



Emergency Contraception

Dr Sarah Hardman

Specialty Doctor, SRH, Chalmers Centre

Deputy Director, Clinical Effectiveness Unit, FSRH

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We focus too much on “how many days since UPSI”

....and not enough on “how likely is it that this UPSI is going to result in a pregnancy?”

...or “is this EC going to work?” ...

... or “is she going to have more UPSI that could result in pregnancy?”

We **certainly** don't emphasise enough that the Cu-IUD used for EC is about **10 times** more effective than oral EC.

Only about 1 in 1,000 women get pregnant after having an emergency IUD inserted.

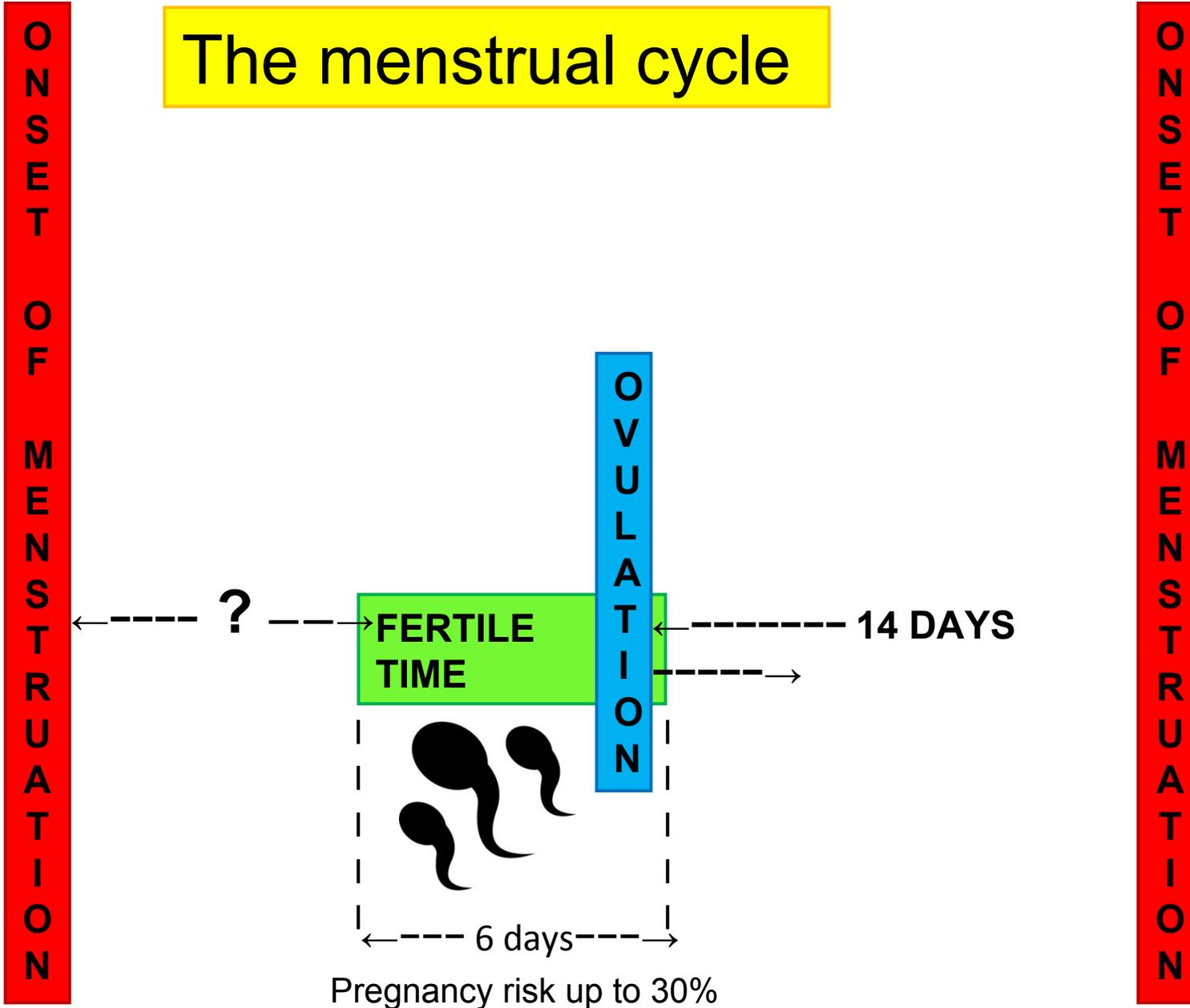
About 10-20 in 1,000 women get pregnant after oral EC



MANY women presenting to abortion services have taken oral EC during the cycle in which they became pregnant or in recent cycles.

It's **SO** important that we try to stop that happening.

