# FSRH CEU Guidance: Recommended Actions after Incorrect Use of Combined Hormonal Contraception (e.g. late or missed pills, ring and patch) (March 2020, Amended 6 July 2021)

Missing combined hormonal contraception (CHC) removes the suppressive effects of contraceptive steroids on ovarian follicle growth, thereby risking ovulation and conception. Women using CHC who miss combined oral contraceptive pills (COC) or make mistakes with their combined vaginal ring (CVR) or combined transdermal patch (CTP) are at increased risk of pregnancy compared with women who use CHC perfectly.

This document guides management when a woman has made a mistake using:

- **combined oral contraceptive pills** (see page 2)

  This guidance for combined oral contraception applies only to monophasic ethinylestradiol (EE) COC containing 20-35mcg EE and designed to be taken as a 21/7 regimen *without* placebo pills. It does not apply to Eloine® (24/4 regimen EE/drospirenone), Zoely® (24/4 regimen estradiol/ nomegestrol acetate), Qlaira® (estradiol valerate/ dienogest) or estetrol-containing COC.

- **combined vaginal ring** (see page 3)
- **combined transdermal patch** (see page 4)

CHC that is designed to be used in the standard way (i.e., COC in 21/7 regimens with 21 active pills followed by a 7 day pill-free interval; ring in place for 21 days followed by 7 ring-free interval; patch replaced weekly for 3 weeks followed by 7 patch-free days) can be used with the standard seven day hormone-free interval, with a shortened hormone-free interval or with omission of the hormone free interval. This guidance is designed to apply if mistakes are made with any of these regimens.

For further information see **FSRH Clinical Guideline Combined Hormonal Contraception.**

If a woman uses CHC incorrectly she should be made aware that contraceptive effectiveness depends on reliable use. Offer alternative effective contraceptive methods (including LARC).

When emergency contraception (EC) is being considered, see **FSRH Clinical Guideline Emergency Contraception** Section 18 (What Should Women be Advised Regarding Future Contraception?) to support decision-making on type of EC and recommendations for follow-up actions such as CHC method restart, additional protection and pregnancy testing.

It should be noted that if CHC is not used correctly there is a potential risk of pregnancy even if these recommended actions are followed.

# Guidance on actions after incorrect use of combined oral contraception
## (monophasic ethinylestradiol COC without placebo pills only)

### Late restarting after HFI

| | | |
|---|---|---|
| ≥9 completed days since last active pill was taken (see page 4 for **how to calculate days**) | Consider EC if UPSI has taken place during or after the HFI | ▶ Take the most recent missed pill as soon as possible<br>▶ Continue the remaining pills at the usual time<br>▶ Condoms should be used or sex avoided until pills have been taken for 7 consecutive days<br>▶ Consider follow up pregnancy test |

### 1 missed pill (48 to <72hours since last pill in current pack was taken)

| | | |
|---|---|---|
| 1 pill missed in week 1 after HFI (the first pill after the HFI must have been taken correctly; if not, see above box on late restarting) | EC not required* | ▶ Take the missed pill as soon as possible<br>▶ Continue the remaining pills at the usual time<br>▶ No additional contraceptive precaution required* |

* if consistent, correct use earlier in week 1 and the 7 days prior to the HFI

| | | |
|---|---|---|
| 1 pill missed in week 2 or week 3 after HFI (or subsequent consecutive weeks of continuous pill-taking) | EC not required** | ▶ Take the missed pill as soon as possible<br>▶ Continue the remaining pills at the usual time<br>▶ No additional contraceptive precaution required** |

**if consistent, correct use in the previous 7 days

### 2 or more missed pills (≥72 hours since last pill in current pack was taken)

| | | |
|---|---|---|
| 2-7 pills missed in week 1 after HFI (the first pill after the HFI must have been taken correctly; if not, see above box on late restarting) | Consider EC if UPSI has taken place during the HFI or week 1 | ▶ Take the most recent missed pill as soon as possible<br>▶ Continue the remaining pills at the usual time<br>▶ Condoms should be used or sex avoided until pills have been taken for 7 consecutive days<br>▶ Consider follow up pregnancy test |
| 2-7 pills missed in week 2 or week 3 after HFI (or subsequent consecutive weeks of continuous pill-taking) | EC not required** | ▶ Take the most recent missed pill as soon as possible<br>▶ Continue the remaining pills at the usual time<br>▶ If 2 or more pills missed in the 7 days prior to a scheduled HFI, omit the HFI<br>▶ Condoms should be used or sex avoided until pills have been taken for 7 consecutive days[a] |

