

Continuing Professional
Development

CPD

60 Second Summary

From September 2022 contraception has become free in Ireland for women between the ages of 17 and 25. The government scheme was allocated €9 million in the 2022 budget under the Women's Health Action Plan 2022-2023, which aims to improve all areas in women's healthcare.

Emergency contraceptives (EC) are a type of birth control that is used to prevent pregnancy after unprotected sexual intercourse or when other forms of contraception have failed. ECs are sometimes referred to as the «morning-after pill» or the «day-after pill.» There are several different types of ECs available, each with its own method of action and recommended dosages.

Ulipristal acetate pill (ellaOne®) is an orally-active synthetic selective progesterone receptor modulator. It is effective up to 120 hours (5 days) after unprotected sexual intercourse or contraceptive failure but is most effective the sooner it is taken. ellaOne® is highly effective, with a reported efficacy rate of 99.5% when taken as soon as possible after unprotected sexual intercourse.

Levonorgestrel contains a synthetic form of the hormone progesterone (levonorgestrel). LNG should be taken as soon as possible, preferably within 12 hours after unprotected intercourse, and no longer than 72 hours (3 days) after unprotected sex.

Copper intrauterine device (Cu-IUD) is a small, T-shaped device that is inserted into the uterus by a healthcare professional. It works by preventing fertilization or implantation and can be used up to 5 days after unprotected sex. It also provides ongoing contraception for up to 10 years. If fertilisation does occur, the copper IUD also makes it difficult for the fertilised egg to implant in the uterus.

AUTHOR: Written by Duarte Nunes da Silva, Managing Supervising Pharmacist, McGreals Pharmacy Group

Hailing from Cascais in Portugal, Duarte Nunes Da Silva has made Ireland his home since starting with McGreals Pharmacy in 2016.

In this current role - as the lead Pharmacist in McGreals Baltinglass, Co Wicklow - Duarte has built strong ties in the town with patients and partners alike.

Hitting the headlines in Jan 2022, having administered 1600 Covid Vaccines - the most in any one pharmacy at that time - Duarte commented "People trust us locally and were happy to be able to receive their vaccinations in the safe and friendly local environment they are used to. "Duarte is the epitome of the "trusted pharmacist" and credits his strong team and the fantastic community spirit of Baltinglass as key factors in his success and growth of the pharmacy footprint locally."



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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Pharmacy Role in Emergency Contraception

Introduction

From September 2022 contraception has become free in Ireland for women between the ages of 17 and 25. The government scheme was allocated €9 million in the 2022 budget under the Women's Health Action Plan 2022-2023, which aims to improve all areas in women's healthcare. Launched by the Minister for Health, Stephen Donnelly, the comprehensive scheme covers GP consultations, emergency contraception, long-acting reversible contraception (LARCs), IUS and IUDs, contraceptive injections, the contraceptive patch, and combined oral contraception (the pill). Women can choose the contraception that works best for them and their lifestyle without any financial barriers.

While currently the scheme is confined to a small cohort, the Minister for Public Expenditure Michael McGrath announced in the 2023 budget that they are expanding the scheme to make free contraception available from ages 16-30 years. Niall Behan, chief executive of the Irish Family Planning Association (IFPA) commended the scheme as a "major step forward for reproductive health and rights." The scheme's already quick expansion suggests a further

step in the right direction for reproductive autonomy and gender equality in Ireland.

The Irish Pharmacy Union (IPU) has called for government to expand the accessibility of the free contraception scheme for young women. The IPU has said that women should be given the choice to access contraception directly from their pharmacist, on foot of a structured consultation. This will provide women with even more options to safely and effectively manage their reproductive health and wellbeing.

Speaking on International Women's Day pharmacist and Chair of IPU's PCC Committee Kathy Maher explained the benefits of expanding choices to women. "Pharmacies are easily accessible and located in practically every town and village in the country. Women can visit their pharmacy at times that suit them in evenings or weekends. Women should have the choice to avail of this convenience to access contraception."

Many women already opt to access emergency hormonal contraception through pharmacies, explained Ms Maher. "Pharmacists are experienced at providing contraceptive care and have been safely providing the emergency contraception, over the counter since 2011. The profession is

trained and has the experience to review patients to determine if it is safe to dispense contraception without referring to a GP.

"Pharmacists experience has taught us that many women prefer to access contraception from their pharmacies. Where this is their preference, they should have that choice. This is a view that is now shared by the World Health Organisation who recommended in 2019 that oral contraception should be available without prescription."

"The introduction of the scheme to offer free contraception was extremely welcome. It is now set to be expanded this year in another positive development for women. However, without enlisting pharmacies this expansion will add further pressure to GPs, while also making it more challenging for women to access the scheme. Better healthcare means using all of our primary care resources effectively. Allowing young, healthy women to access contraception from a range of healthcare providers improves choice and by extension access thus making an important service available to even more women.

