

Emergency Contraceptive Methods

This decision aid is to help you and your healthcare provider talk about methods of contraception and choose what's right for you. Most people can safely use these methods. Your healthcare provider can tell you whether these methods are safe for you.



| | LEVONORGESTREL EMERGENCY CONTRACEPTIVE PILL | ULIPRISTAL ACETATE PILL | COPPER IUD |
|--|---|---|--|
| How is it used? | You swallow one pill ¹ | You swallow one pill ¹ | A healthcare provider puts a small, T-shaped plastic and copper device in your uterus. You can then use this as regular contraception for up to 5 or 10 years (depends on the type). ¹ |
| When? | As soon as possible within 4 days after unprotected sex ¹ | As soon as possible within 5 days after unprotected sex ¹ | Within 5 days after unprotected sex ¹ |
| How does it work? | Stops or delays release of an egg from the ovaries ¹ | Stops or delays release of an egg from the ovaries ¹ | Releases copper to <ul style="list-style-type: none"> • prevent sperm meeting an egg by stopping its movement • stop a fertilized egg from implanting by thinning the lining of the uterus¹ |
| How effective is it at preventing pregnancy? | Slightly less effective than the Ulipristal Acetate Pill; effective up to 4 days after unprotected sex ^{1,2} | Slightly more effective than the levonorgestrel emergency contraceptive pill; effective up to 5 days after unprotected sex ^{1,2} | Highly effective – the most effective method (more than 99%) ¹ |
| What are some of the side effects? | <ul style="list-style-type: none"> • Temporary headache, nausea, fatigue, abdominal pain and breast tenderness are possible²⁻⁴ • 5 in 100 women may have their periods more than 7 days later than expected⁴ • On average, women have their periods 1.2 days earlier than expected² • Around 70 in 100 women have their periods within 7 days of expected time² | <ul style="list-style-type: none"> • Temporary headache, nausea, fatigue, dizziness and abdominal pain are possible^{1,5} • Around 20 in 100 women may have their periods more than 7 days later than expected⁵ • Around 4 in 100 women may have their periods 20 or more days later than expected⁵ • Around 7 in 100 women may have their periods more than 7 days earlier than expected⁵ • Around 75 in 100 women have their periods within 7 days of expected time² | More information on the 'Long-Acting Reversible Contraceptive Methods' decision aid |
| Does it protect against sexually transmitted infections (STIs)? | No ⁶ | No ⁶ | No ⁶ |

Emergency Contraceptive Methods

Supporting Document

| | |
|--------------------------|---|
| Decision aids: | The following decision aids are part of this collection: <ol style="list-style-type: none">1. Types of contraceptive methods2. Long-acting reversible contraceptive methods3. Shorter-acting reversible contraceptive methods4. Barrier contraceptive methods5. Fertility awareness and traditional contraceptive methods6. Permanent contraceptive methods7. Emergency contraceptive methods |
| Version: | 1.0 |
| Publication date: | 28 February 2020 |
| Next update: | These decision aids were adapted as part of Hankiz Dolan's PhD project and, at the time of publication, there are no plans to update them further. |
| Funding: | National Health and Medical Research Council (NHMRC)/Centres of Research Excellence. |
| Authors: | Hankiz Dolan, Deborah Bateson, Lyndal Trevena, Mu Li, Chun Wah Michael Tam, Carissa Bonner The authors do not stand to gain or lose anything by the contraceptive choices people make after using this decision aid |
| Copyright: | © 2020 The University of Sydney |
| Acknowledgement: | This decision aid is adapted from the 'Right For Me' decision aid tool. Thompson R, Donnelly K, Foster T, Stern L, Trevena L, Elwyn G, et al. Right For Me decision aids [English language] [Internet]. Hanover, NH: Dartmouth College; 2016. Available from: https://www.rightforme.org/decision.html |
| Terms of use: | See https://askshareknow.com.au/terms-of-use/ All users: Reasonable efforts have been made to ensure that the content provided in these decision aids is up-to-date and accurate. However, none of the authors, their organisations, or the funders of these decision aids accepts any liability or responsibility for the accuracy, currency or completeness of the information contained in the decision aids. |

Notes:

1. This decision aid includes a statement about the general safety of the contraceptive methods described. The *UK Medical Eligibility Criteria for Contraceptive Use*⁷ and published updates provide guidance on who can safely use each contraceptive method and may be used to facilitate the provision of individualized information on method safety.

Information sources:

1. Faculty of Sexual & Reproductive Healthcare. Emergency contraception. London: FSRH; 2017 [updated December 2017; cited 2020 February]. Available from: <https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>
2. Glasier AF, Cameron ST, Fine PM, Logan SJ, Casale W, Van Horn J, et al. Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis. *Lancet*. 2010 Feb 13;375(9714):555-62. doi: 10.1016/s0140-6736(10)60101-8
3. Festin MP, Bahamondes L, Nguyen TM, Habib N, Thamkhantho M, Singh K, et al. A prospective, open-label, single arm, multicentre study to evaluate efficacy, safety and acceptability of pericoital oral contraception using levonorgestrel 1.5 mg. *Hum Reprod*. 2016 Mar;31(3):530-40. doi: 10.1093/humrep/dev341
4. Von Hertzen H, Piaggio G, Peregoudov A, Ding J, Chen J, Song S, et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomised trial. *The Lancet*. 2002;360(9348):1803-1810.
5. Moreau C, Trussell J. Results from pooled Phase III studies of ulipristal acetate for emergency contraception. *Contraception*. 2012 Dec;86(6):673-80. doi: 10.1016/j.contraception.2012.05.012
6. Workowski KA, Bolan GA. Sexually transmitted diseases treatment guidelines, 2015. *MMWR Recomm Rep*. 2015 Jun 5;64(Rr-03):1-137.
7. Faculty of Sexual & Reproductive Healthcare. UK medical eligibility criteria for contraceptive use (UKMEC). 2016. Available from: <https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016/>