Range of interventions effective for emergency contraception

Clinical Question	How effective are emergency contraception (EC) methods in preventing pregnancy following unprotected intercourse?
Bottom Line	Levonorgestrel and mid-dose mifepristone (25 mg to 50 mg) were more effective than Yuzpe regimen (estradiol-levonorgestrel combination). Both mid-dose (25 mg to 50 mg) and low-dose mifepristone (less than 25 mg) were probably more effective than levonorgestrel (1.5 mg). Low-dose mifepristone (less than 25 mg) was less effective than mid-dose mifepristone. Ulipristal acetate (UPA) may be more effective than levonorgestrel. Levonorgestrel users had fewer side effects than Yuzpe users, and appeared to be more likely to have a menstrual return before the expected date. UPA users were probably more likely to have a menstrual return after the expected date. Menstrual delay was probably the main adverse effect of mifepristone and seemed to be dose-related. Copper intrauterine devices (Cu-IUD) may be associated with higher risks of abdominal pain than emergency contraceptive pills.
Caveat	The quality of the evidence for the primary outcome (observed number of pregnancies) ranged from moderate to high, and for other outcomes ranged from very low to high. The main limitations were risk of bias (associated with poor reporting of methods), imprecision and inconsistency.
Context	EC is using a drug or copper Cu-IUD to prevent pregnancy shortly after unprotected intercourse. Several interventions are available for EC. Information on the comparative effectiveness, safety and convenience of these methods is crucial for reproductive healthcare providers and the women they serve.
Cochrane Systematic Review	Shen J et al. Interventions for emergency contraception. Cochrane Reviews, 2019, Issue 1. Art. No.: CD001324.DOI:10.1002/14651858.CD001324.pub6. This review contains 115 studies involving 60,479 participants.

Pearls No. 646, February 2020, written by Brian R McAvoy. C20

Systematic review link:
https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001324.pub6/full