

Continuing Professional  
Development

# CPD

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## 60 Second Summary

Emergency contraception is a very important service that pharmacies provide. It is imperative that pharmacists are well equipped with the knowledge and skills to accurately provide the service. This includes having all the relevant information to support women seeking the service to make informed decisions and to address any concerns they may have. It is also important to be able to address any misconceptions and myths surrounding emergency contraception and to hold consultations of a high standard.

This CPD module will explain the different Emergency Hormonal Contraception (EHC) options available in pharmacies, their mode of action and how best to take them. It also highlights the most common myths and the facts regarding them. This module also contains information on how best to approach a consultation for EHC to ensure a non-prejudice and open environment for discussion. There is also additional information and advice to give women availing of the service.

A woman's reproductive years are characterised by monthly changes in the rates of secretion of the female hormones required for reproduction. This rhythmic pattern is the normal menstrual cycle.

The two main functions of the menstrual cycle are:

- to release an egg, and
- to prepare the endometrium for implantation if the egg is fertilised.

In the absence of fertilisation, the ovum and the endometrial lining are discarded in menstruation. Hormone release during the monthly cycle is regulated by a complex neuroendocrine feedback loop.

The ovarian/menstrual cycle is regulated by the gonadotrophic

**1. REFLECT** - Before reading this module, consider the following: Will this clinical area be relevant to my practice?

**2. IDENTIFY** - If the answer is no, I may still be interested in the area but the article may not contribute towards my continuing professional development (CPD). If the answer is yes, I should identify any knowledge gaps in the clinical area.

**3. PLAN** - If I have identified a

knowledge gap - will this article satisfy those needs - or will more reading be required?

**4. EVALUATE** - Did this article meet my learning needs - and how has my practise changed as a result? Have I identified further learning needs?

**5. WHAT NEXT** - At this time you may like to record your learning for future use or assessment. Follow the

4 previous steps, log and record your findings.

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## CPD - Common Myths with Emergency Contraception: Consultation Advice for Pharmacists

hormones; Luteinising Hormone (LH) and Follicle Stimulating Hormone (FSH). Below is a brief overview of each step.

**1234**

**Step 1:** At the beginning of each cycle (onset of menstruation) the levels of FSH increase. This causes the development of follicles within the ovary, i.e. the follicular phase. The result is maturation of the ovum and stimulation of the ovary to produce oestrogen, specifically oestradiol.

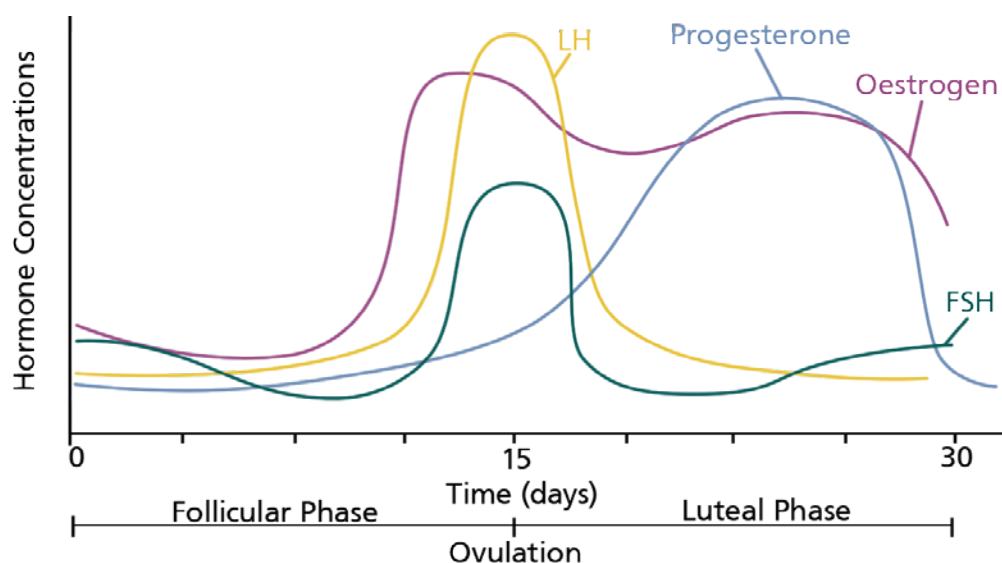
**Step 2:** The increased levels of oestrogen in turn trigger the release of LH from the anterior pituitary. LH is responsible for the final maturation of the follicle and release of the egg at ovulation (approximately day 14 of the cycle).

