

Quick Start/Same Day Start Method – CON 1

DEFINITION

The immediate initiation of combined contraceptives (pills, patches, ring) or progestin-only (pills, injectables, or implants) or either type of IUD before the start of the next menses for clients in which pregnancy is unlikely. Quick Start is an off-label practice supported by good clinical research, avoiding the time gap between when the client is prescribed her method and when she intends to start her method. The CDC U.S Selected Practice Recommendations for Contraceptive Use, 2024, endorses the Quick Start method.

SUBJECTIVE

Should include:

1. LMP
2. Medical, sexual, and contraceptive use history: initial or update, as appropriate
3. Thorough history of sexual intercourse since LMP to determine need for pregnancy testing

Must exclude:

1. Any method specific Category 4 conditions from the CDC MEC table. U.S. Medical Eligibility Criteria for Contraceptive Use, 2024

OBJECTIVE

May include:

1. Blood pressure, height, weight and BMI
2. Emergency contraception, as indicated
3. Age-appropriate examination, as indicated

LABORATORY

May include:

1. Negative pregnancy test, if indicated

ASSESSMENT

Quick start candidate

PLAN

1. Review method specific information sheet/consent form, provide a copy to the patient
2. Quick Start including:
 - Implant and/or combined hormonal contraceptives**
 - a. If client is within 5 days of the beginning of her last menses, start new method immediately. No backup method is needed.
 - b. If client is more than 5 days past the beginning of last menses, start new method immediately and use backup method (condoms) for the first 7 days.
 - Progestin only pills**
 - a. If norethindrone or norgestrel POP and client is within 5 days after start of menses, start immediately and no backup method is needed.
 - b. If norethindrone or norgestrel POP and client is more than 5 days past beginning of last menses, backup method (condoms) recommended for the first 2 days.
 - c. If drospirenone POP, client may only forgo a barrier method if they are initiating new contraceptive the day their menses starts; otherwise, backup method recommended for the first 7 days.

Hormonal IUD and/or DMPA injections

See: How to Be Reasonably Certain That a Woman is Not Pregnant; When to Start Using Specific Contraceptive Methods; and Routine Follow-Up After Contraceptive Initiation.

CLIENT EDUCATION

1. Reinforce contraception education, as appropriate
2. Reinforce safe sex education, if appropriate
3. Consider urine pregnancy test in 2-4 weeks, as indicated (if used EC, for signs & symptoms of pregnancy, or if scheduled bleeding is delayed or abnormal)
4. Recommend client RTC, as appropriate either annually or prn for problems

CONSULT / REFER TO PHYSICIAN

1. Any client with Category 3 or 4 prescribing precautions for combined or progestin-only contraceptives. See U.S. Medical Eligibility Criteria for Contraceptive Use, 2024

REFERENCES

1. U.S. Medical Eligibility Criteria for Contraceptive Use, 2024
2. How to Be Reasonably Certain That a Woman is Not Pregnant; When to Start Using Specific Contraceptive Methods; and Routine Follow-Up After Contraceptive Initiation
3. Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2017 | MMWR
4. Quick Start Algorithm | Reproductive Health National Training Center (rhntc.org)
<https://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf>
5. How to Switch Birth Control Methods. Reproductive Health Access Project. June 2021
https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf