Shared decision-making: If a 5-day delay in contraceptive initiation is feasible (e.g., starting pill, patch, or ring at home, or easily able to return for LARC), this allows use of the more effective EC (UPA). Recommend more effective UPA especially if patient is highly motivated to prevent pregnancy, is beyond 72 hrs from first unprotected sex, and/or is at mid-cycle (regular cycles with LMP 10-14 d ago).

† Dosing recommendation is based on pharmacokinetic data. Clinical trial in progress. At standard 1.5 mg dose, pregnancy rate up to 5.8%.

‡ Unprotected sex again after EC use is significant risk factor for pregnancy

References:
Edelman et al. 2018. Contraception
Edelman et al. 2016. Contraception
Glasier et al. 2011. Contraception
Kapp et al. 2015. Contraception.