**if consistent, correct use in the previous 7 days

| | | |
|---|---|---|
| >7 consecutive pills missed in any week of pill taking | Consider EC | ▶ Manage as new start contraception<br>▶ Consider immediate pregnancy test<br>▶ Quick start new COC packet (or consider other effective contraception)<br>▶ Condoms should be used or sex avoided until pills have been taken for 7 consecutive days<br>▶ Consider follow up pregnancy test |

[a] Overcautious, but a back-up in case of subsequent incorrect use

**Abbreviations:** COC, combined oral contraception; EC, emergency contraception; HFI, hormone-free interval; UPSI, unprotected sexual intercourse

# Guidance on actions after incorrect use of the combined vaginal ring

## Late restarting ring after scheduled HFI

| | | |
|---|---|---|
| ≥8 completed days since ring was removed for scheduled HFI (see page 4 for **how to calculate days**) | Consider EC if UPSI has taken place during or after the HFI | ▶ Insert ring as soon as possible<br>▶ Keep ring in until scheduled ring removal day<br>▶ Condoms should be used or sex avoided until ring has been used for 7 consecutive days<br>▶ Consider follow up pregnancy test |

## Unscheduled ring removal for <48 hours

| | | |
|---|---|---|
| In week 1 after HFI | EC not required* | ▶ Insert ring as soon as possible.<br>▶ Keep ring in until scheduled ring removal day<br>▶ No additional contraceptive precaution required* |

* if correct use earlier in week 1 and the 7 days prior to the HFI

| | | |
|---|---|---|
| In weeks 2 or 3 after HFI (or a subsequent week of correct consecutive ring use in an extended regimen) | EC not required** | ▶ Insert ring as soon as possible.<br>▶ Keep ring in until scheduled ring removal day<br>▶ No additional contraceptive precaution required** |

** if correct use in the previous 7 days

## Unscheduled ring removal for ≥48 hours

| | | |
|---|---|---|
| In week 1 after HFI | Consider EC if UPSI has taken place during the HFI or week 1 | ▶ Insert ring as soon as possible<br>▶ Keep ring in until scheduled ring removal day<br>▶ Condoms should be used or sex avoided until new ring has been used for 7 consecutive days<br>▶ Consider follow up pregnancy test |
| In weeks 2 or 3 after HFI (or a subsequent week of correct consecutive ring use in an extended regimen)[b] | EC not required if correct use in the previous 7 days | ▶ Insert ring as soon as possible.<br>▶ Keep ring in until scheduled ring removal day<br>▶ If unscheduled removal ≥48 hours occurred in the week prior to a scheduled HFI, omit the HFI<br>▶ Condoms should be used or sex avoided until new ring has been used for 7 consecutive days[a] |

## Accidental continued use of the same ring beyond 3 weeks

| | | |
|---|---|---|
| Use of the same ring for >21 days and ≤28 days | EC not required if ring was correctly used from day 21 to day 28 | ▶ Start HFI (if scheduled) and insert new ring at end of HFI **OR** insert new ring<br>▶ No additional contraceptive precaution required if ring was consistently *in situ* from day 21 to day 28 of use |
| Use of the same ring continued for >4 and ≤ 5 weeks | EC not required if ring was correctly used for the last 7 days | ▶ Omit HFI<br>▶ Insert new ring as soon as possible<br>▶ Condoms should be used or sex avoided until new ring has been correctly used for 7 consecutive days[a] |
| Use of the same ring continued for >5 weeks | Consider EC if UPSI has taken place during week 5 or later | ▶ Consider immediate pregnancy test<br>▶ Omit HFI<br>▶ Insert new ring as soon as possible<br>▶ Condoms should be used or sex avoided until new ring has been used for 7 consecutive days<br>▶ Consider follow up pregnancy test |

[a] Overcautious, but a back-up in case of subsequent incorrect use

[b] Theoretically this could apply to up to 7 consecutive days unscheduled ring removal, but evidence is lacking

