



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, depo medroxyprogesterone acetate (DMPA), or LNG-IUD. 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	Should include: 1. LMP 2. Medical, sexual, and contraceptive use history (initial or update) as appropriate
OBJECTIVE	Should include: 1. B/P 2. Physical exam as indicated per policy with the last 6-12 months (If provider defers exam—see Deferred Exam Protocol, (CON 1-1) May include: 1. Height, Weight, and BMI
LABORATORY	May include: 1. Hemoglobin 2. Pap smear 3. STI screening 4. Sensitive urine pregnancy test 5. Other lab work
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-see references) 2. Review and sign consent/client education form, as indicated 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 if starting after the administration of ECP, or Quick /random start method- see Quick Start Protocol, (CON 11-1).

	<p>4. If prescribing DMPA (<u>injectable</u> method) include dose, length of time & scheduled injections at 12-16 week intervals. It can be given up to 16 week intervals and earlier than 12 weeks as appropriate.</p> <ol 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” <u>injectable</u> 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. <p>5. If contraceptive implant selected, place only if confident patient is not pregnant.</p> <ol style="list-style-type: none"> a. No backup method is needed if implant is placed at any of the following times: <ol 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: <ol 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. <p>6. If contraceptive IUC is selected, place only if confident patient is not pregnant.</p> <ol style="list-style-type: none"> 1. Can be placed anytime in the menstrual cycle, the LNG-IUC is effective against pregnancy immediately if inserted within 7 days after the start of menses. 2. If the LNG-IUC is inserted at any other time in menstrual cycle, use another method of birth control for 7 days. <p>7. Consider pregnancy test in 3 weeks, as indicated.</p>
<p>CLIENT EDUCATION</p>	<ol 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 (within a 3 hour window), 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. 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 for Progestin-only contraceptives. (Review Medical Eligibility Criteria for Contraceptive Use, 2010)
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Revised 02/13; 05/14; 06/16

References:

1. Hatcher, R.A., Trussell, J., Nelson, A. et al (Editors) (2015) Contraceptive Technology (20th revised edition). Pp 209-244. Atlanta, GA; Ardent Media, Inc.
2. CDC, U.S. Medical Eligibility Criteria for Contraceptive Use 2010, MMWR, 2010; 59 (No. RR 4)