

3.4 AMENORRHEA RELATED TO COMBINATION HORMONAL CONTRACEPTIVE METHODS

TITLE	DESCRIPTION
DEFINITION:	Women using combination hormonal methods generally expect predictable, scheduled bleeding and may be troubled by the lack of cyclic bleeding. Lower dose formulations and those with more potent progestins have much higher rates of amenorrhea. Reassure women that the elimination of scheduled bleeding is healthy, but offer to make changes if she still desires to have menses.
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated). <p>Evaluate:</p> <ol style="list-style-type: none"> 1. No scheduled or unscheduled bleeding or spotting for at least 2 months in a woman who is using her method cyclic. 2. Method is being used (correct and consistent use or otherwise). 3. New medications, including herbal therapies and recreational drugs. 4. Recent diet and exercise patterns; significant weight gain or loss. 5. History of vasomotor symptoms or other perimenopause symptoms. 6. Tobacco products used. 7. Newly diagnosed medical problem (e.g. sarcoidosis, renal failure, thyroid dysfunction). 8. Symptoms of thyroid disease, or symptoms of pregnancy, or pituitary disease, adrenal dysfunction., ovarian dysfunction, congenital or genital tract abnormalities.
OBJECTIVE:	<p>Assess as Indicated:</p> <ol style="list-style-type: none"> 1. BP. 2. Abnormal thyroid exam. 3. New onset or worsening of hirsutism, acne, male pattern balding, or clitoromegaly. 4. Any evidence of nipple discharge, and/or new onset headache, or visual change, prolactin level can be done, and/or refer as indicated.
LABORATORY:	<ol style="list-style-type: none"> 1. Negative sensitive urine pregnancy test if client symptoms of pregnancy or inconsistent use of method when sexually active. 2. Additional lab testing may include: <ol style="list-style-type: none"> a. TSH. b. Prolactin. c. FSH.
ASSESSMENT:	Amenorrhea with CHCs.
PLAN:	<ol style="list-style-type: none"> 1. If client has missed only one scheduled bleed and is not pregnant, reassure her. Advise her to return if the pattern persists and client is dissatisfied with lack of menses. 2. If client has vasomotor symptoms, consider possibility of perimenopause. 3. If client using contraceptive known to induce amenorrhea, reassure her

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	<p>appropriately about continued effectiveness of her method.</p> <ol style="list-style-type: none"> 4. If client prefers to have cyclic scheduled bleeding and is using oral contraceptives: <ol style="list-style-type: none"> a. Increase estrogen content and/or reduce progestin content, or potency of CHC, or switch to a formulation with less hormone-free days. 5. Instruct client to return for evaluation if no scheduled bleeding occurs after 2 cycles of new method. 6. If client has no other cause for lack of scheduled bleeding and is not concerned with continued lack of such bleeding, she may remain on current hormonal method. 7. If client in perimenopause years, consider switching to progestin-only oral contraception to see if menses return or if she continues to have amenorrhea. 8. Document that the client verbalizes understanding of information provided during counseling. 9. RTC annually or PRN if problem.
EDUCATION:	<ol style="list-style-type: none"> 1. Reassure client that lack of bleeding due to pills is not unusual or harmful to her health and does not mean that her fertility will be different after she stops using her current method than it would have been if she had never used the method. 2. Advise client who chooses to continue to experience amenorrhea with her hormonal method to return for pregnancy testing if she develops signs or symptoms of pregnancy or has inconsistent use of method. 3. If the client adopts a new method, instruct her to return for evaluation if no scheduled bleeding occurs after 2 cycles of new method.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Women with signs or symptoms of thyroid abnormalities or prolactin problems. 2. Women with hirsutism or signs of virilization. 3. Client taking medications or experiencing medical problems that can cause amenorrhea if she is concerned. 4. Clients who do not respond to different pill formulations or new delivery system. 5. Refer to provider for care if pregnancy occurs during use of CHC.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>Centers for Disease/U.S. Selected Practice Recommendations for Contraceptive Use, June 21, 2016.</i> 2. <i>Centers for Disease/U.S. Medical Eligibility Criteria for Contraceptive use, 2010. 4th edition, Vol. 59/No. RR-4, June 18, 2016.</i> 3. <i>Centers For Disease/Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i> 4. <i>Sulak PJ, Kaunitz AM, London AM, et al. Extended regimen oral contraceptives – Practical Management. J Family Practice. 2007;56(1 Suppl): S1-8.</i>