Document Control

Title **Protocol for the Administration of Emergency Contraception in the MIUs.**			
Author			**Author's job title** Professional Lead, Minor Injuries Unit
Directorate Medicine			**Department** Emergency Department
Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
0.1	April 2015	Draft	Initial version for consultation
1.0	June 2016	Final	Approved by Clinician)
1.1	Feb 2017	Revision	Amendments to 3.9, 5.5, 5.6 Amendment to Appendix B
1.2	July 2017	Revision	Amendments to sections 3 and 7
2.0	May 2018	Final	Revised and approved.
3.0	April 2021	Final	Amendments to 2.1, 4.3 & 4.5
Main Contact Emergency Department North Devon District Hospital Raleigh Park Barnstaple, EX31 4JB			**Tel: Direct Dial** – **Tel: Internal** **Email**:
Lead Director Medical Director			
Document Class Protocol			**Target Audience** Nursing, MIU Staff WIC's
Distribution List Senior Management			**Distribution Method** Trust's internal website
Superseded Documents Protocol for Admin of Emergency Contraception in MIU and WICs v2.0			
Issue Date April 2021	**Review Date** April 2023		**Review Cycle** Two years
Consulted with the following stakeholders: • MIU Leads • Senior Nurse Sexual Health • Lead Clinician Contraceptive services • Lead Nurse Sexual Health • Safeguarding Children Team, Child Sexual Exploitation Liaison Nurse • Safeguarding Children Team			

Approval and Review Process • Lead Clinician for Emergency Department	
Local Archive Reference G:\Policies and Protocols **Local Path** MIU **Filename** Protocol for the Administration of Emergency Contraception in the MIU's	
Policy categories for Trust's internal website (Bob) MIU Protocols	**Tags for Trust's internal website (Bob)** None

Table of Contents

1. Purpose

This protocol is for the use by staff employed by Northern Devon Healthcare Trust who have achieved the agreed clinical competencies to work under this protocol.

2. History

Check the patient's medical history.

Ascertain and record in notes:

2.1. Any current medications used, including St John's Wort or medicines bought online, eg Modafinil.

2.2. Any allergies, adverse drug reactions, medical problems.

2.3. Any previous side effects if used emergency contraception (EC) before.

2.4. Any recent emergency contraception (EC) used.

2.5. Time and date(s) of unprotected sexual intercourse, or details of pill error / contraception error.

2.6. Check bleeding patterns, 1st day of last menstrual period or withdrawal bleed.

2.7. Current contraception if any.

2.8. Has there been any new or changes of partner?

2.9. **Record, if age under 16,** level of Fraser competence**, (< 18yrs record and appropriately act on any safeguarding concerns.) See appendix B.**

2.10. **General Exclusion Criteria**:

- Hypersensitivity to any of the ingredients in the specified medication
- Existing pregnancy
- Severe malabsorption (Crohn's disease / galactose intolerance)
- Hepatic enzyme inducing drugs including St Johns Wort over the counter preparation: record current use and use in previous 28 days. Use can accelerate the metabolism and reduce the efficiency of contraceptive steroids, check individual drugs.
- If the patient has had EllaOne (Ulipistal Acetate) up to 7 days previously do not give Levonorgestrel but refer for more Ulipistal Acetate or an IUD.

3. Examination

May need pregnancy test if there has been repeated uprotected sexual intercourse and period late / menstrual irregularities / repeated pill errors.

Weigh patient.

4. Referral Pathway(s)

4.1. Situation 1 – No contraindications to EC

4.2. Assess risk

- Go to Treatment pathway if Levonorgestrel required

4.3. Situation 2 – Repeating a dose of Levonorgestrel is needed if the patient vomits after 3 hours of receiving Levonorgestrel

- Assess, go to treatment pathway for advice on further supply

4.4. Situation 3 – Contraindications, exclusions, cautions or hypersensitivity to ingredients e.g. progestogen allergy

- Refer to Clinic Doctor / Non-medical Prescriber
- Refer to GP or SH Clinic

4.5. Situation 4 – Under 13.

- **<13 MASH enquiry must be made. Refer to Appendix B for MASH enquiries out of hours.**
- **If < 13, it may still be appropriate to give the EC even if the patient is referred**
- **<13 if clinic Dr not available consult with lead paediatrician on call for children's services.**

4.6. Situation 5 - not Fraser competent, or over 16 but vulnerable child, vulnerable adult and / or where further consultation is required

- For further guidance refer to and follow NDHT safeguarding policies and guidelines. Appendix B.

4.7. Situation 6 – Patient Requesting PCIUD

- Refer to Sexual Health Clinic for PCIUD fit **but supply emergency contraception** in case of potential IUD fit failure, or if patient changes her mind and later decides against having IUD fitted.