**Step 3:** In the absence of fertilisation, the high concentration of LH causes the empty follicle to develop into the corpus luteum which secretes oestrogen and progesterone over the next 11 to 12 days (luteal phase).

**Step 4:** On approximately day 27 of the cycle, the levels of oestrogen and progesterone fall and menstruation commences on day 28.

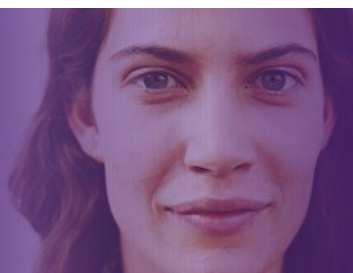
### Emergency Contraception

Emergency contraception (also known as 'postcoital contraception' or 'the morning after pill') provides women with a way to prevent an unintended pregnancy, following unprotected sexual intercourse or contraception failure.



# IT'S HER MORNING AFTER

IE/ELLA/0230 Date of preparation: February 2022



**ellaOne® 30 mg**  
film-coated tablet. Ulipristal acetate

Since 1<sup>st</sup> July 2017, medical card holders can get emergency contraception directly from a pharmacy, free of charge, without having to go to their GP for a prescription.

Unprotected sexual intercourse encompasses having sexual intercourse: without using a method of contraception or where a method of contraception fails to work. It is important to note that emergency contraception does not prevent a person from getting a sexually transmitted infection (STI).

According to the World Health Organisation, the following are some examples of what situations emergency contraception can be used in:

- When no contraceptive has been used;
- Sexual assault when the woman was not protected by an effective contraceptive method;
- When there is concern of possible contraceptive failure, from improper or incorrect use, such as:
  - condom breakage, slippage;
  - 3 or more consecutively missed combined oral contraceptive pills;
  - more than 12 hours late from the usual time of intake of the desogestrel-containing pill (0.75 mg) or more than 36 hours after the previous pill;
  - more than 4 weeks late for the depot-medroxyprogesterone acetate (DMPA) progestogen-only injection;
  - failed withdrawal (e.g. ejaculation in the vagina or on external genitalia) or precum;
  - miscalculation of the abstinence period, or failure to abstain or use a barrier method on the fertile days of the cycle when using fertility awareness based methods.

Emergency contraceptive pills prevent pregnancy by delaying ovulation and they do not induce an abortion, as the egg is not there to be fertilised.

#### Latest Research

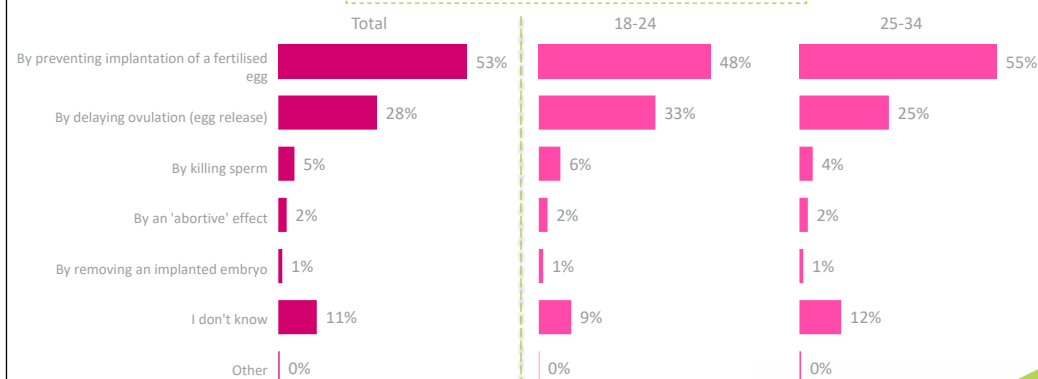
In a survey\* carried out among 18-34 year old women by morning after pill brand ellaOne®, over half (54%) said they have had unprotected sex in the past year where either contraception failed or none was used and they were

## Knowledge of How The Morning After Pill Works

(Base: All females aged 18-34 n=1,940)

To the best of your knowledge, how do you think the emergency contraceptive pill / morning after pill works?

