

### Summary of 2017 FSRH emergency contraception guidelines

- All women requiring EC should be offered a copper IUD, if appropriate, as it is the most effective method of contraception. If oral EC is required, the evidence suggests that ulipristal acetate is the only oral EC that is likely to be effective if UPSI took place 96-120 hours (4-5 days) ago.
- Both ulipristal acetate and levonorgestrel work by delaying ovulation and the evidence suggests that they are both are ineffective if taken after ovulation. The decision as to whether ulipristal acetate or levonorgestrel is most appropriate depends on the following:
  - **High risk of conception** – if UPSI is likely to have taken place during the 5 days prior to ovulation, risk of pregnancy is very high and ulipristal acetate should be considered first line
  - **Likelihood of ‘quick starting’** – the ability of ulipristal acetate to delay ovulation is reduced if a progestogen taken in the following 120 hours, so hormonal contraception must not be started until 5 days after ulipristal acetate, whereas hormonal contraception can be started immediately after levonorgestrel. Levonorgestrel is most appropriate after quick starting
  - **Recent use of progestogen** – the effectiveness of ulipristal acetate- ec could be reduced if a women has recently taken a progestogen e.g. a patient required ec because of a missed pill so lng –ec would be most appropriate.
  - **BMI** – the effectiveness of levonorgestrel could be reduced if a woman has a bmi greater than 25kg/m<sup>2</sup> or weight of 70kg. in this case either use ulipristal acetate or a double dose of levonorgestrel
  - **Enzyme inducing drugs** – the effectiveness of both ulipristal acetate and levonorgestrel could be reduced if a woman is using an enzyme inducer. It is recommended that a double dose (3mg) of levonorgestrel can be used but effectiveness is unknown. Use of double dose ulipristal acetate is not currently recommended.

**Use of oral EC if there has been UPSI and/or use earlier in the cycle** – there is evidence that oral EC does not cause abortion or harm to a very early pregnancy. Both ulipristal acetate and levonorgestrel can be used more than once in the same cycle if this is indicated by further UPSI. However, if a woman has already taken ulipristal acetate, levonorgestrel should not be taken in the following 5 days. if a woman has already taken levonorgestrel, ulipristal acetate could theoretically be less effective if taken in the following 7 days

Reference:

[FSRH Guideline: Emergency Contraception](#) (March 2017)