Quick Start Algorithm for Hormonal Contraception

Patient requests new birth control method:

Pill, Patch, Ring, Injection, Implant

< 7 days ago.

First day of last menstrual period (LMP) is:

> 7 days ago.

Unprotected sex since last LMP?

Yes

Urine pregnancy test: negative

Advise patient that early pregnancy is possible, but hormones would not cause harm.

Start method today.

A backup method is not needed for injection.

If LMP was 5-7 days ago and patient chose pill, patch, ring or implant, a backup method is needed for 7 days.

Does the patient want to start a new method now?

No

If the patient had unprotected sex < 5 days ago, offer Ulipristal or Levonorgestrel emergency contraception (EC) today.

Offer prescription, advance supply, or appointment for chosen method. Advise patient to use and alternate method until next menses.

Start pill, patch, or ring within 5 days after the start of next period.

Return for implant insertion within 5 days after the start of next period.

Return for injection within 7 days after the start of next period.

Yes

If the patient had unprotected sex < 5 days ago, offer Levonorgestrel EC today.

Start method today.

A backup method is needed for 7 days.

Repeat pregnancy test (home or office) in 2-4 weeks.

1 If pregnancy test is positive, provide options counseling.

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

3 For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because ulipristal EC may interact with hormonal contraceptives, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.
If pregnancy test is positive, provide options counseling. CDC advises ruling out pregnancy before IUD insertion. Clinicians may discuss the benefits of same-day insertion (improved access/patient convenience), balanced against a small risk of early pregnancy, which would be complicated by IUD insertion.

For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

**Quick Start Algorithm for IUDs**

**Hormonal IUD: Skyla, Kyleena**

- First day LMP is:
  - < 7 days ago: Insert IUD today.
  - > 7 days ago: Urine pregnancy test: negative.
    - Yes: Unprotected sex since last LMP?
      - Yes: Advise patient that early pregnancy is possible. Review risk of pregnancy with IUD in place. If the patient had unprotected sex < 5 days ago, offer EC today.
      - No: Offer pill/patch/ring/injection + condoms as bridge to IUD. Schedule follow-up visit 2 weeks (or more) from today.
    - No: Does patient want to start the IUD today?
      - Yes: Insert IUD today. A backup method is needed for 7 days.
      - No: If pregnancy test is negative, Insert IUD at follow-up visit.

**Copper IUD and Hormonal IUD: Mirena, Liletta**

- First day LMP is:
  - < 7 days ago: Insert IUD today.
  - > 7 days ago: Urine pregnancy test: negative.
    - Yes: Unprotected sex since last LMP?
      - Yes: Advise patient that early pregnancy is possible. Review risk of pregnancy with IUD in place.
      - No: Most recent sex >5 days ago.
    - No: Most recent sex ONLY within the last 5 days
      - Insert IUD today.

- Offer pill/patch/ring/injection + condoms as bridge to IUD. Schedule follow-up visit 2 weeks (or more) from today.
- Does patient want to start the IUD today?
  - Yes: Insert IUD today.
  - No: If pregnancy test is negative, Insert IUD at follow-up visit.

Repeat pregnancy test (home or office) in 2 weeks.

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1. If pregnancy test is positive, provide options counseling.
2. CDC advises ruling out pregnancy before IUD insertion. Clinicians may discuss the benefits of same-day insertion (improved access/patient convenience), balanced against a small risk of early pregnancy, which would be complicated by IUD insertion.
3. For patients with body mass index over 25, levonorgestrel EC works no better than placebo. Ulipristal EC has higher efficacy than levonorgestrel EC for those who had unprotected sex 3-5 days ago. Because hormones may decrease the efficacy of ulipristal, the new method should be started no sooner than 5 days after ulipristal. Consider starting injection/IUD/implant sooner if benefit outweighs risk.