



Emergency Contraception

Inclusion Criteria:

- Adolescents at risk for unintended pregnancy

Exclusion Criteria:

- If > 120 hours (5 days) since unprotected sex, inadequately protected sex, or sexual assault

Patient at risk for unintended pregnancy

- Obtain verbal permission, last sexual contact ([optional screening questions](#)), and contraceptive history
- Consider a protected note for documentation
- Obtain urine pregnancy test

Has it been < 120 hours (5 days) since last unprotected sex, inadequately protected sex, or sexual assault?

Is the patient using [LARC](#) (e.g. IUD, Implant) and within the approved time frame for use?

Is the patient using a hormonal contraceptive method (OCP, Depo, patch, or vaginal ring)?

Has the patient missed a day of **OR** been late (≥ 24 hrs) on hormonal method used?

Administer either:
[Levonorgestrel](#) 1.5 mg PO x 1
OR
[Ulipristal acetate](#)* 30 mg PO x 1
 *When timing unknown within the 120 hours

Anticipatory guidance

- Patient should seek medical care for lower abdominal pain, persistent irregular bleeding, or delayed menses > 1 week
- Provide education: [Emergency Contraception](#) and/or [Healthy Sexual Behaviors](#)
- Provide condoms if supply is available

Indications for EC

- Unprotected or inadequately protected sex
- Inconsistent or questionable contraceptive use
- Sexual assault

Unprotected or Inadequately Protected Sex

- Lack of any contraception (condom or hormonal method)
- Missed or late hormonal contraception
- Condom broke or slippage during withdrawal

Missed or Late Contraception

- OCP - missed more than one day
- Patch - patch not replaced within one day of scheduled date
- Depo - more than 15 weeks since last injection
- Vaginal ring - late on replacing by >1 day

- Consider EC prescription for future use, as appropriate
- Provide education: [Emergency Contraception](#) and/or [Healthy Sexual Behaviors](#)
- Provide condoms if supply is available

General Considerations

- The intent of EC is to prevent an unintended pregnancy and must be administered within the specified time frame
- For questions or uncertainty regarding consent, please contact Social Work
- If concern for sexual assault, contact Social Work to determine need for SANE and/or SCAN
- For risk factors or signs/symptoms of STI, refer to [STI CPG](#)

EC Options

Levonorgestrel

- Most effective within first 3 days
- Less effective in patients with BMI > 25
- Allows for immediate initiation of hormonal contraception

Ulipristal Acetate

- Remains effective throughout the 5 post coital days
- Preferred for patient with BMI > 25, but effectiveness may be limited in patients with BMI ≥ 30
- Effectiveness may be decreased if taking while using hormonal contraception
- Patient will need to wait 5 days prior to beginning hormonal contraception

***Copper IUD (Paragard® IUD) is an option, though availability may be limited in some settings. While it is the most effective EC option, patients who do not want to use or do not have access to this method should be offered EC pills even if BMI > 30.*

Abbreviations (laboratory & radiology excluded):

EC = Emergency Contraception
 LARC = Long-acting reversible contraception
 IUD = Intrauterine device
 Depo = Depo-Provera contraceptive injection
 OCP = Oral contraceptive pills
 STI = Sexually transmitted infection
 CPG = Clinical practice guideline
 PO = By mouth
 BMI = Body mass index
 SANE = Sexual Assault Nurse Examiner
 SCAN = Safety Care and Nurturing Clinic

