How to Be Reasonably Certain That a Client is Not Pregnant

A provider can be reasonably certain that a client is not pregnant if they have no symptoms and meet **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

See the U.S. Selected Practice Recommendations for Contraceptive Use webpage at www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html

For related tools and tips, see Same-Visit Contraception: A Toolkit for Family Planning Providers at rhntc.org/samevisit.

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When to Start Using Specific Contraceptive Methods

Contraceptive method	When to start*	Additional contraception (i.e., back-up) needed	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 >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
Norethindrone or norgestrel progestin-only pill (POP)	Anytime	If >5 days after menses started, use back-up method or abstain for 2 days	None
Drospirenone POP	Anytime	If >1 day after menses started, use back-up method or abstain for 7 days	None

*If the provider is reasonably certain that the client is not pregnant.

** Most clients do not require additional STI screening at the time of IUD insertion. If a client 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 can be performed at the time of IUD insertion, and insertion should not be delayed. Clients with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUD insertion (U.S. MEC 4).

When the provider is uncertain whether the client might be pregnant:

- The benefits of starting the implant, injectable, 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, the client should be provided with another contraceptive method to use until the provider can be reasonably certain that the client is not pregnant.