Significant difference @ 95% confidence level



Almost 3 in 10 (28%) females aged 18-34 correctly know that the morning after pill works by delaying ovulation (egg release), with just over 7 in 10 (72%) females aged 18-34 unaware of how the morning after pill actually works.

empathy  
RESEARCH

not trying to become pregnant. Of those women, only 26% used emergency contraception.

For the 74% majority who didn't take the morning after pill, 1 in 3 (32%) said they 'decided to risk it and hope they didn't become pregnant'. Of more concern, almost a quarter of 18-24 year old women surveyed said they were too embarrassed to go to a pharmacist to ask for emergency contraception and 11% of the same group said they didn't want to tell a pharmacist they had unprotected sex during a pandemic.

According to this research, only 3 in 10 (28%) of females aged 18-34 correctly know that the morning after pill works by delaying ovulation. Just over 7 in 10 (72%) of females aged 18-34 are unaware of how the morning after pill actually works.

In pharmacies, the types of emergency contraception available are oral pills levonorgestrel and ellaOne®. The Copper Coil (Post Coital IUD) is another form of emergency contraception which can be inserted by a specially trained doctor or Family Planning Clinics.

#### ellaOne®

ellaOne® (a single dose of ulipristal acetate 30mg) is indicated for emergency contraception within 120 hours (5 days) of unprotected sexual intercourse or contraceptive failure. If vomiting occurs within three hours of ellaOne® intake, then another tablet should be

taken. There is very limited trial data on its use in females aged under 18 years. However, the SPC for ellaOne® states: 'ellaOne® is suitable for any woman of childbearing age, including adolescents. No differences in safety or efficacy have been shown [in adolescents] compared to adult women aged 18 and older.'

Ulipristal acetate is an orally-active synthetic selective progesterone receptor modulator. According to the manufacturer's literature, the main mechanism of action is inhibition or delay of ovulation. The Faculty of Sexual and Reproductive Healthcare (FSRH) states that ulipristal acetate delays ovulation for at least 5 days, until sperm from the unprotected sexual intercourse are no longer viable.

Advice for patients who have taken ellaOne®:

- Wait at least 5 days before taking your next contraceptive pill, applying a new patch or inserting a new ring
- Use additional contraception, such as condoms, until you restart your contraception and for an additional:

**Time limit for use after unprotected sex:** 120 hours (5 days)

**Effectiveness:** 99.5% effective. Should be taken as soon as possible. ellaOne® may be less effective for those on some hormonal contraceptives, or if they have taken other emergency contraceptive pills in the

same cycle. Contraceptive action of combined hormonal contraceptives and progestogen-only contraception may be reduced. Concomitant use of ulipristal acetate and emergency contraception containing levonorgestrel is not recommended.

**Available:** ellaOne® is available directly from pharmacists (chemist) without prescription.

In 2017 the HSE made the availability of Emergency Hormonal Contraception (EHC) free of charge to female medical card holders, directly from pharmacists without a GP prescription following a pharmacist delivered consultation.

**Works by:** Delaying ovulation before the peak of ovulation producing hormones.

#### Side-effects:

There are no serious or long-term side effects from taking the emergency contraceptive pill.

