

QUICK START ALGORITHM for Hormonal Contraception[‡]

Patient requests new birth control method:

1. Pill, Patch, Ring, Injection, Implant

Urine pregnancy test: negative

First day of last menstrual period (LMP) is:

≤ 7 days ago

> 7 days ago

Start method today

Unprotected sex since LMP:

yes

no

Advise patient that negative pregnancy test is not conclusive, but exposure to hormones would not impact a potential pregnancy[‡]

Start method today
Use backup method for 7 days

Does the patient want to start a new method now?

no

yes

If sex ≤ 5 days ago
Offer Ullipristal or
Levonorgestrel EC today[§]

If sex ≤ 5 days ago
Offer Levonorgestrel EC today[§]

Offer prescription for chosen method: advise patient to use barrier method until next menses

Start method within 7 days of LMP
Patients who desire DMPA injection or implant insertion can return to clinic within 7 days of LMP

Start method today
Repeat pregnancy test (home or office) in 2–4 weeks

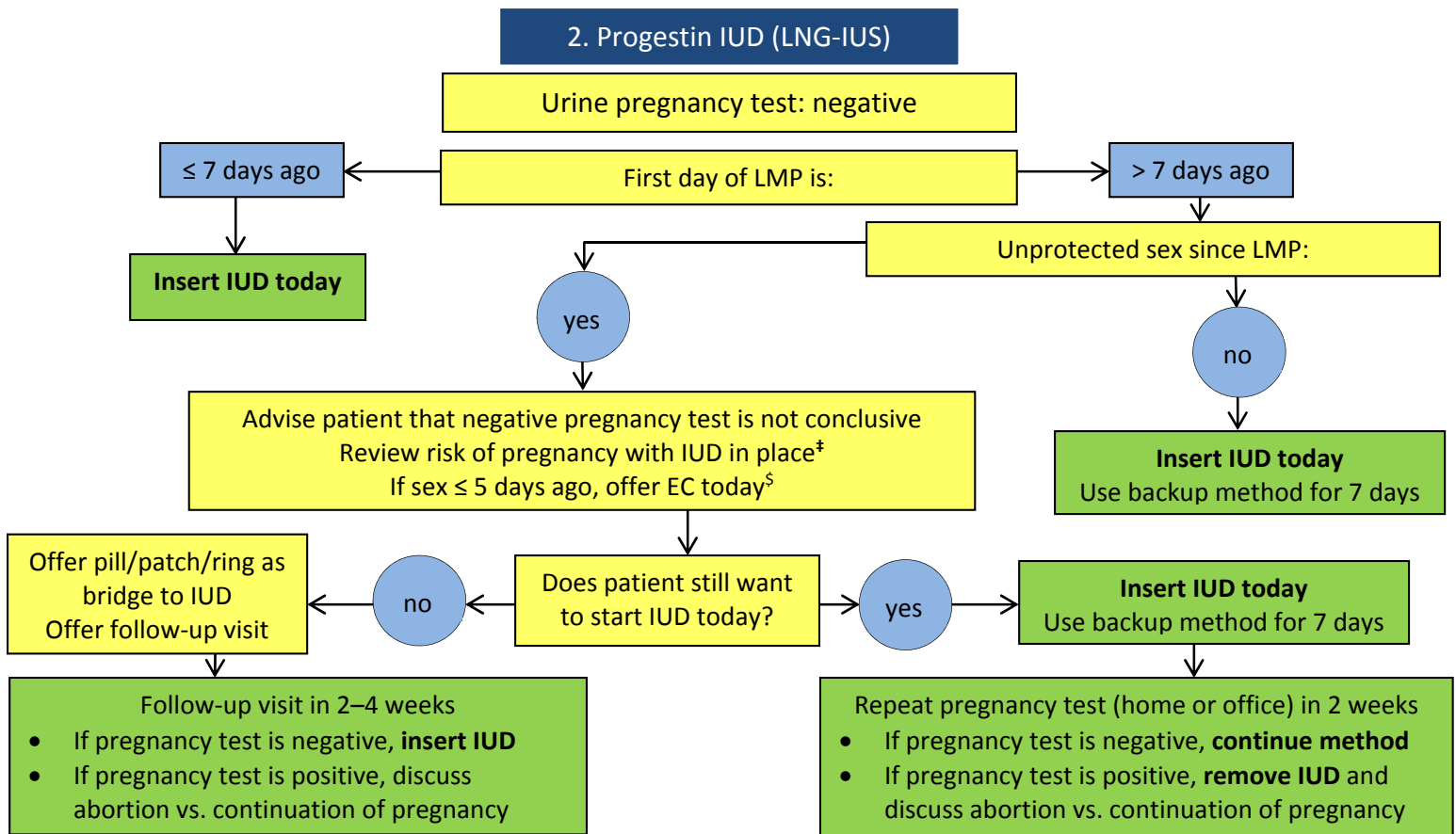
- If pregnancy test is negative, continue pill/patch/ring/ injection/implant
- If pregnancy test is positive, discuss abortion vs. continuation of the pregnancy

[‡] Based on Select Practice Recommendations – Benefits of starting contraceptive likely exceed risk of early pregnancy.

