

3.1 EXTENDED COMBINED HORMONAL CONTRACEPTION

TITLE	DESCRIPTION
DEFINITION:	The prescribing of monophasic combined birth control pills or vaginal ring for the reduction or cessation of monthly periods.
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. LMP. <p>May Include:</p> <ol style="list-style-type: none"> 1. H/A (headache) triggered by hormonal-withdrawal. 2. Premenstrual symptomatology. 3. Cyclic depression. 4. Dysmenorrhea. 5. Hx of endometriosis. 6. Hygienic problem (example: developmentally delayed client). 7. Indication for period reprieve (example: honeymoon week, travel, camping, or special event). 8. Heavy withdrawal menses. 9. Client preference
OBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. BP. <p>May Include:</p> <ol style="list-style-type: none"> 1. Age-appropriate physical exam as indicated.
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Pap smear, as indicated. 2. STD screening, as indicated. 3. Sensitive urine pregnancy test, as indicated. 4. Other lab work, as indicated.
ASSESSMENT:	Extended combined hormonal contraception use.
PLAN:	Prescribe combined oral contraceptive pills or vaginal ring, including dosage, # of cycles, and directions for use.
EDUCATION:	<ol style="list-style-type: none"> 1. Advise client that some users will experience more unscheduled bleeding in the first 3 to 6 months of use, but the bleeding will decrease over time in most users and is not harmful. Timely ingestion and good adherence likely decrease the amount of unscheduled bleeding. Advise client if they are not having any bleeding or spotting, they do not need to take a 3-day break. 2. If breakthrough bleeding occurs with continuous cycle, advise client that an occasional 3-day break (no more frequently than every 30 days) may result in more days of amenorrhea. Advise client: <ol style="list-style-type: none"> a) Never take more than a 3-day break from their pills. b) Do not take a break unless experiencing bleeding for 2 days or spotting for 4 days. c) Always take at least 3 weeks of active pills before taking a 3-day break. d) Contact clinic if experiencing frequent unscheduled bleeding with extended use.

TITLE	DESCRIPTION
	<ol style="list-style-type: none">3. Reinforce safe sex education, if appropriate.4. Recommend client RTC as appropriate, annually, or PRN for problems.5. ECP reviewed, as indicated.
REFERRAL TO MEDICAL PROVIDER:	Any client with prescribing precautions for combined contraceptives (see Hormonal Contraceptives: Combined Hormonal Contraceptives).
REFERENCES:	<ol style="list-style-type: none">1. <i>Hatcher RA, et al (2018). Contraceptive Technology, 21st Ed. New York, NY: Ayer Company Publishers, Inc. page 268, 296.</i>