There may be a time when your normal form of contraception fails – you may forget to take your contraceptive pill or a condom could break. Sometimes sex may happen when you aren’t using any contraception at all.

Emergency contraception can be used in the days after unprotected sex, in order to prevent an unwanted pregnancy. (This is not the same as terminating a pregnancy, also called an abortion.) There are two methods of emergency contraception.

**The emergency contraceptive pill (Levonelle).** Often called the ‘morning-after pill’, this works best when it is taken soon after unprotected sex – preferably within 24 hours, but certainly within 72 hours (three days) of having sex.

If you are on HIV treatment, it is important that the person who provides you with the pill knows this. Several anti-HIV drugs interfere with the way the pill works.

If you are taking one or more of these anti-HIV drugs, you will need to take twice the normal dose of the emergency contraceptive pill.

The pill is available free from HIV clinics, sexual health clinics, contraceptive clinics, GPs, and some accident and emergency departments in hospitals. It is available to buy from most pharmacies; a single dose costs around £30-35 (£60-70 for a double dose). Some pharmacies provide them free of charge. The pharmacist may not sell Levonelle to you if they know you are on HIV treatment and will recommend you see a doctor to have it prescribed.
There is a second emergency contraceptive pill called *ellaOne*, which needs to be taken within five days of having sex. This pill is not effective if you are on a number of medications, including some anti-HIV drugs. You should seek the advice of an HIV pharmacist before taking *ellaOne*, which usually has to be prescribed by a doctor.

You can find out more about how morning-after pills work, and what to expect, on the FPA website.

**The intrauterine device (IUD).** It is a more reliable method, especially if you are taking HIV treatment. This is the same device that is used for normal contraceptive use. To work as emergency contraception, it needs to be fitted within five days of either unprotected sex or ovulation. It can be removed after your next period, or you could leave it in to work as contraception in the future.

The IUD must be fitted by a specially trained doctor or nurse. The quickest place to find someone like this will be a contraceptive clinic, but the IUD may also be available at sexual health clinics, GPs and HIV clinics. You will not have to pay.

You can find out more about this form of emergency contraception on the FPA website.

**Unwanted pregnancy**

There may be a time when you find you are pregnant and don’t feel able to have a child. This can be a difficult decision, but it is your choice whether or not you want to continue with the pregnancy.

Before you take any other action it is important to check that you are pregnant. A pregnancy test is the most reliable way to confirm if you are pregnant. You will need to give a urine sample, which tests for the presence of a pregnancy hormone. You can take a test any time from the first day of your missed period, at:

- your GP surgery (free)
- a family planning clinic (free)
- a pharmacy – tested by a member of staff (there may be a charge)
- a pharmacy – buy a test to use at home.

You can find out more about taking a pregnancy test on the NHS Choices website.

If the test confirms you are pregnant, you may want to talk to someone about your next steps. Staff at a contraceptive clinic, a sexual health clinic, your HIV clinic or your GP surgery can help you think through your options. FPA provides detailed information; call in to one of their centres or look on their website. There is an FPA helpline for Northern Ireland: 0345 122 8687. It operates 9am to 5pm, Monday to Friday (except bank holidays). In the rest of the UK, you can call the National Sexual Health Helpline provided by Public Health England on 0300 123 7123 (Monday to Friday, 9am to 8pm; weekends 11 am to 4pm).
Other organisations can help with advice and support, such as:

- Marie Stopes (helpline: 0345 300 8090, www.mariestopes.org.uk)
- bpas (helpline: 03457 30 40 30, www.bpas.org)
- National Unplanned Pregnancy Advisory Service (NUPAS; helpline 0333 004 666, www.nupas.co.uk).

Young people under 25 can get support, information and advice about their options from Brook (www.brook.org.uk). You can find a Brook service local to you or use their 24/7 Q&A tool.

**Abortion (termination of pregnancy)**

If you become pregnant but do not feel able to have a child, you may consider having an abortion. Abortion is legal in England, Wales and Scotland up to 24 weeks (five months). After this, it is only allowed in exceptional circumstances.

There are two main techniques used to end a pregnancy in the first three months. These are more straightforward than if an abortion happens later on. (Other, more complex methods are used for later abortions.)

- **'Medical' abortion**: Taking one tablet one day, and different tablets up to two days later. The pregnancy will end after a few hours, and may feel like a heavy period.

- **'Surgical' abortion**: Most commonly, you are given an anaesthetic and a tube is placed through the vagina to the womb for a procedure called vacuum aspiration, also known as the 'suction' method.

Both techniques are as safe for women with HIV as for other women, and are carried out in the same ways. You won’t usually need to stay in hospital overnight for either of them.

> "If the test confirms you are pregnant, you may want to talk to someone about your next steps."

Your GP, a doctor at a contraceptive clinic or your HIV doctor can make an appointment for you at a specialist clinic. The service will be free.

Some of these clinics are run by charities such as bpas or Marie Stopes. NUPAS is a private provider. It’s possible to go directly to any of them, and in many cases, their services will be paid for by the NHS. But you may be asked to pay if you are not eligible for this treatment on the NHS. Costs start at around £500 but can be considerably more depending on how many weeks pregnant you are and what type of termination you
have.

Your first visit to the clinic will be an opportunity to have your questions answered, for the doctor to find out about health issues that affect you, for tests and examinations, and for you to decide what you want to do. You’ll then be given an appointment to come back for the termination and asked to sign a consent form. You can find out more about the process of having an abortion on the NHS Choices and FPA websites.

You can get pregnant again very soon after having an abortion, so it is important to use contraception if you still want to avoid pregnancy. Staff at the clinic can talk to you about your options.

If you are unsure or change your mind about ending your pregnancy, you can find more information on how to manage HIV in pregnancy on our website.

**Adoption**

Adoption could be a choice for you if you do not want to bring up the baby yourself, but you do not want to terminate the pregnancy (have an abortion). You would give the baby to new parents who will bring him or her up as their own. You will continue with the pregnancy and give birth, but you won’t look after the baby, and you won’t have legal rights or responsibilities regarding the child once the adoption is complete.

You would still need to take steps during your pregnancy and childbirth to prevent passing on HIV to the baby.

The British Association of Adoption and Fostering has more information on adoption.