

STANDARD NURSE PROTOCOL FOR COMBINED ORAL CONTRACEPTIVES (OCs)

DEFINITION

Combined oral contraceptives work primarily before fertilization. The progestins in all combined hormonal contraceptives provide most of the birth control activity by:

- Thickening cervical mucus to prevent sperm penetration into the upper genital tract.
- Blocking the luteinizing hormone (LH) surge prohibiting ovulation.
- Inhibiting capacitation of the sperm which may delay sperm transport.

Some progestin effects additionally alter the environment that would be required for embryogenesis to proceed by:

- Disrupting transport of the fertilized ovum.
- Inducing endometrial atrophy, changing underlying vascular function and structure and altering the metalloproteinase in the endometrium which may inhibit implantation.

SUBJECTIVE

1. Desires OCs as choice of contraception.
2. Has detailed health history (includes menstrual, sexual, contraception, personal health and family history) that does not reveal a condition representing an unacceptable health risk according to the product prescribing information and the World Health Organization (WHO) Medical Eligibility Criteria for Contraceptive Use.
3. **If breastfeeding, has been breastfeeding at least 6 months after childbirth, to ensure that breastfeeding has been well established.**
4. If age 35 or older, client does not smoke.
5. **Antiretroviral Therapy, Consult 2008 Update to *WHO Medical Eligibility Criteria for Contraceptive use* for clarification of this classification.**
6. **If age 40 or older, and has any of the following co-morbidities, to include: BMI of 30 or greater, diabetes, hypertension, smoking, must use other non-estrogen containing methods.**
7. **Herbal substances such as St. John's Wort may increase metabolism of estrogen and cause side effects, and/or decrease effectiveness.**

5. If patient is currently taking OCs or took previously without problems, may dispense appropriate number of cycles until next exam is to be performed.

PATIENT EDUCATION/COUNSELING

1. Counsel patient according to the seven basic elements of informed consent (BRAIDED).
 - Benefits of the method.
 - Risks of the method (both major risks and all common minor ones), including consequences of method failure.
 - Alternatives to the method (including abstinence and no method).
 - Inquiries about the method are the patient's right and responsibility.
 - Decision to withdraw from using the method without penalty is the patient's right at any time.
 - Explanation of the method is owed the patient, in a format that is understandable to the patient.
 - Documentation that the care-giver has ensured understanding of each of the preceding six points, usually by use of a consent form.

2. **Choices for Pill Initiation:**
 - a. **Quick Start: This approach has been shown to be more successful than the other approach for starting pills.**
 - 1) **The patient takes the first pill on the day of her clinic visit, as long as she is not pregnant.**
 - 2) **If she needs emergency contraception: Provide emergency contraception.**
 - 3) **Start the pills no later than the next day.**
 - 4) **Use a back-up method for 7 days.**
 - 5) **If the client is worried about an undetectable early pregnancy:**
 - a) **She may choose to start the pills that day and return for a urine pregnancy test in 2 weeks**
 - OR**
 - b) **She may choose to wait until the 1st day of her menses.**
 - b. **First Day Start:**
 - 1) **Start taking the pills on the first day of menses.**
 - 2) **Use a back-up method for 7 days.**

- c. **Sunday Start**
 - 1) **Start taking the pills on the first Sunday of menses. Don't wait to start the first pill on the Sunday after menses ends.**
 - 2) **Use a back-up method for 7 days.**
 - d. **Switching from other methods:**
 - 1) **Start OC's immediately following the guidelines for the quick start method.**
 - 2) **For clients with an IUD, go ahead and start OCs when the appointment for IUD removal is made.**
 - 3) **If a woman is amenorrheic as a result of history of using Depo Provera injection and is late for reinjection, she can start the OC's the same day with a 7-day use of back up method. Add emergency contraception and follow up pregnancy test if she has had recent unprotected sex.**
3. Instructions in OC use.
 - a. Take pills at the same time every day.
 - b. Use back-up birth control for the first 7 days of OCs.
 - c. Taking a pill more than a few hours late increases the risk of pregnancy; missing more than 2 pills in a row greatly increases the risk.
 - d. When finishing one pack, take the first pill in the next packet on the very next day.
 - e. Discuss medications that may reduce effectiveness.
 4. Side effects and danger signs (ACHES).
 5. Effectiveness and back-up methods.
 6. Advise patient if she misses a pill(s) to refer to her pill package insert for missed pills instructions.
 7. Counsel on the use of condoms to reduce the risk of STD/HIV.
 8. If smoker or tobacco user, refer to local cessation program and/or Georgia Tobacco Quit Line, 1-877-270-STOP (7867).
 9. Emphasize importance of keeping immunizations current; assess client's immunization status and administer vaccines indicated according to the current Advisory Committee on Immunization Practices (ACIP) childhood or adult immunization schedule. If client declines vaccination, document refusal. See the Georgia Immunization Program Manual, Recommended Schedule and Guidelines, for current ACIP schedules and administration

guidelines for each vaccine. The Georgia Immunization Manual may be accessed online at <http://www.health.state.ga.us/programs/immunization/publications.asp>.

FOLLOW-UP

1. Return as scheduled for evaluation or contact clinic if side effects or danger signs develop. Outside of clinic hours, seek physician or emergency care if danger signs develop.
2. If patient did not receive a physical exam, have her return within 3 months for an exam and reassessment.
3. Established patients should return for evaluation at the end of the current supply of pills, or sooner if side effects or danger signs develop.

CONSULTATION/REFERRAL

1. Development of any danger signs:
 - a. Abdominal pain (severe).
 - b. Eye problems (vision loss or blurring).
 - c. Speech problems.
 - d. Chest pain (severe), coughs, shortness of breath.
 - e. Severe leg pain (calf or thigh).
 - f. Severe headaches that start or become worse after beginning to take OCs.
 - g. Dizziness, weakness, numbness or depression.
2. Any serious health concern expressed by patient.
3. If patient is under the supervision of medical doctor(s) for a health problem (e.g., hypertension).
4. Abnormal initial laboratory values or development of abnormal laboratory values or physical findings that indicate oral contraceptives should not be continued.
5. To nutritionist if patient has poor dietary intake, is overweight or underweight, is anemic or has any chronic disease related to poor nutrition.

REFERENCES

1. American Society of Health-Systems Pharmacists, *American Hospital Formulary Service*, Bethesda, MD, 2009, **pp. 3141-3155**.
2. Robert Hatcher, et al., *Contraceptive Technology*, **19th ed.**, Ardent Media, Inc., New York, 2007, **p. 226**.
3. Joellen Hawkins, et al., *Protocols for Nurse Practitioners in Gynecological Settings*, **9th ed.**, Springer Publishing Co., New York, 2007.
4. WHO, *Medical Eligibility Criteria for Contraceptive Use*, 3rd ed., **2008**.
5. "Facts and Comparisons," *Facts and Comparisons 4.0 Online*, Wolters Kluwer Health, Inc., 2009, <<http://online.factsandcomparisons.com>>.
6. "Preventive Screenings and Immunizations," HHS, Office of Women's Health, <<http://www.womenshealth.gov/screeningcharts/highrisk>>.