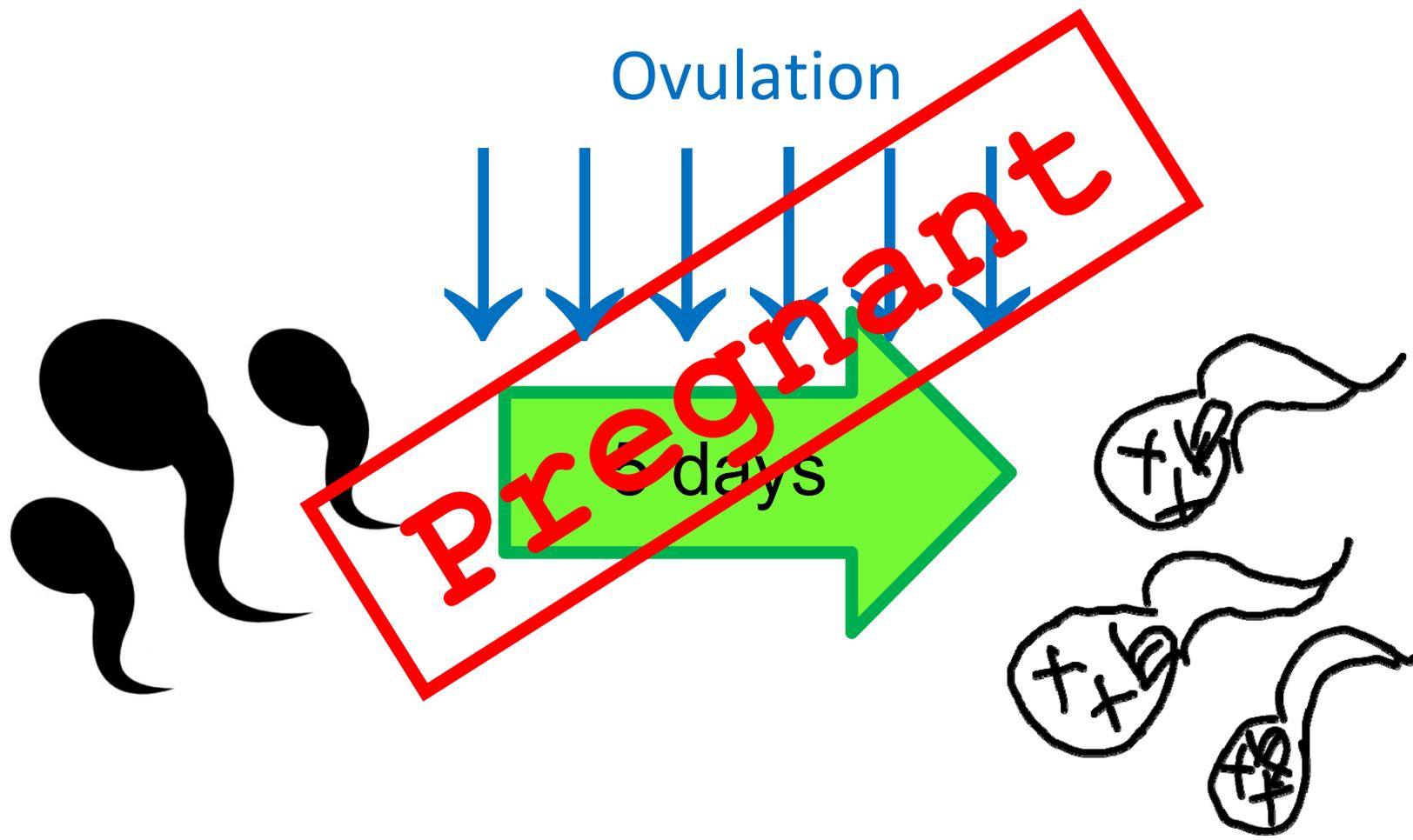
The menstrual cycle



How does EC work?

1. Oral EC

- Oral EC delays ovulation
- Hopefully by the time ovulation happens, sperm from UPSI are dead





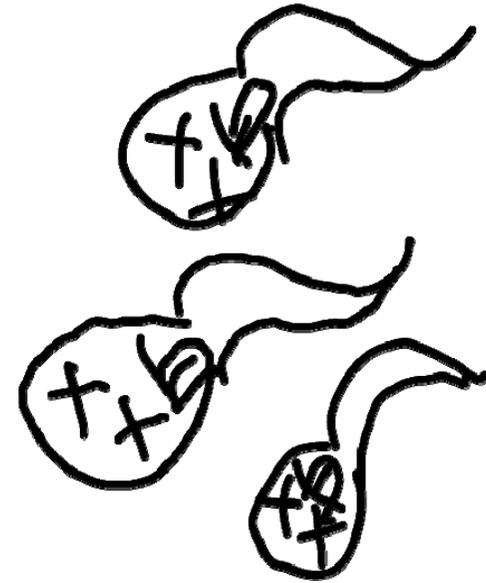
Licensed for use
up to 120 hours
after UPSI

