FSRH
Clinical Effectiveness Unit

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists

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FSRH CEU response to published study

Combined oral contraceptive interference with the ability of ulipristal acetate to delay ovulation: A prospective cohort study

Further evidence supports delaying start of hormonal contraception after ulipristal acetate emergency contraception.

The mechanism of action of ulipristal acetate 30mg for emergency contraception (UPA-EC) is to delay ovulation for at least 5 days until sperm from previous unprotected intercourse are no longer viable.

A pharmacodynamic study [1] published in Contraception studied 33 healthy women (aged 18-35, BMI ≤28 kg/m^2) with proven ovulation for three cycles. In the first cycle, the women received ulipristal acetate (UPA) 30mg when they had a dominant follicle of 15mm; they then had ultrasound and blood test monitoring until there was evidence of follicle rupture, or for 7 days. Cycle 2 was a washout cycle. In cycle 3, the women again received UPA 30mg when they had a 15mm dominant follicle, but this time started a 30mcg EE/LNG combined oral contraceptive (COC) two days after the UPA.

Results: Follicular rupture was significantly (p=0.008) more likely to occur in the 5 days after administration of UPA in cycle 3 [9/33 (27%)] than in cycle 1[1/33 (3%)].

Conclusion: COC taken two days after UPA 30mg significantly reduces the ability of the UPA to delay ovulation for at least 5 days.

This new evidence supports the existing FSRH recommendation that commencement of hormonal contraception should be delayed for 5 days after UPA-EC.

References

1. Edelman AB, Jensen JT, McCrimmon S, Messerle-Forbes M, O'Donnell A, Hennebold J Combined oral contraceptive interference with the ability of ulipristal acetate to delay ovulation: A prospective cohort study. Contraception. 2018 Aug 14. pii: S0010-7824(18)30396-2. DOI: https://doi.org/10.1016/j.contraception.2018.08.003 [Epub ahead of print]

The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual and Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The FSRH CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a member's enquiry service, evidence based guidance, new SRH product reviews and clinical audit/research. Find out more here.