

Quick Start of contraception

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Aim To set out the guidelines and procedure for the management of Quick Start of contraception at FPV's clinics.

Definition of terms and abbreviations



Quick Start refers to the practice of starting hormonal contraception outside the time that is traditionally recommended.

- **DMPA** – depot medroxyprogesterone acetate
- **IUD** – intrauterine device
- **LNG IUD** – levonorgestrel intrauterine device
- **POP** – progestogen only pill
- **EC** – emergency contraception

Background

- Traditionally, hormonal contraception is started at the beginning of a woman's next menstrual period. This excludes the risk of pregnancy and the need to use an additional method of contraception for the first 7 days. The Quick Start principle balances the need to start contraception immediately with the possibility that an early pregnancy may not be excluded.
- The potential advantages of Quick Start include the following:
 - There is a greater chance of the woman starting the method.
 - There is a lessened chance of the woman forgetting instructions.
 - There are fewer unplanned pregnancies.
 - The regimen is acceptable to women.

Procedure

- 1) A Quick Start regimen should be considered for women who present for hormonal contraception outside days 1-5 of their menstrual cycle. It may be particularly useful if the woman:
 - a) has long or irregular cycles
 - b) needs to start contraception immediately
 - c) may have difficulty accessing health services at a later time to start contraception (e.g. insertion of implant)
- 2) Assess whether pregnancy can be excluded.

Pregnancy is excluded if the woman:

 - a) has a negative pregnancy test and has not had unprotected sex in the last 3 weeks
 - b) has not had sex since the start of her last normal menstrual period
 - c) has been consistently and correctly using a reliable method of contraception
 - d) is within 5 days of the start of a normal period
 - e) is within 21 days post-partum
 - f) is within 5 days post-abortion or post-miscarriage

Please note: *The use of EC can cause a non-menstrual bleed that can be interpreted as normal menstruation. When EC is used, a negative pregnancy test will not exclude pregnancy until 3 weeks after the woman has had unprotected sex, regardless of whether or not she has had bleeding.*

A bleed due to implantation or ectopic pregnancy can sometimes be mistaken for a normal menstrual period. It is important to ask if menstruation was on time and of normal flow and whether the woman experienced any premenstrual symptoms she would normally have had. If there is suspicion that the bleed is pregnancy related, pregnancy cannot be excluded until 3 weeks after the last episode of sex without use of a reliable method of contraception.

- 3) If pregnancy can be excluded:

All methods of contraception can be considered.

The **combined pill, starting with an active pill, vaginal ring, DMPA injection, LNG IUD** and **etonogestrel implant** will take 7 days to work. The **POP** will take 3 days to work. The **copper IUD** is immediately effective.

- 4) If pregnancy cannot be excluded:

Inform the woman of her risk of undiagnosable pregnancy and the possibility of her not realising that she is pregnant once she starts contraception. This is particularly relevant for methods where irregular bleeding or amenorrhoea is common (i.e. the contraceptive implant or injection). Inform the woman that with combined methods, POP, implant and DMPA there is no known increased risk of teratogenesis. Copper and hormonal IUDs are not known to be teratogenic, but are associated with a high rate of second trimester miscarriage if the woman conceives and the IUD cannot be removed.

Preferred methods are those that are effective, that are easily reversible and where there is no known risk of teratogenesis or potential harm to an ongoing pregnancy. These include:

- i. Combined contraceptive pills, starting with an active pill
- ii. The vaginal ring
- iii. Progesterone only pills
- iv. The contraceptive implant

Acceptable method

- i. The contraceptive injection (DMPA)

Unacceptable methods

- i. Hormonal and copper IUDs, with the exception of using the copper IUD for emergency contraception

- 5) Quick Start advice (where pregnancy either can or cannot be excluded):

- Advise the woman to use condoms or abstain from sex for 7 days (3 days for POP). Check whether she has access to condoms, knows how to use them and supply them if available

If she has unprotected sex during this time, advise her:

- that she may become pregnant
- to take Emergency Contraception as soon as possible
- to continue to use condoms until 7 days after starting the method
- to have a pregnancy test in 4 weeks regardless of bleeding.

This is particularly important for methods where amenorrhoea is one of the expected bleeding patterns.

- 6) Pregnancy test follow up for Quick Start where pregnancy cannot be excluded:

- i) **Combined contraceptive pill or vaginal ring:** the woman should be advised to arrange for a pregnancy test in 4 weeks' time, regardless of whether or not she has had a period. No follow up is required.
- ii) **Contraceptive implant, POP or injection:** it is **essential** to arrange for a follow up pregnancy test in 4 weeks' time and for the woman's name to be **placed in a reminder system** to ensure that the test takes place, regardless of whether or not she has had bleeding.

Discuss with the woman ways that she can remember to have her follow up pregnancy test (e.g. a reminder with the clinic's number on her mobile phone).

Pregnancy test reminder system for Quick Start of the contraceptive implant, POP or injection

1. All women who use Quick Start of the implant, POP and DMPA, and in whom pregnancy cannot be excluded, **MUST** be placed in the pregnancy test reminder system.
2. Women who may be placed in the pregnancy test reminder system at the clinician's discretion:
 - i. Quick Start of a combined hormonal method
 - ii. Quick Start of implant, POP or DMPA where pregnancy has been excluded but clinician has concern about:
 - a) Reliability of previous method or use of method
 - b) The woman's ability to comply with advice to abstain or use condoms for 7 days.
3. The woman may have her follow up pregnancy test in the clinic, or self test at home (a pregnancy test policy including self-test must be in place).
4. The nurse checks the files of women who are due for a pregnancy test.
5. Where a follow up pregnancy test has not been documented, the woman will need to be contacted at the time it is due by an agreed method and reminded of the need and rationale for the test. Once a reminder is made, no further follow up is required.
6. If the woman cannot be contacted, another attempt should be made to contact her on another day. Only two attempts at contact should be made. These should be on two separate days and by two separate methods (e.g. mobile phone and email).
7. If both attempts fail, no further action is necessary. The file should be returned to the ordering practitioner for review.
8. Carefully document all instructions given and actions taken.

References 1. Sexual Health and Family Planning Australia (SH&FPA) 2012, Contraception: An Australian clinical practice handbook (3rd ed), SH&FPA, Canberra, pp.11-12.

Table 1. Comparison of Quick Start methods

| | Method | When does the method become effective? | What is the effect on an existing pregnancy? | Can the method mask pregnancy? | Is it reversible? | Comments |
|---|---|---|--|-----------------------------------|-------------------|--|
| Preferred methods for Quick Start | Combined hormonal, starting with an active pill | 7 days | None known | Unlikely | Yes | The risk of teratogenesis has been well studied. The absence of a withdrawal bleed should alert the woman to the possibility of pregnancy. |
| | Implant | 7 days | None known | Yes | Yes | Teratogenesis is unlikely. It is long acting, effective and rapidly reversible. |
| | Progestogen only pill | 3 days | None known | Possibly | Yes | It has a rapid onset. Strict adherence to timing is important. Efficacy rates are lower in younger women than in older women. |
| Acceptable method | Injection (DMPA) | 7 days | None known | Yes | No | Small studies show no teratogenesis. It is long acting and effective. |
| Unacceptable methods (with the exception of using the copper IUD for emergency contraception) | Intrauterine device (IUD) | Copper: Immediately Hormonal: 7 days | Increased risk of miscarriage, especially in the second trimester if the IUD cannot be removed | Copper: Possibly Hormonal: Yes | Yes | It can affect the outcome of a pregnancy if it cannot be removed. The threads may disappear. |

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