- Licensed for use up to 72 hours after UPSI
- Ineffective >96 hours after UPSI



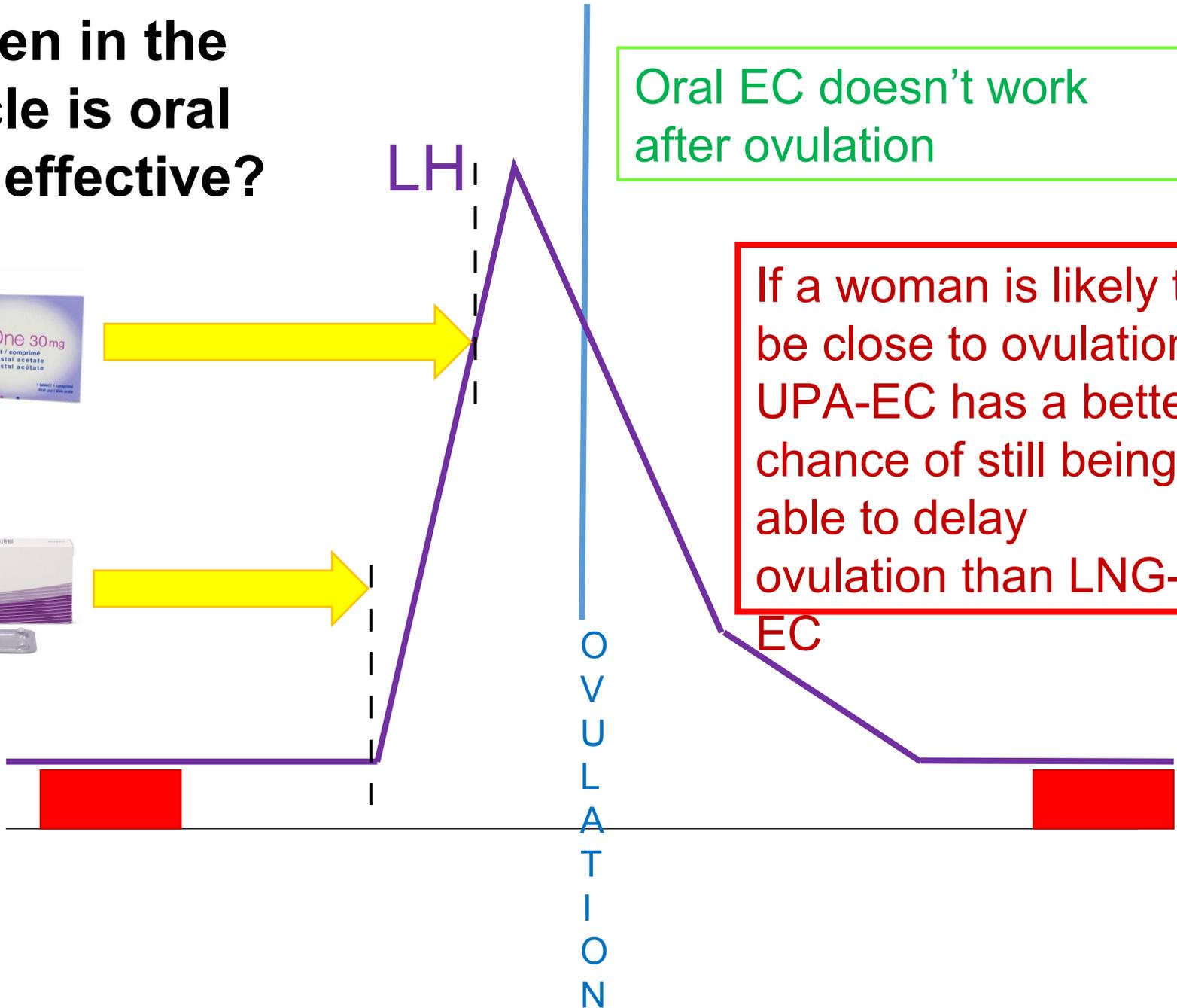
If it's more than 5 days since the last UPSI, all the sperm will be dead (unless fertilisation has occurred)....

So there's no point giving oral EC to delay ovulation.



But if there *has* been UPSI in the last 5 days, it's worth trying to delay ovulation until the sperm are dead

When in the cycle is oral EC effective?



Oral EC doesn't work after ovulation

If a woman is likely to be close to ovulation, UPA-EC has a better chance of still being able to delay ovulation than LNG-EC

If a woman will only accept oral EC it **MUST** be taken as **soon as possible after UPSI**, so that it has the best chance of being taken early enough to delay ovulation.



**After ovulation, only a Cu-IUD is likely
be effective for EC.**

If a woman is likely to have ovulated...

- **Offer a Cu-IUD if she is eligible:** explain that oral EC is unlikely to be effective if she has ovulated
- **If a Cu-IUD is not suitable or not acceptable, consider oral EC...**

...because you can only estimate ovulation date, and she might just ovulate late this month.



VS



UPA-EC has been demonstrated to be more effective than LNG-EC when taken from 0-120 hours after UPSI....

...so it would seem like a no brainer that we should always give UPA-EC if a woman doesn't want a Cu-IUD.

