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Health Advisory

Information About Emergency Contraception
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SUMMARY POINTS

- Emergency contraception is not an abortion.
- Emergency contraception use can prevent pregnancy after unprotected intercourse.
- There are no contraindications to use of emergency contraception that outweigh the benefits and a physical exam or laboratory or pregnancy testing is not required for prescription.
- Access to emergency contraception is not associated with more unprotected intercourse.

What is Emergency Contraception?

Emergency contraception refers to contraception options that prevent pregnancy after unprotected sexual intercourse, sexual assault, or contraception failure[1]. Emergency contraception does not prevent implantation of a fertilized egg and is a different medication than what is used in a medication abortion. There are several kinds of emergency contraception including Plan B (levonorgestrel pill), Ella (ulipristal acetate) and the Copper IUD1. The Mirena IUD was recently also validated as a safe choice for emergency contraception[2].

Regimen	Formulation	Timing of Use after Unprotected Intercourse	Access	FDA labeled for Use as Emergency contraception	Additional Information
Ella (ulipristal acetate)	1 tablet containing 30mg ulipristal acetate	Up to 5 Days	Requires prescription	Yes	Preferred over Plan B in patients >165lbs*
Plan B (levonorgestrel pill)	1 tablet containing 1.5mg of levonorgestrel	Up to 3 days	Available over the counter	Yes	
Copper IUD	N/A	Up to 5 Days	Requires office visit and insertion	No	Preferred over PO options in patients >195lbs* **Most effective method**
Mirena IUD	N/A	Up to 5 Days	Requires office visit and insertion	No	Preferred over PO options in patients >195lbs*
Combined OCP (Yuzpe method)	Variety of formulations may be used, must contain 100mcg ethinyl estradiol and 0.5mg levonorgestrel or equivalent progestin. First dose taken within 3 days after unprotected intercourse with repeat dosing 12 hours after first	Up to 5 Days	Requires prescription	No	**Least effective but most accessible**

**Despite variation in efficacy based on weight, patients should not be refused or discouraged from using emergency contraception because of their weight, but should be advised of efficacy differences*[6]

Source: https://journals.lww.com/greenjournal/pages/articleviewer.aspx?year=2015&issue=09000&article=00047&type=Fulltext[3]

Who might need Emergency Contraception?

Patients may seek emergency contraception in many situations including:

- When no contraception was used during intercourse
- In instances of sexual assault if no effective contraceptive method was used
    - Up to 5% of sexual assault survivors become pregnant and emergency contraception should be provided to victims of sexual assault [3]
- Concern for contraception failure (failed withdrawal, miscalculation of or failure to abstain during fertile window, incorrect condom use, condom breakage, three or more consecutively missed combined OCPs, one instance of being late to take progestin pill, more than 4 weeks late for Depo Provera injection, IUD expulsion, or if 3 or more consecutive OCP were missed during the first week of the menstrual cycle[1])

Of note, all patients may be prescribed emergency contraception prior to reporting any of the events listed above. Emergency contraception can be provided at the time of contraception prescription or during any routine health visit. This reduces barriers to access when needed in a timely manner. Improved access to emergency contraception is not associated with poor adherence to contraceptive method or more unprotected intercourse[3,4]. Advanced prescription of emergency contraception avoids additional barriers including difficulty finding a pharmacy that dispenses emergency contraception.

Are there any contraindications to using emergency contraception?

There are no contraindications to emergency contraception use and any type of emergency contraception should be available to all patients at risk of undesired pregnancy[5]. There are reasons a patient may prefer one method over another and are elaborated upon below (see "**Which type of emergency contraception should I prescribe to a patient?**"). Patients with previous ectopic pregnancy, cardiovascular disease, migraines, or liver disease and women who are breastfeeding may use emergency contraception. There is limited animal model data to suggest that while Ella is safe in people who are lactating, they should discard milk for 24 hours after taking Ella.

How effective is emergency contraception?

The IUD is the most effective form of emergency contraception and has the added benefit of providing highly effective birth control after insertion. Ulipristal acetate is more effective than levonorgestrel and maintains its efficacy for up to 5 days. However, ulipristal requires a prescription, whereas levonorgestrel is available without a prescription.

Method	Risk of Pregnancy after Use
Copper IUD (ParaGard)	<0.1%
LNG IUD (Mirena)	<0.3%
Ulipristal acetate (Ella)	1.8%
Oral levonorgestrel (Plan B)	2.6%

Source: https://www.uptodate.com/contents/emergency-contraception?search=emergency%20contraception&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Which type of emergency contraception should I prescribe to a patient?

Use the provider decision guide or this chart to help a patient choose the option that is best for them.

Things to consider:

- If you do not place IUDs and the patient cannot make an appointment with someone that does, Plan B or Ella is a better choice. To refer for an IUD, please search here for local clinics.
- Weight based efficacy: For patients that weigh over 165 lbs., Ella should be prescribed as it is more effective. For patients over 195 pounds, an IUD should be used as Ella is less effective at this weight. Despite variation in efficacy based on weight, patients should not be refused or discouraged from using emergency contraception because of their weight, but should be advised of efficacy differences[6].
- After using Plan B (levonorgestrel pill), the patient may resume or start a method of contraception. After using Ella (ulipristal acetate) hormonal contraception can be started on the 6th day after taking Ella, or have an IUD inserted if they have a negative pregnancy test. If the patient selects a Copper or Mirena IUD, no additional contraceptive method is needed.

- Patients who choose an EC method that does not provide long-term contraceptive benefit could benefit from contraception counseling.

Patients should be advised that using oral emergency contraception does not protect against unprotected intercourse in the current menstrual cycle. However, a repeat dose may be administered if needed in the same cycle.

What might a patient experience after taking emergency contraception?

The most frequent adverse effects reported after taking either of the emergency contraceptive pills are nausea, headache, and irregular bleeding. After taking emergency contraception, the patient's menstrual period usually occurs within one week of the predicted start date. Patients who use emergency contraception and do not have a menstrual cycle within three weeks of taking an oral form of emergency contraception (Plan B, Ella, combined OCP) should take a urine pregnancy test.

References:

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