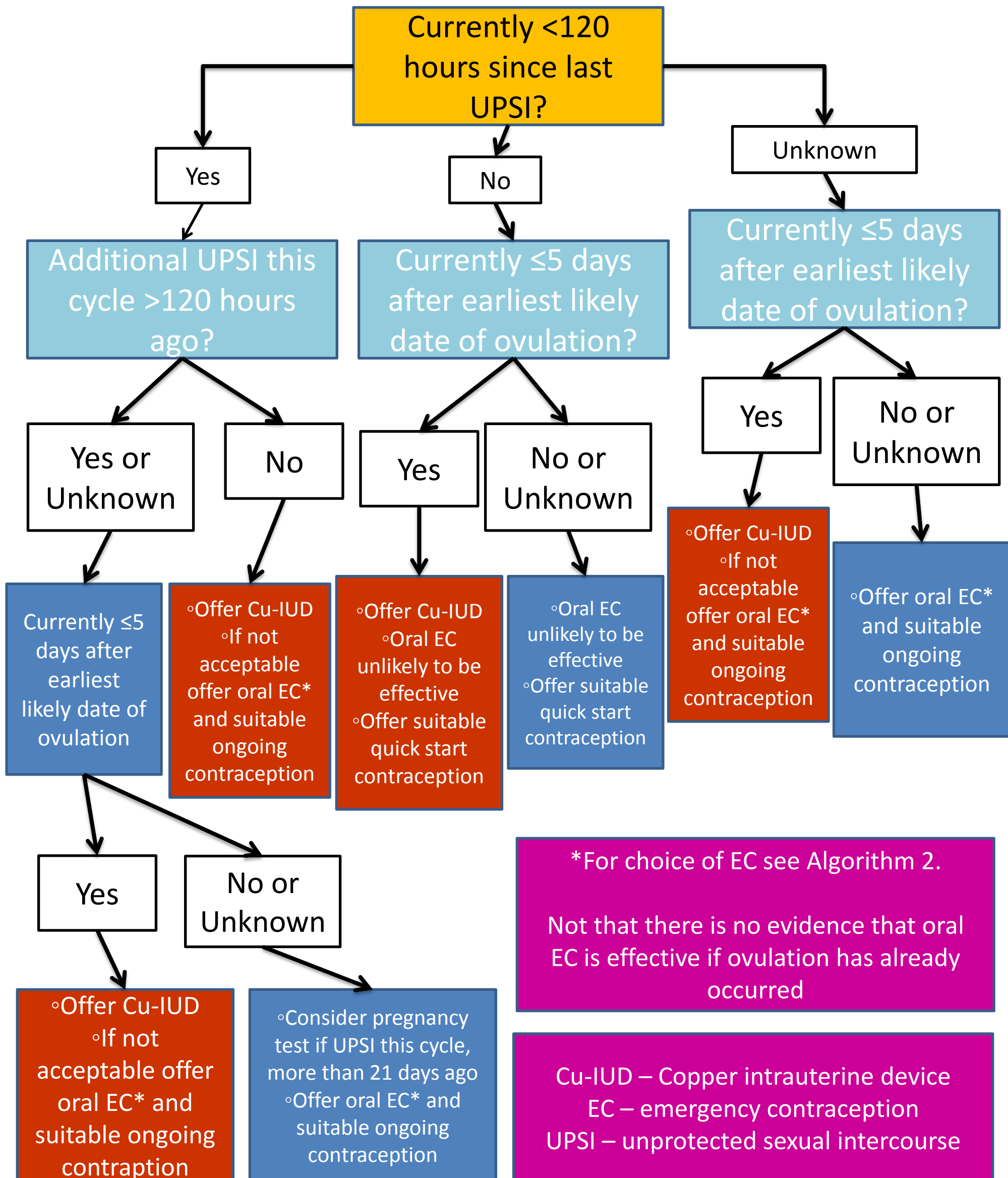


Decision-making Algorithms for Emergency Contraception

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



*For choice of EC see Algorithm 2.

