

FSRH publishes updated *Emergency Contraception* guideline

Embargoed until 00.01 14th March 2017

The Faculty of Sexual and Reproductive Healthcare (FSRH) has updated its 2012 guideline on Emergency Contraception.

A recent report found that in a climate of public health budget cuts approximately 3.9 million women of reproductive age in England live in areas with some form of restriction on access to contraception, either due to age or place of residency (1). With some women unable to access the method of contraception most compatible with their lifestyle, this may result in incorrect use of methods of contraception or no use of contraception at all, ultimately leaving women at risk of unintended pregnancy. At a time when reproductive healthcare choices are being narrowed due to budget restrictions, access to, and provision of, effective and timely emergency contraception is now, more than ever, a fundamental part of women's healthcare.

FSRH's guideline *Emergency Contraception* aims to enable healthcare professionals to give the women in their care the best choice of emergency contraceptive methods to suit their individual needs and circumstances. It reflects the most up-to-date evidence and information on the effectiveness of the differing methods of emergency contraception, how they compare to each other, contraindications and any restrictions in use.

Recommendations mark a new emphasis on healthcare professionals advising women that the copper intrauterine device (Cu-IUD) is the most effective method of emergency contraception and that it provides extremely effective on-going contraception.

Findings from a new ComRes survey of women of reproductive age between 18-45 illustrate a lack of awareness about the efficacy of the Cu-IUD, with only 13% of women surveyed saying they think it is the most effective form of emergency contraception and only 15% of women who have been offered or have accessed emergency contraception saying they have been offered the Cu-IUD.

The guideline also includes practical decision making guides to help healthcare professionals in their decision making around using the copper intrauterine device or oral emergency contraception and decision making around the use of oral emergency contraception - levonorgestrel (LNG-EC) or ulipristal acetate (UPA-EC).

Recommendations include:

- ▶ EC providers should advise women that the Cu-IUD is the most effective method of emergency contraception.
- ▶ EC providers should advise women that UPA-EC has been demonstrated to be effective up to 120 hours after unprotected sexual intercourse.
- ▶ EC providers should advise women that LNG-EC is licensed as emergency contraception for up to 72 hours after unprotected sexual intercourse.

- ▶ EC providers should advise women that UPA-EC has been demonstrated to be more effective than LNG-EC.
- ▶ Providers of emergency contraception who cannot offer all emergency contraception methods should give women information regarding other methods and signpost them to services that can provide them. If a woman is referred on for Cu-IUD, oral emergency contraception should be given at the time of referral in case the Cu-IUD cannot be inserted or the woman changes her mind.
- ▶ Providers of emergency contraception should be aware that a Cu-IUD can be inserted up to 5 days after the first instance of unprotected sexual intercourse in a natural menstrual cycle, or up to 5 days after the earliest date of ovulation.
- ▶ If a Cu-IUD is not appropriate or acceptable, women should be advised that oral emergency contraception should be taken as soon as possible if there has been unprotected sexual intercourse within the past 5 days.
- ▶ Providers of emergency contraception should consider UPA-EC as the first-line oral emergency contraception for a woman who has had unprotected sexual intercourse within the last 5 days.
- ▶ Providers of emergency contraception should advise women that after oral emergency contraception there is a pregnancy risk if there is further unprotected sexual intercourse and ovulation occurs later in the same cycle.

In conjunction with the launch of this guideline, FSRH is running a webinar on 22nd March 2017 to help healthcare professionals gain a deeper understanding of how *Emergency Contraception* will impact and inform best practice.

Dr Asha Kasliwal, FSRH President, commented:

“This new guideline aims to give more clarity and evidence-based guidance to UK healthcare professionals involved in advising and caring for women who present for emergency contraception.

Recommendations span a broad range of care settings from specialist sexual and reproductive healthcare services, to general practice and community pharmacy to ensure that irrespective of where women access emergency contraception they are given consistent, evidence-based advice on the most effective and suitable method of emergency contraception for them.

The guideline’s emphasis on the efficacy of the copper intrauterine device as emergency contraception and ongoing contraception, reinforces existing NICE guidance on this issue and we hope its publication will further awareness amongst healthcare professionals and women alike that the copper IUD is the most effective form of emergency contraception.”

Ends

Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, London NW1 4RG. Charity No. 1019969.

Notes to editors:

- The Faculty of Sexual and Reproductive Healthcare is the largest professional membership

body working in sexual and reproductive health in the UK. It supports healthcare professionals to deliver high quality care. Its vision is of a world where quality SRH is accessible to all. It grants diplomas, certificates, fellowships and equivalent recognition of specialist knowledge and skills in family planning and reproductive health care. It has nearly 16,000 members - doctors and nurses of whom over 10,000 are general practitioners. It promotes conferences and lectures, provides members with an advisory service and publishes *The Journal of Family Planning and Reproductive Health Care*. For more information please visit www.fsrh.org

- FSRH (2017) *Emergency Contraception*. Available at: www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/
- (1) Advisory Group on Contraception (2016) *Private lives, Public health: The changing shape of contraceptive services in England post-2013* Available at: <http://theagc.org.uk/wp-content/uploads/2016/12/Private-lives-public-health-Final.pdf>
- (2) ComRes interviewed 514 British women aged 18-45 online between 24th to 26th February 2017. Data are weighted to be demographically representative of all British adults aged 18+ by age, gender, region and socio-economic grade. ComRes is a member of the British Polling Council and abides by its rules. www.comres.co.uk
- For more information on the Emergency Contraception webinar and details of how to register click [here](#). FSRH members can attend this webinar for free and non-members can pay to access.
- NICE (September 2016) Contraception Quality Standard: Quality Statement 2: Emergency contraception. Available at: <https://www.nice.org.uk/guidance/qs129/chapter/Quality-statement-2-Emergency-contraception>
- For further information please contact:
Harry Walker
Head of External Affairs and Standards
Email: externalaffairshead@fsrh.org
Telephone: 0203 751 8077