# EMERGENCY CONTRACEPTION

## POSITION STATEMENT

### KEY MESSAGES

- Emergency contraception should be discussed as part of all consultations about reversible methods of contraception.
- Cost can be a barrier, so clinics providing low-cost or free emergency contraception increase access.
- For oral emergency contraceptive pills, the earlier they are taken the better – the days just prior to ovulation are the most critical for oral emergency contraception.
- All forms of emergency contraception do not protect against sexually transmitted infections.
- Education about, and easy and affordable access to, emergency contraception should be provided to all potential users as a last chance to prevent pregnancy.

### SHINE SA POSITION

Emergency contraception is an effective measure to prevent unwanted pregnancies. Emergency contraception can be used following unprotected intercourse, contraceptive failure, incorrect use of contraceptives, or in cases of sexual assault. The most common emergency contraception is a 1.5 mg tablet of levonorgestrel taken within 120 hours of unprotected intercourse. Its efficacy reduces over time, so it is important that users have easy access to emergency contraception to enable them to take it as early as possible. Health professionals should include information about emergency contraception as part of any discussion about all reversible contraceptive methods. It is available in pharmacies after a consultation with a pharmacist, and also in SHINE SA clinics. Users should be informed about where to access emergency contraception and its associated costs. The provision of emergency contraception can be used as a bridge to regular reliable contraceptive methods.

### BACKGROUND

Emergency contraception are methods of contraception that can be used after unprotected sexual intercourse either from contraceptive failure, non-use of contraception or from sexual assault.
In Australia, emergency contraception uses oral medications or the insertion of an intra-uterine contraceptive device.
At present, the intra-uterine contraceptive device is rarely used as emergency contraception in Australia because of its relative cost and availability of doctors or nurses who are trained inserters.

There are two different oral medication regimens. The first uses a single dose of 1.5 mg of levonorgestrel taken within 5 days of unprotected sexual intercourse. The efficacy of levonorgestrel emergency contraception reduces over time after unprotected sex from preventing 95% of expected pregnancies if taken within 24 hours to 58% if taken between 48–72 hours[I]. Its effectiveness has been demonstrated up to 120 hours[II], although more recent research concludes its efficacy from 96–120 hours is uncertain and that it should be taken as soon as possible[III]. Levonorgestrel emergency contraception is available from pharmacies with a pharmacist consultation and also at SHINE SA and other sexual health clinics.

Ulipristal acetate is a newer oral emergency contraceptive that is effective for 120 hours after unprotected sexual intercourse[III] and was registered in Australia in March 2015[IV] and can be accessed from pharmacies with a pharmacist consultation. The primary action of oral emergency contraception is to prevent or delay ovulation. Oral emergency contraception cannot interrupt an established pregnancy or harm a developing embryo[V VI]. There are few contraindications to its use, and it is also safe for use in younger users[VII VIII].

**SHINE SA seeks to improve awareness of and access to emergency contraception by:**

- providing information and promoting awareness about emergency contraception on its website, in its clinics and as part of its educational programs
- providing low cost emergency contraception at its clinics
- advocating for access to affordable emergency contraception for all
- providing advice about emergency contraception on the Sexual Healthline (see the website for details)
- supporting ongoing research and advocacy about emergency contraception


[I] World Health Organization Task Force on Postovulatory Methods of Fertility Regulation (1998) Randomised control trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. Lancet, 353: 428–433

[II] Piaggio G, Kapp N, von Hertzen H (2011) Effect on pregnancy rates of the delay in the administration of levonorgestrel for emergency contraception: a combined analysis of four WHO trials. Contraception 84(1): 35–39

[III] Glasier AF, Cameron ST, Fine PM et al (2010) Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and metaanalysis. Lancet, 375(9714): 555–562

[IV] Therapeutic Goods Administration (TGA). (2015). Public Summary - EllaOne ulipristal acetate 30 mg tablet blister pack. Online www.ebs.tga.gov.au/servlet/xmlmillr6?dbid=ebs/PublicHTML/pdfStore.nsf&docid=219535&agid=(PrintDetailsPublic)&actionid=1

[V] International Federation of Gynecology and Obstetrics & International Consortium for Emergency Contraception (2011) Mechanism of Action—How do levonorgestrel-only emergency contraceptive pills (LNG ECPs) prevent pregnancy? Online www.figo.org/sites/default/files/uploads/MOA_FINAL_2011_ENG.pdf

[VI] Calabretto H (2009) Emergency contraception – knowledge and attitudes in a group of Australian university students. Australian and New Zealand Journal of Public Health, 33(3): 234–239

[VII] Raine T, Ricciotti N, Sokoloff A, Brown B, Hummel A, Harper C (2012) An over-the-counter simulation study of a single-tablet emergency contraceptive in young females. Obstetrics & Gynecology 119: 772–779

[VIII] Sambol N, Harper C, Kim L, Liu C, Darney P, Raine, T (2006) Pharmacokinetics of single-dose levonorgestrel in adolescents. Contraception, 74: 104–109




SHINE SA


**Contact**
Chief Executive Officer
ceoea@shinesa.org.au

www.shinesa.org.au