Sheffield Community Pharmacy Emergency Coil Fit Pathway

Pt requests Cu-ICD 1st line or pt is >120 hours post SI/ has had multiple episodes of UPSI this cycle or is currently ≥5 days after earliest likely date of ovulation.

Pt is 18 years and under or is a vulnerable adult

Pharmacy team to call Sexual Health Sheffield on **0114 226 88 88** (ideally with the patient) .

Alternatively and during out of hours pharmacies can email patient details to Sexual health Sheffield at **sth.sexualhealthadmin@nhs.net**

Pt is 19 years or over

Pharmacy team to advises the patient / or assists patient to contact Sexual Health Sheffield on:

0114 226 88 88

(Mon-Thurs 08:30-17:30 Fri 08:30-17:00) to book an appointment for an emergency Cu-IUD fit. Stating they have been seen by a pharmacist

The Cu-IUD is the most effective method of EC and the GDG recommends that it should therefore be offered first-line for all women requesting EC who meet the criteria for emergency IUD insertion. In order that the Cu-IUD does not disrupt a pregnancy that has already implanted, insertion is limited to either within the 5 days after the first UPSI in a cycle or up to days after the earliest likely date of ovulation – whichever is later.

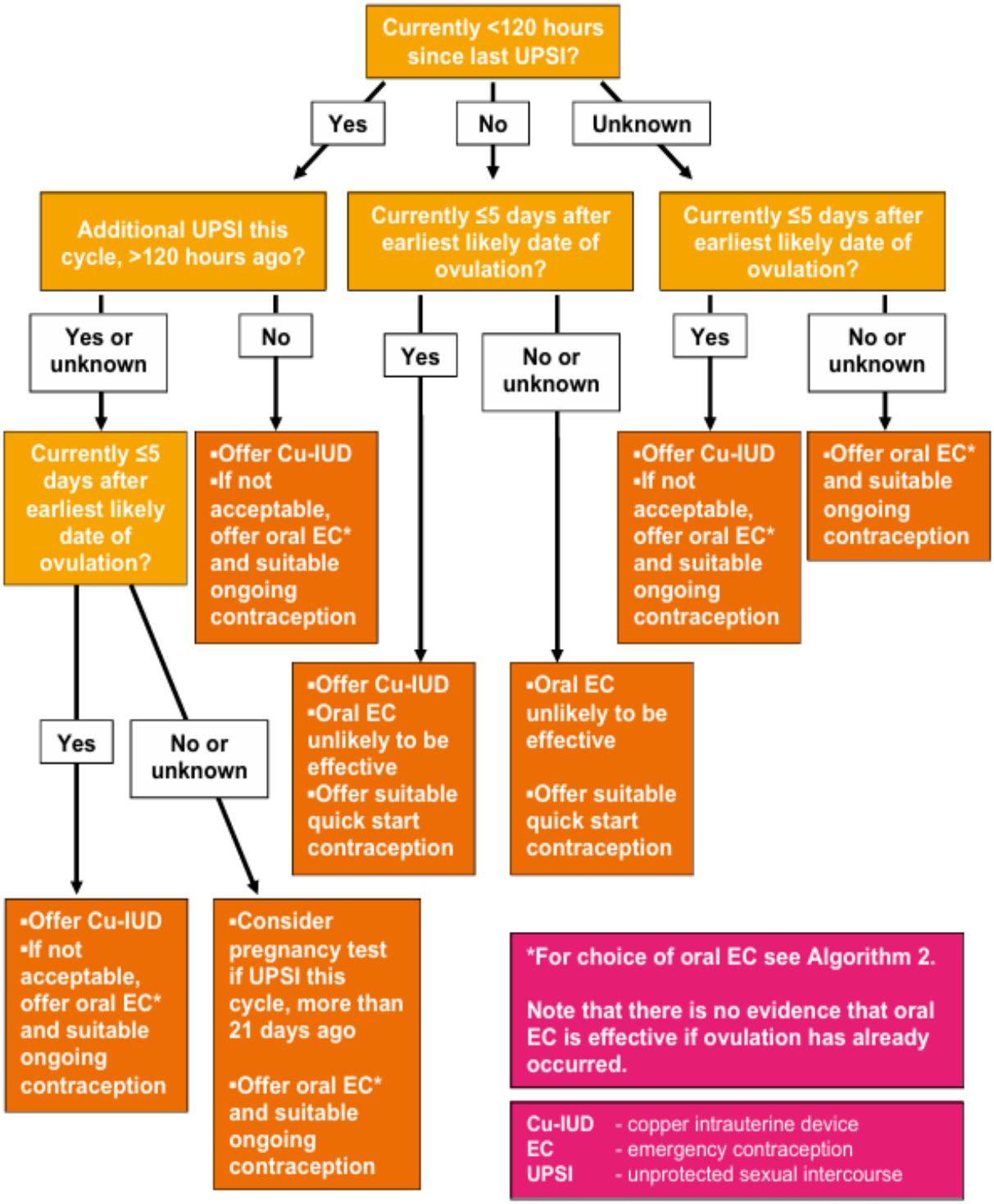
If a Cu-IUD is not appropriate or acceptable to a woman, oral EC should be offered as soon as possible after UPSI and effective ongoing contraception commenced (see Appendix 1).