(A PCIUD can be fitted in good faith within 5 days of the earliest possible ovulation, i.e. day 19 of a standard 28 day cycle or at any time if within 5 days of the only sexual intercourse that cycle)

5. Treatment Pathway

5.1. A general explanation of emergency contraception (EC) is to include:

- How EC works, emergency hormonal contraception and PCIUD ***(staff would need training or information to be able to do this)***
- Advantages and risks of EC
- Potential side effects
- Potential bleeding patterns
- What makes EC less effective
- When giving EC due to pill error, the nurse will take account of the usual missed pill guidance as recommended by the current advice from the Faculty of Sexual and Reproductive Health.
- Using condoms as an added precaution after EC
- If patient is 13-16 years of age; reassure confidentiality (including limits of confidentiality) & ensure no safeguarding issues. Assess for Gillick competency as per Fraser guidelines and document the findings.
- Advise patients to have a pregnancy test if a period is a week late or for patients who are amenorrhoeic or on oral contraception or Depo-Provera injection, 3-4 weeks from the risk
- Explain efficacy rates of EC licensed or unlicensed according to most recent Faculty of Sexual and Reproductive Health guidance
- Explain potential side effects of EC, spotting, vomiting, headaches, breast tenderness, abdominal pain, disruption of regular bleeding pattern, menstrual periods can sometimes occur a few days earlier or later than expected.
- Advise additional precautions to be used for 7 days when starting or restarting oral contraception after Levonorgestrel 1500 ***(or 9 days if on Qlaira)***
- ***Ensure patient knows how or where to access condoms***

Supply EC as per Patient Group Direction or ask Doctor / Non-Medical Prescriber to prescribe if unable to supply under existing PGD. All EC is to be supplied with a product / patient information leaflet (PIL)

6. Levonorgestrel

- Some medications will affect the effectiveness of EC e.g. enzyme inducers. If a patient is on an enzyme inducer the dose of Levonorgestrel should be increased to 3mg (two 1500 microgram tablets) once only, see PGD for further advice on other medications e.g. Warfarin, Phenindione and Ciclosporin.

- Explain Levonorgestrel 1500 (LNG) products are licensed for use up to 72 hours post intercourse but can be given unlicensed up to 96 hours (unlicensed use) it is still effective but may be less. The use of LNG is permitted if the patient accepts the unlicensed use and a post coital IUD is declined or unsuitable.

- Alternatively, if >72hrs but < 120hrs since risk and declines PCIUD option, refer to local pharmacist or Sexual Health clinic for Ulipistal Acetate. ***– Need to be aware of Ullipristal use***

- Levonorgestrel can be given more than once in a cycle but consider an IUD if there is repeated need

- If a patient vomits within 3 hours of treatment with Levornorgestrel, a further once only dose may be repeated.

- If the patients weight is over 70kg or BMI>26 administer 2 Levonorgestrel

Breastfeeding

- Does not contraindicate the use of Levonorgestrel small amounts of hormone are not thought to be harmful to the baby. However, the nurse may suggest that Levonorgestrel is taken immediately after a breast feed. An IUD should also be considered for breastfeeding mothers

7. Discharge Pathway

7.1. Record if referred to Clinic Dr or Non-Medical Prescriber

7.2. BEFORE DISCHARGE:

- Reaffirm patient contact details

- Document the supply of EC, brand name, check expiry date

- Offer current FPA leaflet ***including leaflets on methods of contraception ie combined oral contraceptive pill***

7.3. ENSURE AS INDICATED THAT:

7.4. Verbal and / or written instructions are given / offered to patients about:-

- *How to make an appointment at a local Sexual Health Clinic if future contraception is required & clinic opening times*
- *Availability of Sexual Health Services for STI screening as recommended after unprotected sex*
- *The telephone helpline number at Barnstaple Health Centre: 01271 341562*
- *Availability of other methods of contraception i.e. including other LARC methods*

Patient Follow Up

- Confirm follow up for pregnancy testing, method, pill start

FURTHER ADVICE

- Routine cervical screening to be encouraged as per national guidelines
- If appropriate the nurse will encourage the patient to stop smoking
- Breast awareness should be encouraged
- Quick starting contraception including implants and oral contraception should be encouraged, advise a follow up pregnancy test 4 weeks later and direct them to a contraception clinic.

