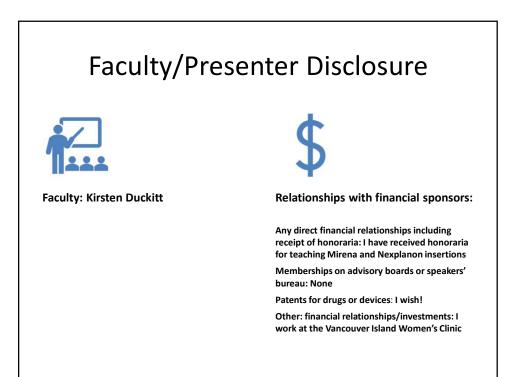
Women's Health Roundtable Dine and Learn: Emergency Contraception Update

Kirsten Duckitt 20/02/2025

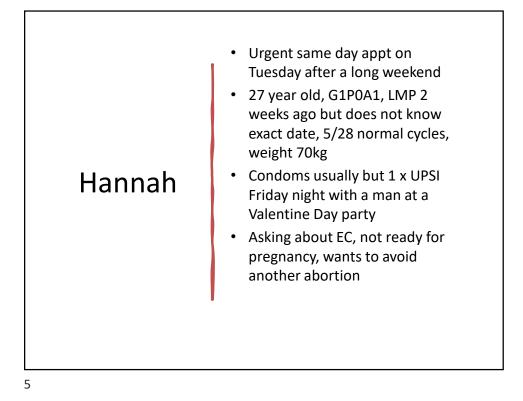


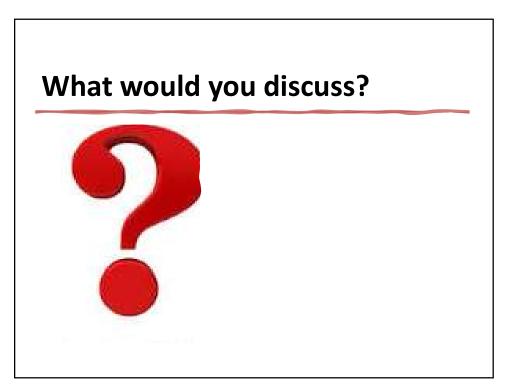
Mitigating Potential Bias

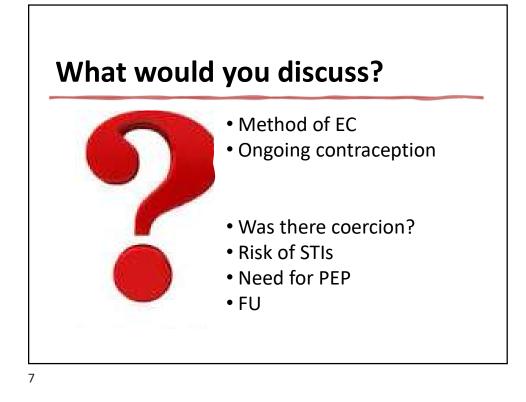
I am not discussing or recommending either of the products for which I have received honoraria.

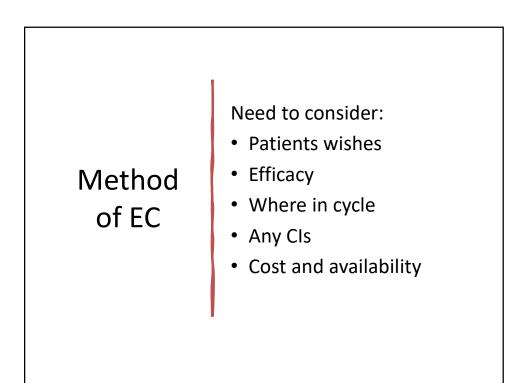
Recommendations are consistent with current national guidelines.

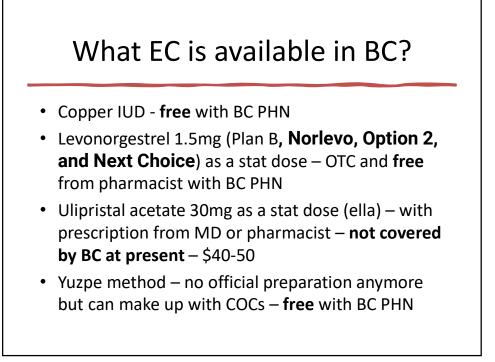
By the end of this presentation, you will be able to:
Counsel people requiring EC on all available methods
Recommend the copper IUD as the most effective option
Consider discussing EC opportunistically with people using no contraception or less effective methods of contraception



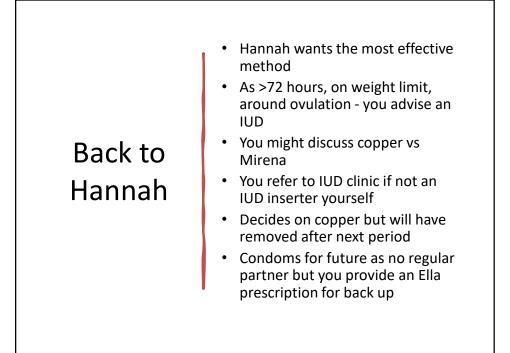


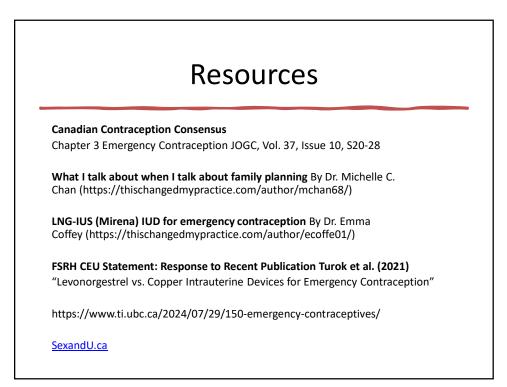






Effica	асу		with dif	ferent met	y table of I hods of EC sample size	according	
Day since UPI	≤1	2	3	4	5	6	7
Methods, S	%		Risk of	pregnancy	,		
Yuzpe EC ²	² 3.2	3.2	3.2	>3.2	>3.2	NA	NA
LNG EC ^{9,2}	¹⁰ 2.3	1.6	2.7	2.8	3.0	NA	NA
UPA EC 9,1	¹⁰ 0.9	2.2	0.9	0*	0*	NA	NA
Emergency Cu-IUD ⁶	<i>י,</i> % 0.01	0.01	0.01	0.01	0.01	0.01	0.01





Combined oral contraceptive pills for use as EC – 2 doses 12 hours apart

	Pills per dose	Ethinyl estradiol (mcg/dose)	Levonorgestrel (mcg/dose)
Alesse	5	100	500
Triquilar	4 yellow	120	500
Min-Ovral	4	120	600