



## EMERGENCY CONTRACEPTION

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### Outline

- Objectives
- Introduction of emergency contraceptives
- Types of emergency contraceptives
- When to prescribe emergency contraceptives
- Side effects of emergency contraceptive pills (ECPs) and management
- Effectiveness of ECPs
- Discussion of future contraception options
- Summary of the presentation



### Objectives

1. Define emergency contraceptive
2. List types of emergency contraceptives
3. Identify candidates for emergency contraceptives
4. Discuss mechanisms of action
5. Explain common side effects of emergency contraceptive pills



### Definition

- Use of drugs or a device as an emergency measure to prevent pregnancy
- ECPs are also called: "Morning After Pill" or post-coital contraceptives



### Pills or Devices for Emergency Contraceptive

- Special ECPs with
  - the progestin (levonorgestrel)
  - estrogen and levonorgestrel
- Progestin-only pills with levonorgestrel or norgestrel
- Combined oral contraceptives with an estrogen and a progestin
  - levonorgestrel
  - norgestrel or norethindrone
- Intrauterine contraceptive device (IUCD)



### When to take Emergency contraceptives?

As soon as possible after unprotected sex

Any time up to 5 days after unprotected sex



### Emergency Contraceptive Pills

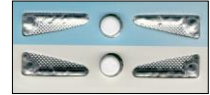
- Who is a candidate for ECPs?
- All women can use ECPs safely and effectively
  - Unprotected sex
  - Condom rupture, slippage
  - Missed pills, 3 or more doses
  - Sexual assault

No known medical conditions make ECPs unsafe for any woman



### Dose(s) of Emergency Contraceptive Pills

- Progesterone only dedicated product (post pill)
  - 1.5 mg of levonorgestrel in a single dose or
  - 0.75 mg levonorgestrel (follow with same dose 12 hours later)
  - Most recommended ECPs



### Dose(s) of Emergency Contraceptive Pills (cont'd)

- Estrogen progestin dedicated product
  - 0.1 mg ethinyl estradiol + 0.5 mg levonorgestrel (follow with same dose 12 hours later)
- Progestin-only pills with levonorgestrel or norgestrel
  - Levonorgestrel pills 1.5 mg in a single dose
  - Norgestrel pills 3 mg in a single dose



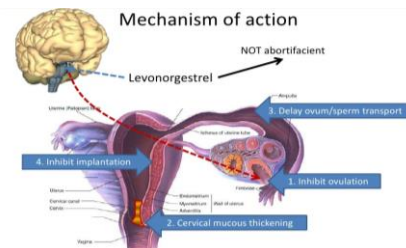
### Dose(s) of Emergency Contraceptive Pills (cont'd)

- Combined oral contraceptives
  - 0.1 mg ethinyl estradiol + 0.5 mg levonorgestrel (follow with same dose 12 hours later)
  - 0.1 mg ethinyl estradiol + 1 mg norgestrel (follow with same dose 12 hours later)
  - 0.1 mg ethinyl estradiol + 2 mg norethindrone (follow with same dose 12 hours later)



### Effectiveness of ECPs

Effectiveness of Emergency Contraceptive Pills (ECPs)	
If 100 women <b>each</b> had unprotected sex once during the second or third week of the menstrual cycle...	
100 No ECPs	8 pregnancies
100 Progestin-only ECPs	1 pregnancy
100 Combined estrogen-progestin ECPs	2 pregnancies



### Facts About ECPs

- Emergency contraceptive pills:
  - Do not cause abortion
  - Do not cause birth defects if pregnancy occurs
  - Are not dangerous to a woman's health
  - Do not promote risky sexual behavior
  - Do not make women infertile



### Side Effects of ECPs and Management

- Changes in bleeding patterns may include:
  - Slight irregular bleeding for 1-2 days after taking ECPs
  - Monthly bleeding that starts earlier or later than expected
- Nausea
  - Routine use of anti-nausea medications not recommended
  - Give anti-nausea medication for clients with
    - previous ECPs use
    - first dose of a 2-dose regimen
- Vomiting: If within 2 hours after taking ECPs give another dose



### Side Effects of ECPs and Management (cont'd)

- No routine return visit is required
- However, a woman should seek follow-up care if:
  - She thinks she might be pregnant
  - She has no monthly bleeding
  - Or her next menses is delayed by more than one week



### Planning Future Contraception

- ECPs does not protect from pregnancy
- If she does not want to start a contraceptive method now
  - give condoms
  - oral contraceptives
- Invite her to come back anytime
- If possible, give her more ECPs (for future use)



### Planning Future Contraception (cont'd)

Should women use ECPs as a regular method of contraception?

No

- Nearly all other contraceptive methods are more effective in preventing pregnancy
- Women who use ECPs regularly are at high risk to have unintended pregnancy



### IUCD (Copper IUCD)

- Should be inserted within 120 hours
- Highly effective
- Can remain in place for up to 10 years
- Good option for long-term contraception



### Some Contraindications for IUCD

- Uterine abnormalities/anomalies
- Acute pelvic inflammatory disease or in the past 3 months
- Pelvic malignancies: Cervical cancer and endometrial cancer
- Undiagnosed abnormal vaginal bleeding
- Allergies to copper



### Other Types of Emergency Contraceptive

- Ulipristal acetate
    - Highly effective and well-tolerated
    - Can be taken up to 5 days after unprotected sex
    - Believed to be more effective than levonorgestrel ECPs
  - Mifepristone
    - Highly effective, with few side-effects
- Both are not included in our guideline



### Case Study

- 20 year old female college student
- Unprotected sex 12 hours back
- Last normal menses was 2 weeks back
- Unmarried, with no immediate plan for children
- On antibiotics for pelvic inflammatory disease

Which of the emergency contraceptive do you recommend based on Ethiopian Ministry of Health family planning guideline?



### Case Study (cont'd)

•Levonorgestrel-only dedicated pills

or

•Postpill



### Summary

- Levonorgestrel-only dedicated is the most recommended type of ECPs
- Emergency contraceptives prevent pregnancy when taken up to 5 days after unprotected sex
- Emergency contraceptives do not disrupt an existing pregnancy
- ECPs are safe for all women
- ECPs are not recommended as regular contraceptive methods

