



Recommended Actions After Late or Missed Combined Oral Contraceptives

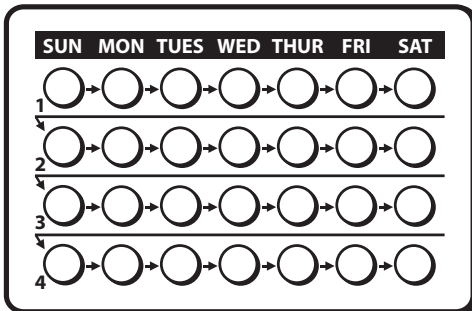
If one hormonal pill is late (<24 hours since a pill should have been taken)

If one hormonal pill has been missed (24 to <48 hours since a pill should have been taken)

- Take the late or missed pill as soon as possible.
- Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
- No additional contraceptive protection is needed.
- Emergency contraception is not usually needed but may be considered (with the exception of UPA) if hormonal pills were missed earlier in the cycle or during the last week of hormonal pills in the previous cycle.

If two or more consecutive hormonal pills have been missed (≥48 hours since a pill should have been taken)

- Take the most recent missed pill as soon as possible. (Any other missed pills should be discarded.)
- Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
- Abstain from sexual intercourse or use barrier methods (e.g., condoms) until hormonal pills have been taken for 7 consecutive days.
- If pills were missed in the last week of hormonal pills (e.g., days 15-21 for 28-day pill packs):
 - Omit the hormone-free interval by finishing the hormonal pills in the current pack and starting a new pack the next day.
 - If unable to start a new pack immediately, abstain from sexual intercourse or use barrier methods (e.g., condoms) until hormonal pills from a new pack have been taken for 7 consecutive days.
- Emergency contraception should be considered (with the exception of UPA) if hormonal pills were missed during the first week and unprotected sexual intercourse occurred during the previous 5 days.
- Emergency contraception may also be considered (with the exception of UPA) at other times as appropriate.



Abbreviation: UPA = ulipristal acetate

Source: For full recommendations and updates, see the *U.S. Selected Practice Recommendations for Contraceptive Use, 2024* | *MMWR* at <https://www.cdc.gov/mmwr/volumes/73/rr/rr7303a1.htm>.



Recommended Actions After Delayed Application or Detachment* With Combined Hormonal Patch

Delayed application or detachment for <48 hours since a patch should have been applied or reattached

- Apply a new patch as soon as possible. (If detachment occurred <24 hours since the patch was applied, try to reapply the patch or replace with a new patch.)
- Keep the same patch change day.
- No additional contraceptive protection is needed.
- Emergency contraception is not usually needed but may be considered (with the exception of UPA) if delayed application or detachment occurred earlier in the cycle or during the last week of the previous cycle.

**If detachment takes place but the patient is unsure when the detachment occurred, consider the patch to have been detached for ≥48 hours since a patch should have been applied or reattached.*

Delayed application or detachment for ≥48 hours since a patch should have been applied or reattached

- Apply a new patch as soon as possible.
- Keep the same patch change day.
- Abstain from sexual intercourse or use barrier methods (e.g., condoms) until a patch has been worn for 7 consecutive days.
- If delayed application or detachment occurred during the third patch week:
 - Omit the hormone-free week by finishing the third week of patch use (keeping the same patch change day) and starting a new patch immediately.
 - If unable to start a new patch immediately, abstain from sexual intercourse or use barrier methods (e.g., condoms) until a new patch has been worn for 7 consecutive days.
- Emergency contraception should be considered (with the exception of UPA) if the delayed application or detachment occurred within the first week of patch use and unprotected sexual intercourse occurred during the previous 5 days.
- Emergency contraception may also be considered (with the exception of UPA) at other times as appropriate.

Recommended Actions After Delayed Placement or Replacement* with Combined Vaginal Ring (etonogestrel/ethinyl estradiol)**

Delayed placement of a new ring or delayed replacement of a current ring for <48 hours since a ring should have been placed

- Place ring as soon as possible.
- Keep the ring in until the scheduled ring removal day.
- No additional contraceptive protection is needed.
- Emergency contraception is not usually needed but may be considered (with the exception of UPA) if delayed placement or replacement occurred earlier in the cycle or during the last week of the previous cycle.

**If removal takes place but the patient is unsure when the ring was removed, consider the ring to have been removed for ≥48 hours since a ring should have been placed or replaced.*

***These recommendations are based on evidence for the etonogestrel/ethinyl estradiol combined vaginal ring. For dosing errors with the segesterone acetate/ethinyl estradiol vaginal ring, please see the package label.*

Delayed placement of a new ring or delayed replacement for ≥ 48 hours since a ring should have been placed

- Place ring as soon as possible.
- Keep the ring in until the scheduled ring removal day.
- Abstain from sexual intercourse or use barrier methods (e.g., condoms) until a ring has been used for 7 consecutive days.
- If the ring removal occurred during the third week of ring use:
 - Omit the hormone-free week by finishing the third week of ring use and starting a new ring immediately.
 - If unable to start a new ring immediately, abstain from sexual intercourse or use barrier methods (e.g., condoms) until a new ring has been used for 7 consecutive days.
- Emergency contraception should be considered (with the exception of UPA) if the delayed placement or replacement occurred within the first week of ring use and unprotected sexual intercourse occurred during the previous 5 days.
- Emergency contraception may also be considered (with the exception of UPA) at other times as appropriate.

Abbreviation: UPA = ulipristal acetate

Source: For full recommendations and updates, see the *U.S. Selected Practice Recommendations for Contraceptive Use, 2024* | MMWR at <https://www.cdc.gov/mmwr/volumes/73/rr/rr7303a1.htm>.

