Quick starting contraception after emergency contraception

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Quick starting after EC

• Why?
• LNG & quick start
• Bridging
• UPA & quick start
Why quick start after EC?

- Further sex → EC failure
- RR 2.61 (2.0-3.4) Cheng et al Cochrane 2012
- RR 4.6 (2.2 – 9.0) Glasier et al Contra 2011

- What % quick start method?

- UK 23 % - 50% EC users at FPC chose effective contraception

Cameron et al Contra 2011
Baird et al JFPRHC 2013
## LNG & quick start contraception

<table>
<thead>
<tr>
<th>Method</th>
<th>Requirement for additional contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>COC/ring/patch</td>
<td>7 days</td>
</tr>
<tr>
<td>POP</td>
<td>2 days</td>
</tr>
<tr>
<td>Implant/Injectable</td>
<td>7 days</td>
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</table>
Bridging from the pharmacy?

Survey LNG - EC users pharmacies Edinburgh, UK (n=211)

• 71% EC users not using method/ effective method
• 44% wished to start effective method
• 64% agreed POP & EC ‘good idea’ (*Bridging*)

Survey of FPC providers UK (n=110)
• 92% agreed POP & EC ‘good idea’

*Michie et al JFPRHC 2014*
Bridging POP after EC from pharmacy

12 Pharmacies Cluster RCT:
LNG-EC &
• **POP 1 month** (n=56)
• Rapid access to FPC empty EC box (n=58)
• Standard care (n=54)

Tele Fu 6-8 wks
– 61% interviewed

*Machie et al Contra 2014*
Effective contraception uptake

• POP: 90 % used
• Rapid access to FPC: 32 % used
• Standard care: 23% no information given
• Higher % reported effective contra at 6-8 wks vs standard care
  POP  56% vs 16% (p=0.001)
  Rapid 52% vs 16% (p=0.01)

• Simple strategy to prevent more unintended pregnancies?
Quick start contraception after UPA?

- UPA is a PRM
- Interact with hormonal contraception?
- & Vice-versa
UPA & quick start COC

- RCT (N=76) Scotland, Sweden, Netherlands
- 18-35 yrs, BMI < 30 kg/m²
- Dominant follicle > 13 mm
- Randomise UPA vs placebo
- Next day COC (microgynon®) for 21/7
- Visit every 2-3 days
- TVU & blood (estradiol, prog)

Cameron et al Hum Reprod 2015
Results

• 62% Quiescence: med day 5 UPA, 6 Placebo
• 33% Ovulation: most < day 7, all by day 11
• No difference UPA vs Placebo
• Cannot say ‘when’ ovulation occurred

UPA does not affect COC
Cannot answer if COC affects UPA
UPA & quick start POP

Placebo controlled partial cross over (N=49)
Dominican Republic & Netherlands

• Follicle ≥ 14 mm:
• UPA & POP (DSG 75mcg 20/7)
• UPA & Placebo
• Placebo & POP (DSG 75mcg 20/7)

• TVU & cervical mucus

UPA no effect on action DSG
(ovulation inhibition or mucus)

Brache et al Hum Reprod 2015
Quick start POP affects UPA

<table>
<thead>
<tr>
<th></th>
<th>Ovulation ≤ 5days</th>
<th>Median day ovulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPA &amp; POP (n=29)</td>
<td>N=13 (45%) *</td>
<td>4</td>
</tr>
<tr>
<td>UPA &amp; Placebo (n=29)</td>
<td>N=1 (3%) *</td>
<td>8</td>
</tr>
<tr>
<td>Placebo &amp; POP (n=29)</td>
<td>N=11 (38%)</td>
<td>3</td>
</tr>
</tbody>
</table>

* P=0.0054

POP (DSG) after UPA affects UPA delay ovulation?
Apply to all hormonal methods
## UPA & hormonal contraception

<table>
<thead>
<tr>
<th>UPA then wait at least 5 days</th>
<th>Method (start UPA+5)</th>
<th>Requirement for additional contraception</th>
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<tbody>
<tr>
<td>UPA + 5</td>
<td>COC/ring/patch</td>
<td>7 days</td>
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*FSRH CEU statement 2015, ECEC 2016*  
*US CDC SPR 2016*
Outstanding questions

• Do these results apply to other hormonal contraception?
• Five days after UPA or after sex?
• Risk quick start UPA vs not return?
• Esp. provider methods implant/injectable
• LNG & quick start vs UPA & wait
Conclusion

• Cu-IUD most effective
• Quick start to prevent preg after EC
• LNG & quick start
• Pharmacy bridging POP -more research
• UPA wait ≥ 5 days (cautious)
• Usual no. days to achieve contra effect
• Women’s choice foremost
www.ec-ec.org

ECEC
European Consortium for Emergency Contraception