

Quick starting contraception after emergency contraception

Dr Sharon Cameron, Consultant
Chalmers Centre and Royal Infirmary of Edinburgh



THE UNIVERSITY
of EDINBURGH

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)** *Glazier 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

Method	Requirement for additional contraception
COC/ring/patch	7 days
POP	2 days
Implant/Injectable	7 days

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

Michie 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

	Ovulation \leq 5days	Median day ovulation
UPA & POP (n=29)	N=13 (45%) *	4
UPA & Placebo (n=29)	N=1 (3%) *	8
Placebo & POP (n=29)	N=11 (38%)	3

* P=0.0054

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

UPA & hormonal contraception

UPA then wait at least 5 days	Method (start UPA+5)	Requirement for additional contraception
UPA + 5	COC/ring/patch	7 days
UPA +5	POP	2 days
UPA +5	Implant/Injectable	7 days

*FSRH CEU statement 2015, ECEC 2016
US CDC SPR 2016*

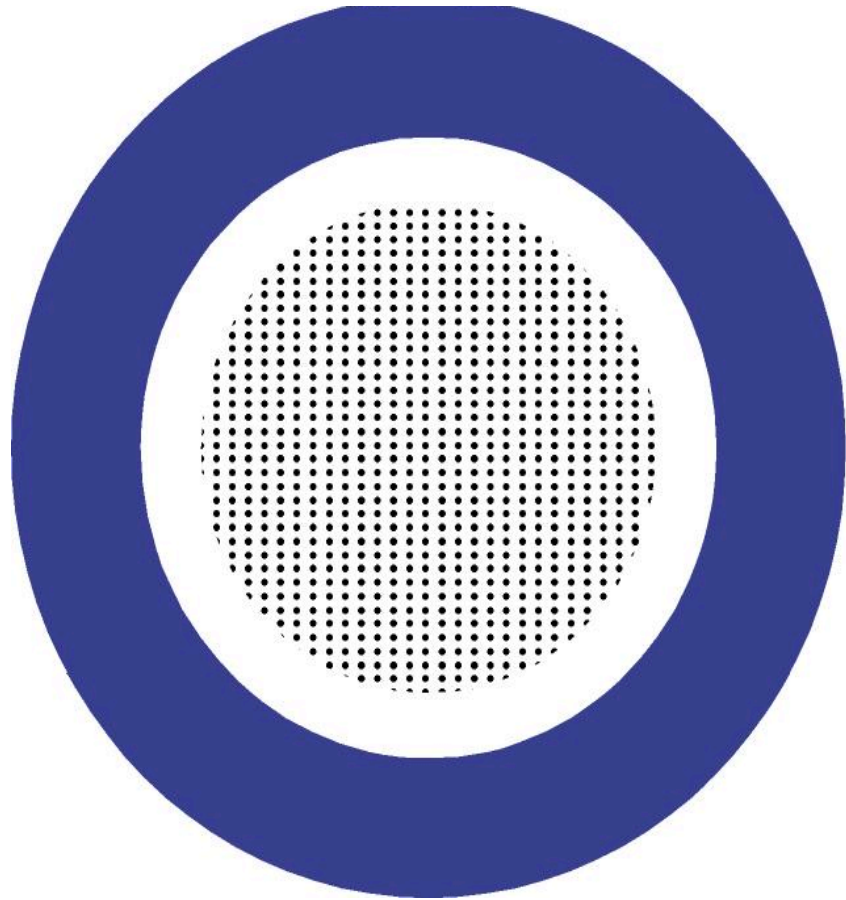
Outstanding questions

- 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