

3.4 Continuous Cycling

DEFINITION	Prescribing combined oral contraceptives (monophasic or triphasic) for the reduction or cessation of monthly menses.
SUBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none">1. Comprehensive health history according to Title X Guidelines.2. Health history to identify precautions for the use of combined hormonal contraceptives (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010) (Appendix A).3. LNMP and PMP. <p><u>May include history of:</u></p> <ol style="list-style-type: none">1. Headache triggered by hormonal withdrawal.2. Premenstrual symptomatology.3. Cyclic depression.4. Dysmenorrhea.5. History of endometriosis.6. Hygienic problem (e.g. developmentally delayed client).7. Indication for period reprieve (social situation).8. Heavy withdrawal menses.9. Request by client.10. Perimenopause.
OBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none">1. Blood pressure.2. Height/Weight/BMI.3. Physical examination as required by Title X.
LABORATORY	<p><u>Must include:</u></p> <ol style="list-style-type: none">1. Pap smear according to protocol (page 13.3) unless using the deferred examination protocol. <p><u>May include:</u></p> <ol style="list-style-type: none">1. Hemoglobin/hematocrit prn per protocol.
ASSESSMENT	Candidate for combined hormonal contraception (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 Category 1 (no restrictions) and Category 2 with the following exceptions; undiagnosed breast mass; history of a DVT/PE in a first degree relative; inflammatory bowel disease or unexplained vaginal bleeding.)
PLAN	<ol style="list-style-type: none">1. Obtain written informed consent for use of CHC, witness and date.2. Prescribe CHC for approximately 1 year.3. Return to clinic for initial 3 month evaluation, prn problems, or as designated by clinician.4. 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 of age and older that use tobacco are not eligible

for CHC use.

CLIENT

EDUCATION

1. Provide written information specific to CHC including use, effectiveness, benefits, risks, and danger signs as documented in the FDA approved manufacturer's package inserts.
 2. Provide information regarding sexually transmitted infections (STIs), including counseling that CHCs offer no protection against STIs.
 3. Instruct clients about the need to report danger signs and symptoms to the clinic, the need for a back-up method and action to be taken with missed oral CHCs, and the timing of withdrawal bleeding.
 4. Most women do not experience any significant side effects; however, patient should be advised that there is a chance of developing (at least transiently) some side effects including nausea, vomiting, breast tenderness, headache, mood changes, nervousness, changes in sex drive, hair loss, acne, skin pigment changes, hirsutism or change in appetite.
 5. Advise patient there are significant health benefits with hormonal contraception, including less menstrual bleeding and cramping, and ovarian and endometrial cancer protection.
 6. Advise patient that breakthrough bleeding (BTB) can occur earlier while on extended regimens. Advise patient if BTB occurs for a continuous 7 days to stop the method for 4 days then restart the method.
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CONSULT/REFER
TO PHYSICIAN

Patients evaluated as category 3 according to the U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. (Appendix A)