

Clinical Tips: Emergency Contraception

Emergency contraception was historically called the “morning after pill,” which proved harmful as it deterred women seeking it once 12-24 hours had elapsed.

Emergency contraception is available from a pharmacist without a script, although some pharmacists restrict access to under 16 year olds, so it can be better to provide a script to a young person.

- Levonorgestrel most effective when taken within 72 hours of unprotected sex, but can be effective for up to 4 days. It is estimated to be 85% effective.
- Clinicians should discuss the potential for reduced effectiveness after 72 hours and the need for a pregnancy test if the period is late
- Ulipristal acetate can be taken up to 5 days (120 hours) after unprotected intercourse. It works by inhibiting or postponing ovulation to prevent fertilisation and has a failure rate of 2%. The label suggests no difference in safety or efficiency for post-pubertal adolescents compared to women aged 18 or over
- If the period is more that 7 days late, the need for a pregnancy test is important whether emergency contraception has been taken or not
- Ask to repeat pregnancy test 3 weeks after the emergency contraception, no matter what the pattern of bleeding
- Further conversation will be needed surrounding pregnancy if the young person is already pregnant
- Ongoing contraception and STI screening should be discussed with women upon seeking this method and appropriate referrals made.

See [FSRH guideline emergency contraception](#) for a more in-depth view