



COMBINED CONTRACEPTIVES

DEFINITION	Combined contraceptives contain both an estrogen and a progestin and through the combined actions, reduce the risk of pregnancy primarily by suppressing ovulation and thickening cervical mucus. Combined oral contraceptives, vaginal ring delivery system and transdermal patch are all combined contraceptives.
SUBJECTIVE	Must include: 1. LMP 2. Medical, sexual, and contraceptive use history (initial or update) as appropriate.
OBJECTIVE	Must include: 1. B/P 2. Complete physical exam, per policy within the last 6-12 months (If provider defers exam – see Deferred Exam Protocol, CON 1-1). May include: 1. BMI
LABORATORY	May include: (Unless Deferred Exam Protocol, CON 1-1, used.) 1. Hemoglobin, as indicated. 2. Pap smear, as indicated. 3. STD screening, as indicated. 4. Sensitive urine pregnancy test, as indicated 5. Other lab work, as indicated.
ASSESSMENT	Candidate for combined contraceptives.
PLAN	1. Evaluate history and physical for risk factors for combined contraceptive use. (See attached U.S. Medical Eligibility Criteria for Contraceptive Use pages 11-18) 2. Results of clinical trials suggest that transdermal patches may be less effective in women with body weight ≥ 198 lbs. than in women with lower body weights. 3. Review and sign consent/client education form. 4. Prescribe combined contraceptive, including dosage, # cycles, and directions for use (May also consider “quick start.”)
CLIENT EDUCATION	1. Provide client education handout(s). Review manufacturer's inserts. Review risk vs. benefits, complications, and danger signs. 2. Educate client on types of adverse event reports received for Ortho Evra. The risk of blood clots may be increased with exposure to approximately 60% more estrogen than typical birth control pills containing 35 micrograms of estrogen. a. See attachment A. 3. ECP reviewed. 4. Review safer sex education, if appropriate. 5. Recommend to client to RTC annually, prn for problems or as indicated per individual plan.

**CONSULT /
REFER TO
PHYSICIAN**

1. Any client with prescribing precautions for combined contraceptives. (See WHO Guidelines)
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Revised 06-12; 05-14

References:

1. Hatcher, R.A., Trussell, J., Nelson. A.L., Cates W., Kowal, K. (2007). Contraceptive Technology (20th revised Ed.) Pp. 249-326. Atlanta, GA: Ardent Media, Inc.
2. Hatcher, R.A., Nelson, A. L., Ziemann, M., Darney, P.D., Creinin, M.D., Stosur, H. R. Cwiak, C. (2003-2004). A Pocket Guide to Managing Contraception (5th Ed.). Tiger, Georgia: Bridging the Gap Foundation.
3. Ortho Evra. www.orthoevra.com (05/12).
4. Morbidity and Mortality Weekly Report (June 2010) Vol. 59, No. RR-4. U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. Adapted from the World Health Organization Medical Eligibility Criteria for Contraceptive Use, 4th edition. Pp. 11-18.