

This sample policy establishes that same-visit initiation of contraception should be available, in accordance with current standards of care. You can adapt the language to fit your program’s needs.

**Sample Policy for Same-Visit**

**Contraceptive Services**

**SUBJECT:** SAME-VISIT CONTRACEPTIVE SERVICES

**POLICY:** IT IS THE POLICY OF *<CLINIC NAME>* TO PROVIDE CLIENTS WITH THEIR CONTRACEPTIVE METHOD OF CHOICE WITHOUT DELAY.

**ISSUE DATE:** APRIL 2019

1. All clients with reproductive potential will have their contraceptive and future pregnancy plans discussed at every visit. Contraceptive counseling and methods are provided on a voluntary basis, with respect to a client’s choice, and in a non-coercive manner.
2. All clients desiring a new contraceptive method will have a documented negative urine pregnancy test when pregnancy cannot be reasonably excluded (see below).

*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[[1]](#endnote-1):*

* *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 [≥85%] of feeds are breastfeeds),amenorrheic, and <6 months postpartum*
1. All sexually active clients will be counseled on the use of condoms for the prevention of sexually transmitted diseases (STD). Male and female condoms will be made available in the clinic at no charge to clients.
2. All non-pregnant clients with reproductive potential will be screened for their need for emergency contraception and counseled regarding its use. A prescription will be provided to all clients desiring emergency contraception.
3. If a client chooses a contraceptive injection (Depo-Provera) after counseling, she will receive it that day. Injections will be scheduled 11–13 weeks apart. A follow-up pregnancy test should be considered in 2–3 weeks for those who had unprotected sex in the two weeks prior to their injection.
4. If a client chooses an intrauterine device (IUD)—either a copper IUD (ParaGard) or hormonal IUD (Mirena/Liletta/Skyla/Kyleena)—or contraceptive implant (Nexplanon) after counseling, she will be able to receive it that day if the clinician can be reasonably certain she is not pregnant (see bullets above). Clients for whom pregnancy cannot be reasonably ruled out should be counseled about using condoms/abstinence, and return in 2–3 weeks for a repeat urine pregnancy test and insertion of their chosen method. The copper IUD can be placed within 5 days of unprotected intercourse as a form of emergency contraception.
5. If a client desires an IUD or implant, every effort should be made to facilitate same-visit initiation. If the client has no contraindications to her method of choice, she will be counseled on the risks, benefits, and alternatives. The client will also be asked to give consent for insertion.
6. A gonorrhea/chlamydia (GC/CT) screening and a pap smear/human papillomavirus (HPV) test can be performed at the time of IUD insertion, if indicated. Any abnormal results will be treated with the IUD in situ. If a provider notes mucopurulent discharge or other concerning signs of cervicitis, the IUD insertion will be delayed until after treatment.
7. If a client receives a hormonal IUD or implant more than 7 days from the beginning of her last menstrual period, she will be counseled on the need for one week of back-up contraceptive coverage (condoms/abstinence). Copper IUDs do not require this back-up, as they are immediately effective when inserted.
8. A client should be scheduled for follow-up 6-8 weeks after IUD insertion and annually thereafter, or as needed, for all other methods initiated.
9. A client will have her IUD or implant removed at any time upon her request.
10. If the specified time for use of an IUD (3, 5, or 10 years) or implant (3 years) has passed, a client may have the old device removed and a new one inserted during the same visit.
11. If a client desires female sterilization surgery, she should be consented on the <INSERT STATE> required consent form. She should be counseled on the two different methods (hysteroscopic versus laparoscopic). She should also be told that the efficacy of permanent sterilization procedures is equivalent to that of long-acting reversible methods (IUD and implant). If surgery is desired, every effort will be made to schedule it as soon as possible. Once the consent form is signed, surgery must happen more than 30, but less than 180 days, later. If 180 days have lapsed, another signature of consent must be obtained, and the 30-day waiting period applied again.
12. If a client desires to use a fertility awareness-based method (FABM), she will receive counseling, education, and referral to additional resources for more information.



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For related tools and tips, see [Same-Visit Contraception: An Implementation Guide for Family Planning Providers](https://www.fpntc.org/resources/same-visit-contraception-implementation-guide-family-planning-providers)

1. Source: 2016 U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR) <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html> [↑](#endnote-ref-1)