oral EC and provides on going contraception

Case Scenario – Method to work out answer



Emily, not using any contraception. UPSI 6 days ago, LMP 20 days ago. Shortest cycle 31 days

What emergency contraception can you offer her? Can she have the emergency IUCD?

Summary

- CuIUD is about 10 times more effective than any oral EC and provides on going contraception
- UPA-EC – first line oral EC if UPSI 5 days prior to estimated day of ovulation
- BMI > 26 or weight > 70 kg – double dose of LNG-EC
- Quick starting contraception – wait for 5 days after UPA-EC
- Pregnancy test in 3 weeks

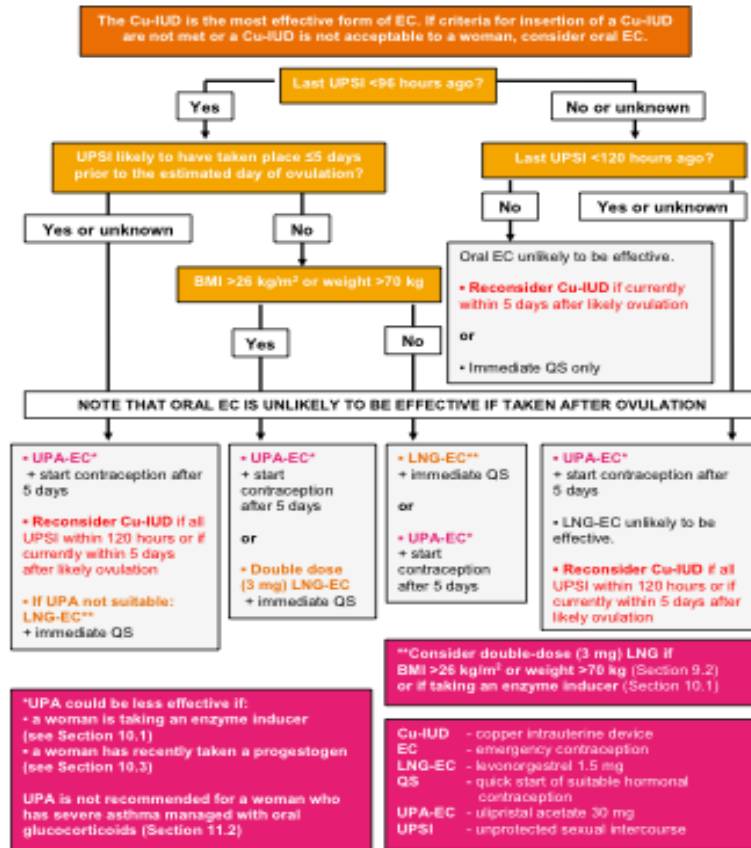
Decision Algorithms

fsrh.org.uk

standards and guidance – current clinical – emergency contraception



Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)



Decision-making Algorithms for Emergency Contraception

Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC



Sexual Health Services
Hampshire Isle of Wight Portsmouth
Southampton

www.letstalkaboutit.nhs.uk

Accessing Our Service

Online:

- Online Testing
- Condoms By Post
- 24/7 'Need Help' Facility
- Advice and Information
- Support for young people

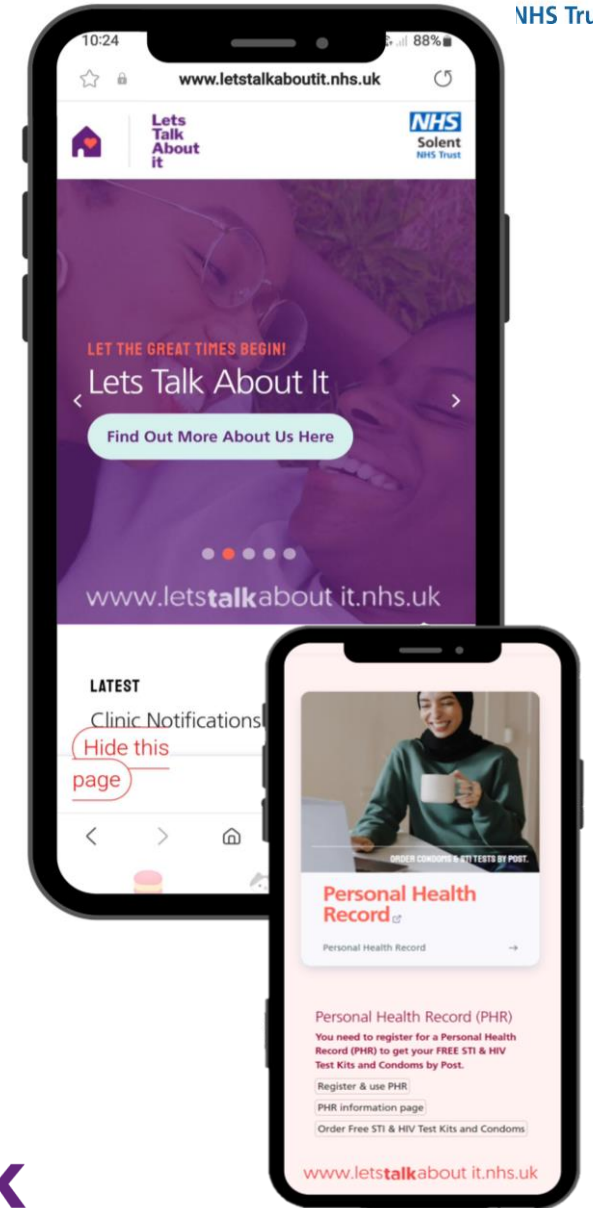
Main hubs:

