



Emergency Contraception What's New?

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Technical Instruction

Emergency Contraception

- ❖ **Using a drug or device as an emergency method to prevent pregnancy after unprotected intercourse.**
- ❖ **A back up for occasional use rather than a regular contraception.**

Emergency Contraception

❖ Hormonal methods

☞ Yuzpe:

- ❖ EE (100 µg) + LNG (0.5 mg)
repeated 12h later

☞ Levonorgestrel

- ❖ 1.5 mg single dose
- ❖ 0.75 mg repeated 12h later

☞ Mifepristone

- ❖ Single dose of 10 or 25 mg

❖ Copper-IUDs

☞ TCu 380A

☞ MLCu 375

☞ GyneFix



❖ **Cochrane Review**

**Title: 《Interventions for emergency
contraception》**

**Authors: Cheng L, Gülmezoglu AM, Van Oel CJ, Piaggio G, Ezcurra E,
Van Look PFA**

❧ **1998** **First publish**

❧ **2004** **update**

❧ **2008** **update**

❖ ***Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.:
CD001324. DOI: 10.1002/14651858.CD001324.pub3.**

Interventions for emergency contraception (Cochrane review)

- ❖ **included eighty-one trials**
- ❖ **total of 45,842 women**
- ❖ **to determine which emergency
contraceptive method following
unprotected intercourse is the most
effective, safe and convenient to
prevent pregnancy.**

IUD VS EXPECTANT MANAGEMENT

❖ Askalani 1987

Compared Cu-T 200 insertion with expectant management in women requesting EC within 4 days of unprotected intercourse. There was a significantly higher number of pregnancies in the expectant management group (RR: 0.09, 95% CI 0.03 to 0.26).

IUD Long-term Use after EC

❖ Wu et al (2000)

- ☞ Three month 95.23%
 - ❖ 1 preg / 1535 women at the 2nd month
 - ❖ pregnancy rate: 0.06 /per 100 women-year
- ☞ One year 92.85%
 - ❖ 1 preg / 1481 women at the 8th month
 - ❖ pregnancy rate: 0.13 /per 100 women-year

❖ Zhou et al (2001)

- ☞ 95.7% parous and 80.0% nulliparous

❖ D'Souza et al (2003)

- ☞ 81.0% continuation of IUD use

LNG vs Yuzpe for emergency contraception

- ❖ Two trials
- ❖ 2878 women
- ❖ Conclusion:
 - ❖ LNG more effective (RR: 0.51, 95% CI: 0.31 to 0.83)
 - ❖ LNG better tolerated
 - ❖ the earlier treatment, the more effective

LNG different methods

- ❖ **Split-dose 24hr vs 12hr regimen**
 - ❧ one trial
 - ❧ 2060 women
 - ❧ efficacy was similar with either regimen
(RR: 0.98; 95% CI: 0.53 to 1.82)
- ❖ **Single dose vs split-dose regimen**
 - ❧ two trials
 - ❧ 3830 women
 - ❧ efficacy was similar with either regimen
(RR: 0.77, 95% CI: 0.45 to 1.30)

LNG vs Mifepristone

❖ LNG vs Mife mid-dose (25-50mg)

- ❧ fifteen trials (all conducted in China)
- ❧ 3748 women
- ❧ Mife was more effective (RR: 2.01; 95% CI: 1.27 to 3.17) and better tolerated

❖ LNG vs low-dose Mife (< 25mg)

- ❧ nine trials
- ❧ 8036 women
- ❧ Mife was more effective? (RR: 1.43; 95% CI: 1.02 to 2.01)
(RR: 1.42; 95% CI: 0.99 to 2.03)

Mifepristone dose comparisons

- ❖ **Forty-nine trials**

 - ⌘ compared high vs mid vs low dose of Mife

- ❖ **The efficacy was similar**

- ❖ **Menstrual delay related with Mife dosage**

LNG vs CDB-2914

- ❖ Creinin 2006 compared LNG split-dose regimen with CDB-2914 50 mg single-dose orally within 72 hours after unprotected intercourse.
- ❖ The pregnancy rate was higher with LNG (RR: 1.86; 95% CI 0.75 to 4.64) but with wide confidence interval compatible with either direction of effect.

LNG vs CDB-2914

- ❖ **LNG had earlier menses compared with CDB-2914 (RR: 2.06; 95% CI: 1.71 to 2.47)**
- ❖ **CDB-2914 had later menses compared with LNG (RR: 0.64; 95% CI: 0.52 to 0.78)**

MIFEPRISTONE vs YUZPE

- ❖ **Three trials conducted in the UK**
- ❖ **2144 women**
- ❖ **Mife better prevented pregnancies than the Yuzpe (RR: 0.14, 95% CI: 0.05 to 0.41)**
- ❖ **Mife better tolerated**
- ❖ **The delay in menses was significantly more often reported by women receiving mifepristone as compared to those who used the Yuzpe regimen.**

Conclusion

- ❖ Mifepristone middle dose (25-50 mg) was superior to other hormonal regimens.
- ❖ Mifepristone low dose (<25 mg) could be more effective than levonorgestrel 0.75 mg (two doses) but this was not conclusive.
- ❖ Levonorgestrel proved more effective than the Yuzpe regimen.
- ❖ The copper IUD was another effective emergency contraceptive that can provide ongoing contraception.

Key Points of Counseling for ECPs

- ❖ Do not cause abortion
- ❖ The earlier ECPs are taken, the higher efficacy
- ❖ Repeat dose after vomiting
- ❖ Do not protect the rest of the cycle
- ❖ Do not prevent STIs
- ❖ Menses do not start immediately, but may start 2 to 3 days earlier or later than expected.
- ❖ Do not harm a pregnancy
- ❖ EC is not a regular method, must use regular methods after EC

Regular Contraception after EC

❖ Start immediately:

- ❧ barrier methods
- ❧ oral contraceptives*
- ❧ progestin-only injectables*

* Some providers recommend waiting until next menses to start

❖ Wait for next menses:

- ❧ IUD
- ❧ implants



Thank you !