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
  - UPSI 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
      - Oral EC unlikely to be effective.
        - **Reconsider Cu-IUD** if currently within 5 days after likely ovulation
        - **Immediate QS only**
      - No
    - No
  - No or unknown

- **Last UPSI <120 hours ago?**
  - Yes or unknown

**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

- **Double dose (3 mg) LNG-EC**
  + immediate QS

- **LNG-EC**
  + immediate QS

- **UPA-EC**
  + start contraception after 5 days

**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)**

**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)

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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