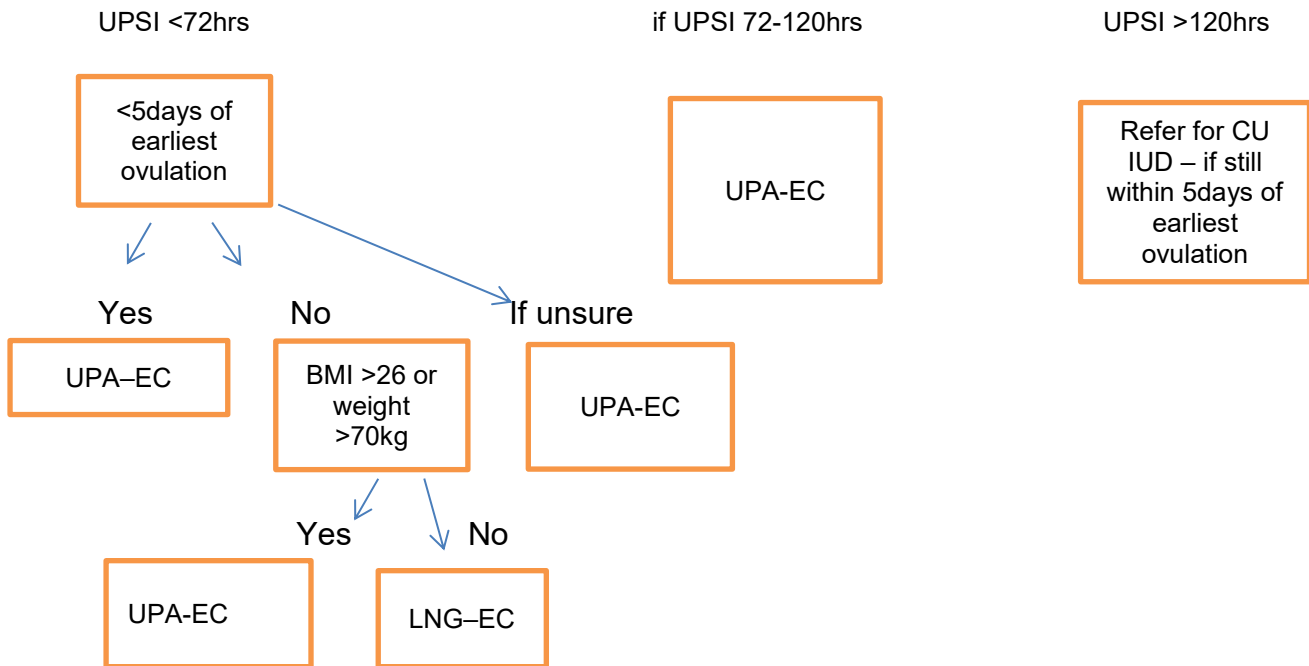


# EMERGENCY CONTRACEPTION

1<sup>st</sup> line = Emergency IUD (IF referring on for emergency IUD – still offer and provide oral EC as per decision tree)

If IUD not acceptable – consider Oral Emergency Contraception (EC)



Where UPA is the correct choice of emergency contraception, consideration should be given to its contraindications. It should not be used if:

- 1) The woman has severe asthma requiring oral steroids
- 2) The woman is breastfeeding and will not stop doing so for seven days

And it may be less effective if:

- 3) Progestogens have been used in the last seven days or will be used in the next five days

In these circumstances, it is more appropriate to use levonelle despite it being off licence (and probably less effective between 72 and 120 hours). The levonelle will need to be doubled (3mg) if BMI >26 / weight > 70kg or enzyme inducers have been used by the patient in the last twenty eight days

If patient taking Enzyme Inducers (or has done in the past 28 days) – advise patient effect of all emergency hormonal contraception maybe reduced

Best method = Copper IUD

If not acceptable or patient chooses hormonal methods - 3mg LNG-EC