

MANAGEMENT OF FAILED CONTRACEPTION

What's new:

There are no clinical changes to this guideline.

If pregnancy is suspected in a client who has been using any contraceptive method, please first confirm this by a urinary pregnancy test at presentation. Perform the pregnancy test according to the manufacturer's instructions.

Please remember that this unplanned pregnancy may or may not be unwanted and the client's emotions may range from happy to deeply upset. It is important to discuss the implications of a positive result with the client and discuss all pregnancy options with them. The following support and follow-up should be instigated in all cases. Please offer to call a partner, relative or friend for the client if they wish further support.

In cases where the pregnancy has occurred whilst the client continues to use a contraceptive method e.g. implant or intrauterine device, refer to the appropriate protocol for further management advice:

An urgent ultrasound should be arranged to determine pregnancy location and gestation if this cannot be determined clinically. If at all possible, this should be arranged for the same day as the result may affect the client's ongoing decisions. Please discuss with the on-call SRH consultant if there is no SRH consultant in the clinic. If it is apparent from the scan that the client has conceived after an implant has been inserted, please retain the implant if it is removed to send to the manufacturer and complete a DATIX form. If there is uncertainty about the location or viability of the pregnancy (e.g. patient reports abdominal pain or PV bleeding) arrange assessment in an Early Pregnancy Unit and request urgent serum hCG.

If client decides to continue with the pregnancy:

Signpost to information on health in pregnancy via the nhs.uk website. Discuss the effect of the contraception on the ongoing pregnancy. Inadvertent exposure to hormonal contraception has not been shown to be associated with specific fetal abnormalities. Similarly pregnancies conceived with an intrauterine device *in situ* do not appear to be associated with congenital abnormalities but may be associated with an increased risk of miscarriage. Discuss and offer information on folic acid, vitamin D, smoking, alcohol consumption, drugs, toxoplasmosis, listeria and HIV.

Clients now arrange their own first antenatal appointment by telephoning midwives directly on 0141 232 4005. If the patient is vulnerable either inform the GP with patient's permission or check that she attends antenatal care.

If client wishes to discuss termination of the pregnancy:

Give information on options. Give or text client NHSGGC leaflet on Abortion Services, available in Sandyford Teamsite Patient Information folder [Abortion Services Information \(sandyford.scot\)](#). Provide the TOPAR number (0141 211 8620) for the patient to self-refer for an appointment. Some clients may wish to see their GP to discuss the options further.

Early Pregnancy and Assessment Services (EPAS) link:
[Meet Your Midwife - NHSGGC](#)

For clients who are uncertain:

More extensive counselling and support can be offered via the SCASS service. Contact the office at Sandyford central for an appropriate appointment (0141 211 6700).

In all cases where the client has given permission, please notify the GP of the consultation.