



CHCANYS DEFINING NEW DIRECTIONS
Community Health Care Association of New York State

EMERGENCY CONTRACEPTION

Presented by the Sexual and Reproductive
Health Clinical Sub-Committee



Presenter

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Learning Objectives

- Describe the 3 most common EC options
- Discuss the mechanism of action of 3 types of EC options
- Provide evidence-based information about the efficacy of EC

Case Study: Yolanda

- She wants emergency contraception
- Had condom-less sex 4 days ago
- Urine pregnancy test is negative



What do you do next?

Case Study: Yolanda

- 1) Ask about contraceptive needs
- 2) Get medical history
- 3) Discuss EC options



Case Study: Yolanda

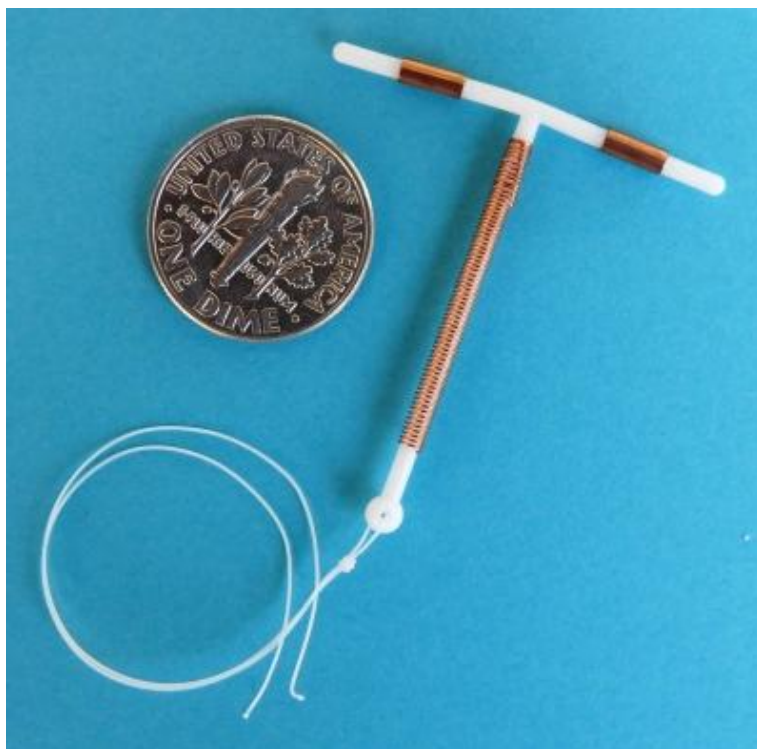
- What is EC?
 - Is there only 1 type?
 - How does it work?
- What are her EC options?



What is emergency contraception?

- EC is birth control you can use after unprotected sex
- Prevents pregnancy
 - DOES NOT end a pregnancy
 - DOES NOT work if you are already pregnant
- 3 types: Copper T IUD, Ulipristal acetate, Levonorgestrel

Copper-T IUD



- Placed by a trained clinician
- FDA approved for 10 years
 - Evidence suggests efficacy remains the same for 12 years
- Off label use (EC)
 - Currently in review by FDA as an on-label form of emergency contraception

Copper T IUD: the details

- Mechanism of action
 - Prevents fertilization:
 - Impairing the viability of sperm
 - Disrupts sperm motility
 - Interferes with implantation

Levonorgestrel (LNG)

- Label: Most effective up to 3 days
 - Lower efficacy between 3-5 days
- Most commonly called Plan B
- Available Over the Counter
- Lowers risk of pregnancy by 58-89%
- Low efficacy for women with BMI > 25



LNG: the details

- Mechanism of action
 - Disrupts ovulation
 - Prevents implantation of the fertilized egg
 - If someone is already pregnant, it does not affect that pregnancy
- Efficacy
 - Declines over the 5-day window
 - World Health Organization study shows effectiveness only to 96 hours

Ulipristal acetate (UPA) 30mg

- Also known as ella
- Sig: 30mg, take ASAP or up to 120 hours (5 days) after unprotected intercourse
- Prescription-only
- Maintains efficacy up to BMI of 35



