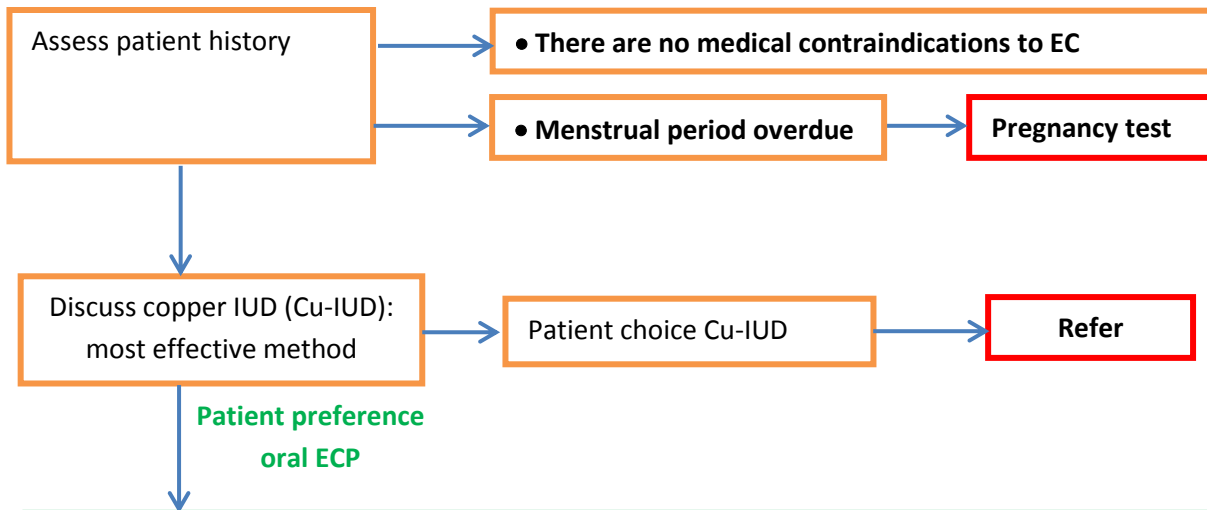


Emergency Contraception (EC)



Factors to consider in choice of EC:

Time since unprotected sexual intercourse (UPSI):

- Less than 72 hours → **levonorgestrel 1.5 mg** or **ulipristal acetate 30 mg**
- 73 to 120 hours → **ulipristal acetate** preferred
- >120 hours to 7 days → **Cu-IUD** best option

Weight:

- < 165 lbs (<75 kg or BMI < 25) → **levonorgestrel 1.5 mg** or **ulipristal acetate 30 mg**
- >165 to 220 lbs (75 to 110 kg or BMI 25 to 35) → **ulipristal acetate 30 mg**
- >220 lbs (>110 kg or BMI >35) → **Cu-IUD** best option

Hormonal contraception – levonorgestrel is drug of choice for EC if patient is currently using hormonal contraception. If EC provided is:

- **Levonorgestrel 1.5 mg** → Can continue/start contraceptive immediately + 7 days abstinence/barrier (2 days if progestin-only product)
- **Ulipristal acetate 30 mg** → Must wait at least 5 days before starting contraceptive + 14 days abstinence/barrier

Potential enzyme induction interaction (e.g. carbamazepine, phenytoin, topiramate, St. John's wort):

- **Levonorgestrel 1.5 mg*** or **ulipristal acetate 30 mg** + **referral for Cu-IUD**

Repeat use of EC in same cycle:

- If **levonorgestrel 1.5 mg** used for previous ECP → can repeat **levonorgestrel 1.5 mg** PRN
- If **ulipristal acetate 30 mg** used for previous ECP → **Cu-IUD** may be best option

Breastfeeding:

- **Levonorgestrel 1.5 mg** is drug of choice (but consider above criteria)
- **Cu-IUD** if UPSI > 72 hours ago, weight >165 lbs (75 kg)

Request for prophylactic EC

- **Levonorgestrel 1.5 mg** or **ulipristal acetate 30 mg** (consider weight, regular method of contraception)

* Some experts suggest 3 mg levonorgestrel if patient declines Cu-IUD.