

# QUICK START ALGORITHM for Hormonal Contraception<sup>‡</sup>

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 definitive, but exposure to hormones would not impact a potential pregnancy<sup>‡</sup>

**Start method today**  
Suggest patient 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<sup>§</sup>

If sex ≤ 5 days ago offer Levonorgestrel EC today<sup>§</sup>

Offer prescription for chosen method. Advise patient to use condoms until next menses.

**Start method today.**

Suggest patient use backup method for 7 days. 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

**Start method within 7 days of LMP**

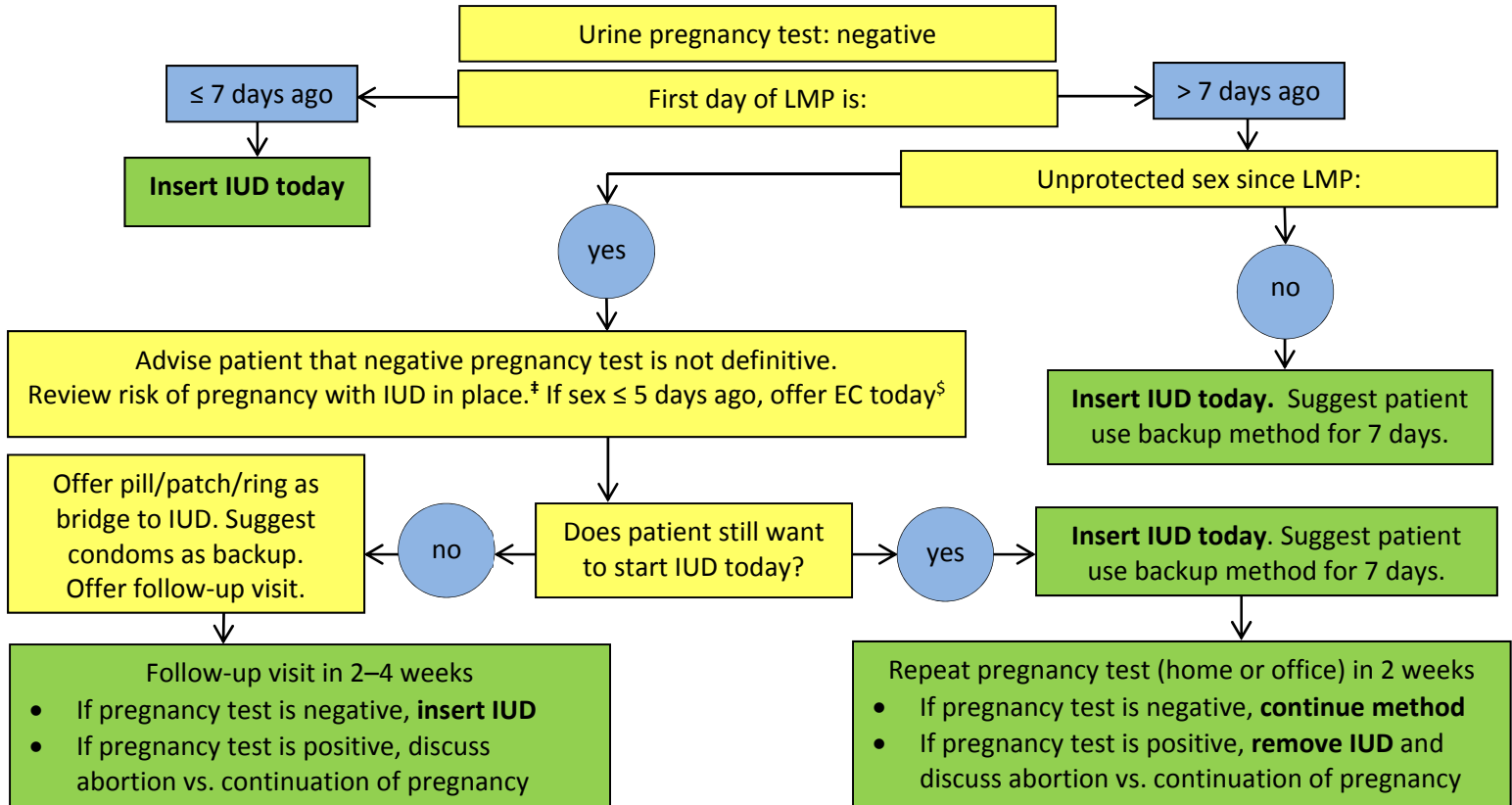
Patients who desire DMPA injection or implant insertion can return to clinic within 7 days of LMP

<sup>‡</sup> Based on Select Practice Recommendations – Benefits of starting contraceptive likely exceed risk of early pregnancy.

