

View this article online at: patient.info/health/emergency-contraception-leaflet

Emergency Contraception

If you have unprotected sex but do not wish to become pregnant, you may need emergency contraception. This is the term used for contraception used AFTER you have already had sex. There are several options available, but they must be used within 3-5 days after the unprotected sex. There are two types of pills which have a good chance of preventing pregnancy, sometimes called the "morning after pill". Alternatively an intrauterine contraceptive device (IUCD) can be fitted, which is even more effective.

What is emergency contraception?

There are three types of emergency contraception now available to women. These are two types of pill, and the intrauterine contraceptive device (IUCD) - also called the coil. They are available from your GP practice, NHS walk-in centres, family planning organisations (like British Pregnancy Advisory Service or Brook) and pharmacies.

Emergency contraception can be used:

- If you have had sex without using contraception.
- If you have had sex, but there was a mistake with contraception. For example, a split condom or if you forgot to take your usual contraceptive pills.

The progestogen pill

This is a pill that contains levonorgestrel which is a progestogen hormone. There are several different ones available, but they all contain the same dose of levonorgestrel. You can get it free on prescription or you can buy it from pharmacies, without a prescription. The usual dose is one pill which contains 1.5 mg of levonorgestrel. (Some women need a higher dose if they are taking certain other medication - for example, women taking certain anti-epilepsy medicines.)

When do I take it and how does it work?

Take the pill as soon as possible after unprotected sex. The earlier you take the pill, the more effective it is. It should be taken within 72 hours (three days). It is thought to work mainly by preventing or delaying the release of an egg from your ovary, which normally happens each month (ovulation). It is not thought to cause an abortion, ie it does not have an effect if an embryo has already settled (implanted) into the womb (uterus).

How effective is the progestogen pill?

Although emergency contraception is effective, it is not as reliable as regular planned contraception. Therefore, it should only be used in emergencies. The progestogen pill becomes gradually less effective the more time elapses after having unprotected sex. However, there is a good chance of preventing pregnancy if it is taken up to 72 hours after unprotected sex.

It is difficult for scientists to work out exactly how effective it is. This is because after having unprotected sex on one occasion, only a few women would get pregnant. It is difficult to work out which women would not have got pregnant anyway and which pregnancies were actually prevented by taking the morning after pill. If 1,000 women had unprotected sex once, around 60 to 80 would become pregnant. If all those women had taken Levonelle®, only around 11 to 26 would have become pregnant.

It is sometimes used between 72 and 120 hours after unprotected sex but the chance of it working is much less if it is taken after 72 hours, particularly so after 96 hours (four days).

Are there any side-effects with the emergency progestogen pill?

Side-effects with the emergency progestogen pill are uncommon. However, some women feel sick for about 24 hours after taking the pill. Some women are actually sick (vomit.) This may be less likely to happen if the pill is taken with food.

If you vomit within two hours of taking the pill then either:

- Take another pill as soon as possible. (You may need to get a further prescription, or buy another pill from the pharmacy. You may also wish to get a prescription for some antisickness tablets.)
- **OR** a coil (IUCD) can be inserted (see below).

Other mild side-effects occur in some women for a short time, such as diarrhoea, dizziness and breast tenderness. There may be some change to your periods in the month after taking the pill. Your period may be early, or late, or you may get some erratic bleeding.

Who should not take the emergency progestogen pill?

Most women are able to take the emergency progestogen pill. However, it is not suitable for all women. For example, women with a rare condition called **porphyria** should not take it. Also women who have very severe liver disease, or very severe **Crohn's disease** may not be able to take it.

Several other medicines can interfere with the emergency progestogen pill, meaning it may not work as effectively. This includes:

- **Medicines for epilepsy** - for example, **phenytoin** and **carbamazepine**.
- Two antibiotics called **rifampicin** and **rifabutin** (other antibiotics do not have an effect).
- An over-the-counter remedy called **St John's wort**, used for low mood.
- **Some medicines used to treat HIV and AIDS**, such as **ritonavir**.

Make sure the doctor, nurse or pharmacist prescribing you the emergency contraception pill knows about all the other pills you are taking.

If the pill did not work and you became pregnant, there is no evidence that taking the emergency progestogen pill is harmful to the baby.

Ulipristal acetate pill (ellaOne®)

Ulipristal acetate (brand name ellaOne®) is a type of emergency contraceptive pill that was launched in the UK in 2009. It is taken as one single tablet.

When do I take it and how does it work?

Take the pill as soon as possible after unprotected sex. The earlier you take the pill, the more effective it is. It can be taken up to 120 hours (five days) after having unprotected sex. It is a type of hormone which seems to work by stopping or delaying release of an egg (ovulation).

How effective is ulipristal acetate?

Although emergency contraception can be effective, it is not as reliable as regular planned contraception. Therefore, it should only be used in emergencies. It is most effective if you take the tablet as soon as you can, after having unprotected sex. The effectiveness decreases the longer you leave before taking the tablet.

It is difficult for scientists to work out exactly how effective it is. This is partly because it is a new pill, so there aren't too many studies. Also, after having unprotected sex on one occasion, only a few women would get pregnant. So it is difficult to work out which women would not have got pregnant anyway and which pregnancies were actually prevented by taking the morning after pill. If 1,000 women had unprotected sex once, around 60 to 80 would become pregnant. If all those women had taken ellaOne®, only around 9 to 18 would have become pregnant.

It looks as though ellaOne® may be very slightly more effective than Levonelle®, particularly when taken between 3-5 days after unprotected sex.

Who should not take ulipristal acetate?

