EARLY START CONTRACEPTIVES

I. DEFINITION:

A method of issuing approved contraceptives prior to the **initial** medical visit.

II. CANDIDATES FOR EARLY START INCLUDE WOMEN:

A. Who are new clients who have never received Early Start, or are former clients who have not received family planning services for three years (excluding Medicaid pregnancy verification), but have returned to the health department for services, AND

B. Women who cannot be scheduled for an initial examination within 10 working days, OR

C. Whose initial request for service is scheduled within 10 working days, but her menstrual cycle will start prior to receiving the clinician examination, AND

D. Who are at risk of unprotected intercourse, AND

E. Who are an appropriate candidate for method of choice

III. CLINICAL FEATURES:

A. Subjective

1. Client completes the History and Assessment form: ODH 638 (Pill, Patch or Ring), ODH 873 (Mini-Pill), or ODH 657 DMPA.
2. Screen for any contraindications as outlined below.
3. First day of last menstrual period.
4. Allergies
5. Tobacco use
6. Current medication use

B. Objective

1. Blood pressure
2. Height and weight
3. Rule out pregnancy by determining if client meets any **one** of the following criteria:
   - 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 (greater than 85% of feeds are breastfeeds), amenorrheic, and < 6 months postpartum

C. CONTRAINDICATIONS to Early Start **Estrogen**-Containing Contraceptive Methods may include current pregnancy or history/current diagnosis of:

1. Blood clots in legs or lungs
2. Diabetes, requiring insulin
3. Seizures, requiring medication
4. Stroke or heart attack
5. Mother/father/brother/sister had a stroke or heart attack before age 40
6. Liver disease or liver tumor
7. Over 35 years of age and smoke
8. BP > 140/90

9. Headaches with focal aura
10. History of breast/uterine cancer
11. Undiagnosed vaginal bleeding
12. Less than 6 weeks postpartum if breastfeeding

D. CONTRAINDICATIONS to Early Start **Progestin** Only Methods may include current pregnancy or history/current diagnosis of:

1. Undiagnosed vaginal bleeding
2. History of breast/uterine cancer
3. Diabetes with vascular disease
4. Liver disease or liver tumor
5. Heart disease or stroke
6. Cushing Syndrome
7. Seizures (on medication)
   a. Progestin Only Pills (POPs) are contraindicated due to dosage being too low.
   b. DMPA is not contraindicated as dosage is higher.
8. Migraine headache **with** focal neurological symptoms at any age**.**

IV. MANAGEMENT PLAN:

A. Rule out pregnancy by determining if client meets any **one** of the following criteria:
- 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 (greater than 85% of feeds are breastfeeds), amenorrheic, and < 6 months postpartum

B. Schedule FP appointment.

C. Ask client which contraceptive method she desires to start.

D. Determine if client is appropriate candidate for the chosen method.

1. If the client chooses **condoms**, the Early Start provider may issue them and schedule an appointment for an exam.

2. If the client chooses **hormonal** contraception (pills, patch, or ring), the PHN issues Early Start contraceptives according to the following:

   a. If there is NO contraindication from the ODH 638, the client is at least 21 days post-delivery and not breastfeeding, issue combined contraception with instruction sheet. Breastfeeding clients may be issued combined contraception at six (6) weeks post-delivery.

   b. Clients breastfeeding with NO contraindications from the ODH 873, may be issued a progestin-only pill with additional instruction to use a back-up method. Use Birth Control Pill Fact Sheet. Postpartum clients who are not breastfeeding may be issued combined oral contraceptives (pills, patch, or ring) but must not begin to use them until 21 days after delivery.

   c. Postpartum clients who have contraindications to estrogen-containing contraceptives may be issued a progestin-only pill if there are no contraindications

d. **Issue the smallest number of cycles based on the earliest available appointment for exam.** No more than three cycles should be issued based upon appointment availability.
e. If the client fails to keep the appointment, the PHN must consult with the healthcare provider in the clinic regarding an order for additional hormonal contraceptives.

f. Refer to the Contraceptive Reference Guide attached to the Physician Approved Protocol for Contraception (Pills/Patch/Ring).

