All women seeking emergency contraception (EC) are entitled to information on the various options available to them and also how they may be obtained. Emergency contraceptive methods include the copper intrauterine device (Cu-IUD) and levonorgestrel emergency contraception tablets (LEC).

Oral emergency contraception is available for occasional (emergency) use and is not registered as a regular birth control method.

In South Africa, the only emergency contraceptives available for over-the-counter (OTC) use are oral tablets containing levonorgestrel (LEC). This article will therefore focus on levonorgestrel as an OTC emergency contraceptive option.

What is the “morning-after pill?”

The morning-after pill refers to emergency contraception (EC) that is supplied to prevent pregnancy after unprotected sexual intercourse (UPSI). The term “morning-after pill” can be a bit deceptive though, as these pills should be taken as soon as possible after UPSI.

How does the morning-after pill work?

Levonorgestrel emergency contraceptives (LECs) are thought to work mainly by suppressing or delaying ovulation. Once ovulation has occurred, the LEC is thought to be ineffective in preventing pregnancy. LECs will not cause an abortion, interrupt an established pregnancy, nor will they cause any harm to the developing foetus.

Although LEC may not prevent pregnancy once ovulation has taken place, the LEC may be offered to any woman seeking emergency contraception regardless of where she is in her menstrual cycle.

Who may receive the morning-after pill?

Any female of child-bearing age that has had UPSI, or who has had possible contraceptive failure (e.g. condom break or missed regular contraceptive pills) and wants to prevent a pregnancy, may receive LEC.

How safe is the morning-after pill?

Although it has been shown to cause no harm to a developing foetus, the LEC is contraindicated in pregnancy. The LEC will also not disrupt an established pregnancy.

Since the LEC is not taken on a daily basis and therefore has lower total hormone content, it may be considered safe to use in women with medical conditions where contraceptive use is usually contraindicated. In other words, there are no medical restrictions (aside from pregnancy) to the use of LEC when used as emergency contraception. LEC may also be used in breastfeeding women.

Certain medications, e.g. enzyme-inducers such as rifampicin or carbamazepine, may decrease the efficacy of the LEC and the woman should be referred to the pharmacist for possible further referral to a doctor, if necessary.

Can LEC be used repeatedly?

LEC does not offer on-going contraceptive protection and there is still a risk of pregnancy should UPSI take place after the LEC was taken. Abstinence, or the initiation of a regular contraceptive method should be advised, with back-up measures, such as condom use, until the regular contraceptive method becomes effective.

LEC may be taken more than once, even in the same menstrual cycle. The woman should be counselled, however, that this method of contraception is less effective than regular contraceptive methods and LEC should not be adopted as a regular method of contraception.
Although repeated use in healthy women is not associated with any known health risk, it is important to note that if LEC is used repeatedly, or as a primary method of contraception in women who have certain chronic medical conditions, such as cardiovascular disease and liver disease, the medical restrictions that usually contraindicate their use of contraceptives may apply to the LEC as well.

A repeated request for emergency contraception should be seen as the ideal opportunity to discuss more effective regular contraceptive measures.

When should regular contraception measures be started?

Regular contraceptive measures may be resumed or started immediately after LEC is used.

How are LECs taken?

LECs are available as a single dose of 1.5 mg levonorgestrel, or as two tablets, each containing 0.75 mg levonorgestrel. Either the single dose of 1.5 mg is taken, or the two tablets each containing 0.75 mg are taken as a single dose.

All LECs are indicated as per their package insert to be taken as soon as possible after UPSI, but at least within 72 hours of UPSI. If the woman presents for LEC later than 72 hours after UPSI, she should be referred to the pharmacist or doctor for further evaluation of contraceptive options.

What are the side-effects of LEC?

Some women may experience nausea or vomiting, but these side-effects are usually mild and resolve without the need for treatment.

If vomiting occurs within two hours of taking the LEC, a second dose may be taken. It is, however, better to refer to the package insert for specific instructions, as some package inserts recommend a second dose to be taken if vomiting occurs within three to four hours of first use.

There may be a change in the timing of the patient’s next menstruation depending on when in the menstrual cycle the LEC was taken. Should menstruation not occur within three to four weeks of taking LEC, or more than seven days over the expected time for menstruation, the patient should be tested for possible pregnancy.

If the woman experiences abdominal pain or unexpected vaginal bleeding, she should be referred to her doctor.

Key counselling points

• To rule out possible pregnancy, the day of the previous menstrual cycle should first be determined.

• LEC may be offered to any woman seeking emergency contraception regardless of when in her cycle UPSI occurred.

• The time elapsed since UPSI should be determined. LEC should ideally be taken as soon as possible after UPSI and at least before 72 hours have elapsed for best efficacy.

• LEC is registered for emergency birth control, not as a regular method of birth control.

• LEC may be offered as emergency contraception to any woman regardless of her current medical conditions.

• LEC does not offer on-going contraceptive protection.

• LEC does not protect against sexually transmitted diseases.

• Upon request, a repeat LEC may be supplied even within the same menstrual cycle; however, the woman should be counselled that this method of contraception is less effective than regular contraceptive methods.

• The woman should be advised that the timing of her next menstrual period may be sooner than expected, or it may be delayed. If she has not had her period within three to four weeks of taking LEC, or if her period is more than one week late, she should have a pregnancy test.

As the request for emergency contraception is a sensitive topic for most women seeking advice, it is of utmost importance to offer non-judgmental advice in a private and confidential manner. If during the course of counselling you become aware that the woman has been a victim of sexual assault, refer to the pharmacist or doctor for further counselling.

References


