

### 3.1F SELECTED PRACTICE RECOMMENDATION CHART-WHEN TO START

## HOW TO BE REASONABLY CERTAIN THAT A WOMAN IS NOT PREGNANT

A healthcare provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- is  $\leq 7$  days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses
- has been correctly and consistently using a reliable method of contraception
- is  $\leq 7$  days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [ $\geq 85\%$ ] of feeds are breastfeeds), amenorrheic, and  $< 6$  months postpartum

In situations in which the healthcare provider is uncertain whether the woman might be pregnant, the benefits of starting the implant, depot medroxyprogesterone acetate (DMPA), combined hormonal contraceptives and progestin-only pills likely exceed any risk; therefore, starting the method should be considered at any time, with a follow-up pregnancy test in 2-4 weeks. For IUD insertion, in situations in which the healthcare provider is not reasonably certain that the woman is not pregnant, the woman should be provided with another contraceptive method to use until the healthcare provider can be reasonably certain that she is not pregnant and can insert the IUD.

**Source:** For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm>.

## WHEN TO START USING SPECIFIC CONTRACEPTIVE METHODS

Contraceptive Method	When to Start (if the provider is reasonably certain that the woman is not pregnant)	Additional Contraception Needed (i.e., back up)	Examinations or Tests Needed before Initiation
Copper-containing IUD	Anytime	Not needed	Bimanual examination and cervical inspection
Levonorgestrel-releasing IUD	Anytime	If $> 7$ days after menses started, use back-up method or abstain for 7 days.	Bimanual examination and cervical inspection
Implant	Anytime	If $> 5$ days after menses started, use back-up method or abstain for 7 days.	None
Injectable	Anytime	If $> 5$ days after menses started, use back-up method or abstain for 7 days.	None
Combined hormonal contraceptive	Anytime	If $> 5$ days after menses started, use back-up method or abstain for 7 days.	Blood pressure measurement
Progestin-only pill	Anytime	If $> 5$ days after menses started, use back-up method or abstain for 2 days.	None

Abbreviations: BMI = body mass index; IUD = intrauterine device; STD = sexually transmitted disease; U.S. MEC = U.S. Medical Eligibility Criteria for Contraceptive Use 1) Weight (BMI) measurement is not needed to determine medical eligibility for any methods of contraception because all methods can be used (U.S. MEC 1) or generally can be used (U.S. MEC 2) among obese women. However, measuring weight and calculating BMI (weight [kg]/height [m]<sup>2</sup>) at baseline might be helpful for monitoring any changes and counseling women who might be concerned about weight change perceived to be associated with their contraceptive method. 2) Most women do not require additional STD screening at the time of IUD insertion. If a woman with risk factors for STDs has not been screened for gonorrhea and chlamydia according to CDC's STD Treatment Guidelines (<http://www.cdc.gov/std/treatment>), screening can be performed at the time of IUD insertion, and insertion should not be delayed. Women with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUD insertion (U.S. MEC 4).

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## ROUTINE FOLLOW-UP AFTER CONTRACEPTIVE INITIATION\*

Action	Contraceptive Method				
	Cu-IUD or LNG-IUD	Implant	Injectable	CHC	POP
<b>General Follow-Up</b>					
Advise women to return at any time to discuss side effects or other problems or if they want to change the method. Advise women using IUDs, implants, or injectables when the IUD or implant needs to be removed or when reinjection is needed. No routine follow-up visit is required.	x	x	x	x	x
<b>Other Routine Visits</b>					
Assess the woman's satisfaction with her current method and whether she has any concerns about method use.	x	x	x	x	x
Assess any changes in health status, including medications, that would change the method's appropriateness for safe and effective continued use based on the U.S. MEC (i.e., category 3 and 4 conditions and characteristics).	x	x	x	x	x
Consider performing an examination to check for the presence of IUD strings.	x	—	—	—	—
Consider assessing weight changes and counseling women who are concerned about weight change perceived to be associated with their contraceptive method.	x	x	x	x	x
Measure blood pressure.	—	—	—	x	—
Abbreviations: CHC = combined hormonal contraceptive; Cu-IUD = copper-containing intrauterine device; IUD = intrauterine device; LNG-IUD = levonorgestrel-releasing intrauterine device; POP = progestin-only pills; U.S. MEC = U.S. Medical Eligibility Criteria for Contraceptive Use.					

\*These recommendations address when routine follow-up is recommended for safe and effective continued use of contraception for healthy women. The recommendations refer to general situations and might vary for different users and different situations. Specific populations that might benefit from frequent follow-up visits include adolescents, those with certain medical conditions or characteristics, and those with multiple medical conditions. Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm>