Emergency Contraception Options (updated 06/2018)

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.

<table>
<thead>
<tr>
<th>Effect of the Patient’s Current Hormonal Contraception on EC Option</th>
<th>Copper IUD (Cu-IUD)</th>
<th>Ulipristal Acetate (UPA)</th>
<th>Levonorgestrel (LNG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient’s current hormonal contraception does not decrease Cu-IUD efficacy.</td>
<td>The patient’s current hormonal contraception may decrease the efficacy of UPA. The patient should be advised to restart their hormonal contraception on the 5th day after unprotected intercourse.</td>
<td>The patient’s current hormonal contraception does not decrease the efficacy of LNG.</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Effect of EC Option on the Patient’s Current Hormonal Method</th>
<th>Cu-IUD does not decrease the effectiveness of the patient’s current hormonal contraception.</th>
<th>UPA may decrease the effectiveness of the patient’s current hormonal contraception. Patients who cannot discontinue their contraceptive method may consider using LNG.</th>
<th>LNG does not decrease the effectiveness of the patient’s current hormonal contraception.</th>
</tr>
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<tr>
<th>Effect of Weight on EC Option</th>
<th>Weight does not decrease the efficacy of the Copper-IUD.</th>
<th>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.</th>
<th>As the patient’s weight increases, the efficacy of LNG decreases.</th>
</tr>
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<tr>
<th>Effect of Medications on EC Option</th>
<th>Concurrent medications do not affect Cu-IUD efficacy.</th>
<th>The medications listed may decrease the effectiveness of UPA.</th>
<th>The medications listed may decrease the effectiveness of LNG.</th>
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<tr>
<th>Effect of EC option on pregnancy</th>
<th>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.</th>
<th>Growing evidence shows that UPA will not harm an ongoing pregnancy, however this evidence is not yet conclusive and should be discussed.</th>
<th>If LNG is taken when the patient is pregnant or if pregnancy occurs despite use, they will not harm the developing fetus.</th>
</tr>
</thead>
</table>

| 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. |

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4. Refer to product’s package insert for details. [https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf)

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**Oral Emergency Contraception Decision Making Algorithm**

**Is UPA available in the ED?**

- **NO**
  - UPA is not available. Offer LNG EC, even if the patient declines a pregnancy test.

- **YES**
  - Did the patient decline a pregnancy test?
    - **NO**
      - Patient accepted Pregnancy Test
        - Positive
          - EC is not indicated
        - Negative
    - **YES**
      - Patient declined pregnancy test.
        - Review that there is increasing evidence that UPA is not harmful to a developing pregnancy, but this is not yet conclusive. LNG is not harmful to a current pregnancy.
        - After counseling, patient may choose either UPA or LNG.

**Is the patient using hormonal contraception? (Pill, Patch, Ring, Implant, Injection, Hormonal IUD)**

- **NO**
  - Recommend UPA
    - Discuss possible effect of UPA on contraceptives/effect of contraceptives on UPA.
    - Patient may choose UPA or LNG.
    - If patients choose UPA, they should

- **YES**
  - Can the patient’s method be discontinued, or are they willing to discontinue their method for 5 days?
    - **NO**
      - Recommend UPA
    - **YES**
      - Recommend that the patient take UPA today. Patients should be advised to discontinue their contraceptive method (if able) for 5 days following UPA administration, and should abstain or use condoms during this period and for 7 days after starting or restarting the patient’s usual hormonal contraceptive method.

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

**UPA:** Ulipristal Acetate ( ella)  
**LNG:** Levonorgestrel