How to Be Reasonably Certain That a Patient is Not Pregnant

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

- is ≤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 ≤7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum

In situations in which the health care provider is uncertain whether the patient 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 placement, in situations in which the health care provider is uncertain whether the patient is pregnant, the patient should be provided with another contraceptive method to use until the health care provider is reasonably certain that they are not pregnant and can place the IUD.

When to Start Using Specific Contraceptive Methods

Contraceptive method	When to start (if the provider is reasonably certain that the patient is not pregnant)[1]	Additional contraception (i.e., back up) needed	Examination/Test needed before initiation[2]
Cu-IUD	Anytime	Not needed	Bimanual examination and cervical inspection[3]
LNG-IUD	Anytime	If >7 days after menses started, abstain from sexual intercourse or use barrier methods (e.g., condoms) for 7 days.	Bimanual examination and cervical inspection[3]
Implant	Anytime[4]	If >5 days after menses started, abstain from sexual intercourse or use barrier methods (e.g., condoms) for 7 days.	None
DMPA	Anytime[4]	If >7 days after menses started, abstain from sexual intercourse or use barrier methods (e.g., condoms) for 7 days.	None
CHC	Anytime[4]	If >5 days after menses started, abstain from sexual intercourse or use barrier methods (e.g., condoms) for 7 days.	Blood pressure measurement
Norethindrone or norgestrel POP	Anytime[4]	If >5 days after menses started, abstain from sexual intercourse or use barrier methods (e.g., condoms) for 2 days.	None
Drospirenone POP	Anytime[4]	If >1 day after menses started, abstain from sexual intercourse or use barrier methods (e.g., condoms) for 7 days.	None

Abbreviations: BMI = body mass index; CHC = combined hormonal contraceptive; Cu-IUD = copper intrauterine device; IUD = intrauterine device; LNG-IUD = levonorgestrel intrauterine device; POP = progestin-only pill; STI = sexually transmitted infection; U.S. MEC = *U.S. Medical Eligibility Criteria for Contraceptive Use*

[1]As appropriate, see recommendations for Emergency Contraception.

[2]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 patients with obesity (BMI ≥30 kg/m^2). However, measuring weight and calculating BMI (weight [kg] / height [m]^2) at baseline might be helpful for discussing concerns about any changes in weight and whether changes might be related to use of the contraceptive method.

[3]Most patients do not require additional STI screening at the time of IUD placement. If a patient with risk factors for STIs has not been screened for gonorrhea and chlamydia according to CDC's *STI Treatment Guidelines* (https://www.cdc.gov/std/treatment-guidelines/default.htm), screening may be performed at the time of IUD placement, and placement should not be delayed. Patients with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUD placement (U.S. MEC 4).

[4]In situations in which the health care provider is uncertain whether the patient might be pregnant, the benefits of starting the implant, DMPA, CHC, and POP likely exceed any risk; therefore, starting the implant, DMPA, CHC, and POP should be considered at any time, with a follow-up pregnancy test in 2–4 weeks.

Source: For full recommendations and updates, see the *U.S. Selected Practice Recommendations for Contraceptive Use* webpage at https://www.cdc.gov/contraception/hcp/usspr/

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Routine Follow-Up After Contraceptive Initiation*

Action	Contraceptive Method				
	Cu-IUD or LNG-IUD	Implant	DMPA	CHC	POP
General Follow-Up					
Advise the patient that they may contact their provider at any time to discuss side effects or other problems or if they want to change the method. Advise patients using IUDs, implants, or DMPA when the IUD or implant needs to be removed or when a reinjection is needed. No routine follow-up visit is required.	X	X	X	X	X
Other Routine Visits					
Assess the patient's satisfaction with their current method and whether they have 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 on the basis of 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 discussing concerns about any changes in weight and whether changes might be related to use of the contraceptive method.	X	X	X	X	X
Measure blood pressure.	–	–	–	X	–

Abbreviations: CHC = combined hormonal contraceptive; Cu-IUD = copper intrauterine device; DMPA = depot medroxyprogesterone acetate; IUD = intrauterine device; LNG-IUD = levonorgestrel intrauterine device; POP = progestin-only pill; 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 patients. The recommendations refer to general situations and might vary for different users and different situations. Specific populations who might benefit from more 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 https://www.cdc.gov/contraception/hcp/usspr/