

CONTRACEPTION (PILLS/PATCH/RING)

I. DEFINITION:

Periodic issuing of contraceptives by a public health nurse under order of physician, PA or an APRN with prescriptive authority.

II. CLINICAL FEATURES:

A. Subjective Information

1. Inquire if the client has had:
 - a. Minor side effects:
 - 1) Breakthrough bleeding
 - 2) Weight gain
 - 3) Mood swings or moodiness
 - 4) Variance in amount and duration of menses
 - 5) Nausea
 - 6) Breast tenderness
 - b. Major side effects:
 - 1) Severe abdominal pain
 - 2) Severe chest pain and/or shortness of breath
 - 3) Severe headaches
 - 4) Eye problems (blurred vision, flashing lights, blindness)
 - 5) Severe leg pain (calf or thigh)
 - 6) Depression
 - 7) Jaundice
 - c. Drug allergies and the reaction to the drug
 - d. Taking any medication in addition to contraceptive (particularly Rifampin or anticonvulsants except valproic acid, or Keppra)
 - e. Obtain date of last menstrual period (LMP)
 - f. Obtain dates of last contraceptive use and any interruptions in use during the last and/or current cycle
2. For further information on phrasing questions, see Managing Contraception, Combined (Estrogen & Progestin) Contraceptives and Progestin-Only Contraceptives.

B. Objective Information

1. Perform blood pressure reading on all clients
2. Obtain client's weight/height
3. Hemoglobin if indicated
4. Pregnancy test if indicated

III. MANAGEMENT PLAN:

A. Laboratory Studies:

1. Hemoglobin: If client complains of heavy or lengthy menses or has had previous low hematocrit/hemoglobin.

2. Pregnancy test: If client has missed pills, been late with patch or ring, and greater than 5 weeks since last menses
 3. Liquid based Pap test if indicated by screening guidelines
 4. Urine for GC/Chlamydia
- B. Initial Clients
1. Clients who are new to a contraceptive method may be issued a maximum of 4 cycles of OCP or 3 cycles of the patch or 3 cycles of NuvaRing.
 2. The client should return for a blood pressure/weight check and a method specific history after being on a contraceptive method for 3-4 cycles or as indicated by symptoms or the health care provider's orders.
 3. If no problems are noted at that time, the client may be given cycles to cover the 12 month period. Clients may return to the clinic as needed or as written per the health care provider's orders, and when their annual preventive health care exam is due.
 4. Clients with Medicaid or private insurance may be given a prescription by the physician, PA, or APRN for 13 cycles with instructions to call or return to the clinic at any time to discuss side effects or other problems or if the client wants to change the method being used. No routine follow-up visit is required.
- C. Return Clients who have been on contraceptive method for 3 or more months and have no identified problems may be issued the remaining number of cycles of OCP, patches or NuvaRings as ordered. (IRENE: Resource Documents/Agency Correspondence/Community and Family Health Document Library/Family Health/MCH/PRH/ Family Planning Contraceptive Supply Allocation Grid)
- D. Extended Cycle Oral Contraceptive Pills (OCP) Clients
1. Extended cycling is utilization of monophasic oral contraceptive pills to extend the phase of amenorrhea.
 2. Depending on the option **ordered** by the health care provider, the client will need to be supplied with 16-18 packs of pills to cover a 12-month period.
 - a. Clients may be given 4 cycles initially, and then return for the remaining cycles as needed to cover a 12 month period.
 - b. Blood pressure/weight and method specific history should be obtained at each visit.
 3. Options
 - a. Bicycling: Instruct client to take the first pack of 21 active, throw the placebo pills away, and immediately start the second pack of 21 active pills. At the end of the second pack, take the placebo pills.
 - b. Tricycling: Instruct client to take the 21 active pills from 3 packages followed by the 7 placebo pills
 - c. No-Cycling: Instruct the client to take active pills indefinitely with no placebo pills as long as the client has no problems with spotting/bleeding. If persistent spotting occurs begin placebo week.
 4. The placebo period for any of these options should never be longer than 7 days.

