

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

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Faculty/Presenter Disclosure



Faculty: Kirsten Duckitt



Relationships with financial sponsors:

Any direct financial relationships including receipt of honoraria: I have received honoraria for teaching Mirena and Nexplanon insertions

Memberships on advisory boards or speakers' bureau: None

Patents for drugs or devices: I wish!

Other: financial relationships/investments: I work at the Vancouver Island Women's Clinic

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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.

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Objectives

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

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Hannah

- Urgent same day appt on Tuesday after a long weekend
- 27 year old, G1P0A1, LMP 2 weeks ago but does not know exact date, 5/28 normal cycles, weight 70kg
- Condoms usually but 1 x UPSI Friday night with a man at a Valentine Day party
- Asking about EC, not ready for pregnancy, wants to avoid another abortion

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What would you discuss?



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What would you discuss?



- Method of EC
- Ongoing contraception

- Was there coercion?
- Risk of STIs
- Need for PEP
- FU

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Method of EC

Need to consider:

- Patients wishes
- Efficacy
- Where in cycle
- Any CIs
- Cost and availability

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What EC is available in BC?

- Copper IUD - **free** with BC PHN
- Levonorgestrel 1.5mg (Plan B, **Norlevo, Option 2, and Next Choice**) as a stat dose – OTC and **free** from pharmacist with BC PHN
- Ulipristal acetate 30mg as a stat dose (ella) – with prescription from MD or pharmacist – **not covered by BC at present** – \$40-50
- Yuzpe method – no official preparation anymore but can make up with COCs – **free** with BC PHN

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Efficacy

• Table 6 Summary table of risks of pregnancy with different methods of EC according to timing since UPI * small sample size

| Day since UPI | ≤ 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|------------------------|------|------|------|------|------|------|------|
| Methods, % | | | | | | | |
| Yuzpe EC ² | 3.2 | 3.2 | 3.2 | >3.2 | >3.2 | NA | NA |
| LNG EC ^{9,10} | 2.3 | 1.6 | 2.7 | 2.8 | 3.0 | NA | NA |
| UPA EC ^{9,10} | 0.9 | 2.2 | 0.9 | 0* | 0* | NA | NA |
| Emergency, % | | | | | | | |
| Cu-IUD ⁶ | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 |

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Back to Hannah

- Hannah wants the most effective method
- As >72 hours, on weight limit, around ovulation - you advise an IUD
- You might discuss copper vs Mirena
- You refer to IUD clinic if not an IUD inserter yourself
- Decides on copper but will have removed after next period
- Condoms for future as no regular partner but you provide an Ella prescription for back up

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Resources

Canadian Contraception Consensus

Chapter 3 Emergency Contraception JOGC, Vol. 37, Issue 10, S20-28

What I talk about when I talk about family planning By Dr. Michelle C. Chan (<https://thischangedmypractice.com/author/mchan68/>)

LNG-IUS (Mirena) IUD for emergency contraception By Dr. Emma Coffey (<https://thischangedmypractice.com/author/ecoffe01/>)

FSRH CEU Statement: Response to Recent Publication Turok et al. (2021)
 “Levonorgestrel vs. Copper Intrauterine Devices for Emergency Contraception”

<https://www.ti.ubc.ca/2024/07/29/150-emergency-contraceptives/>

[SexandU.ca](https://www.sexandu.ca)

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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 |