



Dosage and Timing

Recent studies have provided new information concerning the regimen for levonorgestrel-only emergency contraceptive pills (ECPs). Study results indicate that a single dose of 1.5 mg of levonorgestrel can substitute for two 0.75 mg doses 12 hours apart. New research also indicates that ECPs can prevent pregnancy up to five days (120 hours) after unprotected intercourse (both levonorgestrel and Yuzpe regimens).

- **A single dose of 1.5 mg (levonorgestrel-only ECP)**

A World Health Organization (WHO) multi-center randomized trial in ten developed and developing countries found a single 1.5 mg dose of levonorgestrel to be as effective in reducing the risk of pregnancy as two 0.75 mg doses taken 12 hours apart. Side effects did not differ between the two regimens. [1] A Nigerian study corroborated this finding that a single 1.5 mg dose of levonorgestrel is both effective and safe. [2] This single dose approach simplifies the use of levonorgestrel for emergency contraception.

- **ECPs should be taken as soon as possible, but can be used up to 5 days (120 hours) after unprotected intercourse**

Levonorgestrel-only emergency contraception is effective in preventing a high proportion of pregnancies up to five days (120 hours) after unprotected intercourse according to the findings of a WHO multicenter randomized trial. [1] The combined estrogen and progestin (Yuzpe) regimen also reduces the risk of pregnancy for up to five days according to data from a Canadian study. [3] However, results from the WHO study showed a significant trend towards a lower efficacy the longer the delay between treatment and unprotected intercourse, and earlier WHO trials have indicated that pregnancy risk increases over time with delay of treatment. [1, 4] These results underscore the importance of providing ECPs to women who seek treatment beyond 72 hours. To maximize the effectiveness of the method, however, women should be encouraged to take ECPs as soon as possible after unprotected intercourse. ECPs are not effective after implantation.

Recommendation

While product labeling and information provided by ECP manufacturers is not likely to change in the immediate future, providers are encouraged to update their ECP protocols to reflect this new information. Based on evidence to date, providers should advise women to take a single 1.5 mg dose of the levonorgestrel-only ECP regimen. Providers should continue to promote ECP treatment as soon as possible following unprotected intercourse, but provide ECPs up to 120 hours after unprotected sex, as needed.

References

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International Consortium For Emergency Contraception

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