

At every visit,
ask your patients:
**What are
you doing
about birth
control?**

Not using contraception or using inconsistently?

- 85 out of 100 sexually active women will become pregnant within 1 year when not using contraception.
- Almost half of all pregnancies in the U.S. are unplanned.
- There is a safe and effective method for every woman.

Assure confidentiality.

- Concerns about privacy are a major barrier to patient-provider communications.
- Minors in Colorado (anyone <18 yrs.) are legally authorized access to confidential services for contraception/Sexually Transmitted Infection (STI)/Human Immunodeficiency Virus (HIV) testing without parental consent. Always encourage communication with parents.

**Targeted
clinical
evaluation**

Screen for conditions that may require additional counseling.

- Refer to chart on U.S. Medical Eligibility Criteria for Contraceptive Use, 2010, if significant medical condition (link to chart: <http://www.healthteamworks.org/guidelines/contraception.html>).
- Conditions that limit use of methods with estrogen (Oral Contraceptive Pills, Patch, Ring): Smoking **and** ≥35 yrs. old; History of stroke/clot/thrombophilia; Uncontrolled hypertension; Migraine with aura.
- Refer to Health TeamWorks Preconception Guideline for other recommended screening for lifestyle and co-morbidities.

Pelvic exam not required to provide contraception.

- Start Pap screening at age 21 no matter age of first intercourse, then every 2-3 years.*†
- CDC recommends annual screening for chlamydia/gonorrhea in sexually active women <26 years old.**
 - Age alone is indication to screen, even in absence of symptoms or high-risk behaviors.†
 - High risk women of **any** age should be screened annually. †**
 - Test via urine or self-collected vaginal swab.‡

**Start
method
today**

Start method today, using this "Quick Start" Protocol: §

- **WHY?** Women are more satisfied with their method if they start now instead of waiting until their next period.
- **HOW?** Instruct women to start their method TODAY (this includes pill, patch, ring, Depo) no matter the timing in the menstrual cycle. Backup method (like condoms) still recommended for the first week. Suggest Emergency Contraception (EC) if unprotected sex within past 5 days (see EC on reverse side).
- **Pregnancy test not needed if:**
 - Within the first 5 days of menstrual cycle, **or**
 - Currently using an effective method.
- **Pregnancy test recommended if:**
 - Unexpected or irregular bleeding, or "late" for menses.
 - Sexually active and **not** using consistent, effective method.
 - Unprotected sex in the last 14 days. Quick Start today if negative pregnancy test; repeat test in 2 weeks.
- **What is the risk of pregnancy with "Quick Start"?**
 - Studies indicate a 3% chance of pregnancy during the cycle that Quick Start is used.
 - Overall, risk is decreased because women can become pregnant while waiting to start their method.
 - Hormones in contraception do **not** cause birth defects or increase risk of miscarriage if pregnancy does occur.

* ACOG Practice Bulletin, Number 109 (December 2009).

† United States Preventive Services Task Force.

** STD Treatment Guidelines, 2010 (CDC)

‡ Sexually Transmitted Diseases, Volume 32, Number 12 (December 2005).

§ Contraceptive Technology, 19th edition (2007) and Ziemann M, Hatcher RA et al. A Pocket Guide to Managing Contraception. Tiger, Georgia: Bridging the Gap Foundation (2010).

Long-Acting Methods: *most effective methods and considerations*

Can be initiated: 1. anytime during the menstrual cycle if the woman is using another effective method, or 2. within the first five days of menses. If referring to another provider for these methods, start another method today.

Most effective
<1 pregnancy
per 100
women in
1 year

Method	Considerations
Implant ✓	Subdermal Arm Implant (Implanon®): Lasts 3 years. Progestin-only.
Intrauterine Devices ✓	Mirena® (Levonorgestrel IUS): Lasts 5 years. Also indicated for the treatment of heavy bleeding. ParaGard® (Copper T): Lasts 10 years. Contains no hormones.
Sterilization ✓	Male: Vasectomy Female: Tubal ligation. Hysteroscopic options: Essure® and Adiana®

Long-acting, reversible methods are safe for women of all ages, including adolescents and women who have not had children.

