

Combined Hormonal Contraceptives – CON 8

DEFINITION

Combined hormonal contraceptives contain both estrogen and progestin to reduce the risk of pregnancy primarily by suppressing ovulation and thickening cervical mucus. Combined oral contraceptive pill, vaginal ring delivery system and transdermal patch are all combined contraceptives.

SUBJECTIVE

Should include:

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

OBJECTIVE

Must include:

1. B/P
2. Height, weight and BMI
3. Establish reasonably certainty patient is not pregnant on day of initiation or prescription. See references.

May include:

1. Age-appropriate physical exam as indicated.

Should exclude:

1. 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

LABORATORY

May include:

1. Pap smear, as indicated.
2. STD screening, as indicated.
3. Sensitive urine pregnancy test, as indicated.
4. Other lab work, as indicated.

ASSESSMENT

Candidate of combined contraceptives

PLAN

1. Prescribe combined contraceptives, including dosage, # cycles, and directions for use.
2. For management of bleeding irregularities while using combined contraceptives see: [rr6504.pdf \(cdc.gov\)](#) Appendix E, page 65.

CLIENT EDUCATION

1. Provide client education handout(s). Review manufacturer's inserts. Review risk vs. benefits, complications, and danger signs. Review the danger signs "ACHES" mnemonic and when the patient is to seek immediate medical emergency care. See additional protocols for instructions on combined OCPs, contraceptive rings or patches as appropriate.
2. Patient education may include instructions for use, timing of initiation, need for back-up contraception, switching from another contraceptive method, side effects, continuous cycling options, and expected bleeding profiles.
3. Data show conflicting reports on the risk of venous thromboembolism (VTE) with transdermal patch use (See reference 1). Regardless, the risk of VTE with patch use is still far below the risk of VTE during pregnancy.

Effective Date: 12/1/2023

Last Reviewed: 10/24/2023

Next Scheduled Review: 10/1/2024

4. The risk of blood clots may be higher in pills containing greater than 35mcg of estrogen (See reference 2).
5. Educate clients of clinical trials suggesting that transdermal patches may be less effective in women with body weight > 198 lbs. than in women with lower body weights.
6. ECP reviewed.
7. Review safer sex education, if appropriate.
8. Recommend to the client to RTC annually, prn for problems or as indicated per individual plan.

CONSULT / REFER TO PHYSICIAN

1. Any client with prescribing precautions in categories 3 or 4 for combined contraceptives. [Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use. \(cdc.gov\)](#)

REFERENCES

1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 21 edition. Atlanta GA: Ardent Media, Inc., 2018. Pp. 227-316
2. Centers for Disease Control and Prevention. US Medical Eligibility Criteria for Contraceptive Use. MMWR 2016;65(3):55-80. [US Medical Eligibility Criteria \(US MEC\) for Contraceptive Use, 2016 | CDC](#)
3. Centers for Disease Control and Prevention. US Selected Practice Recommendations for Contraceptive Use. MMWR 2016;65(4):1-66. [rr6504.pdf \(cdc.gov\)](#)
4. Reproductive Health Access Project. (2023). How to switch birth control methods. Retrieved from https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf
5. Centers for Disease Control and Prevention. (2023). How to be reasonably certain that a woman is not pregnant. Retrieved from <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/notpregnant.html>