

Family Planning Alliance Australia: Statement from the Clinical Reference Group of the Medical Advisory Committee December 2020

Oral emergency contraception works to prevent or delay ovulation.(1-3) Those who take oral emergency contraption (EC) and have a repeat episode of unprotected intercourse during the same cycle are at around 4 times the risk of pregnancy compared to those who have no further unprotected intercourse during the cycle. (4)

Deciding on a time frame for which a repeat dose of oral EC is required if further unprotected intercourse occurs depends on • duration of sperm survival?

how long ovulation is delayed by after oral EC?

whether there is a cervical mucus thickening effect from oral EC preventing sperm penetration from subsequent intercourse?
whether there is any effect on implantation and how long an effect would last?

Sperm: Typically, sperm will live to a maximum of 5 days in the upper reproductive tract in the presence of fertile cervical secretions (5, 6) with a 99% probability that the survival time is less than 7 days.(7)

The evidence on ovulation after oral EC is limited. Ulipristal acetate (UPA) when administered just prior to or in the early stages of the luteinising hormone (LH) surge will delay ovulation in 60% of users by 5 or more days, however around 40% will ovulate within 5 days of administration. (8) There is insufficient evidence to indicate how long ovulation delay occurs in levonorgestrel (LNG) EC users.

UPA has no effect on cervical mucus. (9) While it would be expected that LNG would impede sperm penetration of cervical mucus if intercourse occurred after administration of a single dose, no evidence is available for the LNG EC 1.5 mg dose.

Neither UPA nor LNG have been shown to affect implantation. (1, 10, 11)

Conclusion

There is insufficient evidence to support the previous recommendation, "if further unprotected sexual intercourse occurs within 12 hours of a dose of EC, further EC treatment is not required".(12) A repeat dose of either UPA or LNG oral EC is recommended for unprotected intercourse that occurs at any time interval after oral EC. Note that UPA and LNG EC should not be used together in the same cycle due to potential competition at the progesterone receptor level which would result in reduced efficacy.

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The Medical Advisory Committee of Family Planning Alliance Australia is comprised of senior medical educators, senior medical officers and medical directors of the member family planning organisations. The Clinical Reference Group of the Medical Advisory Committee exists as a means to review current clinical practice and provide evidence based recommendations for use by sexual and reproductive health practitioners where clinical guidance is lacking.

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