Concluding, Ms Maher said, "we are calling on the Minister for Health to revise the new free contraception scheme, providing women the choice to access

the pill in their pharmacies. This should be implemented before the planned expansion of the scheme in the coming months.”

Emergency Contraception

Emergency contraceptives (EC) are a type of birth control that is used to prevent pregnancy after unprotected sexual intercourse or when other forms of contraception have failed. ECs are sometimes referred to as the “morning-after pill” or the “day-after pill.” There are several different types of ECs available, each with its own method of action and recommended dosages.

Since 1st 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) progestogenonly 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.

What types of emergency contraception are available and how effective are they?

There are different types of emergency contraception methods available, including hormonal methods (such as the morning-after pill) and non-hormonal methods (such as the copper intrauterine device (IUD)).

Types of emergency contraception

Hormonal methods:

a. Levonorgestrel pill

This pill contains a synthetic form of the hormone progesterone (levonorgestrel). LNG should be taken as soon as possible, preferably within 12 hours after unprotected intercourse, and no longer than 72 hours (3 days) after unprotected sex.

b. Ulipristal acetate pill (ellaOne®)

Ulipristal acetate is a selective progesterone receptor modulator that prevents or delays ovulation. It is effective up to 120 hours after unprotected sex but is most effective the sooner it is taken. Ulipristal acetate (ellaOne®) has been demonstrated to be more effective than levonorgestrel from 0-120 hours after unprotected sexual intercourse (UPSI) so it should be considered first-line oral emergency contraception unless contraindicated.

Non-hormonal methods:

Copper intrauterine device (Cu-IUD)

This is a small, T-shaped device that is inserted into the uterus by a healthcare professional. It works by preventing fertilisation or implantation and can be used up to 5 days after unprotected sex. It also provides ongoing contraception for up to 10 years. If fertilization does occur, the copper IUD also makes it difficult for the fertilised egg to implant in the uterus.

The Cu IUD which is available in the ROI (under European license) for long term contraceptive protection has a profound and immediate effect on sperm. Within minutes of copper ions

entering the uterine cavity a marked inflammatory response occurs. Leucocytes converge in the endometrium and into the fluid that fills the uterus and fallopian tubes. Levels of prostaglandin also rise. There is a direct toxic effect of copper on both sperm and the ova as well as an impairment in sperm motility. When inserted before fertilisation a Cu IUD will have significant pre fertilisation contraceptive effect. When inserted after fertilisation, the effects of copper on tubal motility and endometrial receptivity will have a significant post fertilisation but pre-implantation contraceptive effect. Once implantation has occurred, copper appears to have no contraceptive effect and so is not considered to be abortifacient in any way.

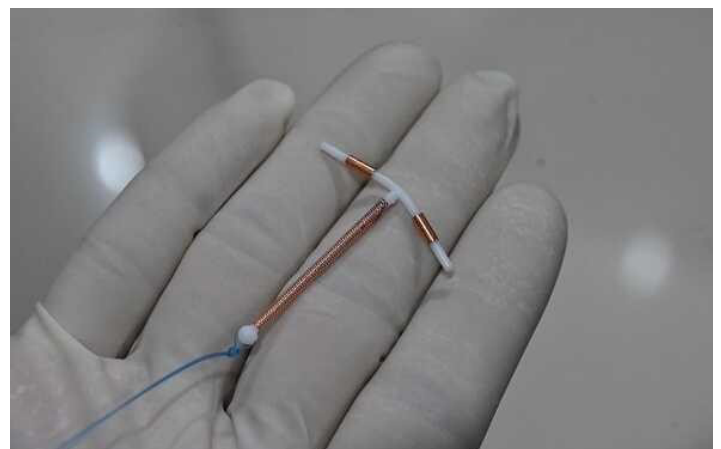
Statistically speaking, Cu IUD devices are by far the most efficient form of EC and in a review of cumulative data observing 7000 post-coital (emergency) insertions only 6 pregnancies resulted (a failure rate of <.1% or 99.9 % effectiveness is quoted). It has the added advantage of protecting against further episodes of UPSI in the month of insertion and beyond for 5-12 years or more depending on the size and style of the device inserted. The other advantage of a Cu IUD over hormonal methods of EC is that the timing is much wider. Because copper has pre-fertilisation, post fertilisation and pre-implantation effects (and as implantation is only likely to occur at least 5 days after ovulation) then a copper coil may be placed up to the 19th day of a 28-day menstrual cycle- regardless of what day or how many episodes of UPSI have occurred in that cycle. You can adjust the insertion timing for longer or shorter cycles. That is, if

a woman has had several episodes of UPSI during a cycle, and if her usual cycle is 30 days long, she can have a Cu IUD placed at any time before the 21st day of that cycle (“adjusted day 19”) and have great confidence that an unintended pregnancy will not result. Cu devices can be used in addition to either of the hormonal EC options. If a patient goes on to choose a Cu device after having taken a hormonal EC as long as she is within the “adjusted day 19” time frame or still less than 5 days after the UPSI.

