Emergency Contraception (EC)

Assess patient history

• There are no medical contraindications to EC
• Menstrual period overdue

Discuss copper IUD (Cu-IUD): most effective method

Patient preference oral ECP

Factors to consider in choice of EC:

Time since unprotected sexual intercourse (UPSI):
• Less than 72 hours → levonorgestrel 1.5 mg or ulipristal acetate 30 mg
• 73 to 120 hours → ulipristal acetate preferred
• >120 hours to 7 days → Cu-IUD best option

Weight:
• < 165 lbs (<75 kg or BMI < 25) → levonorgestrel 1.5 mg or ulipristal acetate 30 mg
• >165 to 220 lbs (75 to 110 kg or BMI 25 to 35) → ulipristal acetate 30 mg
• >220 lbs (>110 kg or BMI >35) → Cu-IUD best option

Hormonal contraception – levonorgestrel is drug of choice for EC if patient is currently using hormonal contraception. If EC provided is:
• Levonorgestrel 1.5 mg → Can continue/start contraceptive immediately + 7 days abstinence/barrier (2 days if progestin-only product)
• Ulipristal acetate 30 mg → Must wait at least 5 days before starting contraceptive + 14 days abstinence/barrier

Potential enzyme induction interaction (e.g. carbamazepine, phenytoin, topiramate, St. John’s wort):
• Levonorgestrel 1.5 mg* or ulipristal acetate 30 mg + referral for Cu-IUD

Repeat use of EC in same cycle:
• If levonorgestrel 1.5 mg used for previous ECP → can repeat levonorgestrel 1.5 mg PRN
• If ulipristal acetate 30 mg used for previous ECP → Cu-IUD may be best option

Breastfeeding:
• Levonorgestrel 1.5 mg is drug of choice (but consider above criteria)
• Cu-IUD if UPSI > 72 hours ago, weight >165 lbs (75 kg)

Request for prophylactic EC
• Levonorgestrel 1.5 mg or ulipristal acetate 30 mg (consider weight, regular method of contraception)

* Some experts suggest 3 mg levonorgestrel if patient declines Cu-IUD.