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Letter to the Editor

How soon is too soon or watch the donut not the hole



Edelman AB et al. are to be congratulated for reporting the results of yet another well designed, meaningful study – this time studying the impact early administration of oral contraceptives might have on the ability of ulipristal acetate to delay ovulation [1]. The only concern I have is with the paper's conclusion: "This study demonstrates that UPA's efficacy as an emerging contraceptive is reduced with early exposure to COC."

The risk of failure of EC depends not only on risk of ovulation, but the presence of viable sperm. The objective of this study was to suppress ovulation for 5 days as is implied in product labeling. However, 5 full days of suppression will usually not be necessary. Ovulation suppression is only needed until all the sperm are either dead or unable to fertilize the ovum. Since most women are acutely aware of when they acquired the sperm and since EC is rarely consumed immediately following the undesired exposure to those sperm, I believe we should introduce more flexibility and individualize instructions for initiation of hormonal contraceptives following UPA ingestion. The goal is to suppress ovulation until sperm are no longer a risk. OC use may be allowed

to interfere with UPA once conception is no longer possibility. The results of Edelman's work is important, but we may want to disconnect the thoughts of early (<5 days) ovulation following UPA ingestion and a reduction in its efficacy.

Let women start using OCs starting 6 days after their episode of unprotected coitus, or 5 days after UPA consumption. This may lessen the risk of subsequent unprotected acts of intercourse following EC use.

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Reference

- [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;98(6):463–6.