

Emergency Contraception Decision Aid

Unprotected sex since the last menstrual period that occurred within the last 5 days [A]^{1,2,3}

Is Cu-IUD or LNG-IUD 52mg accessible and acceptable to patient? (Most effective methods; work regardless of cycle day)^{3,4,5}

Yes

No

Refer for Cu-IUD or LNG-IUD 52mg placement and offer ECP

Abbreviations

BMI – body mass index
Cu-IUD – copper intrauterine device
ECP – emergency contraceptive pill
LNG – levonorgestrel
LNG-IUD – levonorgestrel intrauterine device
UPA – ulipristal acetate

Breastfeeding

If patient chooses UPA, pump and discard milk for 24 hours following UPA¹²

Drug Interactions

UPA and LNG efficacy is reduced by CYP3A4 enzyme inducers^{8,9,13} [D]

General considerations when selecting ECP

UPA is more effective than LNG in the following situations:

- Patient BMI > 26 kg/m² [B]^{6,7}
- Taken > 72 hours after unprotected sex⁷
- Taken 1-2 days before ovulation (variable/difficult to predict)^{8,9}

Does the patient intend to use contraception after ECP?^{10,11}

Yes

No or Unsure

Injection, implant, or LNG-IUD

Progestin-only pill or combined method

Non-hormonal method or no method

Is the patient currently using the pill/patch/ring?

Yes

No

Has the patient missed > 3 days in current cycle? [C]

No

Yes

UPA + return for injection, implant, or LNG-IUD after 5 days

LNG + immediately start injection, implant, or LNG-IUD

UPA + immediately resume pill/patch/ring

LNG + immediately start pill/patch/ring

UPA + wait 5 days to start pill/patch/ring

LNG + immediately start pill/patch/ring

UPA or LNG
If desired, may immediately start non-hormonal methods

Footnotes

^{1,2,3,5}

- [A] If unprotected sex occurred more than 5 days ago, refer to a provider who can discuss Cu-IUD or LNG-IUD 52mg placement.
[B] Limited but emerging data indicates that a LNG double dose (3 mg) may improve efficacy for obese patients.¹⁴ To date, this is not routinely recommended in clinical practice in the United States.
[C] Missed three COC pills, > 72 hours patch free, or > 72 hours ring free. Patch and ring recommendation extrapolated from missing pill data.¹⁰
[D] European Medicines Agency recommends a LNG double dose (3 mg) with select concurrent CYP3A4 enzyme inducer(s). No change in dose is recommended for UPA.¹⁵

References

1. Turok D, Godfrey E, Wojcylka D, Dermish A, Torres L, Wu S. Copper T380 intrauterine device for emergency contraception: highly effective at any time in the menstrual cycle. *Human Reproduction*. 2013;28(6):2672-76.
2. Thompson I, Sanders JN, Schwarz EB, Boraas C, Turok DK. Copper intrauterine device placement 6-14 days after unprotected sex. *Contraception*. 2015;100(3):219-221.
3. Curtis KM, Jafarou TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. *MMWR Recomm Rep*. 2016;65(Suppl. RR-4):1-66.
4. Cleland K, Zhu H, Goldstaub N, Cheng L, Trussell J. The efficacy of intrauterine devices for emergency contraception: a systematic review of 35 years of experience. *Hum Reprod*. 2012;27(7):1994-2000.
5. Turok DK, Gero A, Simmons RG, et al. Levonorgestrel vs. copper intrauterine devices for emergency contraception. *N Engl J Med*. 2021;384:335-44.
6. Jafarou TC, Curtis KM. Safety and effectiveness data for emergency contraceptive pills among women with obesity: a systematic review. *Contraception*. 2016;94(6):609-611.
7. Glasier AF, Cameron ST, Fine PK, et al. Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis. *Lancet*. 2010;375(9714):555-562.
8. HRA/Pharma America Inc. Ella[®] [package insert]. Morristown, NJ 07960.
9. Foundation Consumer Healthcare, LLC. Plan B One-Step[®] [package insert]. Pittsburgh, PA 15205.
10. Banh C, Rutenberg T, Duijkers L, et al. The effects on ovarian activity of delaying versus immediately restarting combined oral contraception after missing three pills and taking ulipristal acetate 30 mg. *Contraception*. 2020;102(3):145-151.
11. Brache V, Cochon L, Duijkers L, et al. A prospective, randomized, pharmacodynamic study of quick-starting a desogestrel progestin-only pill following ulipristal acetate for emergency contraception. *Hum Reprod*. 2015;30(12):2785-2793.
12. Curtis KM, Tepper NK, Jafarou TC, et al. US medical eligibility criteria for contraceptive use, 2016. *MMWR Recomm Rep*. 2016;65(3):1-101. doi:10.15585/mmwr.mm6503a1.
13. Le Convalier C, Capelle A, France M, Bourguignon L, Tod M, Gouelle S. Drug interactions between emergency contraceptive drugs and cytochrome inducers: literature review and quantitative prediction. *Fundam Clin Pharmacol*. 2020.
14. Edelman AB, Cherala G, Blue SW, Erikson DW, Jensen JT. Impact of obesity on the pharmacokinetics of levonorgestrel-based emergency contraception: single and double dosing. *Contraception*. 2016;94(1):52. Epub 2016 Mar 18.
15. European Medicines Agency. CHMP assessment report: Levonelle 1500 mcg tablets. Available at https://www.ema.europa.eu/en/documents/referral/levonelle-13-referral-chnp-assessment-report_en.pdf.