Use of effective contraception six months after emergency contraception with a copper intrauterine device or ulipristal acetate – a prospective observational cohort study
Study background

Cu-IUD is the most effective method and yet it remains very underutilized

Why?

- Women don’t know about this option
- Pills are easy accessible and easy to hand out.
- Demands skilled health care providers
- Workload/not enough time
- Myths about IUDs for nulliparous
Emergency contraception – EC

Today 4 different methods:

- Take a few of your regular pill at once and repeat it - ”Yuzpe” method (1974) – started within 72 h

- Levonorgestrel (Norlevo®, Postinor®) – ASAP but within 72 h

- Ulipristal acetate - UPA (ellaOne®, ella®) – ASAP but within 120 h

- Cu-IUD – inserted within 120 h
Efficacy of EC methods

Pregnancies first month after EC
/1000 users

20

LNG

14

UPA

1

Cu-IUD

Cu-IUD for EC – Main mechanism of action

- Toxic to sperms and egg
  inhibits fertilization
- Local inflammatory reaction in the endometrium
  inhibits nidation
- No effect on ovulation

Gemzell, Berger, Lilitkumar. 2013
Advantages
Cu-IUD vs ECP

- Can be used after LH-peak and ovulation
- No loss of efficacy over time. If inserted within 120 h there is a 0.01% risk of pregnancy
- User independent
- Provides a Long Acting Reversible Contraceptive (LARC) that can stay for 5 years or more
- Very few contraindications
Materials and methods

- Conducted at the RFSU Clinic in Stockholm

- Women presenting with need for EC (n=101) was informed about the study and participants (n=79) gave written consent for participation

- Counselling about EC with emphasis on the efficacy of the Cu-IUD was given

- According to preference of method participants where included in either the Cu-IUD or the UPA group

- Follow up at 3 and 6 months
Outcomes

Primary

- Use of an effective contraceptive method at 6 months follow up (FU)

Secondary

- Use of an effective contraceptive method at 3 months FU

- Acceptability of Cu-IUD
  -> use again for EC
  -> would or have recommended to friends
## Results

<table>
<thead>
<tr>
<th></th>
<th>3 months</th>
<th>6 months</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Effective method</td>
<td>No effective method</td>
</tr>
<tr>
<td>Cu-IUD</td>
<td>35/36 (97.2%)</td>
<td>1/36 (2.8%)</td>
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<tr>
<td>UPA</td>
<td>19/32 (59.4%)</td>
<td>13/32 (40.6%)</td>
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<tr>
<td>Cu-IUD</td>
<td>30/36 (83.3%)</td>
<td>6/36 (16.7%)</td>
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<tr>
<td>UPA</td>
<td>18/31 (58.1%)</td>
<td>13/31 (41.9%)</td>
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Results

• In the Cu-IUD group 28/36 (77.8%) were still using Cu-IUD at six months – good acceptability

• 31/36 (86%) stated that they would recommend the Cu-IUD to others as an EC method.

What about unprotected sex?

• 4/36 (11.1%) in the Cu-IUD group compared to 14/31 (45.2%) in the UPA group ($p=0.02$).
Results

What about Pregnancies?

• 1 in the Cu-IUD group at 3 months FU - IUD removed due to suspected infection followed by oral contraceptive failure (Lost to 6 months FU)

• 3 in the UPA group. None because of EC failure – all had abortions

• 1 planned pregnancy in the UPA group within 3 months (Lost to 6 months FU)
Summary

• If a Cu-IUD is inserted as EC, significantly more women use an effective contraceptive method after 6 months

• To actively offer Cu-IUD for EC and on site insertion is possible – we made it happen

• WE NEED TO IMPROVE COUNSELLING SKILLS – MOTIVATION – EMPHASISE EFFICACY

• Main reason for not choosing Cu-IUD is fear of pain – future studies on pain management needed
Thanks for your attention
Obrigado!

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