

HOW GOOD ARE THE VARIOUS METHODS OF EMERGENCY CONTRACEPTION?

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In the 1960s the use of large doses of estrogen to prevent implantation was introduced. These extremely large doses of estrogen were associated with a very high rate of gastrointestinal side effects. Using a high dose of combined oral contraceptive (Yuzpe) resulted in an important reduction of side effects and estrogen dosage.

Levonorgestrel (LNG) in a dose of 0.75mg given twice, 12 hours apart, or combined into a single dose of 1.5mg, is more successful and better tolerated than the Yuzpe method.

The mechanism of action of LNG in this context is not known with certainty, but it is believed that this treatment combines delay of ovulation with local effect on the endometrium and prevention of fertilization. The risk of pregnancy with this method is ca 1–2% if LNG is used within 72 hours after unprotected intercourse.

The three major problems with LNG for emergency contraception are several side effects, the need to start treatment within 72 hours after intercourse, and the small, but important failure rate.

10mg mifepristone (antiprogestosterone) with 1.5% pregnancy rate, is as effective as LNG, preventing about 80-85% of expected pregnancies, with slight decrease in efficacy when treatment was delayed to 5 days after intercourse. The rate of side effects is very low.

Another method of emergency contraception is the insertion of a copper IUD, anytime during the preovulatory phase of the menstrual cycle and up to 5 days after ovulation. The failure rate with <1% is very low. This method definitely prevents implantation, but it is not suitable for women who are not candidates for intrauterine contraception.

Emergency contraception should be considered when condoms break, sexual assault occurs, if diaphragms or cervical caps dislodge, or with the lapsed use of any method of contraception.

In the U.S. it is estimated that emergency contraception could annually prevent 1.7 million unintended pregnancies and the number of induced abortions would decrease by about 40%.

Women who have used emergency contraception are very satisfied with the method, and most importantly, do not express an intention to substitute this method for regular contraception.