Decision-making Algorithms for Emergency Contraception

Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC

Currently <120 hours since last UPSI?
- Yes
- No
- Unknown

Additional UPSI this cycle, >120 hours ago?
- Yes or unknown
- No

Currently ≤5 days after earliest likely date of ovulation?
- Yes
- No or unknown

Currently ≤5 days after earliest likely date of ovulation?
- Yes
- No or unknown

Additional UPSI this cycle, >120 hours ago?
- Yes or unknown
- No

Currently ≤5 days after earliest likely date of ovulation?
- Yes
- No or unknown

Currently ≤5 days after earliest likely date of ovulation?
- Yes
- No or unknown

Offer Cu-IUD
- If not acceptable, offer oral EC* and suitable ongoing contraception

Offer Cu-IUD
- Oral EC unlikely to be effective
- Offer suitable quick start contraception

Offer Cu-IUD
- If not acceptable, offer oral EC* and suitable ongoing contraception

Offer oral EC*
- If not acceptable, offer oral EC* and suitable ongoing contraception

Offer oral EC*
- If not acceptable, offer oral EC* and suitable ongoing contraception

Offer oral EC*
- If not acceptable, offer oral EC* and suitable ongoing contraception

Consider pregnancy test if UPSI this cycle, more than 21 days ago

Offer oral EC*
- If not acceptable, offer oral EC* and suitable ongoing contraception

Offer Cu-IUD
- If not acceptable, offer oral EC* and suitable ongoing contraception

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- If not acceptable, offer oral EC* and suitable ongoing contraception

*For choice of oral EC see Algorithm 2.

Note that there is no evidence that oral EC is effective if ovulation has already occurred.

Cu-IUD - copper intrauterine device
EC - emergency contraception
UPSI - unprotected sexual intercourse

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Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)

The Cu-IUD is the most effective form of EC. If criteria for insertion of a Cu-IUD are not met or a Cu-IUD is not acceptable to a woman, consider oral EC.

Last UPSI <96 hours ago?

Yes

Last UPSI <120 hours ago?

No or unknown

UPS1 likely to have taken place ≤5 days prior to the estimated day of ovulation?

Yes or unknown

BMI >26 kg/m² or weight >70 kg

Yes

No

Oral EC unlikely to be effective.

• Reconsider Cu-IUD if currently within 5 days after likely ovulation

or

• Immediate QS only

NOTE THAT ORAL EC IS UNLIKELY TO BE EFFECTIVE IF TAKEN AFTER OVULATION

• UPA-EC* + start contraception after 5 days

• Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation

• If UPA not suitable: LNG-EC** + immediate QS

• LNG-EC** + start contraception after 5 days or

• UPA-EC* + start contraception after 5 days

• UPA-EC* + start contraception after 5 days

• LNG-EC unlikely to be effective.

• Reconsider Cu-IUD if all UPSI within 120 hours or if currently within 5 days after likely ovulation

• LNP could be less effective if:

• a woman is taking an enzyme inducer (see Section 10.1)

• a woman has recently taken a progestogen (see Section 10.3)

UPA is not recommended for a woman who has severe asthma managed with oral glucocorticoids (Section 11.2)

**Consider double-dose (3 mg) LNG if BMI >26 kg/m² or weight >70 kg (Section 9.2) or if taking an enzyme inducer (Section 10.1)

Cu-IUD - copper intrauterine device
EC - emergency contraception
LNG-EC - levonorgestrel 1.5 mg
QS - quick start of suitable hormonal contraception
UPA-EC - ulipristal acetate 30 mg
UPSI - unprotected sexual intercourse

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