



MEDIA STATEMENT

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Faculty statement on Advance Supply of Emergency Contraception via Telephone Consultation with the British Pregnancy Advisory Service

The Faculty of Sexual and Reproductive Healthcare (FSRH) fully supports the use of emergency contraception and widening access. Emergency contraception provides an important means of preventing unintended pregnancy following unprotected sex or situations in which contraceptive failure is likely. However it should be used as a backup method for women and is not recommended to be used in place of other methods which can be used on an ongoing basis.

Advance provision of progestogen only emergency contraception (POEC) has been shown to increase use of emergency contraception without any apparent increase in risk-taking behaviour.⁽¹⁾ Women who have emergency contraception in advance have been shown to be more likely to report use of the medication and to use it sooner after sex.⁽¹⁾

The effectiveness of emergency contraceptive methods is complex as it depends on a number of factors including when ovulation is likely to occur, the fertility of both partners and whether contraception has not been used or has been used incorrectly. Therefore all requests for emergency contraception should be considered and care individualized.

Women requesting advance provision of emergency contraception should be advised about the effectiveness of the different methods of emergency contraception and signposted to where they can access more reliable ongoing methods and information on STIs.

FSRH National guidance on Emergency Contraception⁽³⁾ recommends that all eligible women should be offered an intrauterine device (IUD or coil) as it is the most effective method of emergency contraception⁽¹³⁻¹⁸⁾. It can also be used for ongoing contraception.

FSRH guidance on emergency contraception⁽³⁾ advises that advance supply may be considered but there is no evidence to support routine universal provision.

Over the festive period however, access to sexual & reproductive health, GP and pharmacy services may be very limited. Therefore, advance supply of POEC will be in the best interests for many women.

END

Fact Sheet on Levonorgestrel Emergency Contraception

When is emergency contraception indicated?

Conception is most likely to occur following unprotected sexual intercourse (UPSI) on the day of ovulation or in the preceding 24 hours⁽²⁵⁾.

However, given the difficulties in accurately determining risk of pregnancy and the consequences of an unintended pregnancy, all requests for EC should be considered and care individualised.

How does levonorgestrel (LNG) emergency contraception work?

Levonorgestrel, the method of emergency contraception being administered via the BPAS service, is one of three methods currently available. All have been shown to be effective at preventing pregnancy^{(4-8) (9) (10-12) (13-18)}. The precise mode of action of LNG is incompletely understood but it is thought to work primarily by inhibition of ovulation^(19;26). Administration of LNG appears to prevent follicular rupture or cause luteal dysfunction^(19;26-30). If taken prior to ovulation LNG can inhibit ovulation for 5-7 days by which time any sperm in the reproductive tract will have become non viable. The closer the pill is taken to ovulation the less effective it is at inhibiting ovulation⁽¹⁹⁾ and it is not thought to be effective once the process of fertilisation has occurred⁽²⁰⁻²²⁾

Studies looking at the effect of levonorgestrel on endometrial markers of receptivity have found little to no effect using different modes of administration^(26;31;32). Evidence from an in vitro study indicates that levonorgestrel does not cause abortion.^{(33) (26;31;32; 33)}

The available evidence suggests that pregnancies occurring after POEC failure to prevent pregnancy, are not associated with any congenital malformations, pregnancy complications or other adverse pregnancy outcomes⁽²³⁾

How effective is levonorgestrel emergency contraception?

The efficacy of LNG has been demonstrated up to 72 hours. There has been uncertainty about its effectiveness thereafter and whether or not efficacy decreases with time since intercourse⁽⁴⁻⁸⁾.

Other methods of Emergency Contraception

The methods are:

- Copper bearing intrauterine device- can be inserted within the first 5 days (120 hours) following first UPSI in a cycle or within 5 days from the earliest estimated date of ovulation
- Levonorgestrel progestogen only emergency contraception (Levonelle One Step[®], Levonelle 1500[®])- licensed for use up to 72 hours after unprotected sexual intercourse
- Ulipristal acetate (ellaOne[®])-licensed for use up to 120 hours after unprotected sexual intercourse

A meta-analysis of two randomised trials suggests that ulipristal acetate is more effective than levonorgestrel⁽¹¹⁾ (Ulipristal is however a much newer drug and is less well understood in terms of drug interactions and safety if given inadvertently in pregnancy. As there is good evidence that levonorgestrel is not harmful in pregnancy⁽²³⁾ and there are no absolute contraindications to its use⁽²⁴⁾ levonorgestrel is a safe option for advance provision.

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