

Ulipristal acetate emergency contraception (UPA-EC) acts to prevent pregnancy after unprotected sex by delaying or preventing ovulation. (1)

Two studies have demonstrated a diminished ability of UPA to suppress ovulation if progestogen-containing contraception is started soon after taking UPA-EC 30 mg. (2, 3)

It is currently recommended that initiating or restarting combined hormonal contraception, the progestogen only pill, the etonogestrel implant and depot medroxyprogesterone acetate injection should be delayed for 5 days if UPA 30 mg is used for emergency contraception. This advice does not apply to levonorgestrel-IUDs due to low systemic levels of levonorgestrel and the progestogen mainly acting at a local rather than a systemic level.

There are no studies examining the effect of current use of hormonal contraception in those who take UPA for emergency contraception. It is not known at what level synthetic hormonal contraception can reduce UPA's ability to suppress ovulation.

Theoretically, progestogen-containing contraception taken prior to the use of UPA-EC might diminish the ability of UPA-EC to prevent ovulation. If progestogen-containing contraception (excluding the levonorgestrel IUD), has been used in the week before EC is required, the efficacy of UPA-EC might be reduced, and if a copper IUD is not suitable, LNG EC is preferred. (4)

## References

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7. Morrell KM, Cremers S, Westhoff CL, Davis AR. Relationship between etonogestrel level and BMI in women using the contraceptive implant for more than 1 year. *Contraception*. 2016;93(3):263-5.
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