Now there are obvious drawbacks to a Cu IUD for emergency contraception. It can be uncomfortable / painful to have one inserted; although practitioner expertise will play a large part in this. Failure to insert at all is unlikely but a possibility. It may be hard to access copper coils in some parts of the ROI. Many IUD inserting doctors are unfamiliar with sourcing and insertion techniques for copper devices; although the ICGP is trying to improve this. Another issue arises in that some doctors who routinely offer copper devices as an ongoing contraceptive choice do not offer emergency insertion. Money, as always is a big issue in that even where EC Cu IUDs are available; as they are in almost all family planning clinics, the service is currently only free to those aged 17-26 and may not be covered on the GMS. Another counseling point is the possible connection with placing an intrauterine device

A copper IUD is almost 100% effective as a form of emergency contraception.

ADEK BERRY/AFP via Getty Images





through the cervix of a woman who may have just had unprotected sex. If STI exposure is a concern, then close surveillance and screening after IUCD placement will be very important.

Without question though, if a woman is at high risk of conception and wants to avail of the most effective means of post coital contraception than the Cu IUD is the best choice. Ideally all pharmacists should know and share contact information for nearby EC -Cu IUD inserters.

How can someone access emergency contraception, and are there any age restrictions or prescription requirements?

Emergency contraceptive pills are available to buy without a prescription and women and people with a uterus aged 17 to 26 can now access emergency contraceptive pills free-of-charge at participating pharmacies.

Since July 1st, 2017, medical card holders in Ireland can also receive emergency contraception directly from a pharmacy free of charge. This helps ensure that cost is not a barrier to obtaining the medication, which is particularly important for those who may not have the financial resources to pay for it.

How soon after unprotected sex should emergency contraception be taken to be most effective and which type is the most effective?

ellaOne® is one of the emergency contraception options available in Ireland, and contains the active ingredient ulipristal acetate. It is indicated for emergency contraception within 120 hours (5 days) of unprotected sexual intercourse or contraceptive failure, but it should be taken as soon as possible. ellaOne® is highly effective, with a reported efficacy rate of 99.5% when

taken as soon as possible after unprotected sexual intercourse. The medication works by delaying ovulation, which means that it prevents the release of an egg from the ovary. This is achieved by inhibiting the production of hormones that trigger ovulation.

By delaying ovulation, the medication reduces the chances of fertilisation and therefore reduces the risk of pregnancy.

Both the Irish Pharmacy Union (IPU) Emergency Hormonal Contraception (EHC) Protocol document and the Faculty of Sexual and Reproductive Healthcare (FSRH) guidance recommend that ulipristal acetate (ellaOne®) should be considered as the first-line oral emergency contraception for women who have had unprotected sexual intercourse within the last five days. This is because it has

EC method	LNG-EC	UPA-EC	Cu IUCD
Cost	<20 euro	<40 euro	100-200 euro
Timing:	Within 72 hrs	Within 120 hrs	At any time up to "adjusted day 19 of cycle"
Efficacy:	97.8% within 24 hrs	98.7 % within 120 hrs	99.9% before adjusted day 19
Likely window of activity	Up to start of LH surge	Up to ovulation - even after the LH surge starts	Up to implantation
On-going contraceptive protection	None	None	Immediate
Use with LEI	Will be affected Double dose	Will be affected but double dose not recommended	Unaffected
Use in BMI>25 or Wgt >70kg	May be affected Double dose	Unlikely to be affected	Unaffected
Breast milk impact?	Safe	Avoid for 7 days	Safe

Modified from the FSRH Guideline; Emergency Contraception March 2017

been demonstrated to be more effective than levonorgestrel-based emergency contraception. It is important for individuals to be aware of all their options for emergency contraception and to choose the one that is most appropriate for their individual needs and circumstances.

Indications: Emergency contraception is indicated in situations where unprotected sex has occurred, including:

- Forgotten or missed contraceptive pills or patch
- Condom breakage or slippage

- Diaphragm displacement or removal
- Intrauterine device (IUD) expulsion
- Sexual assault or rape

What are the side effects of emergency contraception and how long do they last?

Emergency contraception (EC) is generally considered safe and effective. However, like all medications, it may cause side effects.

The most common side effects of emergency contraception include: **changes to your next period**

Myth/ misconception	Fact
Emergency contraception can only be taken the 'morning after' having unprotected sex	Emergency contraception should be taken as soon as possible, 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. ellaOne® is for occasional use and should in no instance replace a regular contraceptive method
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

