

# your guide to emergency contraception

Helping you choose the method  
of contraception that's best for you



# Emergency contraception

If you've had unprotected sex, that is, sex without using contraception, or think your contraception might have failed, you can use emergency contraception. There are different types of emergency contraception.

- The emergency intrauterine device (IUD).
- An emergency contraceptive pill with the active ingredient ulipristal acetate (UPA). ellaOne is currently the only brand available in the UK.
- An emergency contraceptive pill with the hormone levonorgestrel. There are different brands.

Emergency contraception can be very effective, but it's not as effective as using other methods of contraception regularly.

The emergency IUD is the most effective emergency contraception. An emergency contraceptive pill needs to be taken as soon as possible after sex to have the best chance of working.

You don't need to use emergency contraception for the first 21 days after giving birth. See FPA's information [Contraceptive Choices – After You've Had Your Baby](#) for more about contraception after giving birth, including using breastfeeding as contraception.

## Does emergency contraception cause an abortion?

No. Emergency contraception may stop ovulation (releasing an egg), fertilisation of an egg, or a fertilised egg from implanting in the uterus

(womb). Medical research and legal judgement are quite clear that emergency contraception prevents pregnancy and is not abortion. Abortion can only take place after a fertilised egg has implanted in the uterus.

## Where can I get emergency contraception?

You can get emergency contraception **free** from these places, but they may not all fit the IUD.

- Any general practice that provides contraceptive services.
- Any contraception clinic.
- Any young person's service or Brook clinic.
- Any sexual health clinic.
- Some genitourinary medicine (GUM) clinics.

You can also get emergency pills **free** from these places, but they may not all be able to supply pills with ulipristal acetate.

- Most NHS walk-in centres (in England only).
- Many pharmacies. This depends where you live and there may be age restrictions.
- Most NHS minor injuries units.
- Some hospital accident and emergency departments (phone first to check).

You can **buy** both types of emergency pill from:

- Most pharmacies. You'll need to be 16 years old or over to buy levonorgestrel pills.
- Some fee-paying clinics.

## How do I buy emergency contraceptive pills from a pharmacist?

You can buy both types of emergency pill from most pharmacies. It will cost around £25-£35. The pharmacist may not be able to sell it to you, for example if:

- it's been more than 3–5 days (72-120) hours since you had unprotected sex (depending on the type of pill)
- you think you might already be pregnant
- you're taking certain prescribed or complementary medicines
- you have certain health conditions.

In these circumstances you'll need to see a doctor or nurse. All the advice and treatment you receive is confidential – wherever you receive it.

## How will I know if my emergency contraception has worked?

Do a pregnancy test to make sure you're not pregnant if:

- you feel pregnant
- you haven't had a normal period within three weeks of taking an emergency contraceptive pill or having the emergency IUD fitted
- you started a method of hormonal contraception soon after using emergency contraception; you should do a test even if you have a bleed.

A pregnancy test will be accurate if the test is done three weeks after the last time you had unprotected sex.

## Am I protected from future pregnancy?

You can continue to use the IUD as your regular contraceptive method if you want to. It will be highly effective at preventing pregnancy.

The emergency contraceptive pill **won't** continue to protect you from pregnancy. If you have unprotected sex again you're at risk of pregnancy. Seek advice – you may need emergency contraception again.

## Can I take the emergency pill more than once in a menstrual cycle?

You can take the **same type** of emergency pill more than once in any menstrual cycle if you need to, but it may not be possible to take a different type of pill in the same cycle.

Emergency contraceptive pills aren't as effective as using other methods of contraception regularly. It's important to start an effective method of contraception after using the emergency contraceptive pill. Ask the doctor, nurse or pharmacist for advice on effective methods or see [www.fpa.org.uk](http://www.fpa.org.uk)

## How do I find out about contraception services?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123. It's open Monday to Friday from 9am-8pm and at weekends from 11am-4pm.

For more information on sexual health visit [www.fpa.org.uk](http://www.fpa.org.uk)

Information for young people can be found at [www.brook.org.uk](http://www.brook.org.uk)

## Clinics

To find your closest clinic you can:

- use Find a Clinic at [www.fpa.org.uk/clinics](http://www.fpa.org.uk/clinics)
- download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at [www.nhs.uk](http://www.nhs.uk) and in Wales at [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk). In Scotland you can find details of general practices at [www.nhsinform.scot](http://www.nhsinform.scot) and in Northern Ireland at [www.hscni.net](http://www.hscni.net)

## Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections.

Condoms (male/external and female/internal), when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

## What is it?

### Emergency IUD

A small plastic and copper device that's fitted in your uterus (womb) up to 5 days (120 hours) after unprotected sex or within 5 days of the earliest time you could've released an egg. Your appointment will last around 20–30 minutes. Inserting the IUD usually takes around 5 minutes. It can be uncomfortable for some people.

The IUD is the most effective method of emergency contraception. If it can't be fitted immediately you may be advised to take an emergency contraceptive pill.

### Emergency contraceptive pill with ulipristal acetate (UPA)

A tablet which contains the active ingredient ulipristal acetate (UPA). It's more effective at preventing pregnancy than a pill with levonorgestrel.

You'll be given 1 pill to take. It should be taken within 5 days (120 hours) of having unprotected sex, but try and take it as soon as possible.

### Emergency contraceptive pill with levonorgestrel

A tablet which contains a hormone called levonorgestrel. This is a type of progestogen hormone, similar to the natural progesterone produced by the ovaries.

You'll be given 1 pill to take. It should be taken within 3 days (72 hours) of having unprotected sex, but try and take it as soon as possible.

Ask your doctor for advice about taking it within 4 days (96 hours) of having unprotected sex.

