

4.3 Progestin Only Contraceptives - Mini-pill - Initial Start, Restart or Breastfeeding

SUBJECTIVE	<p><u>Must include:</u> Comprehensive health history according to Title X Guidelines (Administrative Clinical Standards 2.4-1). Comprehensive health history should identify precautions for the use of progestin only contraceptives (see U.S. Medical Eligibility Criteria for Contraceptive use, 2010 – Appendix A).</p>
OBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none">1. Blood pressure.2. Weight/BMI.3. Physical exam as required by Title X.
LABORATORY	<p><u>Must include:</u> Pap test according to Title X protocol.</p> <p><u>May include:</u> Hgb./Hct.</p>
ASSESSMENT	<ol style="list-style-type: none">1. No condition that represents an unacceptable risk for the use of progestin only oral contraceptives (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 Category 1 and Category 2 with the following exception(s) Hyperlipidemia, Inflammatory Bowel Disease, Unexplained Vaginal Bleeding). <p style="text-align: center;">OR</p> <ol style="list-style-type: none">2. Has condition that represents a theoretical or proven risk that usually outweighs the advantages of using CHCs (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 – Category 3).
PLAN	<ol style="list-style-type: none">1. Obtain written informed consent, witness, and date.2. Prescribe progestin only oral contraceptives.3. Return to clinic for initial 3-month evaluation, prn problems, or as designated by the clinician.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Provide written information specific to progestin only oral OCs 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 progestin only oral OCs 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 contraceptive method and action to be taken with missed progestin only oral OCs.

4. Initiation of progestin only oral OCs –clients may begin taking progestin only OCs in various ways. Shorter time periods to wait to start progestin only OCs may improve acceptability and continuation.
 - a. Quick start—client takes the first progestin only pill on the day of her visit to the family planning provider, as long as pregnancy can be excluded. Back up contraceptive method is used for 7 days.
 - b. First day of menses start—client takes the first progestin only pill on first day of menses. No back up contraceptive method needed.
 - c. Jump start (for clients prescribed Emergency Contraceptive Pills) —client takes the first progestin only pill the day after she takes Emergency Contraceptive Pills. Use back up contraceptive method for 7 days.
5. Advise as to discontinuation of method and use of other/backup method.

CONSULT
PHYSICIAN

May consult physician when existence of a condition where the theoretical or proven risks usually outweigh the advantages of using progestin only oral OCs (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 – Category 3).
