Decision-making Algorithms for Emergency Contraception

Algorithm 1: Copper Intrauterine Device (Cu-IUD) vs Oral EC

Currently <120 hours since last UPSI?

Yes

Additional UPSI this cycle >120 hours ago?

Yes or Unknown

Currently ≤5 days after earliest likely date of ovulation

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

No

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

No or Unknown

Currently ≤5 days after earliest likely date of ovulation?

Yes

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

No or Unknown

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

Currently ≤5 days after earliest likely date of ovulation?

Yes

Offer oral EC* and suitable ongoing contraception

No or Unknown

Offer oral EC* and suitable ongoing contraception

*For choice of EC see Algorithm 2.

Not 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
Decision-making Algorithms for Emergency Contraception

Algorithm 2: 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

1. **Last UPSI ≤96 hours ago?**
   - Yes
     - UPSI likely to have taken place ≤5 days prior to the estimated day of ovulation?
       - Yes or Unknown
         - BMI >26 kg/m2 or weight >70kg
           - Yes
             - Oral EC unlikely to be effective.
               - Reconsider Cu-IUD if currently within 5 days after likely ovulation
               - Immediate Qs only
           - No
             - 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
       - No
         - Oral EC unlikely to be effective.
           - Reconsider Cu-IUD if currently within 5 days after likely ovulation
           - Immediate Qs only
   - No or Unknown
     - Last UPSI <120 hours ago?
       - Yes or Unknown
         - Oral EC unlikely to be effective.
           - Reconsider Cu-IUD if currently within 5 days after likely ovulation
           - Immediate Qs only
       - No
         - Oral EC unlikely to be effective.
           - Reconsider Cu-IUD if currently within 5 days after likely ovulation
           - 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**
  - + immediate QS
    - Or
    - **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
    - **LNG-EC**
      - + immediate QS
- **UPA EC**
  - + start contraception after 5 days
  - LNG-EC unlikely to be effective
  - Reconsider Cu-IUD is all UPSI within 120 hours or if currently within 5 days after likely ovulation

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

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