8. References

- Fraser Guidelines / Gillick Competence (Gillick v. West Norfolk and Wisbech Area Health Authority 1985 3 All ER 402-437)
- Safeguarding Children Policy, Northern Devon Healthcare NHS Trust Incorporating Services in Exeter, East and Mid Devon v2.1 – Jan17
- Safeguarding Adults Policy, Northern Devon Healthcare NHS Trust Incorporating Services in Exeter, East and Mid Devon v4.2 23May2012
- Statement from the clinical effectiveness unit, Faculty of Sexual and Reproductive Healthcare (FSRH) response to new data on quick-starting hormonal contraception (September 2015)
- European Medicines Agency review of emergency contraception and weight: Update from the Faculty of Sexual and reproductive Healthcare June 2014
- Faculty of Family Planning and Reproductive Healthcare CEU Clinical Guidance – Emergency Contraception, 2011 (Updated 2012)
- Faculty of Sexual and Reproductive Healthcare CEU Clinical Guidance – Quick starting contraception, September 2010

- FRSH UK MEC (2016)
- fsrh-guideline-emergency-contraception-17march 2017

APPENDIX A – Essential Documentation for All Patients Attending Unit or Centre

Adults Consent
Gain consent to be seen by a nurse practitioner
Gain consent for treatment and sharing information and document.

Clinical Presentation
If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Document a full set of observations including neurological observations including Glasgow coma score if applicable.

Record EWS: if 7 or above arrange immediate transfer to secondary care. Refer to treatment escalation plan (TEP), if in place and discuss with Emergency Department as necessary.

Document pain score using numeric rating scale. For cognitively impaired patients document any signs of pain (e.g. grimaces or distress).

Safeguarding
Ask the DomesticViolence/Abuse question, 'Do you feel safe at home?'

- Assess for mental capacity and if person is a vulnerable adult.
- Assess for learning disability and whether patient has a hospital passport in place.
- Assess falls risk. Complete falls referral if applicable.

APPENDIX B – Essential Documentation for All Patients Attending Unit or Centre

Child and Young Persons under 18 Years Old Consent
Gain consent to be seen by a nurse practitioner
Gain consent for treatment and sharing information.
Assess and document competency according to Fraser guideline if applicable.
Document name of person(s) accompanying patient.

Safeguarding

The following questions must be asked in order to assess risk.

Safeguarding Risk Assessment for all U18.

- Nature of confidentiality explained.
- Must be seen alone during attendance.

Factors affecting ability to consent:

- In care/ supported living/ social services involved?
- Learning difficulties/ communication impairment?
- Evidence of self- harm/ mental health status/ CAMHS?
- Recreational drug/ alcohol use?
- Current or history of DV/ sexual assault.
- Age of partner.

Fraser Guidelines:

- Understands professional's advice.
- Cannot be persuaded to inform parent/ responsible adult.
- Likely to begin or continue to have sex with or without contraception/ treatment.
- Physical, mental health or both are likely to suffer without contraception/ treatment.
- The young person's best interests require them to receive contraception/ treatment with or without parental consent.

Any safeguarding concerns must be documented and appropriately acted on, for guidance please refer to:

Northern Devon Healthcare Trust Safeguarding Children Policy.

http://www.northdevonhealth.nhs.uk/wp-content/uploads/2015/12/Safeguarding-Children-Policy-V2.1-Jan17.pdf

Particularly:
5.3 – 5.5 Making a MASH enquiry and out of hours support.
5.14 Safeguarding sexually active young people.
5.28 Child Sexual Exploitation.

For further advice and/ or concerns contact the Safeguarding Children Team on 01271 341533.

Consider a direct referral to Sexual Health Services for further risk assessment, support and on-going contraceptive and sexual health advice and provision.
Exeter – 01392 284983.
Barnstaple – 01271 341562.

DOCUMENT ALL FINDINGS IN THE CLINICAL TREATMENT RECORD AND ACT ON THEM FOLLOWING NDHCT GUIDELINES.

Clinical Presentation

If unwell assess for:

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Record PEWS: if any one parameter is triggered transfer to secondary care or seek advice from medical practitioner.

Use guideline Traffic Light System (NICE) 2013 if applicable.

Use guideline Feverish Illness (NICE) 2013 if applicable.

Document pain score using FLACC, Wong Baker Faces or numeric rating scale.

Safeguarding:
Complete safeguarding children questions (NICE 2003)

DOCUMENT ALL FINDINGS IN THE CLINICAL TREATMENT RECORD AND ACT ON THEM FOLLOWING NDHCT GUIDELINES.

APPENDIX C – Training Competency Form

Protocol for the Administration of Emergency Contraception in the MIU's and WIC's

Procedure operational from June 2016 and expires end of June 2019

The registered health professional named below, being employees of Northern Devon Healthcare Trust based at ……. have received training and are competent to operate under this procedure

NAME *(please print)*	PROFESSIONAL TITLE	SIGNATURE	AUTHORISING MANAGER *(please print)*	MANAGER'S SIGNATURE	DATE

Keep original with the authorising manager and send a copy to: Karen Watts, Emergency Department, Northern Devon Healthcare Trust NHS, Raleigh Park, Barnstaple, Devon, EX31 4JB