Appendix 1:

FSRH

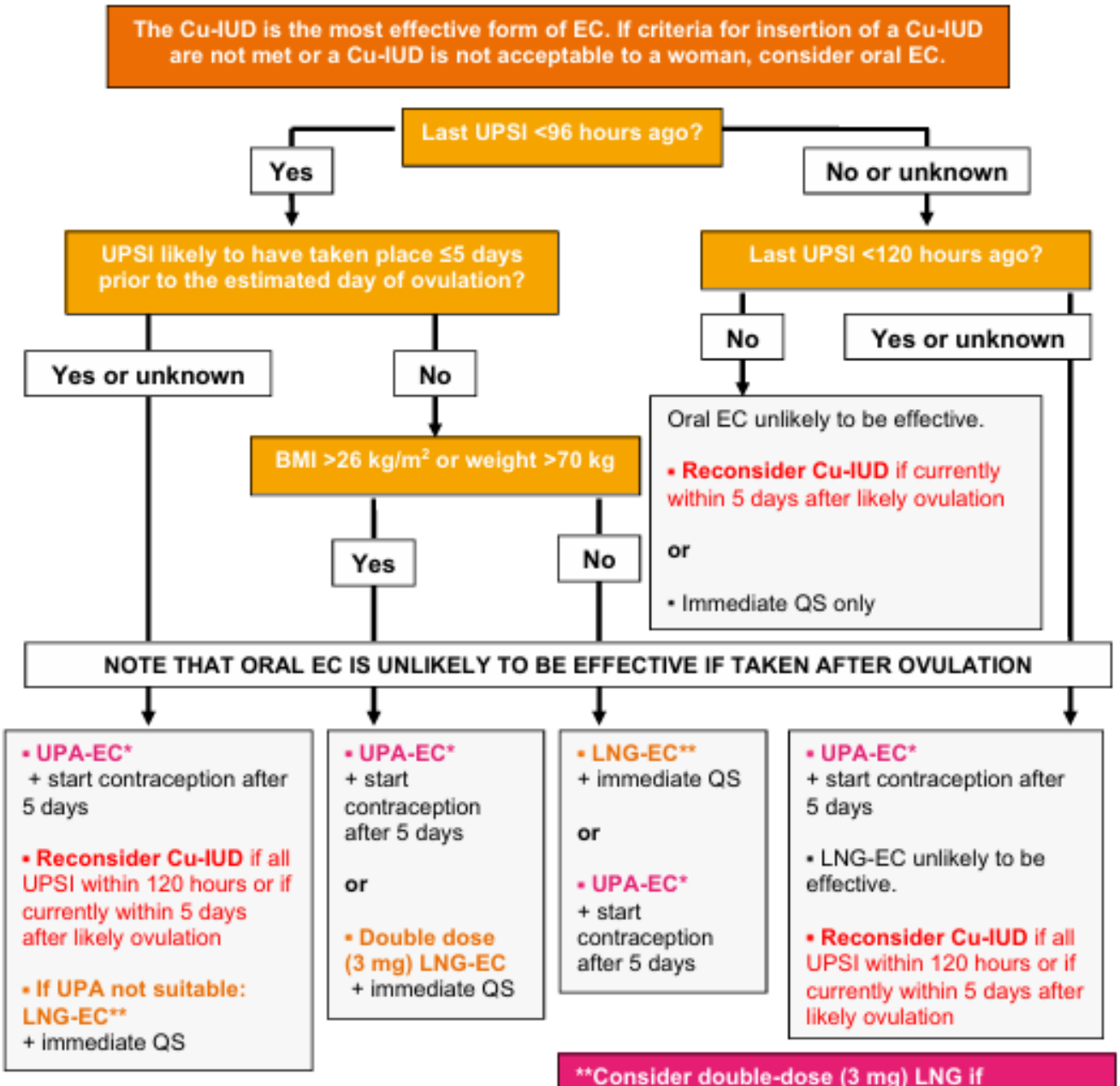
Decision-making Algorithms for Emergency Contraception