## Who can use it?

Most women can use an emergency IUD, including young people and people who've never been pregnant.

It's not normally recommended before 28 days after giving birth. If you need to, you can use an emergency pill from 21 days after giving birth.

You can use an emergency IUD from day 5 after a miscarriage or abortion as long as there were no complications. If you had complications ask a doctor or nurse for advice.

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Most women can use pills with UPA. If you have severe asthma or take certain prescribed medicines or complementary medicines, an emergency IUD may be a preferred option.

If you used hormonal contraception in the week before you use UPA, UPA might be less effective.

UPA can be used from day 21 after giving birth. Avoid breastfeeding for 1 week after taking it and express and discard your milk during this time.

You can use it from day 5 after a miscarriage or abortion.

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Most women can use pills with levonorgestrel. However, if you're taking certain prescribed medicines, complementary medicines, weigh more than 70kg, or have a BMI (body mass index) higher than 26, you'll need advice and the dose of levonorgestrel may need to be increased. The emergency IUD may be preferred.

Levonorgestrel can be used from day 21 after giving birth.

You can use it from day 5 after a miscarriage or abortion.



## What are the disadvantages?

Some people may get a period-type pain and bleeding for a few days after the fitting. Pain relief can help.

There's a very small chance of getting an infection during the first 20 days after it's fitted. If you already have an infection you may be given antibiotics.

It's not common but the IUD can be pushed out or it can move. There's a very small risk that it might perforate (go through) your uterus (womb) when fitted. See FPA's Your Guide to the IUD for more information.

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There are no serious short or long-term side effects.

- Some people may feel sick or may get headaches or a painful period.
- A very small number will vomit.
- It may alter your next period.

Most side effects go away within a few days.

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- It may alter your next period.

Most side effects go away within a few days.

## How will it affect my next period?

Your next period should come at about the same time you'd normally expect it. It might be heavier than usual. If you don't have a period within about a week of the expected time then do a pregnancy test.

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Your period may be on time, or a few days earlier or later than expected. Sometimes it can be a week late and sometimes even later. If you don't have a period within about a week of the expected time then do a pregnancy test.

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Your period is likely to come on time or a few days early or late. Sometimes it can be a week late and sometimes even later. If you don't have a period within about a week of the expected time then do a pregnancy test.

## Do I need to see a doctor or nurse afterwards?

You should see a doctor or nurse 3–4 weeks after the IUD is fitted. This is to:

- check you're not pregnant
- discuss your future contraceptive needs
- remove the IUD if you don't want to keep it as your regular method.

The emergency IUD can be removed during your next period. If removed at any other time you'll need to avoid sex or use additional contraception, such as condoms, for 7 days before it's taken out.

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You should see a doctor or nurse if:

- Your next period is more than 7 days late, is shorter or lighter than usual or you have any sudden or unusual pain in your lower abdomen. These could be signs of an ectopic pregnancy. Although this isn't common, it's very serious.
- You're worried you might have a sexually transmitted infection.

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- Your next period is more than 7 days late, is shorter or lighter than usual or you have any sudden or unusual pain in your lower abdomen. These could be signs of an ectopic pregnancy. Although this isn't common, it's very serious
- You're worried you might have a sexually transmitted infection.

## Can it fail?

About 1 in 1,000 women will become pregnant after having an emergency IUD fitted. If you can't feel the IUD threads at your cervix (neck of the womb, at the top of your vagina) or you can feel the IUD itself, you may not be protected against pregnancy. See your doctor or nurse straight away and use additional contraception.

The IUD is very effective but if it fails there's a small increased risk of an ectopic pregnancy. The risk is less in IUD-users than in women using no contraception at all. If you have any unexpected bleeding or a sudden or unusual pain in your lower abdomen, seek advice as soon as possible.

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Some people get pregnant even though they took UPA correctly.

You may also become pregnant if you vomit within 3 hours of taking it or have further unprotected sex. Speak to your doctor, nurse or pharmacist. They may give you another dose or suggest an emergency IUD. If you vomit later than 3 hours, UPA will have been absorbed.

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Some people get pregnant even though they took levonorgestrel correctly. You may also become pregnant if you delay taking it, vomit within 3 hours of taking it or have further unprotected sex. Speak to your doctor, nurse or pharmacist. They may give you another dose or suggest an emergency IUD.

If you vomit later than 3 hours, levonorgestrel will have been absorbed.

## Can I continue to use other contraception?

You can keep the IUD as your regular method of contraception if you want to. See FPA's Your Guide to the IUD for more information. If you want to go back to using your usual contraception, speak to a doctor or nurse about having the IUD removed.

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If you forgot your regular pill or didn't use the patch or vaginal ring correctly, you should wait for 5 days after taking UPA before you take your pill again, insert a new ring or apply a new patch. Use additional contraception, such as condoms, during these 5 days.

After you restart your pill, patch or ring, you should continue to use additional contraception:

- with the patch, the ring and the combined pill for 7 days (9 days for Qlaira)
- with the progestogen-only pill for 2 days.

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If you forgot your regular pill or didn't use the patch or vaginal ring correctly, you should take your regular pill again, insert a new ring or apply a new patch within 12 hours of taking levonorgestrel.

Use additional contraception, such as condoms:

- for 7 days with the patch, the ring and the combined pill (9 days for Qlaira)
- for 2 days with the progestogen-only pill.

## A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organization and The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists.

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember - contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.



the sexual health charity



[www.fpa.org.uk](http://www.fpa.org.uk)

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If you'd like information on the evidence used to produce this booklet or would like to give feedback email [feedback@fpa.org.uk](mailto:feedback@fpa.org.uk)

