Alameda County
Health Care for the Homeless
Alameda County Health Care Services Agency

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STANDING ORDER FOR ADMINIATRION OF COMBINED ESTROGEN-PROGESTIN ORAL CONTRACEPTIVES FOR THE PREVENTION OF UNINTENDED PREGANCY

PURPOSE:

The purpose of this order is to supplement current policy and procedures by providing guidance to Registered Nurses to identify individuals who would benefit from the use of combined estrogen-progestin oral contraceptives to prevent unintended pregnancy.

BACKGROUND:

Combined estrogen-progestin oral contraceptives (COCs) are an oral contraceptive option that contain an estrogen and progestin component and are a safe contraceptive option for many women. COCs prevent pregnancy by suppressing ovulation by inhibition of luteinizing hormone (LH) and follicle stimulating hormone (FSH). COCs also provide protection from pregnancy by thinning the endometrial lining, thickening the cervical mucus, and impairment of tubal motility. When taken consistently COCs are a highly effective form of contraception, but inconsistent use dramatically increases the risk of unintended pregnancy. COCs are best suited to individuals with high medication adherence. COCs are categorized as monophasic (each active pill contains the same amounts of estrogen and progestin) and multiphasic (the amount of hormones in active pills vary). This standing order refers to the use of monophasic pills, which are easier to use and therefore have higher adherence rates.

Scope/Coverage: Under these standing orders, the following types of health care personnel are authorized to administer this treatment:

- Registered Nurses

Procedure:

- Obtain medical including gynecologic history and STI risk assessment. Refer to STI protocol if client requires presumptive treatment or testing for sexually transmitted infection.
- Important factors to screen for include history of Venous thromboembolism, history of cardiovascular events or disease, history of cancer, liver disease, smoking, and diabetes.
- Discuss history of other contraceptive uses, past and present with client. Present all options available for contraception considering client preferences and medical history
- Obtain current medication list
- Physical exam or laboratory tests are not necessary before beginning POPs.
- Obtain date of last menstrual cycle, if known.
- Rule out current pregnancy, either by LMP date or pregnancy test.
- **Patient Education:**
    - Initiation of a COC is often associated with breast tenderness, nausea, and bloating. These symptoms usually resolve quickly. Unscheduled bleeding can occur and typically resolves within three months. Patients should be counseled that the occurrence of unscheduled bleeding does not indicate that contraception should be discontinued.
    - COC use is associated with an increased use of Venous thromboembolism (VTE). The absolute increased risk is low for most women and does not outweigh the benefits of

contraception, particularly when considering the risk for VTE during pregnancy and the post-partum period.
    - There is no evidence that COCs are associated with weight gain.
    - The use of COCs does not prevent the transmission of Sexually Transmitted Infection.
    - Missed pills are a common cause of contraceptive failure.
        - If one dose is missed, women should take the missed pills as soon as it is noticed and take the next pill as scheduled.
        - If two or more pills are missed, women should refer to medication-specific instructions provided by the drug manufacturer which provide detailed instructions according to when in the cycle pills were missed.
        - When in doubt, missing two or more pills indicates a need for the use of back up contraception until a new pack of pills is started.

Plan:

- There are several start options for combined estrogen-progestin oral contraceptives:
    - The quick start method is recommended. Women begin taking COCs on the day they receive them.
    - Sunday start: the woman starts the pill on the first Sunday of her menstrual cycle.
    - For purposes of easy instruction, women should use a backup method of contraception (condoms or abstinence) for the first 7 days after initiating COCs, regardless of which start method is employed.
- Supply client with norethindrone 1.5 mg/ethinyl estradiol 30 mcg, with instructions to take one pill by mouth every day, at the same time every day.
- Providing a one-year supply of COCs enhances continuation rates.
- Attempt follow up with client in one month to assess tolerance to medication, side effects, and satisfaction with contraceptive method.

Contraindications: Contraindications to combined estrogen-progestin contraceptives, including COCs, are largely related to the increased risk for VTE. The CDC and World Health organization list medical conditions that represent an "unacceptable health risk" and are an absolute contraindication to initiating combined estrogen-progestin oral contraceptives. These conditions include:

- Age 35 or older and smoking more than 15 cigarettes a day.
- Multiple risk factors for arterial cardiovascular disease or
- Hypertension
- History of VTE
- Ischemic heart disease
- History of stroke
- Valvular heart disease
- Current breast cancer
- Cirrhosis of the liver, or hepatocellular carcinoma
- Migraine with aura
- Diabetes mellitus of over 20 years duration or with nephropathy, retinopathy or neuropathy.

The CDC and WHO also lists conditions for which the "theoretical or proven health risks of combined estrogen-progestin oral contraceptives usually outweigh the advantages" of using the method. In general, COCs should not be used in individuals with these conditions unless no other method is available or acceptable to the patient and they have been counseled about potential risks. Seek medical direction prior to administering COCs in any client with the following conditions:

- Age 35 or older and smoking less than 15 cigarettes a day
- Hypertension adequately controlled on medications

- Past breast cancer and no evidence of current disease for five years
- Current gallbladder disease
- Malabsorptive bariatric surgery
- Superficial venous thrombosis
- Inflammatory bowel disease.

References: UpToDate Patient Education: Hormonal Methods of Birth Control: Beyond the Basics.

These orders shall remain in effect for all patients receiving medical care from Alameda County Health Care for the Homeless until rescinded.

DocuSigned by:
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Medical Director

Date

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Approved By: Dr. Kathleen Clanon, Medical Director, Alameda County Health Care Services Agency