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



FSRH

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



***UPA could be less effective if:**
- **a woman is taking an enzyme inducer (see Section 10.1)**
- **a woman has recently taken a progestogen (see Section 10.3)**

UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)

****Consider double-dose (3 mg) LNG if BMI >26 kg/m² or weight >70 kg** (Section 9.2) **or if taking an enzyme inducer** (Section 10.1)

Cu-IUD	- copper intrauterine device
EC	- emergency contraception
LNG-EC	- levonorgestrel 1.5 mg
QS	- quick start of suitable hormonal contraception
UPA-EC	- ulipristal acetate 30 mg
UPSI	- unprotected sexual intercourse

Appendix 2:

19 What Aftercare is Recommended?

Pregnancy testing is advised if, after EC, the next menstrual period is delayed by more than 7 days, is lighter than usual or is associated with abdominal pain that is not typical of the woman's usual dysmenorrhoea.

Women who start hormonal contraception soon after use of EC should be advised to have a pregnancy test even if they have bleeding; bleeding associated with the contraceptive method may not represent menstruation. Pregnancy can be excluded by a urine pregnancy test taken 21 days after the last episode of UPSI.
If pregnancy occurs after Cu-IUD insertion, management is as described in the FSRH *Intrauterine Contraception* guideline.[64] If a pregnancy is conceived in a cycle in which oral EC has been taken, the woman should be reassured that evidence suggests that there is no harmful effect on pregnancy outcomes and no increase in the risk of congenital abnormality (see **Section 14**). If UPA-EC has been taken during a cycle in which a pregnancy is conceived, it should be registered (data are anonymised) at www.hra-pregnancy-registry.com and reported to the MHRA via the Yellow Card scheme.

EC providers must ensure that if ongoing contraception is not commenced at the time that EC is used, a woman is given information regarding contraceptive choices and has a clear pathway to access her contraception of choice.

Pregnancy Choices in Sheffield

In Sheffield patients can self refer for pregnancy choices.

Patients who do not wish to continue with a pregnancy can self refer to the Termination of Pregnancy Service (ToPS) at the Royal Hallamshire Hospital by telephoning G1 reception on:

0114 226 8225

Patients who wish to continue with a pregnancy can self refer to the Jessop Wing via their referral page:

https://jessopwingmaternity.sth.nhs.uk/self-referral.php

Patient need to complete the online form in order to arrange their first midwife appointment. Jessop Wing aims to see patients when they are between 8-10 weeks pregnant. Patients who are already more than 10 weeks will be seen as soon as possible.