





Appendix 3: Ruling out pregnancy – when to use the pregnancy checklist and when to use a pregnancy test

Ruling Out Pregnancy

Ruling out pregnancy is recommended before starting a hormonal contraceptive and before IUD insertion. Family planning providers have 3 tools available for this routine task:

- 1. Medical history (often collected using the <u>Pregnancy Checklist</u>)
- 2. Pregnancy tests
- 3. Delaying the start of the method until the client's next monthly bleeding

Which tool should a provider use first, and when?

The job aid How and When to Use the Pregnancy Checklist and Pregnancy Tests, offers guidance based on the client's chosen method and on whether she has been having bleeding each month or she is not having monthly bleedings due to recent childbirth or other reasons. This job aid also addresses the situation for a woman who has been having monthly bleedings but now has missed her expected monthly bleeding.

Important points to note

- Unless the client has missed her monthly bleeding, ruling out pregnancy starts with the
 Pregnancy Checklist. This checklist can provide reasonable certainty that a woman is not pregnant.
- Pregnancy tests are not likely to work before the first day of missed monthly bleeding. Using a test earlier is pointless and wasteful.
- The only contraceptive method known to pose a health risk if started during pregnancy is the IUD (either copper or hormonal). If the Pregnancy Checklist cannot rule out pregnancy, a provider should use another tool to rule out pregnancy before inserting an IUD.
- All hormonal methods except the LNG-IUD can be provided without delay even when uncertainty about pregnancy exists. Follow-up is required in some cases.
- **Delaying the start of the method is the worst choice** among the 3 tools for assessing pregnancy. She may become pregnant before her next monthly bleeding. The other tools should be used first whenever possible.
- Both the Pregnancy Checklist and a pregnancy test are highly accurate for ruling out pregnancy when used appropriately. When the checklist can be used, there is no reason to prefer a test.







How and when to use the pregnancy checklist and pregnancy tests

Match your client's menstrual status and chosen contraceptive method with one of the options below and follow the instructions

Client with amenorrhea

(postpartum or other type)

Implants, pills, ring, injectables, or patch

IUDs Copper or LNG

Use Pregnancy Checklist.1

Pregnancy ruled out: Provide method.

Pregnancy not ruled out: Use a pregnancy test.

Pregnancy test is negative (or test is not immediately available): Provide the method now.² Schedule a follow-up

Schedule a follow-up pregnancy test in 3-4 weeks.

Pregnancy test is negative (or test is not immediately available): Advise woman to use COCs, DMPA, or condoms or abstain for 3–4 weeks, then repeat the pregnancy test.

Second pregnancy test is negative. Provide the IUD.

Client between two regular menses (monthly bleeding)*

Implants, pills, ring, injectables, or patch

IUDs Copper or LNG

Use Pregnancy Checklist¹

Pregnancy ruled out: Provide method.

Do not use a pregnancy test (in most cases it is too early for the test to be effective).

Pregnancy not rued out: Provide the method now.²

Return for a pregnancy test if next menses are delayed. Pregnancy not ruled out: Do not provide method.

Advise woman to return for LNG-IUD insertion within 7 days of onset of her next menses, or within 12 days for a copper IUD; but in the meantime, use COCs, DMPA, or condoms or abstain.

Return for a pregnancy test if next menses are delayed.

- 1 See Pregnancy Checklist.
- 2 For implants, counsel about the need to remove the implant if pregnancy is confirmed and she wishes to continue the pregnancy.

In cases where pregnancy cannot be ruled out, offer emergency contraception if the woman had unprotected sex within the last 5 days.

Counsel all women to come back any time they have a reason to suspect pregnancy (for example, she misses a period).

* If the client presents with a late/missed menses, use a pregnancy test to rule out pregnancy. If using a highly sensitive pregnancy test (for example, 25 mIU/mI) and it is negative, provide her desired method.

If using a test with lower sensitivity (for example, 50 mlU/ml) and it is negative during the time of her missed period, wait until at least 10 days after expected date of menses and repeat the test. Advise the woman to use condoms or abstain in the meantime. If the test is still negative, provide her desired method.

If test sensitivity is not specified, assume lower sensitivity.





Pregnancy checklist

Ask the client questions 1–6. As soon as the client answers "yes" to *any question*, stop and follow the instructions below.

NO		YES
	Did your last monthly bleeding start within the past 7 days?*	
	Have you abstained from sexual intercourse since your last monthly bleeding, delivery, abortion, or miscarriage?	
	Have you been using a reliable contraceptive method consistently and correctly since your last monthly bleeding, delivery, abortion, or miscarriage?	
	4 Have you had a baby in the last 4 weeks?	
	Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no monthly bleeding since then?	
	Have you had a miscarriage or abortion in the past 7 days?*	

^{*} If the client is planning to use a copper-bearing IUD, the 7-day window is expanded to 12 days.

If the client answered NO to all of the questions, pregnancy cannot be ruled out using the checklist.

Rule out pregnancy by other means.

If the client answered **YES** to at least one of the questions, you can be reasonably sure she is not pregnant.

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