Women’s Health: Emergency contraception:

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UCLA Family Medicine
19 yo F with no significant PMH presents for annual wellness exam
No acute complaints

Social Hx:
- Sexually active in a monogamous relationship
- Pregnancy is not currently desired
- Her male partner uses condoms “most of the time”
- She is uncertain of the date of her LMP
- Has had sexual intercourse several times since her last menses, including unprotected intercourse 3 days ago
Next steps

• POC Urine Pregnancy Test: negative

• Should emergency contraception be prescribed?
What is EC?

- Methods used after unprotected intercourse to reduce the risk of pregnancy
- Not abortifacient
- If someone is already pregnant, EC is ineffective but will not harm the pregnancy
Prevent an undesired pregnancy if:

- No contraceptive was used at the time of intercourse
- The patient’s current contraceptive method failed:
  - Condoms
  - Coitus interruptus
  - Displaced IUD
  - Missed hormonal contraceptive
  - Delayed contraceptive use
  - Relying on breastfeeding for contraception
Options:

- IUDs:
  - Copper
  - 52 mg Levonorgestrel

- Oral formulations:
  - Ulipristal acetate
  - Levonorgestrel PO
  - Yuzpe method
MOA: IUD

- Copper IUD (Paragard)
  - Copper enhances the cytotoxic inflammatory response within the endometrium
  - Impairs sperm migration, viability, and acrosomal reaction
  - Impairs implantation
  - **Pregnancy risk: 0.1%**
  - Can be used up to 5 days
  - Highly effective at any time in the cycle, regardless of BMI

- Levonorgestrel 52 mg IUD (Mirena, Liletta)
  - Progestins thicken cervical mucus
  - Impair implantation and may inhibit the binding of the sperm and egg
  - **Pregnancy risk: 0.3%**
  - Can be used up to 5 days
  - Highly effective at any time in the cycle, regardless of BMI
MOA: oral medications

- Ulipristal acetate (Ella)
  - Selective progesterone receptor modulator
  - Prevents progestin from binding to the progesterone receptor → inhibits or delays ovulation
  - Effective until the LH peak
  - Unlikely to prevent implantation of a fertilized egg
  - Pregnancy risk: 1.1-2.6% throughout the 5 days

- Levonorgestrel PO (Plan B)
  - Blocks LH surge → inhibits follicular development and ovulation
  - Effective until LH surge begins
  - Not effective once implantation has begun
  - Pregnancy risk: 1.7-2.6%
  - Efficacy decreases over each of the 3 days
Side effects

- Copper IUD
  - Risk of uterine perforation of approximately 1/1,000
  - Associated with uterine cramping
  - Increased duration of menstrual flow or dysmenorrhea

- Levonorgestrel IUD
  - Abdominal or pelvic pain from insertion, bleeding, uterine perforation, or infection
  - Headache
  - Breast tenderness

- Ella & Plan B
  - Bleeding (up to 31%)
  - Nausea/vomiting (15%)
  - Abdominal pain (15%)
  - Headache (10%)
Does the patient prefer IUD or oral medication?

IUD

Pregnancy Test

+ Copper
- Levonorgestrel

Counsel about pregnancy options

- Lasts up to 10 years
- No hormones
- Can cause vaginal spotting

- Lasts up to 7 years
- Contains a progestin but no estrogen
- Causes lighter or no periods

Counseling:
- No back-up method needed
- Pregnancy test should be repeated if period does not occur within 3 weeks

Medication

Ulipristal acetate

- Use for up to 5 days from UPI
- Preferred if BMI >30
- Requires prescription
- If hormonal contraception is desired, must wait 5 days

Dose: 30 mg PO x 1 within 120 hours

Counseling:
- UPA: back-up method needed
- Plan B: can start hormonal contraceptive at the same time
- Pregnancy test should be repeated if period does not occur within 3 weeks

Levonorgestrel

- Use for up to 3 days from UPI
- Available OTC
- If hormonal contraception is desired, can start immediately

Dose: 1.5 mg PO x 1 within 72 hours

Counseling:
- Pregnancy test should be repeated if period does not occur within 3 weeks
Barriers to Use

- Lack of awareness of EC – not much advertising
- Providers may not offer them
- Many ED’s do not have EC readily available for victims of sexual assault
- Only Plan B is available OTC
- May not have IUD in stock in the clinic or may require prior authorization
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<th>Copper IUD</th>
<th>LNG IUD</th>
<th>Ella</th>
<th>Plan B</th>
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<tr>
<td><strong>Cost</strong></td>
<td>$500 - $739</td>
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<td>$10 to $25 online, though shipping necessitates advanced provision</td>
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Counseling

- Fertility is not affected
- Will not interfere with an implanted fertilized egg
- Describe side effects
- May need a repeat pregnancy test if no menstrual period within 3-4 weeks
- If using LNG → can start hormonal LARC immediately
- If using Ulipristal Acetate (Ella) → must wait 5 days before starting a hormonal LARC
- No limit to the number of times or frequency an individual can use Plan B, however insurance only covers up to 6 per year
- If EC is needed for missed doses of hormonal contraceptive → can offer an alternative LARC