- E. If an immediate clinic appointment for an annual exam is not available for an established client using contraception, additional cycles may be issued for a period not to exceed two months for a client with no other contraindications to continuing this method. Further additional cycles may not be issued until the client is seen by the physician, APRN, or PA.
- F. Problem Management
1. Positive Responses to Assessment Questions
 - a. Elicit further information as to onset, duration, intensity, what increases the problem, what alleviates the problem. If it is determined that the problem is related to contraceptive use, refer to the health care provider for further evaluation and management.
 - b. The reliability of contraception may be affected in clients being treated with certain medications such as Rifampin or anticonvulsants except valproic acid or Keppra. A back-up method or an alternative contraceptive should be offered.
 2. Menses Changes
 - a. It is normal for clients who are taking hormonal contraceptives to have lighter/shorter menses. Any amount of bleeding or spotting during the inactive phase of the contraceptive is considered a menses. See PHYSICIAN APPROVED PROTOCOL: PREGNANCY TESTING AND COUNSELING for further clarification as to when a pregnancy test is indicated.
 - b. When evaluating new clients on extended cycling and the client reports correct use of her method but is still having menses issues, issue three (3) cycles, reinforce client education and have her return for reevaluation in 2 months for more supplies.
 3. Hypertension
 - a. If the client has a blood pressure of 140/90 or greater [i.e., systolic of greater than 139 OR diastolic of greater than 89], she can receive one cycle of progestin-only contraceptive such as Micronor. The client must be scheduled for a follow-up visit with the APRN or PA for evaluation.
 - b. If the client's systolic is 160 or above or diastolic is 100 or above, she should be immediately referred to a physician.
- G. Transfer Clients
1. See the *Family Planning Policy and Procedures Manual: Clinic Services, Transfer*.
 2. If the oral contraceptive prescribed is not available, use the attached Contraceptive Reference Guide.
 3. If the medical records have not been received in 90 days, the client should be scheduled for a complete physical examination. Obtain method continuation order from physician, PA, or APRN.

IV. CLIENT EDUCATION:

- A. All clients should be educated as to contraceptive danger signals at each visit, and be informed to report all symptoms.

1. DANGER SIGNS

- A** - Abdominal pain (severe)
- C** - Chest pain (severe), cough, shortness of breath
- H** - Headache (severe), dizziness, weakness, numbness, speech problems
- E** - Eye problems (vision loss or blurring),
- S** - Severe leg pain (calf or thigh)

2. If a client < 35 years old is a smoker, inform her of the increased risks of cardiovascular problems due to the combination of smoking and estrogen-containing contraceptives. Clients > 35 years old who smoke are not candidates for estrogen-containing contraceptives. Encourage all smokers to quit and provide educational resources for cessation assistance.

3. Refer to Fact sheets or Contraceptive Technology for additional client education related to contraceptive use.

B. Consultation/Referral:

Refer all clients with contraceptive related problems to the health care provider.

C. Follow-up:

Clients with identified problems will be followed as directed by the Family Planning Manual. Determine tracking priority utilizing professional judgment.

REFERENCES:

- Centers for Disease Control and Prevention (2013). U.S. selected practice recommendations for contraceptive use, 2013: adapted from the World Health Organization selected practice recommendations for contraceptive use, 2nd edition. MMWR 2013: 62. Retrieved July 1, 2013 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm>
- Centers for Disease Control and Prevention (CDC). U.S. medical eligibility criteria for contraceptive use, 2010. MMWR 2010;59
- Dickey, R.P. (2010). *Managing contraceptive pill/drug patients (14th ed.)*. New Orleans: Emis.
- Hatcher, R. A., Trussell, J., Nelson, A. L., Cates, W., Jr., Stewart, F. H., & Kowal, D. (2011). *Contraceptive technology* (20th ed.). New York: Ardent Media, Inc.
- Hawkins, J. W., Roberto-Nichols, D. M., & Stanley-Haney, J. (2011). *Guidelines for nurse practitioners in gynecologic settings* (10th ed.). New York: Springer .
- Zieman, M., Hatcher, R. A., Cwiak, C., Darney, P. D., Creinin, M. D., & Stosur, H. R. (2010). *Managing contraception for your pocket* (10th ed.). Tiger, Ga: Bridging the Gap Foundation.

