EMERGENCY CONTRACEPTION IN AUSTRALIA

WHAT IS IT?

Emergency contraception (EC) are the range of contraceptive choices available in Australia. The three methods in Australia are levonorgestrel (LNG) and ulipristal acetate (UPA) emergency contraceptive pills (ECPs) which are oral, oral medications, and the Copper Intrauterine Device (Cu-IUD).

WHEN IS IT USED?

- After an unplanned sexual intercourse (UPSI) from:
  - Sexual assault
  - Non-contraceptive failure
  - Non-contraceptive contraceptive failure
  - Non-contraceptive medication failure
  - Non-contraceptive device failure
  - Non-contraceptive barrier failure

- EC is not routinely discussed with women before the need arises, although EC is available to all women in Australia at all sexual health, planning or sexual health clinics.

- EC is not a routine part of a post-coital exam, but providing EC is a useful opportunity to discuss the commencement of a more reliable ongoing method of contraception or reviewing the need for an ongoing method of contraception or discussing the need for an ongoing method of contraception.

- EC should be used for women presenting within 72 hours of UPSI. If UPSI occurs within 24 hours of LNG EC, women should be advised to use EC immediately and repeat dose if vomiting occurs. LNG EC should be used within 72 hours of UPSI.

- LNG EC is more effective than UPA EC.

- UPA EC is more effective than LNG EC if UPSI occurs within 24 hours of ingestion.

- LNG EC is not recommended if UPSI occurs within 72 hours of ingestion.

- Due to the postcoital exam, EC should not be administered during pregnancy investigation.

- EC is not routinely discussed with women before the need arises, although it is generally known about EC specific information which would facilitate access to EC for women before UPSI and can assist women before the need arises.

- Hormonal methods of contraception are effective if UPSI occurs within the 72 hour window.

- EC is only effective if UPSI occurs within the 72 hour window.

- EC should be used for all non-contraceptive failures, including non-contraceptive device failures (Cu-IUD or LNG Intrauterine System (IUS)), removal without immediate replacement, partial or complete expulsion, threads missing or location unknown.

- The IUD is the most effective method of EC but in many cases IU insertion for EC is not practised in Australia at present.

- For LNG EC and UPA, the earlier they are taken the better – the days post-coital to use EC are the most critical for LNG and UPA.

- Women should be educated about the potential benefits without the need for a post-coital exam, so that they can use EC after UPSI if they want to prevent pregnancy.

ECPs can only be taken the “morning after”.

The ECP is commonly known as the “morning after pill” both by the community and by health professionals. It's well established that EC is effective and can be used up to 120 hours after UPSI. If UPSI occurs within 72 hours of ingestion, EC should be used within 72 hours of UPSI. Effective contraceptive methods should be used after UPSI if EC is not used. EC should be used for women presenting within 72 hours of UPSI as a minimum.

ECs are not an effective as ongoing methods of contraception and are an effective and necessary choice of methods for women who are not able to use EC regularly. ECs are not recommended in emergency contraception (EC) to explain to clients. ECs is an efficient method and can interrupt an unplanned pregnancy.

CONTRAINDICATIONS

- Women presenting for EC should be offered the option of discussing the commencement of a more reliable ongoing method of contraception or reviewing the need for an ongoing method of contraception.

- Women should be offered a range of hormonal methods of contraception or discussing the need for an ongoing method of contraception.

- Women should be advised to use EC immediately if UPSI occurs within 72 hours of ingestion.

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