UPA: the details

- Mechanism of action
 - UPA selective progesterone receptor modulator
 - Inhibits/delays ovulation by postponing follicular rupture
 - Can delay ovulation by as much as 5 days
 - Changes to endometrium may also occur
 - If someone is already pregnant, it does not affect that pregnancy
- Effective in the advanced follicular phase
 - after LH levels have begun to rise
 - Plan B as EC no longer effective during this phase

When to start a regular method after UPA

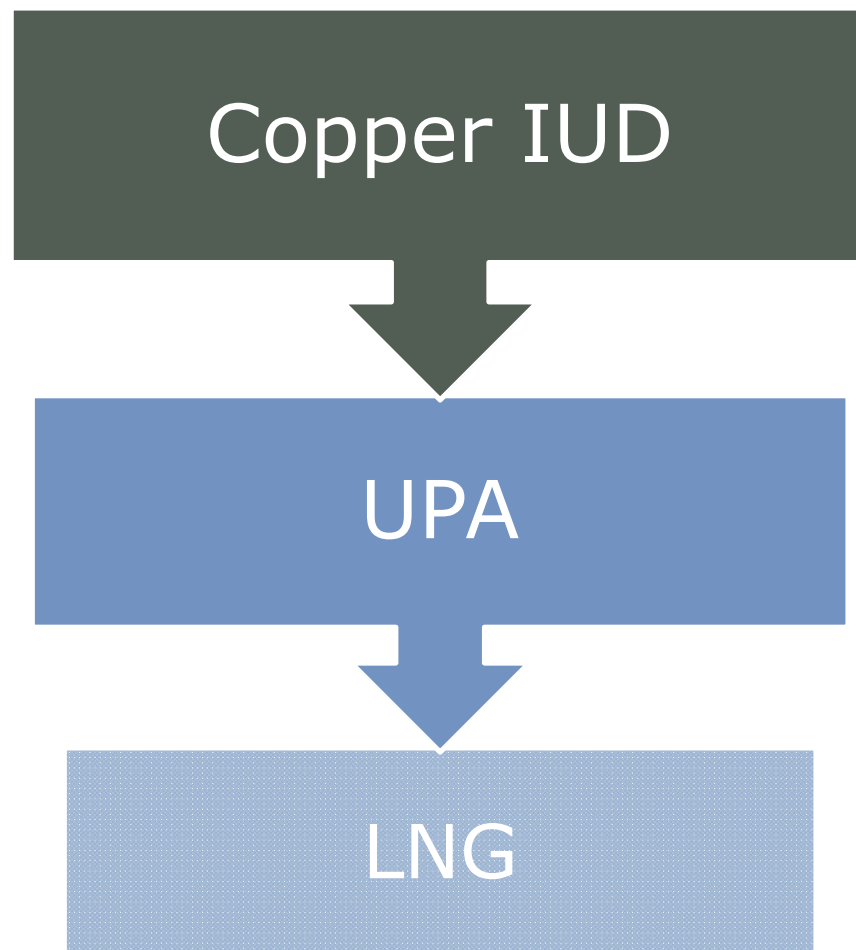
- New FDA label warning
 - “After using ella, if a woman wishes to use hormonal contraception, she should do so no sooner than 5 days after the intake of ella, and she should use a reliable barrier method until the next menstrual period”
- Recent study indicated that starting a progestin-only pill the day after UPA intake increased the chance of ovulation within the next 5 days

Effect of Weight on EC

- LNG:
 - obese women are 3 times more likely to become pregnant than non-obese women
 - Decreased or absent efficacy as weight increases
 - At 75 kg(165 lbs.) or greater
- UPA:
 - Obese women are 2 times more likely to become pregnant than non-obese women
- Copper T IUD
 - Effectiveness is the same, no matter how a person weighs

Efficacy

- Copper IUD prevents over 95 % of expected pregnancies when used within 72 hours of intercourse
- UPA prevents ~ 66% of expected pregnancies
- Plan B prevents around 50 % of pregnancies



Case Study: Yolanda

- We've discussed
 - What EC is
 - Types of EC
 - Mechanisms of action for different EC types
- Back to Yolanda



What Does She Want?

