The contraceptive effect occurs due to suppression of gonadotropin-releasing hormone pulsatility associated with suckling. The failure rate under these circumstances can be as low as 0.5–1.5 pregnancies per 100 women per year.

Fertility Awareness The standard days method is typically used by women with regular menstrual cycles whereby they track their cycles to avoid intercourse from cycle days 8–19.

Emergency Contraception Also known as postcoital contraception, this method is used after an unprotected or inadequately protected act of intercourse. The probability of pregnancy independent of the time of the month is 8%, but the probability varies significantly in relation to proximity to ovulation and may be as high has 30%. Many women are not aware of the availability of emergency contraception and its appropriate use. As the probability of pregnancy is highest if there has been unprotected intercourse during the 3 days prior to ovulation, the timing of administration and type of emergency contraceptive used determine the efficacy. The emergency contraception options include the copper IUD and oral medications such as ulipristal acetate, levonorgestrel, and combined hormonal pills. The copper IUD prevents fertilization and implantation and is the most effective choice if inserted within 5 days of unprotected intercourse. It can also be offered to obese women in whom other hormonal forms of emergency contraceptive may be less effective. Ulipristal acetate, a progesterone receptor antagonist, blocks the ability of endogenous progesterone to act on its receptors and inhibits the LH surge, delaying or inhibiting ovulation, and may directly inhibit follicular rupture. It is administered as a 30-mg single dose up to 5 days after unprotected intercourse. Levonorgestrel administered as a single dose will prevent or delay ovulation and is associated with fewer side effects compared to combined hormonal pills. Overall, the failure rate for all hormonal emergency contraception is 1–3%, with ulipristal acetate being the most effective. Emergency contraception should be offered to all women who ask for it up to 5 days after unprotected intercourse and not delayed in order to obtain a pregnancy test or perform a clinical