

3.2 Follow-up of Initial Start

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| SUBJECTIVE | <p><u>Must Include:</u></p> <ol style="list-style-type: none"> 1. Menstrual history update. 2. Consistency of use. 3. History of danger signs including: <ol style="list-style-type: none"> a. Abdominal pain. b. Chest pain, shortness of breath. c. Headaches. d. Eye problems, blurred vision. e. Severe leg pains. |
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| OBJECTIVE | <p><u>Must include:</u></p> <ol style="list-style-type: none"> 1. Blood Pressure. 2. Weight/BMI. |
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LABORATORY

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| ASSESSMENT | <ol style="list-style-type: none"> 1. No condition for which there is a restriction for the use of CHC according to the U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. (Appendix A) <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. A condition for which the theoretical and proven risks generally outweigh the advantages of using the method (e.g. elevated blood pressure) 3. Presence or absence of common side effects. |
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| PLAN | <ol style="list-style-type: none"> 1. Dispense CHCs according to prescription or consider change of prescription in consultation with clinician with prescriptive authority. 2. Counsel regarding side effects. 3. RTC prn or annual exam. 4. Follow appropriate protocol as needed (e.g. elevated blood pressure, break through bleeding). 5. Counsel women 35 years of age and older that tobacco use is considered an absolute contraindication per the MT Family Planning Medical Standards Committee. Women 35 years and older that use tobacco are not eligible for CHC use. 6. Counsel women taking birth control methods they may have an increased risk of venous thromboembolism. |
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| <i>Risk of venous thromboembolism (VTE) associated with combined oral contraception (COC) use, pregnancy and non-use</i> | |
| Risk of VTE per 10,000 women years | |
| Non contraceptive users and not pregnant | 4-5 ⁽²⁾ |
| Oral contraceptive users | 9-10 ⁽¹⁾ |
| Pregnancy | 29 ⁽¹⁾ |
| Immediate Postpartum period | 300-400 ⁽³⁾ |

If other than an LPN, RN, NP, PA, OR MD performs the initial 3 month CHC evaluation, the local agency must have a written policy/procedure that addresses this duty in 1) position description of non-medical personnel, 2) protocol for CHC revisits, 3) training of non-medical personnel, 4) forms for CHC revisits and 5) supervision/evaluation of performance of non-medical personnel by medical/nursing personnel.

CLIENT

EDUCATION

1. Reinforce oral CHC education including danger signs.

REFER/CONSULT TO PHYSICIAN

1. Presence of conditions where the theoretical or proven risks generally outweighs the advantages of the contraceptive method.
2. Presence of danger signs for CHCs (See Table below).

| PILL WARNING SIGNALS -ACHES | |
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| Abdominal pain | Blood clot in liver or pelvis Gall bladder disease |
| Chest pain | Blood clot in the lungs Heart attack Angina (heart pain) |
| Headaches | Stroke Migraine headache with neurological problems (blurred vision, spots, zigzag lines, weakness, difficulty speaking) New onset or worsening headache High blood pressure |
| Eye problems | Stroke Blurred vision, double vision, or loss of vision Migraine headache with neurological problems (blurred vision, spots, zigzag lines) Blood clots in the eyes Change in shape of cornea (contacts don't fit) |
| Severe leg pain | Inflammation and blood clots of a vein in the leg |

References:

1. Dinger JC, Heinemann LAJ, Kuhl-Habichl D. *The safety of drospirenone-containing oral contraceptive: final results from the European Active Surveillance study on Oral Contraceptives based on 142,475 women-years of observation.* Contraception 2007;75:344-54.
2. Heinemann LAJ, Dinger JC. *Range of published estimates of venous thromboembolism incidence in young women.* Contraception 2007;75:328-36.
3. Heit JA, Kobbervig CE, James AH, Petterson TM, Bailey KR, Melton LJ. *Trends in the incidence of venous thromboembolism during pregnancy or postpartum: a 30-year population-based study.* Annals of Internal Medicine 2005;143:697-706.