

C2.20 – INTRAUTERINE (AS EMERGENCY CONTRACEPTION)

Policy

CSPs should exclude the possibility that a client may already be pregnant by assessing the date of the last menstrual period, the first episode of unprotected intercourse and the last episode of unprotected intercourse. A pregnancy test may be helpful if there is some doubt about whether the client is already pregnant from intercourse in the past. EC should not be withheld because the unprotected coital act may not have occurred on a fertile day of the menstrual cycle.

Procedure

When should Emergency Contraception Be Initiated

Treatment should be initiated as soon as possible after unprotected or inadequately protected intercourse to maximize efficacy, which decreases with time. The copper T-380 or 52mg levonogestrel IUD can be inserted up to 5 days of the first act of unprotected intercourse as an EC. *Refer to the Emergency Contraception policy for additional options.*

STI Testing

If a client has not been screened for STIs according to STI screening guidelines, screening must be performed at the time of insertion.

When is an IUD Appropriate for Emergency Contraception

Both the Copper T-380A and 52mg Levonogestrel (LNG) IUDs prevent pregnancy more than 99% of the time when placed within 5 days of unprotected intercourse. One advantage of using an IUD for EC is that it can be retained for continued long-term contraception. Insertion of an IUD is not cost saving when used solely for EC. However, it becomes cost-effective when used for as little as 4 months as an ongoing contraceptive method following insertion as an EC.

The copper or 52mg levonogestrel IUD is appropriate for EC in women who meet standard criteria for IUD insertion and is most effective if inserted within 5 days after unprotected intercourse. This method is particularly useful for women who desire long-term contraception and who are otherwise appropriate candidates for IUD use.

What Clinical Follow-Up Is Necessary After Use of Emergency Contraception

Side effects after emergency insertion of an IUD are similar to those experienced after routine IUD insertion and include abdominal discomfort, cramping and vaginal bleeding or spotting.

Follow-up should be scheduled according to IUD insertion guidelines. The individual should be advised that if their menstrual period is delayed by a week or more, they should consider the possibility that they may be pregnant and seek clinical evaluation. The individual should also seek follow-up care for persistent irregular bleeding or lower abdominal pain because these symptoms could indicate a spontaneous abortion or an ectopic pregnancy.

Date Revised	September 2023
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References	<p>Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</p>
Additional Resources	<p>Current CDC U.S. Medical Eligibility Criteria; ACOG Practice Bulletin No. 112, Emergency Contraception, May 2010; Current US Selected Medical Practice Recommendations for contraceptive use.</p> <p>Turok DK, Gero A, Simmons RG, Kaiser JE, Stoddard GJ, Sexsmith CD, Gawron LM, Sanders JN, Levonorgestrel vs. Copper Intrauterine Devices for Emergency Contraception. N Engl J Med. 2021 Jan 28;384(4):335-344.</p>