All Providers: "Quick Start" Today

Method	Considerations
Progestin Injection ✓ (Depo-Provera)	<ul style="list-style-type: none"> Repeat injection every 11-13 weeks. Can be given up to 16 weeks after previous injection.[¶] Can use for any duration (i.e. longer than 2 years) if method is best choice for the patient.^{¶¶}
Estrogen and Progestin	<ul style="list-style-type: none"> Patient needs to obtain refills frequently and use as directed to be effective. Indicated to treat acne, PMS, heavy periods, cramping, pain, regulate bleeding. Can be prescribed to reduce or eliminate periods with extended or continuous use.
<p>Write to dispense up to a 12 month supply. Women who pay out of pocket can choose to make fewer trips to the pharmacy. Many insurers (like Medicaid) will provide a 3 month supply. Not having refills is a common reason for method failure.</p>	<p>Oral Contraceptive Pills: Start w/ most cost-effective pill; despite advertising, blinded studies show little or no difference between pill brands in efficacy or side effects.</p> <p>Rx: <i>Generic or Brand*</i> <i>Sig: 1 tab po QD</i> <i>Disp: up to 12 months</i> <i>Refills: prn x 1 year</i></p> <p>Healthy women do not need to be seen by their provider each year for birth control refills.</p>
	<p>Vaginal Ring (NuvaRing®): Hormones are released into the blood stream through a vaginal ring.</p> <p>Rx: <i>NuvaRing®</i> <i>Sig: insert vaginally for 21 days; remove x 7 days; repeat w/ new ring</i> <i>Disp: up to 12 months</i> <i>Refills: prn x 1 year</i></p>
	<p>Patch (Ortho Evra®): Hormones are released into the bloodstream through a skin patch.</p> <p>Rx: <i>OrthoEvra®</i> <i>Sig: apply weekly x 3 weeks; off x 7 days; repeat</i> <i>Disp: up to 12s months</i> <i>Refills: prn x 1 year</i></p>
Progestin Only Pills ✓	<ul style="list-style-type: none"> Need to take an active pill every day; no placebo week. Also called a "mini pill."
Condoms ✓	<ul style="list-style-type: none"> Only method that prevents STIs. Male latex condoms are 99% effective in preventing HIV with correct, consistent use. Can also be used to prevent infection during oral and anal sex. Encourage use with all other methods for prevention of STIs.

Less effective
About 15
pregnancies
per 100
women in
one year

✓ = safe for breast-feeding and safe to use immediately postpartum

*Find out which generic OCP is on the pharmacy's low cost drug list: see table at <http://www.healthteamworks.org/guidelines/contraception.html>

EMERGENCY CONTRACEPTION (EC)

- Recommend** to any woman with unprotected intercourse in the last 120 hours (= 5 days).
- No exam, no testing needed.** No medical condition (or age) that precludes use.
- Provide information and Rx if needed.**
 - Available over the counter to anyone age 17 or older. (Generic: Next Choice; Brand: Plan B One Step®, EllaOne®)
 - For anyone 16 years or younger write/call Rx.
 - Works by delaying ovulation; not harmful if already pregnant.
 - See Health TeamWorks website for EC information, patient handout, and a list of oral contraceptive pills that can be used as EC.
- Recommend "Quick Start" contraceptive method.** Start method now and perform pregnancy test in 2 weeks.

Rx: *Levonorgestrel 1.5 mg*
Sig: 1.5 mg po x 1 dose
Disp: 1
Refills: prn

¶ Zieman M, Hatcher RA et al. A Pocket Guide to Managing Contraception. Tiger, Georgia: Bridging the Gap Foundation (2010).

¶¶ ACOG Committee Opinion Number 415 (2008).