



Care  
Education  
Advocacy

# CLINICAL PROTOCOL QUICK START OF:

- **The contraceptive implant**
- **Combined hormonal contraception**
- **Progestogen only pills**
- **Depot injection**

## 1. DEFINITION OF TERMS AND BACKGROUND

### Quick Start:

Starting a hormonal method of contraception immediately or soon after the consultation, even if the person is beyond day 1-5 of the menstrual cycle when it may be impossible to exclude an early pregnancy. This protocol covers:

- The contraceptive implant
- Combined hormonal contraception
- Progestogen only pill
- Depot injection

### Abbreviations

CHC: combined hormonal contraception  
COC: combined oral contraceptive  
DMPA: depot medroxyprogesterone acetate  
EC: emergency contraception  
POP: progestogen only pill

### Background

Traditionally, hormonal contraceptive methods are started at the beginning of the next menstrual period to exclude pregnancy and avoid the need for additional contraceptive precautions for the first 7 days. This delay in contraceptive start leaves the person at risk of pregnancy for the remainder of the current cycle. Quick Start balances the need to start contraception immediately with the possibility that an early pregnancy may not be excluded.

### Quick Start has the potential advantages of:

- fewer unplanned pregnancies
- a higher chance that the person will initiate and continue the method
- minimised chance of forgotten instructions.

### Quick Start may be particularly useful:

- for those with long or unpredictable cycles
- when there is a need for immediate contraceptive cover
- when it is difficult for the person to return for a provider-initiated method (implant or injection).

## 2. PROCEDURE

Recommend Quick Start for all people starting CHC, DMPA, the implant or POP outside days 1-5 of their menstrual cycle.

### ASSESSMENT AND CONTRACEPTIVE OPTIONS

#### Take a relevant sexual health history and include:

- timing of last sexual activity
- details of last normal menstrual period (timing, typical flow, usual symptoms)
- risk of pregnancy
- use of contraception (including emergency contraception).

#### Assess whether pregnancy can be reasonably excluded:

- negative pregnancy test and no unprotected sex in the last 3 weeks
- no sex since the start of the last normal menstrual period
- negative pregnancy test and consistent and correct use of a reliable method of contraception in the last 21 days, e.g.
  - » oral contraception and no:
    - › missed pills
    - › medication interactions
    - › vomiting within 3 hours of taking a pill or very severe diarrhoea
  - » vaginal ring and no:
    - › episodes when ring out of the vagina for more than 24 hours
    - › medication interactions
  - » condoms used 100% in the previous 21 days and:
    - › none broken or fallen off
    - › no contact between the penis and vagina without a condom

Note: withdrawal, the diaphragm and some methods of fertility awareness methods are not generally considered as reliable methods of contraception.

- it is within 5 days of the start of a normal period
- it is within 21 days post-partum
- it is within 5 days post-abortion (post mifepristone for medical abortion) or post-miscarriage.

#### Consider factors that may cause variations to vaginal bleeding, which may be incorrectly mistaken for a normal menstrual period:

- emergency contraception
- implantation bleed
- ectopic pregnancy.

While a urine pregnancy test may become positive as soon as 7 days after unprotected sex, a period of 21 days (3 weeks) since last sex is required to exclude a false negative result.

#### Contraceptive recommendation

##### If pregnancy can be excluded

All methods of contraception can be considered.

##### If pregnancy cannot be excluded

Preferred methods suitable for Quick Start:

- Contraceptive implant
- CHCs
- POPs

Depot medroxyprogesterone acetate (DMPA) can be considered although once given it cannot be immediately reversed.



## Emergency contraception

Hormonal contraception (excluding LNG IUDs) can be started on the same day LNG EC is taken.

Hormonal contraception initiation must be delayed for 5 days after taking ulipristal EC. Hormonal contraception renders ulipristal less effective as emergency contraception EC if initiated within 5 days.

## QUICK START

### Advice regardless of whether pregnancy is excluded

#### Inform person:

- how long it will take for their chosen method to be effective as a contraceptive (see table below)
- until the method becomes effective:
  - » use condoms or abstain from sex
  - » take LNG EC as soon as possible if unprotected sex occurs.

### Additional advice for person where pregnancy cannot be excluded

#### Consider

- recommending LNG EC, if unprotected sex has occurred in the previous 4 days.

#### Inform person

- An early pregnancy cannot be excluded
- the chosen contraceptive might cause bleeding that may be mistaken for a normal period
- amenorrhoea can be due to the hormonal method or due to pregnancy
- a pregnancy test is needed test in 4 weeks regardless of bleeding or amenorrhoea
- Quick Start contraception methods have not been associated with teratogenic effects on the fetus nor adverse effects in pregnancy when exposure occurs early in pregnancy
- if DMPA is chosen, once administered, it cannot be immediately reversed.

#### Document

Person:

- understands the process of Quick Start and is aware pregnancy cannot be excluded
- is aware that a pregnancy test must be performed in 4 weeks regardless of bleeding
- gives permission to be sent a pregnancy test SMS reminder (if supported, or use other method of reminder).

#### Add reminder:

- Pregnancy test in 4 weeks

#### Give the person:

- a pregnancy test or ask them to buy one
- instructions on performing a pregnancy test

**Table 1 Comparison of contraceptives when considering Quick Start methods**

	Method	Contraceptive effect after (days)	Effect of method on pregnancy	Irregular bleeding or amenorrhoea may mask symptoms of pregnancy	Reversible	Comments
<b>Preferred methods for Quick Start</b>	CHC: COC, starting with an active pill or vaginal ring	7	None known	Unlikely	Yes	Risk of teratogenesis well studied. Absence of withdrawal bleed should alert the person to the possibility of pregnancy.
	Contraceptive implant	7	None known	Yes	Yes	No published studies on teratogenesis, but unlikely. Long acting, effective.
	POP traditional (norethisterone 350 mcg or levonorgestrel 30 mcg)	48 hours (3 consecutive pills taken)	None known	Possible	Yes	Rapid onset of action. Small dose Strict timing Efficacy rates lower in younger age group.
	POP drospirenone 4 mg	7	None known	Possible	yes	No published studies on teratogenesis, but unlikely.
<b>Can be used (acceptable method)</b>	Depot medroxy-progesterone acetate (DMPA)	7	None known	Yes	No	Small studies do not indicate teratogenesis. Long acting and effective.