(Wouldn't it?)



VS



UPA-EC should always be considered first line oral EC if a woman is likely to have had UPSI within 5 days **and during her fertile window.**

But what if UPSI wasn't likely to be during the fertile window?



VS



If the UPSI was **not** likely to be during the fertile window, (especially if UPSI was at a time of very low risk of pregnancy), remember:-

- Initiation of hormonal contraception has to be **delayed** for 5 days after UPA-EC
- UPA-EC could be **less effective** if a woman has taken a progestogen in the previous 7 days
- UPA-EC is **much more expensive** than LNG-EC



VS



LNG-EC could be less effective if a woman weighs more than 70kg or has a BMI of 26kg/m² or over.

- A double dose (3mg) of LNG-EC can be given.
- UPA-EC can be given.
- WE DON'T KNOW IF 3MG LNG-EC OR SINGLE DOSE UPA-EC IS MORE EFFECTIVE FOR A WOMAN WITH HIGHER WEIGHT OR BMI.



VS



- **Both** LNG-EC and UPA-EC could be less effective if a woman is taking an **enzyme inducer**.
- A double dose (3mg) of LNG-EC can be given.
- A double dose of UPA-EC is not recommended.
- **WE DON'T KNOW IF 3MG LNG-EC OR SINGLE DOSE UPA-EC IS MORE EFFECTIVE FOR A WOMAN USING AN ENZYME INDUCER.**



VS



It's complicated.

We have made charts to try to help you decide.

A major problem with oral EC



....is that it works by delaying ovulation

...and doesn't provide any ongoing contraception

So a woman can get pregnant if she has more UPSI when she ovulates later in the cycle.

It is essential after oral EC that a woman commences ongoing contraception.



After ellaOne® (UPA-EC)...



A woman **must** wait 120 hours
(5 days) before starting hormonal
contraception...

...or the ellaOne won't
work to delay ovulation



...because UPA is an antiprogestogen, and a progestogen taken soon after it will antagonise its action.



----- 5 days
----->
wait

Start

- CHC
- POP
- Nexplanon®
- Depo

----- 7 days
----->
condoms
(2 days for
POP)



Will she start her pill or come back for her Nexplanon or depo after the 5 day wait?

After LNG-EC...



- Start hormonal contraception immediately
- Advise condoms for 7 days (POP 2 days)

How does EC work?

2. Copper IUD

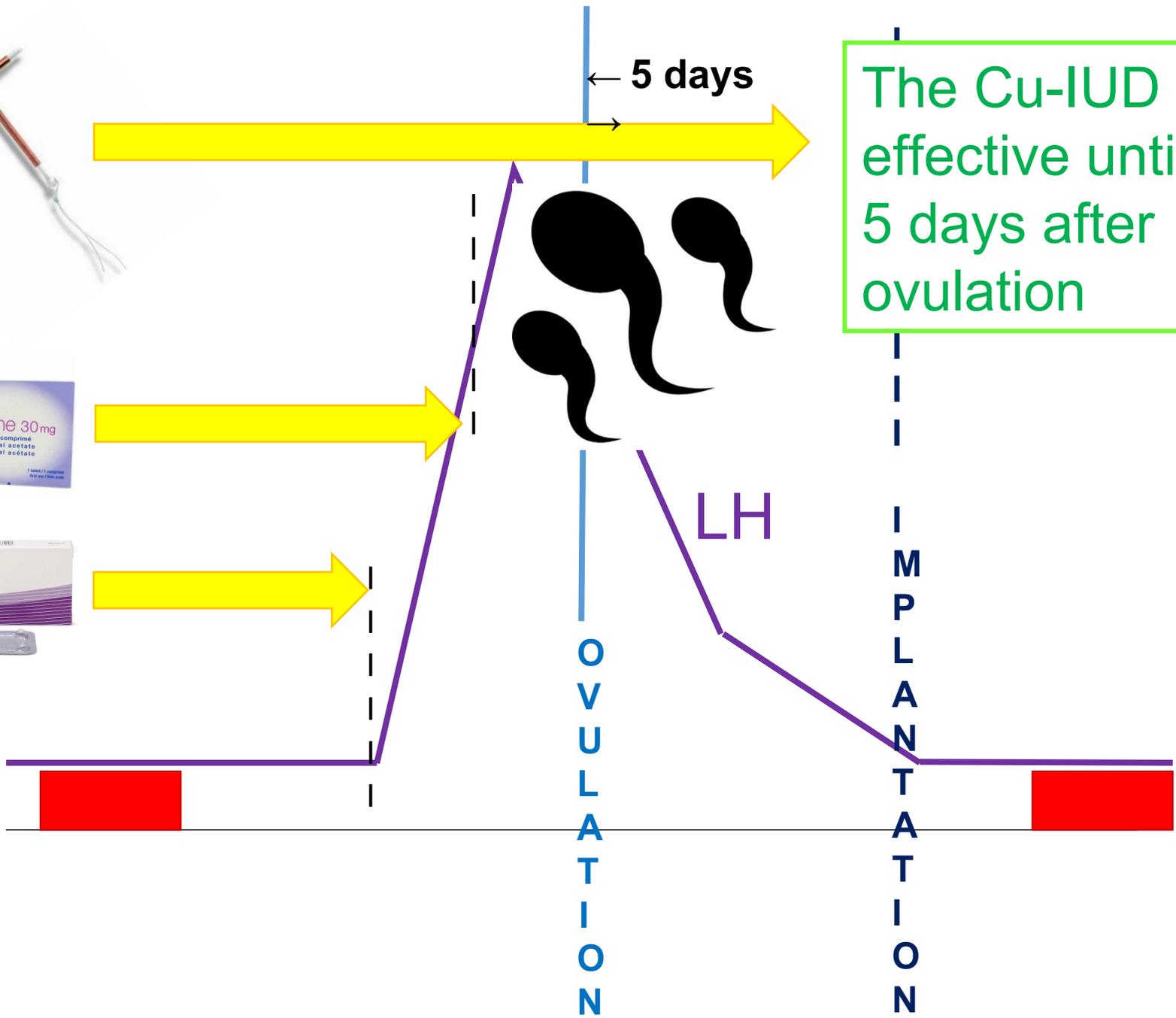
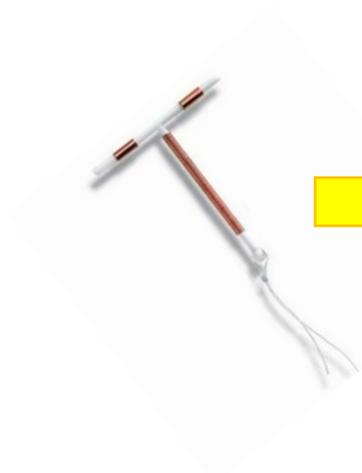


