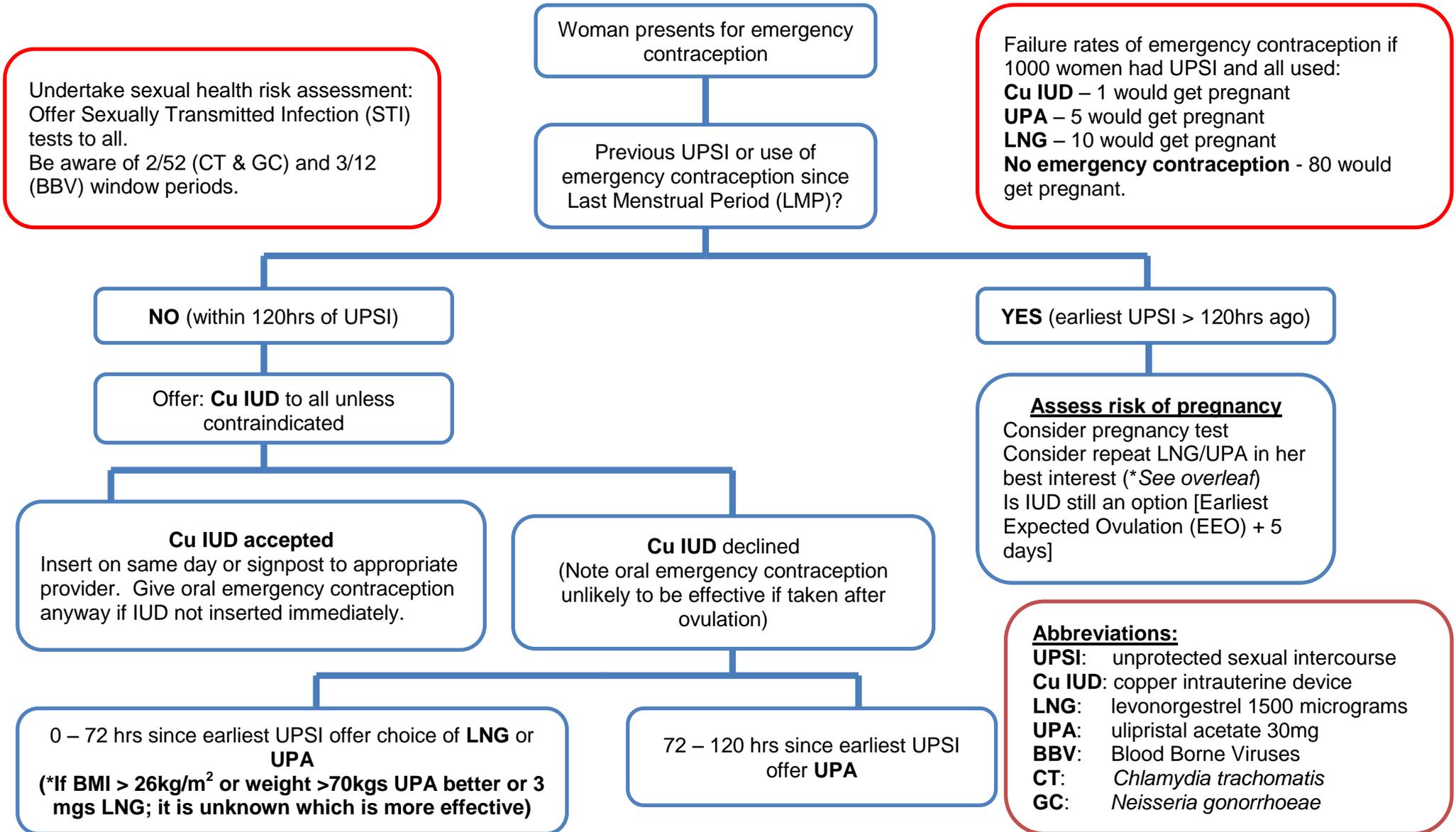


**Flowchart to facilitate Emergency Contraception Decision Making**

*This forms a guide to relevant healthcare professionals but each patient will need to be assessed on individual merit and the judgement as to which method is most appropriate will be down to clinical discretion and informed patient consent.*



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**IUD**

- First line - highest efficacy
- Offers on-going contraception unaffected by hepatic enzyme inducing medicines

**LNG** (licensed for 0-72hrs)

- Efficacy has been shown up to 96hrs after UPSI
- Quick Start permitted; consider use if more rapid establishment of on-going hormonal contraception required
- Can be used with hepatic enzyme inducers if IUD declined/contraindicated, use double dose 3mg (*efficacy unknown*)
- \*The effectiveness of LNG could be reduced if BMI > 26kg/m<sup>2</sup> or weight > 70Kg

**UPA** (licensed 0-120hrs)

- Higher efficacy across all time ranges (0-120hrs). Also better than LNG if UPSI < 5 days before ovulation.
- Efficacy may be affected if used progestogen containing drugs in prior 7 days
- Quick Start permitted after 5 days.
- Do not use with:
  - ❖ Hepatic enzyme inducers (reduced efficacy; e.g. rifampicin, anticonvulsants etc.) or within 28 day of use, including St John's Wort
  - ❖ Severe asthma uncontrolled with oral corticosteroids
  - ❖ Hepatic dysfunction
  - ❖ If breast feeding, avoid breast feeding for 7 days after UPA.
  - ❖ Caution only: current use of medicines that increase gastric pH; e.g. antacids, proton pump inhibitors.

**Quick Start Rules**

Future contraception including LARC (long acting reversible contraception) must be discussed, and preferably provided for all women. Women should be encouraged to consider quick-starting their method of choice, or using a bridging method until able to access their chosen method.

- After **UPA** wait at least **5 days** before starting hormonal contraception; hormonal contraception can be started immediately after **LNG**.
- Advise use of condoms before starting contraception and after as recommended in the table below:

Method commenced	Days of additional contraception required after starting method
Combined Oral Contraceptive (COC) except Qlaira® ( <i>non-formulary</i> )	7
Qlaira® ( <i>non-formulary</i> )	9
Progestogen only Pill (POP)	2
Progestogen-implant	7
Depot medroxyprogesterone acetate (DMPA)	7

[FSRH Clinical Guidance: Quick Starting Contraception \(April 2017\)](#)

\*UPA or LNG can be used off-label if there has been UPSI earlier in the same cycle as well as within the last 5 days; evidence suggests that UPA and LNG do not disrupt an existing pregnancy and are not associated with foetal abnormality.

- If a woman has already taken UPA once or more in a cycle, UPA can be offered again after further UPSI in the same cycle.
- If a woman has already taken LNG once or more in a cycle, LNG can be offered again after further UPSI in the same cycle.
- If a woman has already taken UPA, LNG should not be taken in the following 5 days.
- If a woman has already taken LNG, UPA could theoretically be less effective if taken in the following 7 days.

*FSRH Clinical Guidance: Emergency Contraception (March 2017)*

**Follow-Up after Emergency Contraception**

Recommend pregnancy test at 4/52. Discuss LARC. If young person or safeguarding follow-up at 4 weeks.

**References:**

- Prabakar et al; BMJ 2012: 344*
- [FSRH Clinical Guidance: Emergency Contraception \(March 2017\)](#)
- [FSRH Contraception for Specific Populations](#)
- [FSRH UK Medical Eligibility Criteria for Contraceptive Use \(UKMEC\) 2016](#)