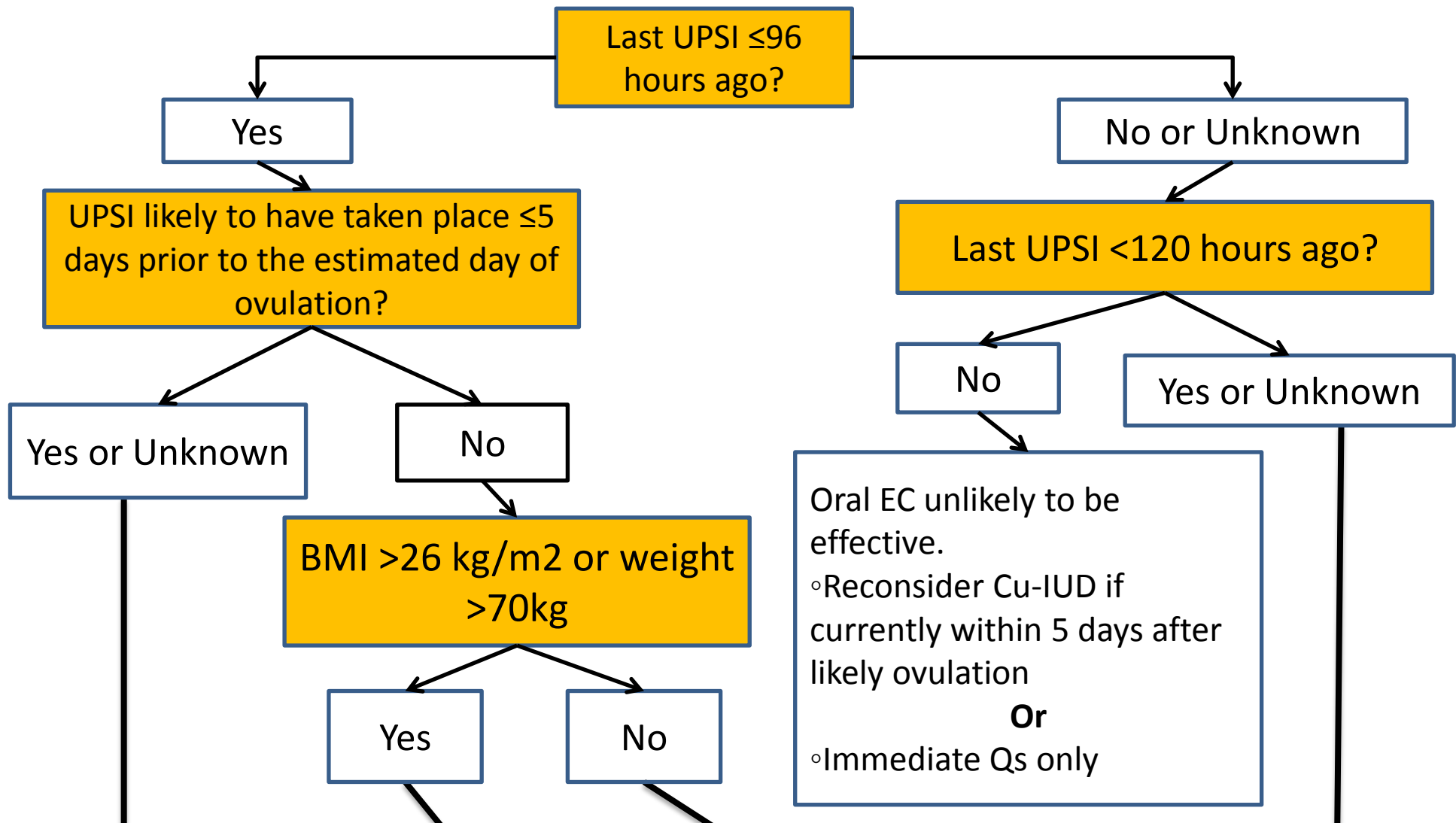
Not that there is no evidence that oral EC is effective if ovulation has already occurred

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



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

◦UPA-EC*
+ start contraception after 5 days
Or
◦Double dose (3mg) LNG-EC
+ immediate QS

◦LNG-EC**
+ immediate QS
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

*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