

Revised: 9/17/18

Emergency Contraception (EC)
recommendations for ED patients

Has it been
> 120 hours since
last unprotected
sex^a, 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 x1^d

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.

Superscripts explained:

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

^bIf past due date for next Depo shot, answer is "No."

^cLARC = long-acting reversible contraception (such as IUD, implant)

^dConcomitant use of systemic glucocorticoids is not a contraindication for one-time dose of ulipristal, although caution may be taken.

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