

How to Be Reasonably Certain that a Woman is Not Pregnant



A 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 ≤ 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 [$\geq 85\%$] of feeds are breastfeeds), amenorrheic, and < 6 months postpartum

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



For related tools and tips, see [Same-Visit Contraception: An Implementation Guide for Family Planning Providers](#)



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 >7 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 >7 days after menses started, use back-up method or abstain for 7 days	Blood pressure measurement
Progestin-only pill	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days	None

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

** Most women do not require additional STD screening at the time of IUD insertion. If a woman with risk factors for STDs has not been screened for gonorrhea and chlamydia according to CDC's STD Treatment Guidelines (<http://www.cdc.gov/std/treatment>), screening can be performed at the time of IUD insertion, and insertion should not be delayed. Women with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUD insertion (U.S. MEC 4).

In situations in which the provider is uncertain whether the woman 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 woman should be provided with another contraceptive method to use until the provider can be reasonably certain that she is not pregnant and can insert the IUD.