



PATIENT INFORMATION LEAFLET

EMERGENCY CONTRACEPTION

Unintended pregnancies can be avoided using reliable regular contraception. When not on regular contraception, there are effective emergency contraceptive methods available. This can be used to avoid pregnancies that are mistimed or unwanted.

What is emergency contraception (EC)?

Emergency contraception describes methods of preventing a pregnancy after you have had unprotected vaginal intercourse. EC is effective the sooner they are used after the act of intercourse and are recommended for use within 5 days.

EC can be used after unprotected intercourse or if concerned about possible contraceptive failure.

Emergency contraception methods currently available are copper-bearing intrauterine devices (IUCDs) and emergency contraceptive pills (ECPs).

The intrauterine contraceptive device (IUCD)

A copper-bearing IUCD is the most effective form of emergency contraception available. You may be put off by the idea of having a device inserted, but it is worth considering this option especially as it avoids an unwanted pregnancy.

A copper-bearing IUCD is the most effective form of emergency contraception available. It has the additional advantage of providing ongoing contraception

It can be inserted by a doctor up to five days after unprotected sex or up to five days from the earliest possible date you could have ovulated. It has the big advantage of providing reliable ongoing contraception. It is also likely to be effective in situations where the pills may not work, after ovulation or if you are on other medications that make ECP less effective or if overweight.

Less than 1 woman in 1000 would get pregnant after having the IUCD inserted for emergency contraception. Most women can use the IUCD. It cannot be used if copper allergy, current genital infections, low platelet count/bleeding tendencies or genital cancer.

IUCD Safety: A copper-bearing IUD is a safe form of emergency contraception. Rarely (2 in 1000), it can cause a local infection.



Emergency contraceptive pills (ECP)

Emergency contraception pills work by disrupting the release of the egg (ovulation). These pills must be taken as soon as possible after the sex act, ideally within 72 hours, at the latest within 5 days after sex. You do not need any examinations or laboratory tests before taking ECPs

ECPs are not effective after ovulation or if you also had unprotected sex at an earlier time since your last period or if you have unprotected sex again after taking emergency contraception.

If there is vomiting within three hours of taking the pill and a repeat dose is needed.

Do not take ECPs if you are already pregnant because they will not work. ECPs do not appear to be harmful if inadvertently taken in pregnancy. It will not cause abortion of an existing pregnancy.

Three different hormone preparations are available for emergency contraception.

1. Levonorgestrel (LNG) 1.5 mg(single dose) or 0.75 mg (2 doses 12 hours apart).
2. Ulipristal acetate(UPA) 30 mg as a single dose tablet
3. Mifepristone 10-50 mg as a single dose tablet

Ulipristal and mifepristone are more effective than the levonorgestrel. Levonorgestrel has to be taken within 72 hours after unprotected sex for best results. Ulipristal is particularly helpful when taken between 3-5 days after unprotected sex. Among women who used emergency contraception, LNG had a pregnancy rate of 1-2 in 100 and UPA had a pregnancy rate of 1 in 100 so both are effective methods.

Is emergency contraception pills safe?

ECPs have no known medically serious complications. Side effects may include altered bleeding patterns, nausea, headache, abdominal pain, breast tenderness, dizziness, and fatigue.

Emergency contraceptive pills are found to be less effective in obese women.

Concurrent use of some drugs may reduce ECP efficacy. ECP regimen is the same whether or not you are using these drugs like phenytoin and carbamazepine used for epilepsy, antibiotics rifampicin and rifabutin (other antibiotics do not have an effect) and some medicines used to treat HIV and AIDS, such as ritonavir.

Will ECP cover repeated acts of sex?

ECP are meant to provide cover for a single unprotected act of sex. ECP taken will not work for another act of unprotected sex if that happens few days later. If ever required, ECPs should be after each unprotected sex act. One should not wait until a series of acts has occurred. It is recommended to use only one type of ECP treatment at a time. Deliberate repeated use of ECPs as a regular, routine contraceptive method is not recommended, because more effective methods exist for this purpose.

FOLLOW-UP AFTER EMERGENCY CONTRACEPTION

No scheduled follow-up is required after ECP use if you resume your normal menstrual pattern. Most women have their next period at about the usual time. Sometimes it is a few days earlier or later than expected.

You may wish to have a pregnancy test three weeks after you had unprotected sex to be sure the emergency contraception has worked

You must see a doctor and perform a urine pregnancy test if:

1. your next period is more than seven days late
2. if periods lighter than usual
3. any lower tummy (abdominal) pain
4. abnormal bleeding pattern within 2-6 weeks of EC

STARTING REGULAR CONTRACEPTIVES AFTER EC

Using regular contraceptive after taking ECPs is CRITICAL to minimizing your pregnancy risk.

Start regular contraceptive either immediately or after your next menstrual period. If you wait, use a barrier method such as condoms in the interim.

Kindly seek doctor's advice for starting regular contraception

India South
International Representative Committee

