

## WHAT IS EC?

EC is contraception that prevents pregnancy after intercourse. EC makes it less likely that a person will get pregnant from a specific instance of intercourse. EC works by delaying ovulation – it does not interrupt an established pregnancy or cause abortion.

## WHEN TO PROVIDE EC

- Unprotected intercourse in past 5 days
- Intercourse with method failure, including:
  -  **Condoms:** Rips or slips so that semen could be in vagina
  -  **Pulling out:** Some semen could be in vagina
  -  **Combined hormonal pills:** 2+ missed active pills in a row
  -  **Progestin-only pills:** Active pill missed or taken too late according to directions (*late pill directions vary by brand*)
  -  **Spermicide, Sponge, Phexxi, Diaphragm, or Cervical Cap:** Concern about proper placement before sex
  -  **Fertility awareness:** Difficulty or concerns about tracking body changes or irregular periods
  -  **Ring:** Left out 3+ hours or late replacing it according to directions (*changing ring directions vary by brand*)
  -  **Patch:** Off for 24+ hours, 2+ days late changing patch, or late putting patch on after patch-free week
  -  **Shot:** 14+ weeks since last shot
  -  **IUD:** Expelled
- May be appropriate as primary contraception for those not frequently having intercourse
- Can be used as a bridge method until another form of contraception can be provided
- Provide oral EC prescription in advance of need for patient to have on hand in case of need
- Prescribe postpartum if patient does not receive another contraceptive method prior to discharge
- Prescribe EC with maximum refills

## EMERGENCY CONTRACEPTION OPTIONS

### Levonorgestrel pill



**Brand:** Plan B One-Step (1.5 mg) and several generic forms  
**Active Drug:** Levonorgestrel  
**Time:** Can be taken up to 5 days after unprotected intercourse, most effective up to 3 days  
**BMI Efficacy:** Less than 26 (less effective if larger BMI)  
**Effectiveness when used as described:** 89%  
**Breastfeeding:** No effect  
**Access:** Can be purchased over the counter. Can give prescription so \$0 to patient  
**Post-EC Contraception:** Can begin immediately  
**Contraindications:** None

### Ulipristal acetate pill



**Brand:** Ella  
**Active Drug:** Ulipristal acetate  
**Time:** Can be taken up to 5 days after unprotected intercourse  
**BMI Efficacy:** Less than 35 (less effective if larger BMI)  
**Effectiveness when used as described:** 94%  
**Breastfeeding:** No effect. Consistent with the InfantRisk Center, PICCK's recommendation for Ella is based on the limited infant safety data available.  
**Access:** Requires prescription  
**Post-EC Contraception:** Recommended to start hormonal contraception no sooner than 5 days after using Ella and to use back-up protection for 7 days after starting contraception. However, for methods requiring a provider visit, consider starting the method at the same time as taking Ella. Can counsel about the risk that the method may make Ella less effective. If starting hormonal method at the same time as Ella, patient should abstain from sex or use a barrier method for the next 12 days.  
**Contraindications:** None

### Copper IUD and Levonorgestrel 52 mg IUD



**Brand:** Paragard (copper); Mirena and Liletta (levonorgestrel)  
**Active Drug:** None (copper); Levonorgestrel  
**Time:** Can be inserted up to 5 days after first unprotected intercourse since last menstruation  
**BMI Efficacy:** No restrictions  
**Effectiveness when used as described:** 99%  
**Breastfeeding:** No effect  
**Access:** Provider insertion  
**Post-EC Contraception:** Can be used as ongoing contraception for up to 12 (copper) or 7 (levonorgestrel 52 mg) years  
**Contraindications:** Same as IUDs for contraception use