

## How to Be Reasonably Certain That a Woman is Not Pregnant

A health-care 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 health-care 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 health-care provider is not reasonably certain that the woman is not pregnant, the woman should be provided with another contraceptive method to use until the health-care provider can be reasonably certain that she is not pregnant and can insert the IUD.

## 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 (i.e., back up) needed	Examinations or tests needed before initiation <sup>1</sup>
Copper-containing IUD	Anytime	Not needed	Bimanual examination and cervical inspection <sup>2</sup>
Levonorgestrel-releasing IUD	Anytime	If $> 7$ days after menses started, use back-up method or abstain for 7 days.	Bimanual examination and cervical inspection <sup>2</sup>
Implant	Anytime	If $> 5$ days after menses started, use back-up method or abstain for 7 days.	None
Injectable	Anytime	If $> 7$ 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

<sup>1</sup>Weight (BMI) measurement is not needed to determine medical eligibility for any methods of contraception because all methods can be used or generally can be used among obese women. However, measuring weight and calculating BMI 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.

<sup>2</sup>Most women do not require additional STD screening at the time of IUD insertion if they have already been screened according to CDC's STD Treatment Guidelines (available at <http://www.cdc.gov/std/treatment>). If a woman has not been screened according to guidelines, screening can be performed at the time of IUD insertion and insertion should not be delayed. Women with purulent cervicitis, current chlamydial infection, or gonorrhea should not undergo IUD insertion. Women who have a very high individual likelihood of STD exposure (e.g., those with a currently infected partner) generally should not undergo IUD insertion. For these women, IUD insertion should be delayed until appropriate testing and treatment occurs.



## Routine Follow-Up After Contraceptive Initiation\*

Action	Contraceptive Method				
	LNG-IUD or Cu-IUD	Implant	Injectable	CHC	POP
<b>General Follow-Up</b>					
Advise a woman 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	–
<b>Abbreviations:</b> 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 = <i>U.S. Medical Eligibility Criteria for Contraceptive Use</i> , 2010.					

\*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 more frequent follow-up visits include adolescents, those with certain medical conditions or characteristics, and those with multiple medical conditions.  
**Source:** For the full recommendations, see the US Selected Practice Recommendations for Contraceptive Use, 2013 (<http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf>).