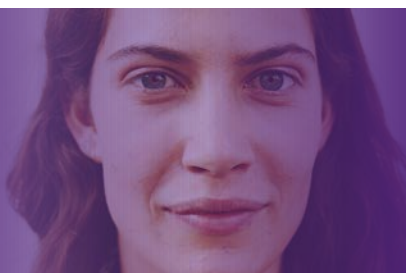
But it can cause:

- changes to your next period – it can be earlier, later, or more painful than usual
- feeling or being sick – get medical attention if you're sick within 3 hours of taking ellaOne®, as you'll need to take another dose or have an IUD fitted

It is advisable for the patient to see their GP if symptoms don't go away after a few days or if:

- They think you might be pregnant

# IT'S HER MORNING AFTER



**ellaOne® 30 mg**  
film-coated tablet. Ulipristal acetate

- Their next period is more than 7 days late
- Their period is shorter or lighter than usual
- They have sudden pain in your lower tummy – in rare cases, a fertilised egg may have implanted outside the womb (ectopic pregnancy)

When providing a consultation to patients it is best not to assume anything about the patient; they may not be sexually active but may still want advice and also they may not already know the facts. Being aware of this and that you may have to go back to basics and giving information in stages ensures the patient had ample time to ask questions and for you to clarify any areas of misunderstanding.

On page 43 is a table of common myths and misconceptions about emergency contraception.

#### Levonorgestrel:

One tablet should be taken as soon as possible, preferably within 12 hours, and no later than 72 hours after unprotected intercourse.

If vomiting occurs within three hours of taking the tablet, another tablet should be taken immediately.

Levonorgestrel 1.5mg tablets can be used at any time during the menstrual cycle unless menstrual bleeding is overdue.

After using emergency contraception, it is recommended to use a local barrier method (e.g. condom, diaphragm, spermicide, cervical cap) until the next menstrual period starts. The use of levonorgestrel does not contraindicate the continuation of regular hormonal contraception.

Special warning from the manufacturer is as follows: Emergency contraception is an occasional method. It should in no instance replace a regular contraceptive method.

Emergency contraception does not prevent a pregnancy in every instance. If there is uncertainty about the timing of the unprotected intercourse or if the woman has had unprotected intercourse more than 72 hours earlier in the same menstrual cycle, conception may have occurred. Treatment with levonorgestrel following the second act of intercourse may therefore be ineffective in preventing pregnancy. If menstrual periods are delayed by more than 5 days or abnormal bleeding occurs at

Myth/ misconception	Fact
Emergency contraception can only be taken the 'morning after' having unprotected sex	Emergency contraception should be taken as soon as possible and its effectiveness can decrease if left too long, but it can be taken up to 120 hrs (5 days) after unprotected sex or contraception failure
You can only take emergency contraception three times in your life	Emergency contraception can be taken many times in your life and still be effective. Although it's not intended as regular contraception or more than once per menstrual cycle
You are protected against STIs	It is important to still get tested for STIs as emergency contraception does not protect against them
Emergency contraception is 100% effective	Emergency contraception is 99% effective if taken correctly. It is important to keep an eye on your next cycle and take at least one pregnancy test in the coming weeks
You can only obtain emergency contraception from your GP	Emergency contraception is available from pharmacies following a consultation with a pharmacist
After taking emergency contraception, I am protected until my next menstrual cycle	After taking levonorgestrel or ulipristal acetate, it is best to use a barrier method of contraception until the next menstrual period starts

the expected date of menstrual periods or pregnancy is suspected for any other reason, pregnancy should be excluded.

Levonorgestrel's exact mode of action is unknown. The manufacturer states that "levonorgestrel is thought to work mainly by preventing ovulation and fertilisation, if intercourse has taken place in the preovulatory phase, when the likelihood of fertilisation is the highest. It may also cause endometrial changes that discourage implantation. Levonelle® 1500 is not effective once the process of implantation has begun."

