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

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STANDING ORDER FOR THE AMINISTRATION OF COMBINED ESTROGEN-PROGESTIN TRANSDERMAL PATCH (ETHINYL ESTRADIOL-NORELGESTROMIN) FOR THE PREVENTION OF UNINTENDED PREGNANCY

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 transdermal contraceptive patches to prevent unintended pregnancy.

Background: Combined estrogen-progestin transdermal patches are a highly effective contraceptive option that contain an estrogen and progestin component and are safe for many women. Transdermal contraceptive patches prevent pregnancy by suppressing ovulation by inhibition of luteinizing hormone (LH) and follicle stimulating hormone (FSH). Transdermal contraceptive patches also provide protection from pregnancy by thinning the endometrial lining, thickening the cervical mucus, and impairment of tubal motility. The patch is applied weekly and may offer a more convenient form of contraception with higher adherence rates for many clients.

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, diabetes, and history of hepatitis C treatment.
- Obtain Body Mass Index (BMI).
- 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 contraceptive transdermal patch is often associated irregular uterine bleeding which typically resolves in the first few months of use. Patients should be counseled that the occurrence of unscheduled bleeding does not indicate that contraception should be discontinued.
    - Other common side effects reported with transdermal patch use include breast tenderness, nausea, headache, and dysmenorrhea.
    - Localized reactions from transdermal patch placement are rare. Counsel the client to rotate patch placement to reduce the risk of localized reaction.
    - Any combined estrogen-progestin contraceptive 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 transdermal contraceptive patches are associated with weight gain.
    - The use of transdermal contraceptive patches does not prevent the transmission of Sexually Transmitted Infection.

Plan

- Discuss patch initiation. Patch manufactures recommend starting the patch on first day of menstrual cycle or the Sunday following the first day of menses. Same day starts are acceptable if pregnancy is reasonably excluded. If the patch is initiated more than five days from the onset of menses, abstinence or back up contraception should be employed for the first seven days.
- Discuss patch management:
    - Patches can be applied to the buttock, abdomen, or upper torso (not the breast).
    - A different site should be used each time a new patch is applied and only one patch is to be worn at a time.
    - Patches must be changed once a week for three weeks, followed by one patch-free week. The patch should be changed/applied on the same day of the week. Reminder systems on a phone or calendar are helpful to encourage appropriate application of the patch. Create a plan with the client to remember patch changes.
    - If a new patch cycle is delayed at the beginning of a cycle (week one of three), the user should apply a new patch as soon as they remember and use a backup method for the first seven days.
    - If a patch change is delayed during weeks 2 or 3:
        - If the delay is less than 48 hours, no back up method is needed. Immediately apply the next patch.
        - If the patch delay is more than 48 hours, apply the next patch immediately and use back up contraception for 7 days.
    - Detailed instructions on managing detached or forgotten patches are included in manufacturer instructions. Show the client where to find this information.
- Supply client with Xulane: ethinyl estradiol 35 mcg and norelgestromine 150 mcg/day with instructions to apply one patch each week for 3 weeks, followed by one week that is patch free. No more than 7 days should pass during the patch free interval.
- Providing a one-year supply of contraceptive patches 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 the transdermal contraceptive patch, 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 the patch. These conditions include:

- Age 35 or older and smoking more than 15 cigarettes a day.
- Multiple risk factors for arterial cardiovascular disease
- 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 usually outweigh the advantages" of using the method. In general, transdermal contraceptive patches 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 patches 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.

Additionally, the use of transdermal contraceptive patches is contraindicated in

- Women with a Body Mass Index (BMI) equal to or greater than 30.
- The patch cannot be used in patients being treated for hepatitis C with combinations containing ombitasvir/paritaprevir/ritonavir. Seek medical direction for clients reporting current or recent treatment for Hepatitis C.
- Individuals with a history of sensitive skin or skin hypersensitivity to transdermal medication delivery systems.
- The patch should not be initiated less than four weeks after childbirth.

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