Following is a list of Monophasic, Triphasic and Progestin-only Contraception. This list is not exhaustive, however, and is provided as a reference for contraceptive selection. Most of the items listed are NOT on the OSDH formulary.

CONTRACEPTIVE REFERENCE GUIDE	
Monophasic Contraception	Other OCP's
Alesse	Mircette
Altavera	Modicon
Alyacen 1/35	MonoNessa
Amethia	Necon 0.5/35
Amethia Lo	Necon 1/35
Amethyst	Necon 1/50
Apri	Nordette
Azurette	Norethindrone/Ethinyl estradiol
Aviane	Norgestimate/Ethinyl estradiol
Balziva	Norinyl 1/35
Beyaz	Norinyl 1/50
Brevicon	Nortrel 0.5/35
Briellyn	Nortrel 1/35
Camrese	Nuva Ring
Camrese Lo	Ocella
Cryselle	Ogestrel
Cyclafem 1/35	Orsythia
Desogen	Ortho-Cept
Emoquette	Ortho Cyclen
Femcon Fe	Ortho Novum 1/35
Generess Fe	Ortho Novum 1/50
Gianvi	Ortho Evra (Patch)
Introvale	Ovcon 35
Jolessa	Ovcon 50
Junel 21 1.5/30	Portia
Junel 21 1/20	Previfem
Junel FE 1.5/30	Quasense
Junel FE 1/20	Reclipsen
Kariva	Safyral
Kelnor	Seasonale
Lessina	Seasonique
Levlen	Sprintec
Levonorgestrel/Ethinyl estradiol	Sronyx
Levora	Syeda
Loestrin 21 1.5/30	Vestura
Loestrin 21 1/20 (Low-dose)	Viorele
Loestrin 24 Fe	Yasmin
Loestrin Fe 1.5/30	YAZ
Loestrin Fe 1/20	Zarah
Lo/Ovral	Zenchant
LoSeasonique	Zenchant Fe
Loryna	Zeosa
Low-Ogestrel	Zovia 1/35
Lutera	Zovia 1/50
Lybrel	
Marlissa	
Microgestin FE1/20	
Microgestin FE 1.5/30	
Microgestin 1/20	
Microgestin 1.5/30	

Biphasic Contraception (Pills Only)	
Necon 10/11	
Triphasic Contraception (Pills only)	
Alyacen 7/7/7	
Aranelle	Tri-Nessa
Caziant	Tri-Norinyl
Cyclafem 7/7/7	Tri-Previfem
Cyclessa	Tri-Sprintec
Enpresse	Triphasil
Estrostep Fe	Trivora
Leena	Velivet
Myzilra	
Necon 7/7/7	
Norgestimate/Ethinyl estradiol	
Nortrel 7/7/7	
Ortho-Novum 7/7/7	
Ortho Tri-Cyclen	
Ortho Tri-Cyclen Lo	
Tilia Fe	
Tri-Lo Sprintec	
TriLegest Fe	
Four phasic Contraception (Pills Only)	
Natazia	
Progestin-Only Pills	
Camila	Ortho Micronor
Errin	Nora-BE
Heather	Norethindrone
Jolivette	Nor-QD

Reference:

Epocrates (2012). *Drugs*. Retrieved October 4, 2012, from <https://online.epocrates.com>