The **Cu-IUD** works by **preventing implantation**

- Copper is toxic to sperm and eggs
- Copper creates an endometrium that is hostile to implantation



A Cu-IUD is immediately effective for ongoing contraception.



The Cu-IUD can also work more than 5 days after the last UPSI

Sperm last for 5 days...

...but if they have already fertilised an egg, a Cu-IUD can still stop the pregnancy if it is inserted before implantation

Oral EC won't work by then

So when can a Cu-IUD be inserted for EC?



Emergency contraception has to work
before a pregnancy has implanted...

...so that it complies with the law

A pregnancy doesn't
implant during the **first five**
days after fertilisation...

...and fertilisation can't
happen until sperm arrive

**...so a Cu-IUD for EC can be inserted within
5 days after the FIRST UPSI in a cycle.**

Emergency contraception has to work
before a pregnancy has implanted...

...so that it complies with the law

84% of pregnancies implant 8-10 days
after ovulation. The earliest
implantation was observed at 6 days
after ovulation...

**...so to be on the safe side, a Cu-IUD
for EC can be inserted up to 5 days
after the earliest likely ovulation.**

So a Cu-IUD can be inserted for EC

....within 5 days of the FIRST
UPSI since the LMP

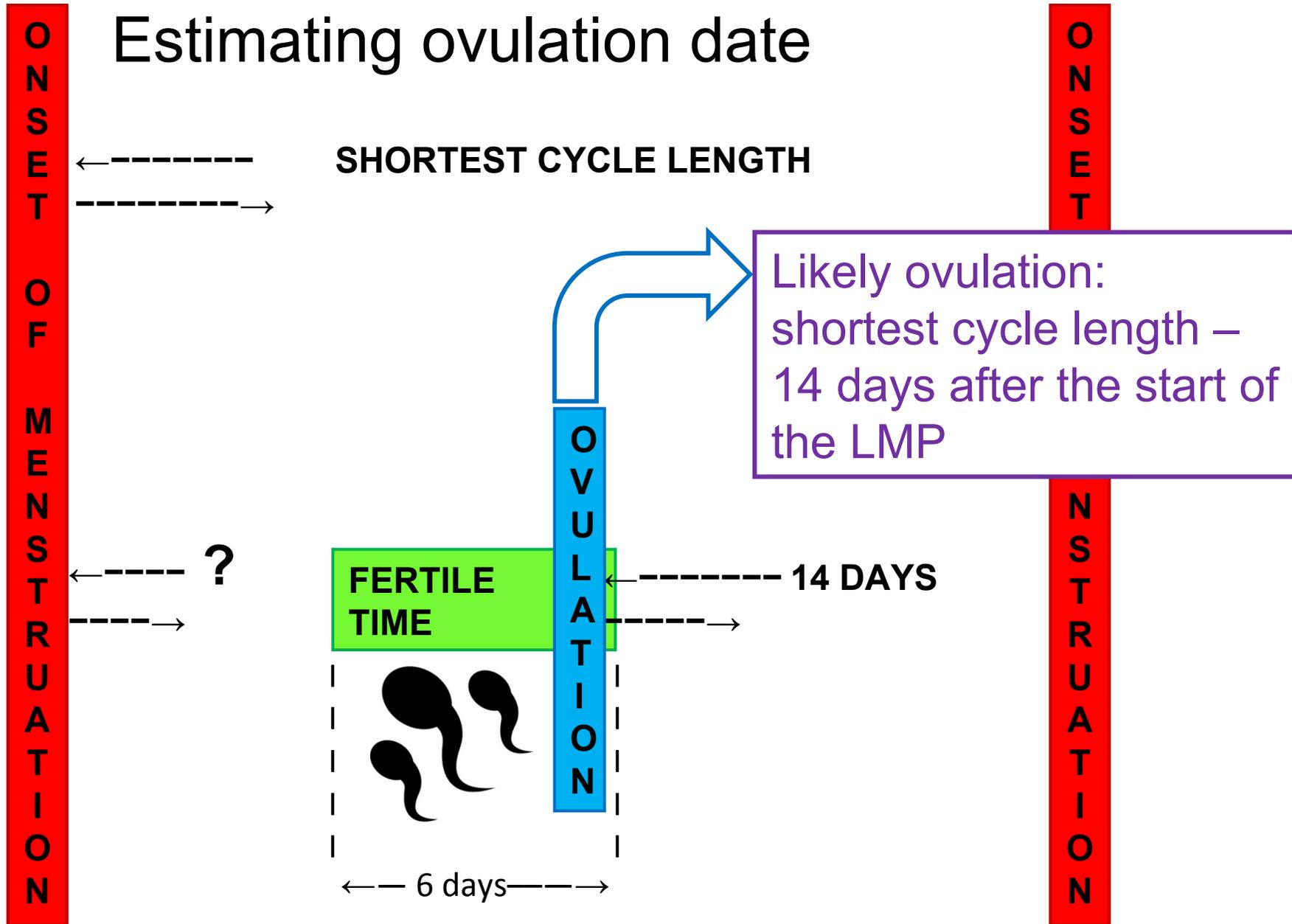
OR...

...within 5 days of the **earliest**
estimated date of ovulation....

....whichever is LATER



Estimating ovulation date



So, for Cu-IUD insertion you need to know:-

- When did she first have UPSI since her LMP?

If it was <5 days ago, she can have a Cu-IUD.

If it was >5 days ago, or she doesn't know, ask:-

- When (exactly) did her LMP start?
- How long is her shortest cycle?

Work out earliest likely ovulation date. If it is now within 5 days of that date, she can have a Cu-IUD.

And then, if a Cu-IUD isn't suitable or she doesn't want one:-

- **Has she had UPSI in the last 5 days?**

If not, oral EC is unlikely to be effective. (?IUD)

- **Is she likely to have ovulated?**

If so, explain that oral EC is unlikely to work. (?IUD, but she might ovulate late this month)

- **Was the UPSI likely to have been in the fertile window?**