**Abbreviations:** EC, emergency contraception; HFI, hormone-free interval; UPSI, unprotected sexual intercourse

# Guidance on actions after incorrect use of the combined transdermal patch

## Late restarting patch after scheduled HFI

| | | |
|---|---|---|
| ≥8 completed days since last patch was removed for scheduled HFI (see page 4 for **how to calculate days**) | Consider EC if UPSI has taken place during or after the HFI | ▶ Attach new patch as soon as possible<br>▶ Keep new patch on until scheduled removal day<br>▶ Condoms should be used or sex avoided until new patch has been used for 7 consecutive days<br>▶ Consider follow up pregnancy test |

## Unscheduled patch detachment for <48 hours or continued use of same patch for up to 48 additional hours

| | | |
|---|---|---|
| In week 1 after HFI | EC not required* | ▶ Attach new patch as soon as possible<br>▶ Keep new patch on until scheduled removal day<br>▶ No additional contraceptive precaution required* |

* if correct use earlier in week 1 and the 7 days prior to the HFI

| | | |
|---|---|---|
| In weeks 2 or 3 after HFI (or a subsequent week of correct consecutive patch use in an extended regimen) | EC not required** | ▶ Attach new patch as soon as possible<br>▶ Keep new patch on until scheduled removal day<br>▶ No additional contraceptive precaution required** |

** if correct use in the previous 7 days

## Unscheduled patch detachment for ≥48 hours or continued use of the same patch for ≥48 additional hours

| | | |
|---|---|---|
| In week 1 after HFI | Consider EC if UPSI has taken place during the HFI or week 1 | ▶ Attach new patch as soon as possible<br>▶ Keep new patch on until scheduled removal day<br>▶ Condoms should be used or sex avoided until new patch has been used for 7 consecutive days<br>▶ Consider follow up pregnancy test |
| In weeks 2 or 3 after HFI (or a subsequent week of correct consecutive patch use in an extended regimen)[b] | EC not required if correct use in the previous 7 days | ▶ Attach new patch as soon as possible<br>▶ Keep new patch on until scheduled removal day<br>▶ If unscheduled removal ≥48 hours occurred in the week prior to a scheduled HFI, omit the HFI<br>▶ Condoms should be used or sex avoided until new patch has been used for 7 consecutive days[a] |

[a] Overcautious, but a back-up in case of subsequent incorrect use

[b] Theoretically this could apply to up to 7 consecutive days unscheduled patch removal, but evidence is lacking

**Abbreviations:** EC, emergency contraception; HFI, hormone-free interval; UPSI, unprotected sexual intercourse

## How to calculate late restart after a hormone-free interval (HFI) for pill, ring or patch

**Pill:** If a woman took her last pill before a HFI at 9am on Monday, so long as she restarts before 9am on Wednesday of the following week (just less than 9 days later) she does not need to take additional action. If she starts at or after 9am on the Wednesday of the following week (9 days or more later) additional action is required. For pills, the HFI is considered to start 24 hours after the last pill is taken.

**Ring or patch:** If a woman removed her ring or patch before a HFI at 9am on Monday, so long as she inserts the new ring or applies the new patch by 9am on Tuesday of the following week (just less than 8 days later) she does not need to take additional action. If she restarts after 9am on Tuesday of the following week (8 days or more later), additional action is required. For the ring or patch, the HFI is considered to start at the time the ring or patch is removed.

## How this Guidance was developed

This guidance was developed with an international team of SRH experts. The panel used the limited relevant published evidence relating to risk of pregnancy associated with incorrect use of the combined pill, patch and ring to inform a set of rules that are overcautious, but are considered to be simple enough to make them usable in practice. The guidance was peer reviewed and went out to public consultation prior to final publication.

## Details of changes to original guidance document

Subsequent to the publication of this guideline in March 2017 the following revision has been made.

| Date | Revision |
|---|---|
| 6 July 2021 | Information on 'How this Guidance was developed' was added<br><br>Update of text on page 1 to note that the guidance does not apply to estetrol-containing COC. |

*The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual & Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The FSRH CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a members' enquiry service, evidence-based guidance, new SRH product reviews and clinical audit/research. Find out more here.*