- St Mary's Hospital, Portsmouth
- Royal South Hants, Southampton
- Crown Heights, Basingstoke
- Andover Health Centre
- Aldershot Centre for Health
- St Mary's Hospital, Isle of Wight

- Clinic Finder
- Referrals
- Specialist Clinics
- Information for Professionals
- PHR Personal Health record

You can find details of the nearest sexual health clinic at:
www.letstalkaboutit.nhs.uk
-Click the clinic finder button
Or call: 0300 300 2016

www.letstalkaboutit.nhs.uk



Referrals to Sexual Health Promotion 1:1

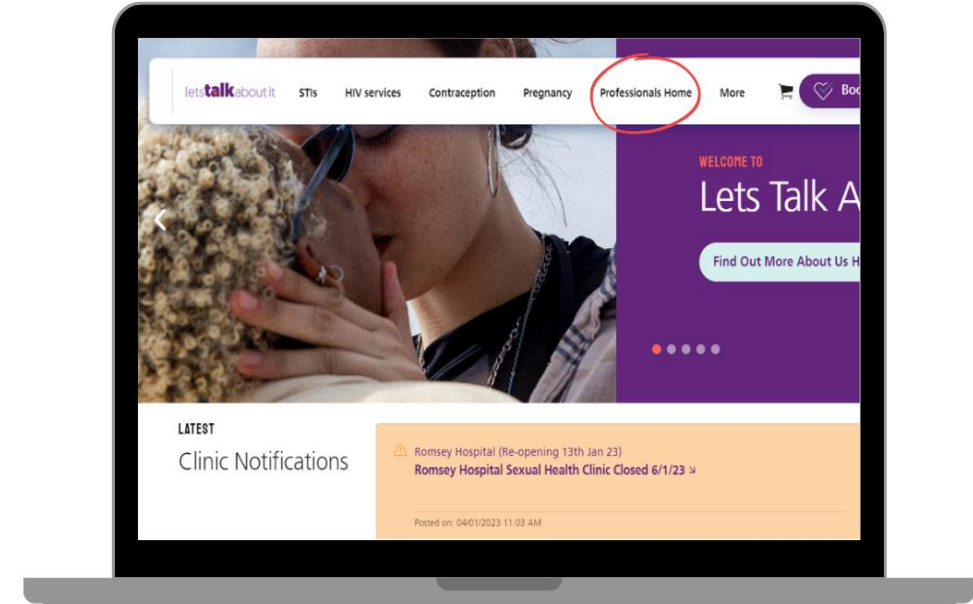
- **Clients who are sexually active or with the indication to be sexually**
 - **active soon and with the risk of STIs, or teenage pregnancy.**

This includes patients who are:

- **Having unprotected sex with multiple sexual partners**
 - **People living with HIV**
 - **Men who have sex with men /Gay/Bisexual/Transitioning/BME**
 - **Young people, not using contraception**
- www.letstalkaboutit.nhs.uk/referrals/sexual-health-promotion-11-support-referral

How To Make a Referral

- Referral form available at www.letstalkaboutit.nhs.uk/referrals
- Complete relevant sections
- Send to: Snhs.sexualhealthreferral@nhs.net



- **If you are unsure if a Sexual Health Promotion Referral is appropriate, please contact the team or your local practitioner. It is always necessary to gain the patients consent prior to a Sexual Health Promotion referral being made.**

Supporting Young People

- We have lots of information written for young people on our website, buttons take individuals to relevant sections on our website. We also have a [‘Young persons Advice Guide’](#)

Support for Young People

There are a range of useful groups and organisations that offer great services for young people across Portsmouth, Southampton, Isle of Wight and Hampshire.