If so, offer UPA-EC as it is more effective than LNG-EC and works until closer to the time of ovulation

- If UPSI was unlikely to be in the fertile window, is she likely to have further UPSI this cycle?

If so, LNG-EC would allow immediate quick start of hormonal contraception (wait 5 days after UPA-EC)

- Has she recently taken a progestogen?

If so, UPA-EC might be less effective.

- Is her BMI > 26 or weight > 70kg?

If so, LNG-EC 1.5mg might be less effective.

- Is she taking an enzyme inducer?

If so LNG-EC 1.5mg and UPA-EC might be less effective.



If her last period was
ages ago, do a
pregnancy test.

It isn't always black and white which oral EC is going to be most effective in each situation: we don't have all the evidence we need to tell you that.

Discuss the likely pros and cons with every woman individually and be honest about what we know and don't know. Use the flowcharts to help you.

ALWAYS offer a Cu-IUD if appropriate.

Take home messages?

**The Cu-IUD is 10 times
more effective than oral
EC...**

**...and offers ongoing
contraception.**

Ask yourself...

Does she qualify for an emergency IUD?

If not (or if she doesn't want one)...

- How likely is it that she will get pregnant from the UPSI she has had?
- Is she within 5 days of the last UPSI? (if not, it's probably too late for oral EC)
- Is she likely to be close to ovulating? (it may be too late for LNG-EC, but UPA-EC might still work)
- Is she likely to have ovulated already? (make sure she knows that oral EC might not work at all, but the Cu-IUD might still be a possibility)
- If she is not likely to be close to ovulation, is she likely to start contraception if she has to wait 5 days? (LNG-EC might be better than UPA-EC, because she can start contraception straight away)

- Make sure that effective contraception is started as soon as possible.



- Use the decision-making flowcharts in the new FSRH Emergency Contraception guideline.

Amy is 16

She uses no contraception. She had UPSI 2 days ago. She also had UPSI 10 days ago. Last period started 15 days ago (normal). Cycle is always exactly 28 days long. She doesn't want to be pregnant.

