

## SUMMARY

# New uses for ulipristal acetate (UPA)

## Embracing scientific progress and sustaining access to emergency contraception

Emergency contraception (EC) includes methods of contraception that can be used to prevent pregnancy after unprotected sex, contraceptive failure, or sexual assault. The most common forms of EC pills contain levonorgestrel (LNG) or ulipristal acetate (UPA). A recent study explored use of UPA with misoprostol (an effective method of abortion on its own) for termination of early pregnancy (see study registry [here](#)).

This study may open a discussion about the development of new indications for well-established reproductive health products and the importance of preserving access to abortion and contraception. Publication of this study may put a particular spotlight on EC pills and could also be used to launch new attacks on EC access and/or to conflate EC and

medical abortion. It will likely create renewed opportunities to educate about the importance of EC and its role in preventing pregnancy. As a community, we can embrace this moment to dispel myths around EC pill use, safety, and mechanism of action and uplift the importance of both EC and medical abortion while clarifying the differences.

For more detailed information, see the longer version of this document (*New uses for ulipristal acetate (UPA): Embracing scientific progress and sustaining access to emergency contraception*) at [www.americansocietyforec.org](http://www.americansocietyforec.org) (US edition) and [www.ec-ec.org](http://www.ec-ec.org) (global edition).



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01

**As science progresses, we need accurate communication about how medicines can be used for different reproductive health conditions.**

This study opens an important discussion about new indications for well-established reproductive health products. Medications can be used in many ways to support health and autonomy across the life course.



02

**Emergency contraception (EC) pills are essential for reproductive health and autonomy.**

- EC pills are made with levonorgestrel (LNG, the most common around the world), ulipristal acetate (UPA), or mifepristone (in a small number of countries).
- EC pills can be used after sex to reduce the risk of pregnancy and offer privacy, confidentiality and control to users. EC pills are more likely to work the sooner they are taken, so timely access is critical.



03

**Ulipristal acetate (UPA) has been studied for a range of other indications beyond EC.**

UPA is a relatively new compound with other emerging indications in gynaecologic care, including treatment of uterine fibroids, endometriosis, bleeding in IUD users, and breast cancer prevention.



04

**Studying UPA for other indications does not change what we know about use of UPA as EC.**

- UPA EC pills delay or suppress ovulation. They are not 100% effective in preventing pregnancy and have not been shown to prevent pregnancy if ovulation has occurred.
- UPA EC pills can work closer to the time of ovulation, so they have a longer window of effectiveness than LNG EC. They may also be more effective for individuals with higher body weight.



05

**EC pills (with UPA, LNG or mifepristone) are different from medical abortion.**

- EC pills and medical abortion are necessary for reproductive health and autonomy. Confusion between the two can lead to medical risks, present barriers to access and create uncertainty about which regimen is needed at which part of the reproductive cycle.
- EC prevents pregnancy from starting, while medical abortion terminates an existing pregnancy. Access to safe, effective abortion care and contraception is essential to ensure everyone has the freedom to make decisions about their bodies and lives.



06

**Misoprostol alone is safe and effective for early abortion.**

Misoprostol is used alone (usually in repeated doses) to safely and effectively end a pregnancy; this study does not indicate that UPA on its own is an abortifacient.



07

**A safe and effective regimen for medical abortion using misoprostol and mifepristone is already very well established.**

- The World Health Organization (WHO) provides evidence-based recommendations on the use of this safe and effective regimen.
- Access to this abortion regimen has expanded in the past decade.



08

**The study of UPA and misoprostol for medical abortion is preliminary and its aim is to explore the feasibility of this regimen.**

- In many settings, cost, policy, and bureaucratic barriers make mifepristone registration, import, and/or access difficult. Given these challenges, researchers are seeking alternatives for safe, effective abortion care.
- The study did not include a comparison group, so the UPA and misoprostol combination cannot be directly compared to established medical abortion regimens.



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