

3.5 Initial Start – Transdermal Patch (Ortho-Evra)

SUBJECTIVE	<u>Must include:</u> Complete health history intake according to Title X guidelines. Comprehensive history should identify precautions for the use of transdermal CHCs (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010) (Appendix A)
OBJECTIVE	<u>Must include:</u> <ol style="list-style-type: none"> 1. Blood pressure. 2. Height/Weight/BMI (consideration of decrease in contraceptive effectiveness with weight greater than 198 lbs). 3. Physical examination according to Title X guidelines.
LABORATORY	<u>Must include:</u> Pap according to Title X guidelines.
ASSESSMENT	Candidate for transdermal CHC as birth control method. Has no condition which represents an unacceptable risk to CHCs (U.S. Medical Eligibility Criteria for Contraceptive use, 2010. RNs dispensing hormonal contraceptives may dispense Category 1 [no restrictions] methods. RNs may dispense Category 2 [advantages generally outweigh theoretical or proven risks] methods with the following exceptions: undiagnosed breast mass; history of a DVT/PE in a first degree relative; inflammatory bowel disease; unexplained vaginal bleeding, and women less than 42 days postpartum.
OR	
	Candidate for transdermal CHC as birth control method with conditions that represents a condition where the theoretical or proven risks usually outweigh the advantages of using CHCs (see U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 - Category 3).
PLAN	<ol style="list-style-type: none"> 1. Prescribe transdermal CHC for approximately 1 year. 2. Obtain written consent form for use of transdermal CHC witness and date. 3. Return to clinic for initial 3 month follow-up evaluation, PRN problems or as designated by the 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 and older that use tobacco are not eligible for CHC use. 5. Postpartum: <ol style="list-style-type: none"> a. Category 4: <21 days status post vaginal delivery. b. Category 3: 21 to 42 days status post vaginal delivery with other risk factors for VTE (such as ≥ 35 years, previous VTE, thrombophilia, immobility, transfusion at delivery, BMI ≥ 30, postpartum hemorrhage, postcesarean delivery, preeclampsia, or smoking.) c. Category 2: 21 to 42 days status post vaginal delivery without risk factors for VTE. d. Category 1: >42 days status post vaginal delivery.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide written information specific to transdermal CHC including effectiveness, benefits, risks, and danger signs as documented in the FDA approved manufacturer’s package inserts. Advise patient of possible increased risk of venous thromboembolism (VTE) with Ortho Evra. 2. Provide information regarding sexually transmitted infections (STIs), including counseling that Ortho Evra offers no protection against STIs. 3. Instructions regarding the use of Ortho Evra including danger signs and symptoms which need to be reported to the clinic. Advise patient that Ortho Evra is not advised for continuous cycling.

Instructions for Ortho Evra should include the following:

- The method of application of Ortho Evra patches.
 - The monthly timing of application and removal of Ortho Evra patches.
 - The discarding of a used Ortho Evra patch.
 - Expectation for withdrawal bleeding.
 - Replacement after unscheduled detachment.
 - Need for back-up method.
 - The storage of unused Ortho Evra patches.
4. Initiation of transdermal patch –clients may begin using the transdermal patch in a variety of ways. Shorter time periods to wait to start a method may improve acceptability and continuation.
- Quick start**—client begins use of the transdermal patch on the day of her visit to the family planning provider, as long as pregnancy can be excluded. Contraceptive back up method is used for 7 days.
- First day of menses start**—client begins use of the transdermal patch on the first day of menses. No contraceptive back up method needed.
- Jump start** (for clients prescribed Emergency Contraceptive Pills) —client begins use of the transdermal patch the day after she takes Emergency Contraceptive Pills. Use back up contraceptive method for 7 days.

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

Timing of initiation:

CURRENT METHOD	APPLY PATCH	BACK UP
No effective contraception in current cycle.	On or prior to day 5 of cycle.	Back up method recommended for 7 days
CHC (oral) in current cycle.	Anytime within 7 days of the last oral CHC pill taken (no later than a new cycle of pills would have been started).	Back up method recommended for 7 days
DMPA in current cycle.	On the day the next injection is due.	Back up method recommended for 7 days.
Paragard in place.	On the same day that the IUD is removed.	Back up method recommended for 7 days.
Mirena in place.	On the same day that the IUD is removed.	Back up method recommended for 7 days.
Post first trimester abortion.	Within 5 days of a completed procedure.	None.
Post second trimester abortion and postpartum.	4 weeks post second trimester abortion; 4 weeks postpartum in women who elect not to breastfeed.	If menses has not re-started, back up method should be considered for 7 days.