

Emergency Contraception case studies with answers from July 2018 EHC PGD training

Case Study 1 Ariadne

Age 27 years, 6 weeks post-partum, condom split 65 hours ago, only SI since baby born, no periods since post-delivery bleed settled. Breastfeeding. Has not got around to organising a new contraception method yet. RMP.

Would her options change if she were bottle feeding?

All options possible

BUT ask if the criteria for lactational amenorrhea method are full filled (i.e. fully breast feeding, baby under 6 months old and Ariadne is amenorrhoeic). LAM is 98% effective. CU-IUD, note up to 36 weeks of delivery there is higher relative risk of uterine perforation during insertion of intrauterine contraception than in non-breast feeding women. However, absolute risk is low (6 per 1,000 insertions instead of 1 per thousand). CU -IUD contraindicated between 48 hours and 4 weeks post-partum. Ariadne is 6 weeks post-partum. Ariadne should be made aware that Cu IUD is the most effective method of emergency contraception.

UPA-EC Ariadne needs to be advised not to breast feed and to express and discard milk for a week after taking UPA-EC. This is unlikely to be a popular or practical option. If she were not breast feeding, this would not apply.

LNG-EC On available limited evidence, LNG EC has no adverse effects on breast feeding or on the infants being fed. However, the SPC for Leveonelle advises that levonorgestral (LNG) is secreted into breast milk and that potential exposure of the infant to levonorgestral can be reduced if the woman takes the tablet immediately after feeding and avoids nursing for at least 8 hours. PGD has to reflect what is stated in the PGD.

Case Study 2 Bertha

Age 17 years had UPSI 10 days ago, day 4 of her cycle, given LNG the next day. Now attended again because had UPSI today (day 14 of her cycle).

Bertha needs to be referred to C&SH or her GP because this is the second request for emergency contraception in this cycle. She needs regular on going contraception and STI screening. She is under 18 years so consider using spotting signs checklist to ensure no evidence for child sexual exploitation.

Case Study 3 Desdamona

A 21 year old requests PCC. She usually uses the COC for contraception but was late starting her new packet of pills. She would like to return to the pill.

Emergency contraception is indicated if pills are missed in week 1 of taking the combined oral contraceptive pill AND there has been UPSI or a barrier failure during the pill-free interval of week 1.

CU-IUD should be offered. This can be used up to 13 days after the start of the pill free interval assuming previous perfect use.

UPA-EC. Desdamona wishes to return to pill taking. COC may interfere with the effectiveness of UPA EC so have to wait 5 days before restarting and then wait 1 week for contraceptive effect. Unlikely to be popular option.

LNG EC. Can be used if Desdamona wishes to continue with her pill. She is a late restarter so would need to wait 1 week for contraceptive cover to be returned.

Case Study 4 **Elfreda**

Usually uses condoms for contraception, unfortunately one split last night and she needs emergency contraception. She is day 12 of a 30 day cycle. She takes carbamazepine to control her epilepsy. The relationship is new.

Cannot use UPA EC because she takes carbamazepine, (an enzyme inducing drug) The metabolism of both UPA EC and LNG EC is increased during and for 28 days after use of drugs that induce liver enzymes.

CU IUD can be used

Alternatively a 3mg dose of levonorgestral (double the licensed dose) can be used off licence as recommended by BNF and MHRA. Pharmacy PGD allows for this to be given. Need to check Elfreda's age, suggest STI screening, 2 weeks after UPSI, note new relationship. She also needs on going contraception

Case Study 5 **Freda**

26 years old attended for EC, previous satisfactory use 2 years ago. Uses condoms for contraception but 48 hours ago condom split. Day 10 of 30 day cycle. Relationship of 4 years, no other partners, last STI check-up 1 year ago (both Freda and boyfriend). No medication, no allergies, fit and well. Ectopic pregnancy 5 years ago.

History of ectopic pregnancy means she cannot be given LNG EC under the pharmacy PGD. She can be offered CU-IUD and UPA EC.

Case Study 6 **Gertie**

Age 20 years, attends for emergency contraception. Not using contraception and had a one night stand last night. Only risk this cycle. Day 26 of a 28 day cycle

All options possible, though from her history Gertie may have already ovulated. One night stand so advise STI screen in 2 weeks time.

For all the case studies discuss:

- **What options are available for your client**
- **What you need to consider**
- **What will be the best choice**
- **What you will say and do**