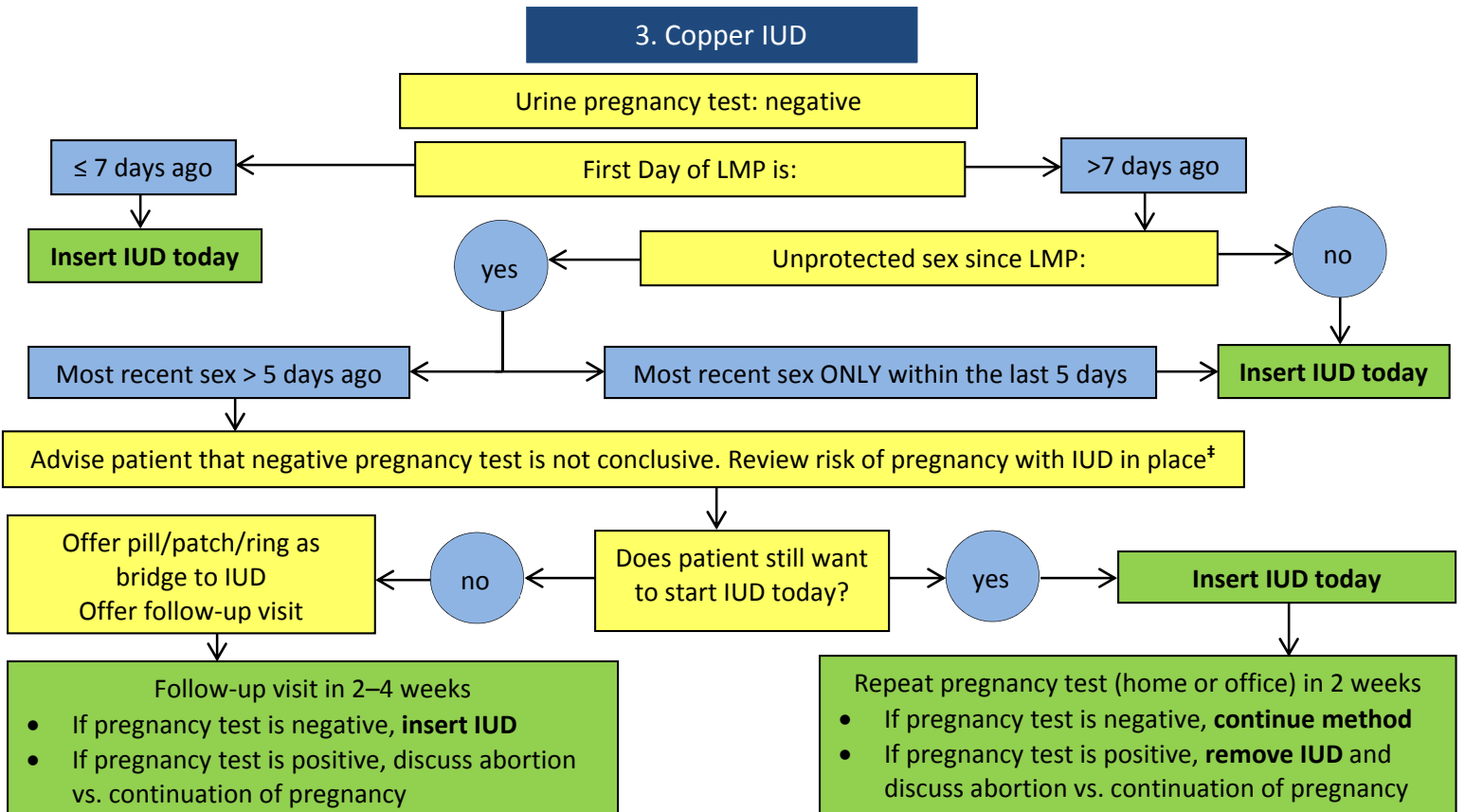
[§] Patients should wait 5 days after taking Ullipristal before starting a hormonal method. It is not recommended for quick start.

QUICK START ALGORITHM for IUDs[‡]

2. Progestin IUD (LNG-IUS)



3. Copper IUD



[‡] Based on Select Practice Recommendations – Women who are pregnant with IUDs are at higher risk for complications such as spontaneous abortion, septic abortion, preterm delivery, and chorioamnionitis.

[§] Patients should wait 5 days after taking Ullipristal before starting a hormonal method. It is not recommended for quick start.