



PROGESTIN-ONLY CONTRACEPTIVES (POC's)

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 which include: Progestin-only pills (minipills, POPs); subcutaneous progestin-only implant, depot medroxyprogesterone 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.
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 with the last 6-12 months (If provider defers exam—see Deferred Exam Protocol, (CON 1-1) May include: 1. BMI and weight
LABORATORY	May include: 1. Hemoglobin, as indicated 2. Pap smear 3. STI screening, as indicated 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 attached Tables 1-2, U.S. Medical Eligibility Criteria for Contraceptive Use, for risk criteria) 2. Review and sign consent/client education form 3. Prescribe Progestin-only contraceptive pill, including dosage, # cycles, and direction for use (may also consider “quick start” for oral contraceptives) a. If LMP is <_5 days, start today with no back up method needed. b. If LMP is > 5 days, start today and use back up method or abstinence for 7 days. (If any unprotected coitus in the last 5 days offer Emergency Contraception. c. Consider pregnancy test in 3 weeks. 4. If prescribing DMPA (inject able method) include dose, length of time & scheduled injections at 12 week intervals.

	<ul style="list-style-type: none"> a. If LMP < 5 days or switching from an effective method, start injection today with no back up method needed. b. If LMP > 5 days and not switching effective method and unprotected intercourse in the last 72-120 hours: offer emergency contraceptive pills. (See protocol for ECP). <ul style="list-style-type: none"> Options: 1. If negative pregnancy test, “quick start” inject able method. Advise back-up method or abstinence 7 days. 2. If declining ECP, recommend abstinence , provide barrier method for 14 days, repeat urine pregnancy test and if negative administer DMPA and have patient use abstinence or back-up method for 7 days. (If menses returns before the 14 days, administer DMPA and use back-up method or abstinence for 7 days. 5. If contraceptive implant selected, place only if confident patient is not pregnant. <ul style="list-style-type: none"> a. No backup method is needed if implant is placed at any of the following times: <ul style="list-style-type: none"> 1. First 5 days of menses. 2. Any time if switching from combined hormonal contraception. 3. Switching immediately from progestin-only method, including POP, DMPA injection, or LNG-IUD. 4. Within 5 days of first trimester pregnancy loss. 5. Within 28 days after second or third trimester pregnancy loss or delivery. b. Counseling must include: <ul style="list-style-type: none"> 1. Explain risks and benefits of the implant, including unscheduled bleeding. 2. Watch for warning signs & seeking medical attention if bleeding from placement site, pain, redness, drainage, chills, or fever.
CLIENT EDUCATION	<ul style="list-style-type: none"> 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, there are no placebos in pill pack will need to take pills during menses, and may have changes in bleeding pattern. 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 Depo-Provera Contraceptive Injection. 5. ECP reviewed if needed 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	<ul style="list-style-type: none"> 1. Any client with prescribing precautions for Progestin-only contraceptives. (Review Medical Eligibility Criteria for Contraceptive Use, 2010)

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References:

1. Hatcher, R.A., Trussell,J.,Cates,W.,Kowal,D. (2010) Contraceptive Technology (20th revised edition). New York: Ardent Media.
2. CDC, U.S. Medical Eligibility Criteria for Contraceptive Use, MMWR, <http://www.cdc.gov/MMWR>, June, 2011.