The patient should be advised to:

- Take their next contraceptive pill, apply a new patch or insert a new ring within 12 hours of taking the emergency pill
- continue taking your regular contraceptive pill as normal
- Use additional contraception, such as condoms, for:

7 days if you use the patch, ring, combined pill (except Qlaira), implant or injection

9 days for the combined pill Qlaira

2 days if you use the progesterone-only pill

A summary of levonorgestrel

#### Three Day Pill (Prevenelle or Norlevo)

**Time limit for use after unprotected sex:** 72 hours (3 days)

**Effectiveness:** Results from the randomised, double-blind clinical studies conducted in 1998, 2001 and 2010 showed that a 1500 microgram levonorgestrel (taken within 72 hours of unprotected sex) prevented 85%, 84%, 97% of expected pregnancies respectively. It is less effective on day two and day three. It will be less effective if you have already used the five day contraceptive pill in the same cycle.

**Available:** Norlevo is available directly from pharmacists. Prevenelle and Norlevo are available on prescription from a doctor (including out of hours co-ops) or Family Planning Clinics.

**Works by:** Delaying ovulation in the first 14 days of your cycle.

#### Latest Pharmacy Offerings

Some pharmacies offer a 'click and collect' service, whereby the woman seeking EHC completes an online form, pays online and then selects a time to come to the pharmacy to collect the medication. The woman is asked to provide a phone number so the pharmacist can contact her and

have a consultation prior to her coming into the pharmacy, if required.

Access to the morning after pill is easy and convenient with an online click and collect service for ellaOne® available nationwide through four pharmacy groups – McCabes, Hickey's, Life Pharmacies and Allcare Pharmacies. Available without a prescription, the service means women can assess their suitability for the morning after pill online, arrange a telephone consultation with the pharmacist if that's their preference, and collect their purchase as soon as one hour after ordering. The morning after pill is free for women who hold a medical card.

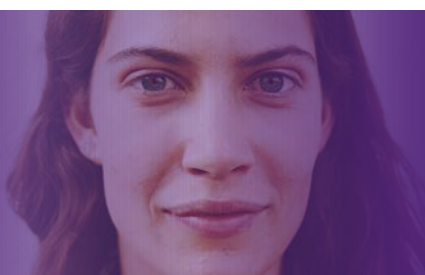
#### EHC Consultations:

It is important to be respectful and maintain an environment that is open and free of judgement where the woman seeking EHC does not feel stigmatised and embarrassed or ashamed to be seeking EHC.

Therefore, all staff must be trained to ensure this is maintained throughout the consultation process.

The use of the pharmacy's consultation room is imperative so that confidentiality is maintained, and the woman feels safe and encouraged to ask questions and

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**ellaOne® 30 mg**  
film-coated tablet. Ulipristal acetate





gather as much information to be properly informed to make an informed decision.

Inform the woman that seeking EHC is positive that they are proactive with regards to their sexual health. The need for EHC does not mean that they are reckless or irresponsible. Compassion is imperative while providing the service.

Allowing sufficient time to gather the required information and to give advice on how to correctly take the contraception and side-effects to be aware of. Being as transparent as possible and open to discussion will greatly help the consultation and to overcome any

hesitation or barriers that may be in place.

It is also important to be vigilant and aware that a patient seeking emergency contraception may have been sexually assaulted and not given consent to sexual intercourse. In this case it is not advised to use the word 'sex' as what has happened is 'rape'.

The legal age of sexual consent in Ireland is 17 years and some women who may be below this age may find accessing EHC in pharmacies very daunting and are worried that they may get into trouble with Gardaí or that the pharmacist may tell their parents. If you decide not to provide EHC to a younger woman then provide them with other options such as a doctor or clinic. The most important thing is that the young woman does not feel discouraged in continuing to seek emergency contraception.

Referral may also be needed if the woman is seeking EHC outside the recommended time frame or if there is a possibility that the woman may already be pregnant. If the patient takes liver-enzyme inducers e.g. Rifampacin, Carbamazepine it would be advised that they go to see a doctor as the metabolism of both levonorgestrel and ellaOne is enhanced by liver enzyme inducers.

Taking EHC, even multiple times, will not affect fertility and it will not prevent pregnancy in the future.

The advice for those concerned about additional risks such as STIs is that they should make an appointment to get tested at a free public STI screening service all around Ireland.

