

# Emergency Contraception

## Do Your Patients Have a Plan B?



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### KEYWORDS

- Emergency contraception • Copper intrauterine device • Ulipristal acetate
- Levonorgestrel • Access

### KEY POINTS

- Emergency contraception (EC) is used to decrease the risk of pregnancy after unprotected intercourse, inadequately protected intercourse, or sexual assault.
- The copper intrauterine device (Cu-IUD) is the most effective method of EC and should be placed within 5 days of intercourse, or within 5 days of estimated ovulation.
- Ulipristal acetate (UPA) is the most effective oral method of EC approved in the United States. It requires a prescription and should be taken as soon as possible within 120 hours of intercourse.
- Levonorgestrel emergency contraceptive pills (ECPs) should be taken as soon as possible after intercourse and maintain some efficacy up to 120 hours. A branded single-dose levonorgestrel ECP is available over-the-counter without age restrictions.
- Women are at increased risk of ECP failure if they are overweight, have unprotected intercourse during the most fertile time of their cycle, or have multiple episodes of unprotected intercourse during one cycle.

### INTRODUCTION

Emergency contraception (EC) is a drug or device used following unprotected or inadequately protected intercourse to reduce risk of pregnancy. Although overall contraceptive use in the United States is high, with 99% of sexually active women reporting ever using a method in their lifetime, the most popular methods carry a significant risk of failure during typical use.<sup>1–3</sup> According to the Survey of Family Growth, 49.5 million women have used male condoms, 43.8 million oral contraceptive pills, and 31.3 million withdrawal.<sup>4</sup> The use of emergency contraceptive pills (ECPs) is also on

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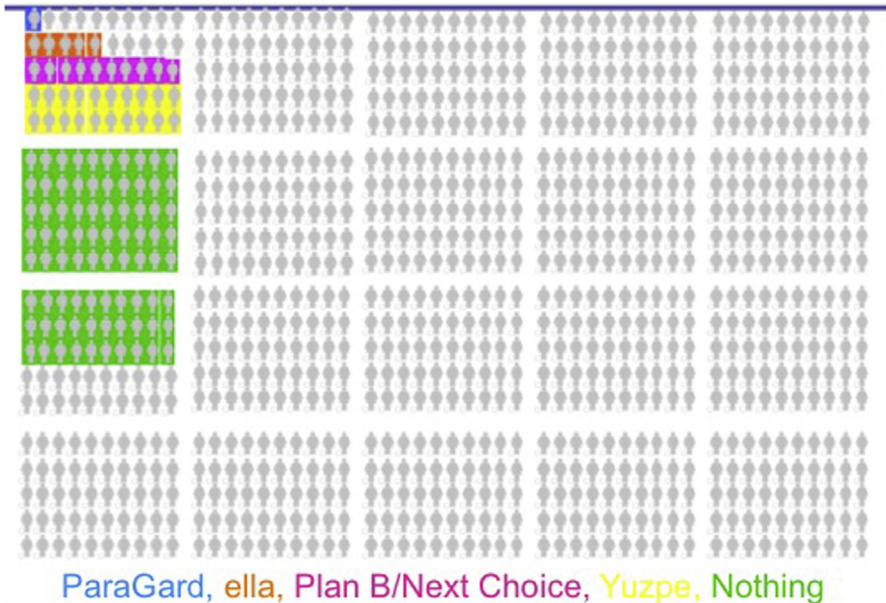
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the rise, with ever use increasing from 4% to 10% between 2002 and 2008.<sup>4</sup> Given that more than half of women experiencing unintended pregnancy report attempting contraception when they conceived, experts recommend that all women using contraception should be provided with detailed counseling on EC use.<sup>1,5</sup> In the United States, current EC options include the copper intrauterine device (Cu-IUD), ulipristal acetate (UPA), levonorgestrel-containing ECP (LNG-ECP), and the Yuzpe method of combined oral contraceptives (COCs). **Figs. 1** and **2** visually compare efficacy of the most effective methods and timing of administration.

Evidence is inconsistent as to whether increased access to EC decreases use of regular contraception or increases other sexual risk-taking behavior. In a study of 1490 women aged 24 to 24 not using long-acting reversible contraception, Raymond and Weaver<sup>6</sup> found that those randomized to advanced provision of ECPs exhibited an increased likelihood of unprotected and underprotected sex, compared with those who had to present in-person for care when ECPs were needed. In a subanalysis of that same cohort, Weaver and colleagues<sup>7</sup> found that women randomized to receive increased access to EC were more likely to substitute EC for their “typical” contraceptive. This was particularly true of those relying on condoms. In contrast, in a randomized control trial across four California clinics, Raine and colleagues<sup>8</sup> demonstrated that advanced provision of ECPs did not increase rates of unprotected sex or sexually transmitted infections (STIs). A 2007 Cochrane Review on advance provision of ECPs also reported no difference in rates of STIs, frequency of unprotected coitus, or changes in contraceptive methods across the eight trials that met inclusion criteria.



**Fig. 1.** Pregnancies per 1000 women after unprotected intercourse using various methods of EC compared with no EC. *Blue:* Cu-IUD as EC, less than 1 in 1000 pregnancies. *Red:* UPA, with 5 in 1000 pregnancies. *Pink:* LNG-ECP, with 10 in 1000 pregnancies. *Yellow:* the Yuzpe regimen of COC, with 20 in 1000 pregnancies. *Green:* no method of EC used, 80 in 1000 pregnancies. (From Trussell J. Update on emergency contraception, Slide #18 [PowerPoint Slide]. 6/18/2014. Association of Reproductive Health Professionals. Available at: [www.arhp.org/core](http://www.arhp.org/core). Accessed May 14, 2015.)

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