

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

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.

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.