Quick Start Algorithm — Patient requests a new birth control method:

1. Pill, Patch, Ring

First day of last menstrual period (LMP) is:
- < 5 days ago.
  - Start pill/patch/ring today.
  - If unprotected sex in the past 5 days, give EC today.**
  - Urine pregnancy test: negative*
    - Patient understands risk of early pregnancy and wants to start pill/patch/ring today.
    - Patient prefers pill/patch/ring as a bridge to the injection/IUD/implant.
    - Offer levonorgestrel EC now.**
  - Unprotected sex since last LMP?
    - yes
    - Patient declines pill/patch/ring today as a bridge to the injection/IUD/implant, understands risk of early pregnancy, and wants injection/IUD/implant today.
    - Offer ulipristal EC now.**
    - no
    - Patient wants to wait to start new method. Give prescription for chosen method; advise patient to use barrier method until next menses.
    - Start pill/patch/ring today. Use backup method for 7 days.
    - If patient has had unprotected sex in the past 5 days, give EC today.**
    - Two weeks later, urine pregnancy test is negative* continue pill/patch/ring.

2. Progestin Injection, IUD or Implant

First day of LMP is:
- < 7 days ago.
  - Give injection or insert IUD/implant today.
  - Urine pregnancy test: negative*
    - Patient declines pill/patch/ring today as a bridge to the injection/IUD/implant, understands risk of early pregnancy, and wants injection/IUD/implant today.
    - Offer levonorgestrel EC now.**
    - no
    - Patient prefers pill/patch/ring as a bridge to the injection/IUD/implant.
    - Offer ulipristal EC now.**
    - Unprotected sex in the past 5 days?
      - yes
      - Patient prefers pill/patch/ring as a bridge to the injection/IUD/implant. Use backup method for 7 days.
      - Give injection or insert IUD/implant today, 2 weeks after initial visit. Use backup method for 7 days.
      - Two weeks later, urine pregnancy test is negative*
        - Give injection or insert IUD/implant today.
        - Use backup method for 7 days.
        - Start pill/patch/ring on 1st day of menses.
        - Offer levonorgestrel EC now.**
        - Offer ulipristal EC now.**
        - Start pill/patch/ring in 5 days.*** Use backup method for 12 days.
        - Start pill/patch/ring today. Use backup method for 7 days.
        - Start pill/patch/ring today. Use backup method for 7 days.
        - Start pill/patch/ring today. Use backup method for 12 days.
        - Two weeks later, urine pregnancy test is negative* continue pill/patch/ring.

* If pregnancy test is positive, provide options counseling.
** For patients with body mass index over 25, levonorgestrel EC works no better than placebo. For those who had unprotected sex 3-5 days ago, ulipristal EC has higher efficacy than levonorgestrel EC.
*** Because ulipristal EC may interact with hormonal contraceptives, the new method should be started no sooner than 5 days after ulipristal EC. Consider starting injection/IUD/implant sooner if benefit outweighs risk.
Quick Start Algorithm — Patient requests a new birth control method:

3. Copper IUD

First day of last menstrual period (LMP) is:

- **< 7 days ago.**
  - Insert IUD today.
- **> 7 days ago.**
  - Urine pregnancy test: negative*
    - Unprotected sex since LMP?
      - **< 7 days ago.**
        - Insert IUD today for EC and ongoing contraception.
      - **> 7 days ago or both < and > 7 days ago.**
        - None.
    - **None.**
    - Insert IUD today.

Patient declines pill/patch/ring as a bridge to the IUD, understands risk of early pregnancy, and wants IUD today.
- Insert IUD today.

Two weeks later, urine pregnancy test is negative*
- Insert IUD today, 2 weeks after initial visit.

Patient prefers pill/patch/ring as a bridge to the IUD.
- Two weeks later, urine pregnancy test is negative*
- Insert IUD today, 2 weeks after initial visit.

---

* If pregnancy test is positive, provide options counseling.

**Citation:** Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-4):1–66. DOI: http://dx.doi.org/10.15585/mmwr.rr6504a1.