- What has she heard about birth control?
- What are her friends using?

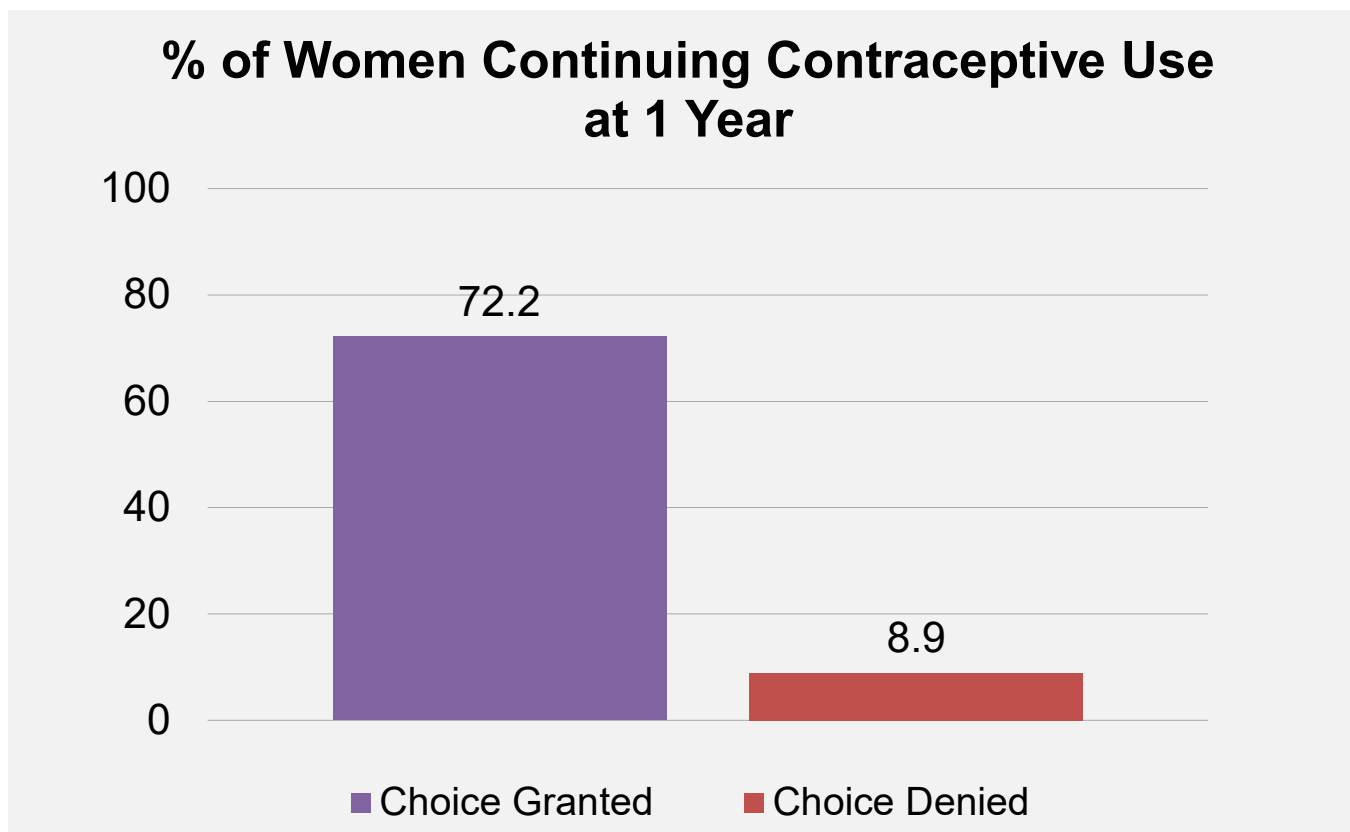


Yolanda chooses ella and wants to use an oral contraceptive....



- When should she start?

Impact of Choice



Hormonal Contraceptives: What is needed before prescribing?

Medical history
REQUIRED



Blood pressure
RECOMMENDED

Pap smear
Pelvic/breast exam
STI testing
Hemoglobin
NOT REQUIRED





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QUESTIONS?