How likely is it that Amy will get pregnant from this UPSI?

When is she likely to ovulate?

Earliest likely ovulation was yesterday ($28-14=\text{day } 14$).

When is ovulation in relation to UPSI?

UPSI was the day before ovulation.

Amy is at high risk of pregnancy.

Amy is 16

She uses no contraception. She had UPSI 2 days ago. She also had UPSI 10 days ago. Last period started 15 days ago (normal). Cycle is always exactly 28 days long. She doesn't want to be pregnant.

Is she eligible for a Cu-IUD?

Is she within 5 days of first UPSI?

No

Is she within 5 days of earliest likely ovulation?

Yes

Amy is eligible for a Cu-IUD

But she's only 16....

Not a contraindication.

And we don't know if she has an STI...

Not a contraindication unless she is symptomatic.

Amy is 16

She uses no contraception. She had UPSI 2 days ago. She also had UPSI 10 days ago. Last period started 15 days ago (normal). Cycle is always exactly 28 days long. She doesn't want to be pregnant.

What about oral EC: will it work?

Where is today in relation to ovulation?

Today is the day after the earliest likely date of ovulation...

It could be too late for oral EC to work – you need to tell her that...

However she might ovulate late this cycle.

You just don't know.

Amy doesn't want a Cu-IUD.

Which oral EC should you offer, if any?

It could well be too late for any oral EC to work – tell her again.

UPA-EC has the best chance of still being able to delay ovulation (if ovulation is late this month).

But she had UPSI 10 days ago... can I give her UPA-EC?

Yes. Because UPA-EC doesn't disrupt an existing pregnancy and is not associated with fetal abnormality.

Amy opts for UPA-EC.

What is the most important next step?

Sort out ongoing contraception.

Amy wants an implant for contraception.

When can the implant be inserted?

Amy must wait 120 hours after taking UPA-EC before starting a progestogen.

You tell her that she must use condoms until the implant is inserted.... And for how long after that?

7 days after insertion.

**Amy returns for her implant after 5 days.
She hasn't had UPSI since.
The implant is inserted and she is advised
to use condoms for 7 days.**

**What is the most important next step?
Pregnancy test at 21 days after UPSI.**

**Pregnancy test is positive and Amy is
referred for TOP.**

Becky is 26.

She uses no contraception. She had UPSI (once) 3 days ago. Last period started 6 days ago (normal). Cycle is always exactly 34 days long. She doesn't want to be pregnant.

How likely is it that Becky will get pregnant from this UPSI?

When is she likely to ovulate?

Day 20 (34-14).

When is ovulation in relation to UPSI?

UPSI was 17 days before ovulation.

Becky is at very low risk of pregnancy from this UPSI.

Becky is 26.

She uses no contraception. She had UPSI (once) 3 days ago. Last period started 6 days ago (normal). Cycle is always exactly 34 days long. She doesn't want to be pregnant.

But Becky could be at risk of pregnancy when she ovulates later in this cycle.

What is the most important thing to do now?

Discuss contraception.

Is Becky eligible for a Cu-IUD?

Is she within 5 days of first UPSI?

Yes.

Becky is eligible for a Cu-IUD which would be immediately effective for ongoing contraception.

If Becky doesn't want a Cu-IUD, which oral EC would you offer (if any) – and why?

UPSI 3 days ago. Last period started 6 days ago. Cycle 34 days.

- Becky is very unlikely to get pregnant from this UPSI.
- If Becky takes UPA-EC, she can't start hormonal contraception for 5 days, and it won't work for 7 days after that (2 days POP)
- If Becky takes LNG-EC, she can start hormonal contraception today and it will be working in 7 days.

Becky takes LNG-EC and has an implant inserted.

Would she have come back for it if she had had to wait 5 days?

Pregnancy test is negative 21 days after UPSI.

Chloe is 42.

She uses no contraception. She had UPSI (once) 6 days ago. Last period started 19 days ago (normal). Cycle is usually 32 days long, but has been two days early once or twice. She doesn't want to be pregnant.

How likely is it that Chloe will get pregnant from this UPSI?

When is she likely to ovulate?

Day 16 (30-14) would be the earliest likely ovulation.

When is ovulation in relation to UPSI?

UPSI was 3 days before ovulation.

Chloe is at high risk of pregnancy from this UPSI.

Chloe is 42.

She uses no contraception. She had UPSI (once) 6 days ago. Last period started 19 days ago (normal). Cycle is usually 32 days long, but has been two days early once or twice. She doesn't want to be pregnant.

Is Chloe eligible for a Cu-IUD?

Is she within 5 days of the first UPSI this cycle?

No.

When is the earliest likely ovulation?

Day 16 (30-14) would be the earliest likely ovulation.

When is the last day that she can have a Cu-IUD?

Within 5 days after day 16 = day 21. She is now day 19

Chloe is eligible for a Cu-IUD.

Chloe is 42.

She uses no contraception. She had UPSI (once) 6 days ago. Last period started 19 days ago (normal). Cycle is usually 32 days long, but has been two days early once or twice. She doesn't want to be pregnant.