If a woman has used her regular contraception incorrectly, it is important to gather all the relevant information to make an informed decision on whether she needs emergency contraception. Information on this can be found in the BNF, an example of this is as follows:

Regarding a combined hormonal contraceptive. The BNF12 states that "if a woman misses 2 or more pills (especially from the first 7 in a packet), she may not be protected. She should take an active pill as soon as she remembers and then resume normal pill-taking".

**Regarding additional precautions:** The BNF12 states that she must either abstain from sex or use an additional method of contraception such as a condom for the next 7 days. If these 7 days run beyond the end of the packet, the next packet should be started at once, omitting the pill-free interval.

**Regarding emergency contraception:** The BNF12 states that emergency contraception is recommended if 2 or more combined contraceptive tablets

are missed, and unprotected intercourse has occurred.

More awareness needs to be made regarding the availability of EHC in pharmacies and whilst campaigns run by the IPU with IFPA.IE (see below) have helped in recent times, you as a pharmacist can train your team to encourage women to seek the service and to not be embarrassed. Posters in the pharmacy highlighting the service can help increase awareness and being well informed to help provide women with any questions or concerns they may help is vital.

## References are available on request

*\*Research carried out among 2000 18-34 women living in Ireland in March 2021 by Empathy Research on behalf of ellaOne®*

## 5 Questions

- Q1)** When is emergency contraception indicated for?
- Q2)** What emergency contraception options are available in pharmacies?
- Q3)** Are there any side-effects with taking emergency contraception?
- Q4:** What are some of the common misconceptions and myths regarding emergency contraception?
- Q5:** What additional advice can be given as part of the EHC consultation process?

## Case Study: The Embarrassed Customer

Patient A visited the pharmacy recently and after browsing the shelves it became apparent she was waiting for the customer queue to decrease and looking for the pharmacist's attention. It was clear that whatever issue she wished to consult on, was causing some embarrassment. How do we deal with these patients when it comes to emergency contraception advice?

It is important that all pharmacy staff, as well as the pharmacist themselves, are making the best use of the various products on offer, and services and advice available to help support women when choosing emergency contraception.

**No Judgement:** In order to be able to conduct an efficient

consultation, you must remain friendly and above all, non-judgemental in approach. Current guidance suggests that pharmacists be sensitive in the way they communicate with patients regarding emergency contraception and do not imply or express disapproval.

Sex and relationship expert Dr Caroline West says "We can see the sense of discomfort young women feel about telling the pharmacist they have had unprotected sex. This feeling can be so powerful that it can prevent women looking after their health and asking for emergency contraception. It's worth reminding women that choosing to put themselves and their bodies first is a great choice and something to feel positive about.

"This is about making positive decisions easier and hopefully minimising the impact that embarrassment can have on women's health."

**Signposting:** Reminding your customers that there is a discreet and confidential consultation area within the pharmacy is essential. For those who are not aware, they may leave if the pharmacy is particularly busy without seeking the help they need. Display posters advertising your private contraception consultations. Through appropriate sign posting you can also offer additional support for victims of sexual assault/rape and for those considering longer term contraception methods.

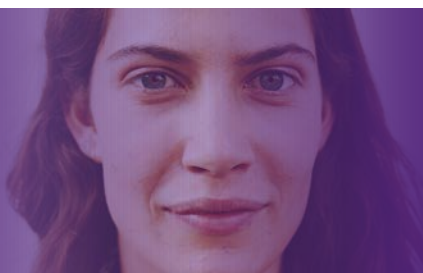
**Be Tactful & Sensitive:** Creating a welcoming environment is essential to providing good community pharmacy services.

In order to get an insight into the reason as to the need for emergency contraception, be tactful in your approach. Put yourself in their shoes. Due to their embarrassment they may not want to voice concerns about their overall sexual health but simply want help so the importance of maintaining privacy and respecting the customer is paramount.

Fundamentally, each customer should be considered on a case-by-case basis as every individual is different and there is no 'one-size-fits-all' approach when it comes to contraception.

It is also a good idea to keep up to date with any training and contraception news in order to anticipate any queries about a specific contraceptive that has recently been launched or attracted media attention.

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