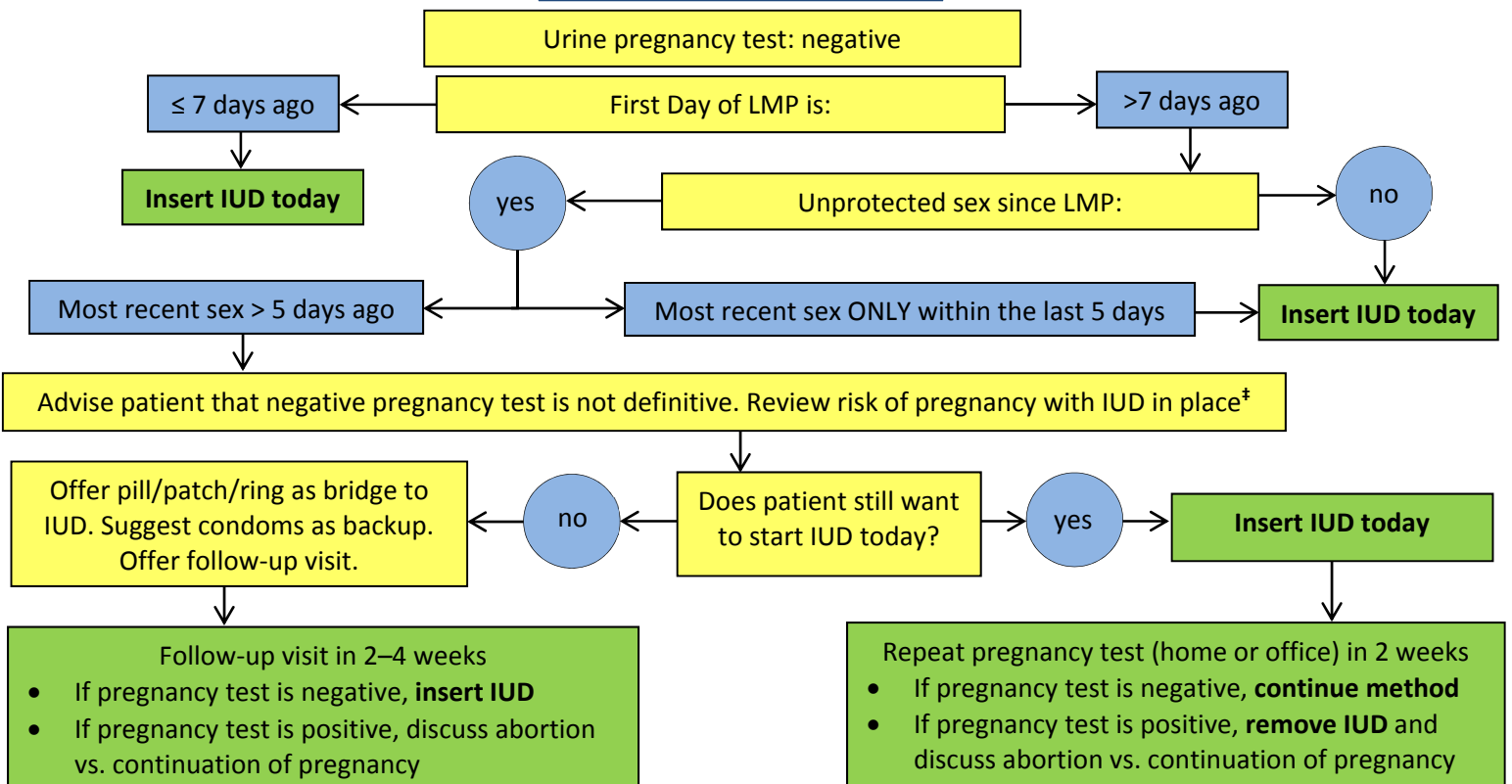
<sup>§</sup> Patients should wait 5 days after taking Ullipristal before starting a hormonal method. It is not recommended for quick start.

# QUICK START ALGORITHM for IUDs<sup>‡</sup>

## 2. Progestin IUD (LNG-IUS)



## 3. Copper IUD



<sup>‡</sup> 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.

<sup>§</sup> Patients should wait 5 days after taking Ullipristal before starting a hormonal method. It is not recommended for quick start.