What about oral EC?

Are there still viable sperm?

No. Sperm are dead after 5 days. But they could already have fertilised an egg.

Will oral EC work?

No. If sperm are already dead, there is no point trying to delay ovulation.... And she probably ovulated 3 days ago anyway.

Chloe opts for a Cu-IUD. Her next period comes on schedule.

Daisy is 36.

She uses no contraception. She had UPSI 1 day ago and 6 days ago. Last period started 11 days ago (normal). Cycle is usually 26 days long, occasionally 28 days. She doesn't want to be pregnant.

How likely is it that Daisy will get pregnant from this UPSI?

When is she likely to ovulate?

Earliest likely ovulation is tomorrow ($26-14=$ day 12).

When was UPSI in relation to likely ovulation?

UPSI was two days prior to ovulation.

Daisy is at high risk of pregnancy from this UPSI.

Daisy is 36.

She uses no contraception. She had UPSI 1 day ago and 6 days ago. Last period started 11 days ago (normal). Cycle is usually 26 days long, occasionally 28 days. She doesn't want to be pregnant.

Is Daisy eligible for a Cu-IUD?

Was all UPSI within the last 5 days?

No.

When is she likely to ovulate?

Earliest likely ovulation is tomorrow (26-14= day 12).

Is she within 5 days after likely ovulation today?

Yes.

Daisy is eligible for a Cu-IUD.

Daisy is 36.

She uses no contraception. She had UPSI 1 day ago and 6 days ago. Last period started 11 days ago (normal). Cycle is usually 26 days long, occasionally 28 days. She doesn't want to be pregnant.

What about oral EC?

Is oral EC likely to work?

Ovulation is likely to happen tomorrow at the earliest. There is probably still time to delay ovulation, but it's close.

Which oral EC is most likely to delay ovulation at this time?

UPA-EC works until very close to ovulation.

Daisy chooses UPA-EC and to start COC after 5 days.

Daisy comes back 6 days later.

She had UPSI again today (day 17).

She started COC this morning.

Daisy.

UPSI days 5,10 and 17. UPA-EC day 11. Now day 17. Shortest cycle 26 days. Started COC yesterday.

Do you tell her?

- a. She probably ovulated 5 days ago on day 12 so she's unlikely to get pregnant from UPSI today?
- b. She can't have UPA-EC because she has already had it this cycle?
- c. She can't have a Cu-IUD because it's more than 5 days since the first UPSI this cycle.
- d. UPA-EC is a good choice – the first UPA-EC delayed ovulation, and another dose will delay it again.
- e. A Cu-IUD can be inserted today.

Daisy.

UPSI days 5,10 and 17. UPA-EC day 11. Now day 17.
Shortest cycle 26 days. Started COC yesterday.

Do you tell her?

a. She probably ovulated 5 days ago on day 12 so she's unlikely to get pregnant from UPSI today?

No. She would probably have ovulated on day 12, but the UPA-EC on day 11 is likely to have delayed that for at least 5 days. She could ovulate any time now and is at risk of pregnancy from UPSI today.

Daisy.

UPSI days 5,10 and 17. UPA-EC day 11. Now day 17.
Shortest cycle 26 days. Started COC yesterday.

Do you tell her?

b. She can't have UPA-EC because she has already had it this cycle?

No. Repeated UPA-EC is not harmful to a woman or to a pregnancy and can continue to delay ovulation for some time.

Daisy.

UPSI days 5,10 and 17. UPA-EC day 11. Now day 17. Shortest cycle 26 days. Started COC yesterday.

Do you tell her?

c. She can't have a Cu-IUD because it's more than 5 days since the first UPSI this cycle.

No. The earliest likely ovulation was day 12. (You have to assume that the first UPA-EC might not have delayed ovulation in case it didn't work). Today (day 17) she is within 5 days of the earliest likely ovulation. Daisy is eligible for a Cu-IUD.

Daisy.

UPSI days 5,10 and 17. UPA-EC day 11. Now day 17.
Shortest cycle 26 days. Started COC yesterday.

Do you tell her?

d. UPA-EC is a good choice – the first UPA-EC probably delayed ovulation, and another dose could delay it again.

Well...

The first dose might well have delayed ovulation, and another dose could delay it again - but...

...she started COC yesterday.

The progestogen in COC might reduce the effectiveness of UPA-EC.

She could think about LNG-EC.

Daisy.

UPSI days 5,10 and 17. UPA-EC day 11. Now day 17.
Shortest cycle 26 days. Started COC yesterday.

Do you tell her?

e. A Cu-IUD can be inserted today.

Yes. Earliest likely ovulation was day 12. Now day 17.

**Daisy is eligible for a Cu-IUD, which is inserted.
Her next period is delayed by about 5 days, but is a
typical bleed.**

Use of EC if contraception
has been used incorrectly
is a whole other lecture,
but the guideline will help.

Questions

?