Emergency Contraception (EC) recommendations for ED patients

Has it been > 120 hours since last unprotected sex, or sexual assault?

Yes → There is decreased efficacy of any emergency contraception method after the 120 hour treatment window has expired; therefore no emergency contraception should be given

No

Is this patient using Depo\(^b\) or LARC?\(^c\)

Yes → No emergency contraception should be given

No

Is the patient using a hormonal contraceptive method (OCP or patch)?

Yes → Levonorgestrel\(^e\) 1.5 mg PO x 1

No → Ulipristal 30 mg PO x 1\(^d\)

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Superscripts explained:

\(^a\) Some examples of unprotected sex are: lack of any contraception (condom or hormonal method) or inconsistent/questionable use of hormonal method.

\(^b\) LAC = long-acting reversible contraception (such as IUD, implant)

\(^c\) Concomitant use of systemic glucocorticoids is not a contraindication for one-time dose of ulipristal, although caution may be taken.

\(^d\) Some evidence to suggest that hormonal contraceptive (such as OCP, patch, ring) method) may decrease effectiveness of ulipristal, thus the recommendation to administer Levonorgestrel.

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Why Ulipristal versus Levonorgestrel for EC?

Pregnancy risk with ulipristal is 42% lower than levonorgestrel at 72 hours, 65% lower in first 24 hours. Ulipristal is significantly more effective if BMI >25 or weight >75 kg. Additionally, the efficacy of Ulipristal does not decrease over the 120 hour EC treatment window.