Ulipristal acetate cannot be taken if there is any possibility that you might be pregnant. It also cannot be taken if you have certain liver diseases or have severe asthma. You should not breast-feed for one week after taking this tablet.

Some other medicines can interfere with ulipristal acetate, making it less effective. If you take one of these pills it may be better to use another form of emergency contraception. Medicines which may interfere with ulipristal acetate include:

- **Medicines for epilepsy** - for example, **phenytoin** and **carbamazepine**.
- Two antibiotics called **rifampicin** and **rifabutin** (other antibiotics do not have an effect).
- An over-the-counter remedy called **St John's wort**, used for low mood.
- **Some medicines used to treat HIV and AIDS**, such as **ritonavir**.
- Some medications taken for indigestion or heartburn (such as **antacids**, **omeprazole** or **ranitidine**).

Also, ulipristal acetate may interfere with the action of other contraceptive pills. If returning to other contraceptive pills after taking ulipristal acetate, you will need to use condoms or avoid having sex for a little while. How long this should be depends on the pill you are taking:

- 14 days for **combined oral contraceptive (COC) pills** (other than the pill Qlaira®, in which case it is 16 days).
- 14 days for the **vaginal contraceptive ring**.
- 14 days for **contraceptive patches**.
- 9 days for **progestogen-only pills (POP)**.

Always make sure the person prescribing you the emergency contraception pill knows about any other medication you are taking.

Are there any side-effects of ulipristal acetate?

Side-effects with the ulipristal acetate pill are uncommon. These can include headaches, feeling sick, tummy (abdominal) pains, dizziness and muscle pains. After taking it, your periods may be different for the next month. Your period may be earlier than expected, later than expected, or you may have some erratic bleeding.

If you are sick (vomit) within two hours of taking ulipristal acetate then you will need to take another tablet. You will need another prescription for this.

Some reasons why the emergency contraception pills are less likely to be successful

- If you take the progestogen pill more than 72 hours or the ulipristal acetate pill more than 120 hours after unprotected sex.
- If you are sick (vomit) within three hours of taking the pill and do not take a repeat dose.
- If you also had unprotected sex at an earlier time since your last period.
- If you have unprotected sex again after taking emergency contraception.

The intrauterine contraceptive device (IUCD)

An alternative method of emergency contraception is to have an IUCD (often known as a coil) inserted by a doctor or nurse. This can be done up to five days after unprotected sex. It has the advantage of providing ongoing contraception and is also more effective than taking hormone tablets. Less than 1 woman in 100 would get pregnant after having the coil inserted for emergency contraception, meaning it is nearly 100% effective.

Most women can use the coil. Exceptions include those who have copper allergy, and those who have infections or cancer in their genital areas or womb (uterus).

See separate leaflet called [Intrauterine Contraceptive Device \(IUCD\)](#) for details.

Some other points about emergency contraception

- Most women have their next period at about the usual time. Sometimes it is a few days earlier or later than expected. See a doctor or nurse if your next period is more than seven days late or if it is lighter than usual. A pregnancy test may be advised.
- Your next menstrual cycle may also be shorter or longer than usual.
- There is still a small risk of pregnancy even if you use an emergency contraceptive correctly.

Follow-up after receiving emergency contraception

You may want to discuss your regular contraceptive needs with a doctor or nurse. This may be best in a relaxed follow-up consultation.

An important message

See a doctor urgently if you have any lower tummy (abdominal) pain or abnormal bleeding in the 2-6 weeks following use of emergency contraception. These are the main symptoms of an ectopic pregnancy. This is rare, but it is best to be aware of the possibility as it is a serious condition. Also, do a pregnancy test or see a doctor if your next due period is more than seven days late. See your doctor if you have any other concerns or questions.

Further reading & references

- [Drug Interactions with Hormonal Contraception](#); Faculty of Sexual and Reproductive Healthcare (January 2011 - updated January 2012)
- [Emergency Contraception](#); Faculty of Sexual and Reproductive Healthcare (2011)
- [Ulipristal Acetate \(ellaOne®\)](#); Faculty of Sexual and Reproductive Healthcare New Product Review, 2009
- [Glasier AF, Cameron ST, Fine PM, et al](#); Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis, *The Lancet*, Volume 375, Issue 9714, Pages 555 - 562, 13 February 2010
- [Contraception - emergency](#); NICE CKS, November 2011 (UK access only)
- [Cheng L, Che Y, Gulmezoglu AM](#); Interventions for emergency contraception. *Cochrane Database Syst Rev*. 2012 Aug 15;8:CD001324. doi: 10.1002/14651858.CD001324.pub4.
- [Richardson AR, Maltz FN](#); Ulipristal acetate: review of the efficacy and safety of a newly approved agent for emergency contraception. *Clin Ther*. 2012 Jan;34(1):24-36. doi: 10.1016/j.clinthera.2011.11.012. Epub 2011 Dec 9.
- [Shohel M, Rahman MM, Zaman A, et al](#); A systematic review of effectiveness and safety of different regimens of levonorgestrel oral tablets for emergency contraception. *BMC Womens Health*. 2014 Apr 4;14:54. doi: 10.1186/1472-6874-14-54.





Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Patient Platform Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Author: Dr Mary Harding	Peer Reviewer: Prof Cathy Jackson	
Document ID: 4539 (v45)	Last Checked: 19/01/2015	Next Review: 18/01/2018

View this article online at: patient.info/health/emergency-contraception-leaflet

Discuss Emergency Contraception and find more trusted resources at [Patient](#).

Ask your doctor about Patient Access

-  Book appointments
-  Order repeat prescriptions
-  View your medical record
-  Create a personal health record (iOS only)



Simple, quick and convenient.
Visit patient.info/patient-access
or search 'Patient Access'