



### PROGESTIN-ONLY CONTRACEPTIVES (POC's)

<b>DEFINITION</b>	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 which include: Progestin-only pills (minipills, POPs); subcutaneous implant; depotmedroxyprogesterone acetate (DMPA). 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 DMPA, which suppresses the hypothalamic-pituitary-ovarian axis resulting in total suppression of ovulation.
<b>SUBJECTIVE</b>	Must Include: 1. LMP 2. Medical, sexual, and contraceptive use history (initial or update) as appropriate
<b>OBJECTIVE</b>	Must include: 1. B/P 2. Complete physical exam per policy with the last 6-12 months (If provider defers exam—see Deferred Exam Protocol, (CON 1-1) May include: 1. BMI
<b>LABORATORY</b>	May include: 1. Hemoglobin, as indicated 2. Pap smear 3. STD screening, as indicated 4. Sensitive urine pregnancy test 5. Other lab work, as indicated
<b>ASSESSMENT</b>	Candidate for Progestin-only contraceptives.
<b>PLAN</b>	1. Evaluate history and physical for Progestin-only contraceptive use. (See attached Tables 1-4, Precaution in the Provision of Progestin-only contraceptives) 2. Review and sign consent/client education form 3. Prescribe Progestin-only contraceptive, including dosage, # cycles, and direction for use (May also consider “quick start” for oral contraceptives)
<b>CLIENT EDUCATION</b>	1. Provide client education handout(s). Review manufacturer's insert. Review symptoms, complications, and danger signs 2. Review with client the “Black Box” warning on prescribing information for Depo-Provera Contraceptive Injection 3. ECP reviewed 4. Review safer sex education, if appropriate 5. Recommend to RTC annually, prn for problems or as indicated per individual plan

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**CONSULT /  
REFER TO  
PHYSICIAN**

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1. Any client with prescribing precautions for Progestin-only contraceptives. (See attached tables 2, 3 & 4, Precautions in the Provision of Progestin-only Contraceptives)
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References:

1. Nelson, A., Hatcher, R. A., Ziemann, M., Watt, A., Darney, P. D., Creinin, M. D. (2000). A Pocket Guide to Managing Contraception. (3rd Ed., Millennium Edition, 2000-2001). pp. 82-85. Georgia: Bridging the Gap Foundation.
2. Hatcher, R. A., Pluhar, E. I., Ziemann, M., Nelson, A., Darney, P. D., Watt, A. P., Hatcher, P. W. (2000). A Personal Guide to Managing Contraception for Women and Men. pp. 91-94. Georgia: Bridging the Gap Foundation.
3. Hatcher, R. A., Trussell, J., Stewart, F., Cates Jr. W., Stewart, G. K., Guest, F., Kowal, D. (2004). Contraceptive Technology. (18th revised Ed.). pp. 420, 438, 461-491. New York: Ardent Media.
4. WHO Guidelines under Progesterone-only Contraceptives (2004), pp. 1-19