

Research on emergency contraception (EC) is bedevilled by ethical objections to conducting placebo-controlled trials, problems of indirect estimates of efficacy and the difficulty that EC pill trials include only single exposure to unprotected sex whereas in real life this is seldom not the case. We are urged to offer the option of a copper intrauterine device (IUD), which is known to have extremely high efficacy – considerably greater than levonorgestrel (LNG) EC – but which may not be immediately available, nor be as acceptable to clients as a pill. Although there is still some uncertainty about the efficacy of LNG EC, studies show it is definitely much better than doing nothing and this applies when even women present between 72 and 120 hours after the event.

Research on mode of action has shown the only convincing mechanism to be delaying or arresting follicular development and blocking or delaying/blunting the luteinising hormone (LH) surge. The main work if ovulation already happened. Effects at the endometrial level that might prevent implantation have been shown in some studies for the Yuzpe regimen (PC4) but not for LNG.

Analysis of Yuzpe regimen studies has shown that EC is more effective when given earlier in the follicular phase. Until recently there were no data on effectiveness of LNG EC according to day of the cycle.

This small Australian pilot study seeks to remedy this situation. Ninety-nine women had their serum progesterone, estradiol and LH measured at the time of pill ingestion. EC was given at up to 120 hours after unprotected sex. Women were followed up 4–6 weeks later by telephone. Cases were confirmed by ultrasound. Endocrine data showed that 41 were in the follicular phase, 30 were peri-ovulatory and 28 were in the luteal phase.

The review is helpful in mentioning some of the issues involved in the management of this common but complex condition.
Effectiveness of levonorgestrel emergency contraception given before or after ovulation – a pilot study
Sam Rowlands

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