



Emergency Contraception Options (updated 06/2019)

This chart describes factors that clinicians should take into consideration when discussing EC options, if all methods are available at the time of the ED visit. **If only one product is available, the patient should be offered that product unless contraindicated.**

	Copper IUD (Cu-IUD)	Ulipristal Acetate (UPA)	Levonorgestrel (LNG)
Effect of the Patient's Current Hormonal Contraception on EC Option	The patient's current hormonal contraception does not decrease Cu-IUD efficacy.	The patient's current hormonal contraception may decrease the efficacy of UPA. ¹ The patient should be advised to restart their hormonal contraception on the 5 th day after unprotected intercourse.	The patient's current hormonal contraception does not decrease the efficacy of LNG.
Effect of EC Option on the Patient's Current Hormonal Method	Cu-IUD does not decrease the effectiveness of the patient's current hormonal contraception.	UPA may decrease the effectiveness of the patient's current hormonal contraception. Patients who cannot discontinue their contraceptive method may consider using LNG.	LNG does not decrease the effectiveness of the patient's current hormonal contraception.
Effect of Weight on EC Option No EC product should be held due to the patient's weight or BMI.	Weight does not decrease the efficacy of the Copper-IUD.	As the patient's weight increases, the efficacy of UPA decreases, but this effect is not as pronounced as the effect of weight on LNG.	As the patient's weight increases, the efficacy of LNG decreases.
Effect of Medications on EC Option (Drugs or herbal products that induce enzymes, ex: barbiturates, bosentan, carbamazepine, felbamate, griseofulvin, oxcarbazepine, phenytoin, rifampin, St. John's Wort, topiramate)	Concurrent medications do not affect Cu-IUD efficacy.	The medications listed may decrease the effectiveness of UPA.	The medications listed may decrease the effectiveness of LNG.
Effect of EC option on pregnancy	The Cu-IUD should not be inserted unless the provider is reasonably certain the patient is not pregnant. See 2016 US SPR for further information. ²	Growing evidence shows that UPA will not harm an ongoing pregnancy, however this evidence is not yet conclusive and should be discussed. ³	If LNG is taken when the patient is pregnant or if pregnancy occurs despite use, they will not harm the developing fetus.
Breastfeeding	There are no contraindications to using the Cu-IUD during breastfeeding.	It is not known if ulipristal acetate is excreted in human milk. Use by breastfeeding women is not recommended.	There are no contraindications to using LNG during breastfeeding.

¹ Brache V, Cochon L, Duijkers IJ, et al. "A prospective, randomized, pharmacodynamic study of quick-starting a desogestrel progestin-only pill, following ulipristal acetate for emergency contraception." *Human Reproduction* 30 (2015):2785–93. Accessed 28 February 2018.

Cameron ST, Berger C, Michie L, Klipping C, Gemzell-Danielsson K. "The effects on ovarian activity of ulipristal acetate when 'quickstarting' a combined oral contraceptive pill: a prospective, randomized, double-blind parallel-arm, placebo-controlled study." *Human Reproduction*, 30 (2015): 1566-72. Accessed 28 February 2018.

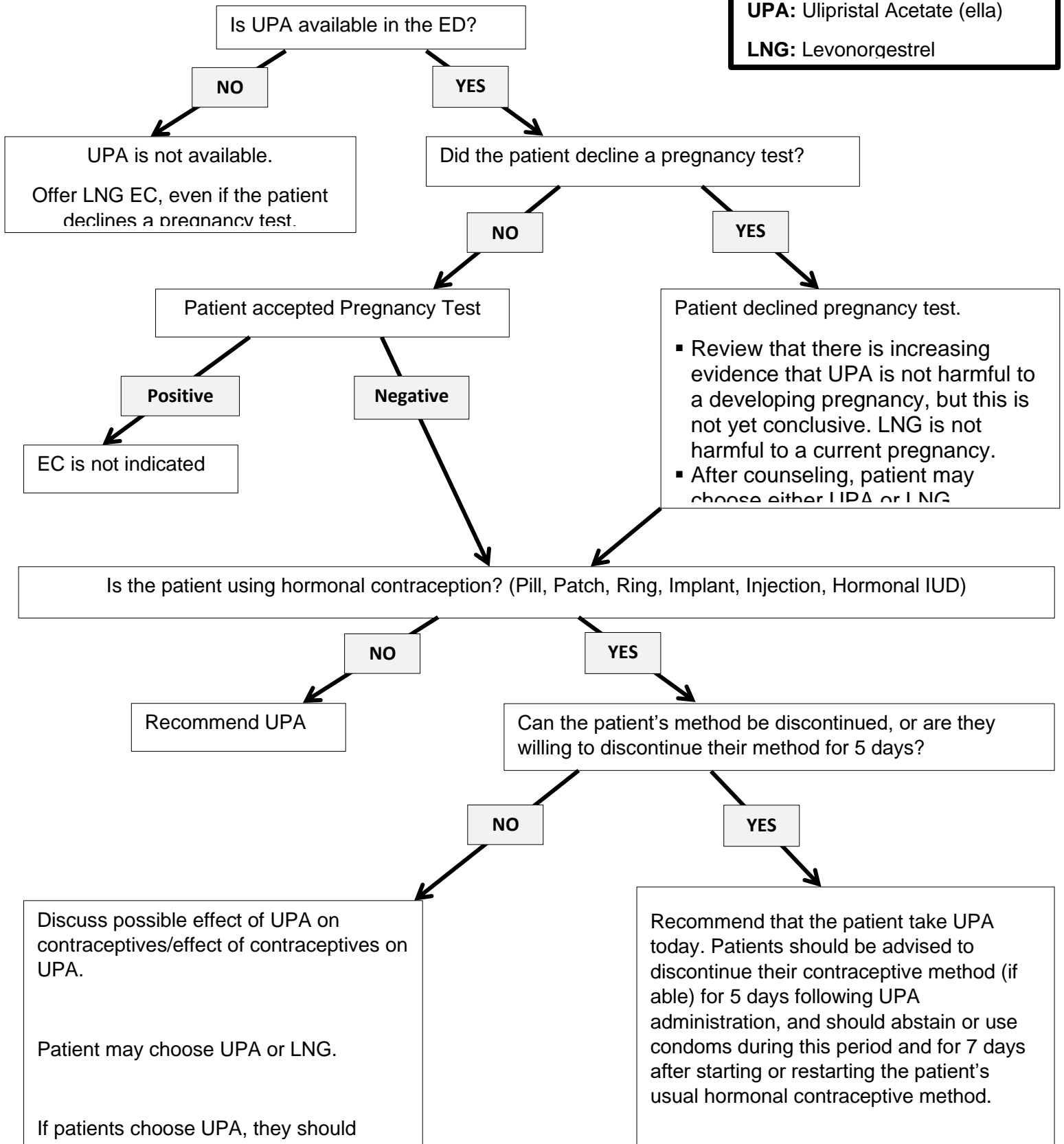
² Curtis, K.M., Jatlaoui, T.C., Tepper, N.K. et al. "U.S. Selected Practice Recommendations for Contraceptive Use, 2016" *Morbidity and Mortality Weekly Report*, 65 No.RR-4(2016).

³ Refer to product's package insert for details. https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf



Oral Emergency Contraception Decision Making Algorithm

UPA: Ulipristal Acetate (ella)
LNG: Levonorgestrel



Please remember to discuss other concurrent medications that may affect EC effectiveness.