Emergency post-coital contraception

Emergency post-coital contraception (EPC) refers to back-up methods of contraception which women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy.1 Emergency contraception is intended for use when:

- no contraceptive has been used
- there is contraceptive failure or incorrect use such as:
  - condom breakage or slippage
  - three or more consecutive missed combined oral contraceptive pills
  - progestogen-only pill taken more than three hours late
  - more than two weeks late for a progestogen-only contraceptive injection
  - dislodgement, delay in placement or early removal of a contraceptive hormonal skin patch or vaginal ring
  - IUD expulsion

EPC methods are all those which act after intercourse but before implantation and are intended as back-up or occasional use and not as a primary contraceptive.

The products licensed in South Africa for emergency contraception are Norlevo® (levonorgesterel 0.750 mg) and Escapelle® (levonorgesterel 1.5 mg). The World Health Organization’s recommended regimen for EC is levonorgesterel 1.5 mg as a single dose.1 Initially, it was recommended that levonorgestrel be provided in two divided doses.2 Studies have now shown that a single dose of 1.5 mg is as effective as two 0.75 mg doses, without additional side effects.2

The Pharmacy Council’s Rules relating to good pharmacy practice (GPP) contain minimum standards for EPC. It is clear that the Council expects pharmacists, and not pharmacist’s assistants to provide EPC. It is recognised however that all pharmacy staff, including those who first come into contact with the patient, must be sensitive to the needs of the patient and must ensure confidentiality.

The GPP sets out the professional and ethical responsibilities of the pharmacist, and lists both the information that must be obtained from the woman, as well as the counselling that is required.

A pharmacist or pharmacist’s assistant dispensing EC is presented with an excellent opportunity to advise and direct women to more appropriate contraceptive methods. Women should also be reminded that EC does not protect them against sexually transmitted diseases such as HIV and chlamydia. The pharmacist’s assistant is however advised to be familiar with the options available, and with the processes to be followed. It is quite likely that the pharmacist’s assistant is the first person to encounter the woman in the pharmacy, and will need to understand the process in order to refer her to the pharmacist.

References

Do
- Take EPC as soon as possible after unprotected sexual intercourse as it will be more effective2
- Encourage a more reliable, sustainable form of contraception2,3
- Advise women taking EPC that it will not protect against future pregnancy following another episode of unprotected sexual intercourse2
- Advise women who present following missed pills to resume pill-taking within 12 hours and to use an alternative form of contraception for seven days in addition to taking their pill2,3
- Check the woman’s concomitant medicine as some medicines can interact with EPC and decrease its efficacy2
- Take another tablet if vomiting occurs within 3 hours2
- Try to find a quiet place to discuss EPC with the patient as confidentially needs to be maintained and many women find discussing intimate issues difficult

Don’t
- Use EC regularly as EC is not as effective as an ongoing combination oral contraceptive. Frequent use may result in more side effects such as menstrual irregularities.2
- Call EC the “morning after pill” as this term implies a time limitation which is misleading.2
- Give EPC to a woman who already has a confirmed pregnancy; it will not work although it will cause no harm to the woman or foetus if inadvertently used.1,3

Refer to the doctor if
- Menstrual periods are delayed by more than 5 days or pregnancy is suspected
- The woman has severe hepatic impairment

A word on treatment:

- **Levonorgestrel** emergency contraceptives work by preventing ovulation and do not have any detectable effect on the uterine lining or progesterone levels when given after ovulation. They are not effective once the process of implantation has begun and will not cause abortion.1
- EPC is estimated to prevent 85% of pregnancies if taken within 72 hours of unprotected sexual intercourse
- Administration:
  - Norlevo® (levonorgesterel 0.750 mg) - take the first tablet as soon as possible after sexual intercourse and the other tablet is to be taken 12 hours later
  - Escapelle® (levonorgesterel 1.5 mg) - a single tablet is taken no later than 72 hours after unprotected intercourse
- Both products are licensed for use up to 72 hours after unprotected sexual intercourse. A World Health Organization Study showed that it may be effective for up to 120 hours post unprotected sexual intercourse.1 Use in such circumstances is not licensed in South Africa.
- Clinical trials have shown that 1% of women experience vomiting and 15% described some degree of nausea

- **Intrauterine contraception:** the copper intrauterine device (IUD) is the other less frequent used method of EPC and acts by preventing fertilisation.2
- The failure rate is less than 1%.2
- Administration: it can prevent pregnancy when inserted up to five days after unprotected sexual intercourse.2 The IUD also has the potential to provide ongoing contraception.2
- The IUD must be inserted by a certified practitioner and is therefore limited to a clinical setting.2
- Safety - the risk that raises the most concern is pelvic infection2

The IUD must be inserted by a certified practitioner and is therefore limited to a clinical setting.2