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, 2016, 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: OCP, POP, contraceptive ring, contraceptive patch, DMPA, contraceptive implant or hormonal IUD if:
   a. The client is within 5 days of the beginning of her last menses, start new method immediately. No backup method is needed
   b. Later in the menstrual cycle, initiation depends on whether she has had any unprotected coitus
      i. If no coitus since LMP or protected coitus in the last 5 days, she should initiate the new method today. Advise her to use abstinence or backup method for the next 7 days
      ii. IF unprotected coitus in the last 5 days, offer emergency contraceptive, take EC immediately and start new method today. Advise her to use abstinence or backup method for the next 7 days
   c. 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. Quick Start for non-hormonal IUD (Paragard). No additional backup contraception required, regardless of when it is placed during the menstrual cycle

CLIENT EDUCATION

1. Reinforce contraception education, as appropriate

2. Reinforce safe sex education, if appropriate
3. Consider urine pregnancy test in 2-3 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, 2016

REFERENCES

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