Supporting Education and Safeguarding Children

How to contact your school nursing team

Either via our chat health text in service Mon-Fri 09:00 – 16:30

ChatHealth Parents (5-19): **07507 332 417**

ChatHealth Young People: **07507 332 160**

Or by using the link below for the Hampshire Healthy families website

[Health for Teens](#)

NEW Young Persons Advice Guide



If you've got questions about sex and sexual health, then our brand new young persons advice guide is for you.

There is a section on our website for *‘Professionals’* supporting young people:

www.letstalkaboutit.nhs.uk/rse

www.letstalkaboutit.nhs.uk

STIs including HIV

Commonly tested and diagnosed STIs:

- Chlamydia (most commonly diagnosed STI in people aged under 25)
- Gonorrhoea
- HIV
- Syphilis
- HSV (Herpes)
- HPV (Genital Warts)
- Hepatitis B and C (for people in higher risk groups)



STI
Test Kit



Condoms

- **Regular Testing**
- **Chlamydia Testing Kit (15- 24)**
- **Young People's Walk- in Clinics**
- **Full STI Kit (18+)**
- www.letstalkaboutit.nhs.uk/test

Condoms

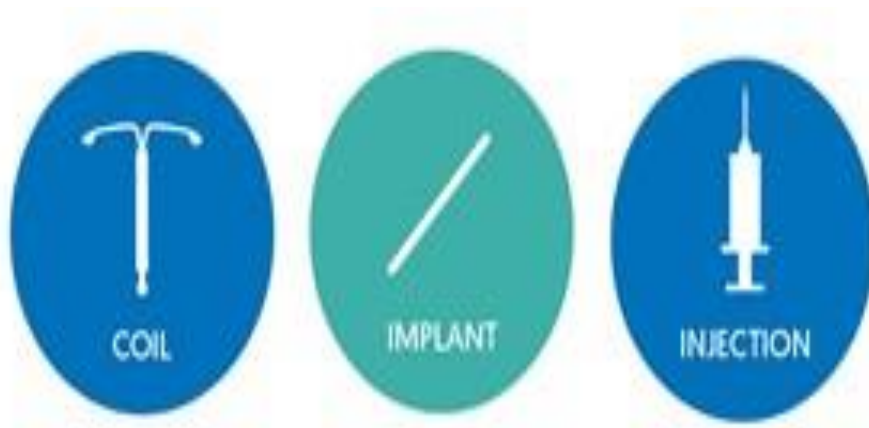
- **GIO Scheme - under 25's**
- **Condoms by Post- 16+**
- **Sexual Health Clinics**

www.letstalkaboutit.nhs.uk/condoms

LARC-Long Acting Reversible Contraception

Fit and Forget

<https://www.letstalkaboutit.nhs.uk/contraception/fit-forget-contraception>



Easy to fit

Some actually help with hormonal issues such as heavy periods by lightening the flow.

If you have the coil or injection, no-one knows that you've got it. The implant is always discreetly fitted

Over 99% effective in preventing pregnancy

Long lasting

Just fit and forget!

Get It On Card (GIO) Scheme



Organisation _____

Name of Practitioner _____

Date of Issue _____ User DOB _____

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

Codes for use: **D** = Demo / **C** = Condoms issued / Date

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- Get It On Condom Card is also known as the C-Card (Condom card)
- Get it On (GIO) is the condom distribution scheme running across Hampshire, Isle of Wight, Portsmouth and Southampton.
- Anyone under 25 can get free condoms from lots of different organisations. Even if they are under 16 years old they can still join the scheme.
 - www.letstalkaboutit.nhs.uk/getiton
 - www.letstalkaboutit.nhs.uk/gio (Professionals Page)

A GIO Condom-Card (C-Card) is a 2-sided wallet sized card that looks like this:

- If you need more information about services, support or training, please contact the team:
- solentsexualhealthpromotion@solent.nhs.uk
- SNHS.sexualhealthpromotion@nhs.net (Patient Identifiable Information)