Progestin-Only Contraceptives (POCs) – CON 10

DEFINITION

A client who desires to start, continue, or restart progestin-only contraceptives. Progestin-only methods do not contain estrogen; therefore, offer effective options to women who cannot use a method that contains estrogen. Progestin-only contraception has a range of delivery systems, including Progestin-only pills (minipills, POPs); subcutaneous progestin-only implant, medroxyprogesterone acetate (MPA). Most progestin-only methods act by increasing the viscosity of cervical mucus to impede sperm production, reducing the activity of the cilia in the fallopian tubes, changing the endometrium making it less likely for implantation, and a variable effect on ovarian suppression. The exception is with MPA, which suppresses the hypothalamic-pituitary-ovarian axis resulting in total suppression of ovulation and the hormonal implant which was found to suppress ovulation universally for the first 30 months of use.
(Refer to IUD candidate protocol for all IUD's including progestin bearing IUD's)

SUBJECTIVE

Should include:

1. LMP
2. Medical, sexual, and contraceptive use history (initial or update) as appropriate.

Should exclude:
Any method-specific Category 4 conditions from the CDC MEC table.
https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf

OBJECTIVE

Should include:

1. B/P
2. Age-appropriate physical exam as indicated
3. Height, weight, and BMI

LABORATORY

May include:

1. Hemoglobin
2. Pap smear
3. STI screening
4. Sensitive urine pregnancy test
5. Other lab work as indicated

ASSESSMENT

Candidate for Progestin-only contraceptives.

PLAN

1. Evaluate history and physical for Progestin-only contraceptive use. (See CDC U.S. medical eligibility criteria for contraceptive use)
2. Prescribe Progestin-only contraceptive pill, including dosage, # cycles, and direction for use.
   a. If LMP is < 5 days, or <21 days postpartum, start today with no backup method needed.
   b. If LMP is > 5 days, including withdrawal bleed from other contraceptive methods, start today and use a backup method or abstinence for 2 days. (If any unprotected coitus in the last 5 days, offer Emergency Contraception)

3. Prescribe MPA (injectable method), include dose, length of time and schedule injections at 11-13-week intervals. It can be given up to 15-week intervals and earlier than 11 weeks as appropriate. a. If LMP is < 7 days since bleeding started or < 21 days postpartum no back up method is needed b. If LMP is >7 days or >21 days postpartum abstain or use back up method for 7 days
4. If contraceptive implant is selected, place only if confident the patient is not pregnant.
   a. No backup method is needed if implant is placed at any of the following times:
      i. First five days of menses.
      ii. Within 21 days postpartum.
   b. Use a backup method or abstinence for 7 days if:
      i. Switching from combined hormonal contraception and not within 5 days of withdrawal bleed.
      ii. Switching immediately from progestin-only method, including POP, MPA injection or IUD.
      iii. Implant can be placed within first 7 days after first trimester pregnancy loss (spontaneous or induced). Use backup method unless implant placed on day of pregnancy loss.
      iv. >5 days since menstrual bleeding started
   c. Counseling must include:
      i. Explain risks and benefits of the implant, including unscheduled bleeding.
      ii. Watch for warning signs and seeking medical attention if bleeding is from placement site, pain, redness, drainage, chills or fever.
5. For all methods: Consider pregnancy test in 2-3 weeks if starting after administration of ECP's or for Quick Starts. (See CON 1 Quick start protocol)

CLIENT EDUCATION

1. Provide client education handout(s). Review manufacturer's insert. Review symptoms, complications and danger signs.
2. Reinforce pill instructions: taking the pill the same time each day (within a 3-hour window), there are no placebos in norethindrone pill packages, will need to take pills during menses, and may have changes in bleeding pattern. Drospirenone pills have a 4-day placebo week. Review back up method needed for 2 days, if miss 3-hour window of dosing.
3. Advise breastfeeding clients if using POP to return when planning to discontinue breastfeeding if she desires to use combined hormonal method.
4. Review with client the "Black Box" warning on prescribing information for Contraceptive Injections.
5. ECP reviewed.
6. Review safer sex education, if appropriate.
7. Recommend to RTC annually, prn for problems or as indicated per individual plan.

CONSULT / REFER TO PHYSICIAN

1. Any client with prescribing precautions in Category 3 or 4, for Progestin-only contraceptives. (Review Medical Eligibility Criteria for Contraceptive Use, 2016)

REFERENCES

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2. US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016 | CDC
3. CDC - Summary - US SPR - Reproductive Health
4. Gavin L, Pazol K, Ahrens K. Update: Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2017 | MMWR
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