3. If the client chooses **DMPA**, the PHN issues Early Start DMPA according to the following:

a. If there are no contraindications to DMPA from the ODH 657 form rule out pregnancy and if negative, give DMPA.

b. Postpartum clients who are breastfeeding may be given DMPA anytime post delivery.

c. Make appointment for client exam as indicated.

E. Prescriptions for Clients who have SoonerCare or SoonerPlan coverage

1. Clients who have SoonerCare or SoonerPlan coverage or who appear to be eligible for SoonerCare or SoonerPlan through online enrollment, have been given a number AND meet the above requirements, should be given a prescription for the minimum number of cycles (not to exceed 3) until an appointment can be provided for a physical exam. This may be accomplished by the APRN writing the order or giving a verbal order and the public health nurse then calling in the prescription.

Needed information in this case includes:

a. Client's name and date of birth
b. Clinician's name and credentials, including NPI number
c. Medication ordered, dose, route and instructions
d. Number of refills
e. Name, address and phone number of county health department
f. Name and credentials of nurse calling prescription

If the APRN chooses, a written prescription may be given to the client to take to the pharmacy.

2. If no APN is available, prescriptions can be called in under the Medical Director for Maternal Child Health, Dr. Pamela Miles following the guidance above.

If the prescription from Dr. Miles is faxed in, documentation on the prescription must reflect:

a. Name of pharmacy
b. Phone number called or faxed to
c. Contraceptive ordered, including instructions on how to take it (i.e. take one daily by mouth as directed)
d. Number of refills allowed (i.e, 3 cycles)
e. Name of nurse calling in prescription
f. Name, address and phone number of County Health Department

3. The public health nurse is to utilize the attached order – Prescription for Early Start Contraception – when faxing or calling in the prescription from Dr. Miles. The prescription is then to be filed in the client record behind the progress notes. Further documentation needs to be made in the progress notes as follows: "Prescription called into pharmacy. See prescription for this date."

4. Early Start visits are monitored in PHOCIS by MCH staff to ensure staff is following policy.

F. If the client chooses a **diaphragm, IUD/IUS**, or **Nexplanon,** the PHN should issue condoms and give an appointment for an exam.

V. CLIENT EDUCATION:

A. Counseling Standards provided at the initial visit with Early Start clients should include the following:

1. Education relating to specific method chosen.

2. Appropriate program pamphlets issued.

3. Provide Birth Control Pill Fact Sheet.
4. Verify client knows how to use method and when to return to clinic.

5. Plan for emergency care should be given.

REFERENCES:

CDC. Update to CDC's U.S. medical eligibility criteria for contraceptive use, 2010: Revised recommendation for the use of contraceptive methods during the postpartum period. MMWR 7/8/11; vol. 60 (26).

CDC. U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. MMWR 2010: vol.59.

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

Hatcher, R. A., Trussell, J., Nelson, A. L., Cates, W., Jr., Kowal, D. & Policar, M.S. (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.

Client: **DOB:** **Date:**

Address:

℞ Prescription for Early Start Contraception ℞

Select contraceptive (✓)	Contraceptive	Note Number of Cycle(s) (circle)	Directions for use
	Ortho Cyclen	1 2 3	One pill orally daily as directed
	Ortho Tricyclen	1 2 3	One pill orally daily as directed
	Alesse	1 2 3	One pill orally daily as directed
	Micronor	1 2 3	One pill orally daily as directed
	Ortho Novum 1/35	1 2 3	One pill orally daily as directed
	Ortho Evra Patch	1 2 3	One patch weekly for 3 weeks as directed
	NuvaRing	1 2 3	One ring vaginally for 21 days as directed

Generic formulations are acceptable. No further refills.

Pamela S Miles MD 1619945466

Pamela Miles, M.D. **NPI #** **Date**

County Health Department

Site Address **Phone**

For County Health Department Use only

Time of call	
Name of Pharmacy	
Phone number of pharmacy	
Fax number – if faxed	
Nurse calling in or faxing prescription	

Oklahoma State Department of Health