

4.2 PROGESTIN-ONLY MINI PILL (POP)

TITLE	DESCRIPTION
DEFINITION:	<p>Progestin-only pills (POPs) are also known as “mini-pills.” POPs contain only a progestin and are taken daily, with no hormone-free days. POPs work by thickening cervical mucus to prevent sperm from entering the upper female reproductive tract. POPs prevent ovulation in about 50% of cycles and require punctual dosing. The progestin levels peak shortly after pill ingestion and then decline to nearly undetectable levels 24 hours later. POPs also thin the endometrium which inhibits implantation and slows sperm motility. A woman who experiences unacceptable estrogen-related side effects or who has contraindications to estrogen-containing contraceptive methods may be able to use progestin-only birth control methods successfully. Progestin-only or minipill may be preferred to combination hormonal methods for women with:</p> <ol style="list-style-type: none"> a. Chloasma. b. Hypertension. c. VTE. d. Severe headaches. e. Chronic asymptomatic hepatic disease. f. Breastfeeding. g. Tobacco use. <p>Progestin-only offers many non-contraceptive health benefits, including reducing the intensity of dysmenorrhea, treating severe anemia in women with excessive menstrual blood loss, and reducing the pain of endometriosis.</p>
SUBJECTIVE:	<p>Must Include</p> <ol style="list-style-type: none"> 1. LMP <p>Should 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).
OBJECTIVE:	<p>Should Include:</p> <ol style="list-style-type: none"> 1. For initial assessment: weight including BMI and BP. 2. Periodic physical assessment as indicated. 3. No physical exam is needed for routine initiation hormonal contraceptives, but exams may be needed to evaluate problems raised by review of systems or client complaints.
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Pregnancy test. 2. STI screening. 3. Pap test (per current guidelines). 4. Other lab work as indicated.
ASSESSMENT:	Candidate for systemic progestin-only hormonal method.
PLAN:	<ol style="list-style-type: none"> 1. Provide written information specific to progestin- only- pill (POP) including use, effectiveness, benefits, and side effects.

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	<ol style="list-style-type: none"> 2. Provide information regarding sexually transmitted infections (STIs), including counseling that POP offer no protection against STIs. 3. <u>For initiating POP</u> starts, the client may begin taking POP in various ways: <ol style="list-style-type: none"> a. She can be started on the pill at any time if it is reasonably certain she is not pregnant. The client needs to abstain from intercourse or use additional contraceptive protection for the next 2 days. b. If POPs are started within the first 5 days of menses, no additional contraceptive protection is needed. c. If POPs are started ≥ 5 days since onset of menses, the client needs to abstain from intercourse or use additional contraceptive protection for the next 2 days. 4. <u>If postpartum and breastfeeding:</u> <ol style="list-style-type: none"> a. The progestin-only pill can be started at any time, <i>including immediately postpartum</i>. If < 21 days postpartum, no additional contraceptive protective is needed. b. If breastfeeding nearly exclusively < 6 months postpartum & amenorrheic no additional contraceptive protection is needed. <i>Otherwise</i>, a client who is ≥ 21 days postpartum and has not experienced return of her menses, or menses has returned and it has been > 5 days, she will need to abstain from intercourse or use additional contraceptive protection for the next 2 days. 5. <u>If postpartum and not breastfeeding:</u> <ol style="list-style-type: none"> a. Client is ≥ 21 days postpartum and has not experienced return of her menses, or menses has returned and it has been > 5 days, she will need to abstain from intercourse or use additional contraceptive protection for the next 2 days. 6. <u>Post abortion (Spontaneous or Induced):</u> <ol style="list-style-type: none"> a. POP can be started within the first 7 days, including immediately post abortion; she will need additional contraceptive protection for the next 2 days, <i>unless</i> POPs are started at the time of a surgical abortion. 7. <u>Switching from another contraceptive method:</u> <ol style="list-style-type: none"> a. POPs can be started immediately if it is reasonably certain that the woman is not pregnant. Waiting for her next menstrual cycle is not necessary. If it has been > 5 days since menstrual bleeding started, the woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 2 days. 8. Switching from an IUC: If the woman has had sexual intercourse since the start of her current menstrual cycle and it has been > 5 days since menstrual bleeding started, theoretically, residual sperm might be in the genital tract, which could lead to fertilization if ovulation occurs. A health care provider may consider any of the following options: <ol style="list-style-type: none"> a. Advise the women to retain the IUC for at least 2 days after POPs are initiated and return for IUC removal. b. Advise the woman to abstain from sexual intercourse or use barrier contraception for 7 days before removing the IUC and switching to the new method. c. If the woman cannot return for IUC removal and has not abstained from sexual intercourse or used barrier contraception for 7 days, advise the woman to use ECPs at the time of IUC removal. POPs can be started immediately after use of ECPs (with the exception of ulipristol acetate

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	<p>[UPA]). POPs can be started no sooner than 5 days after use of UPA</p> <ol style="list-style-type: none"> 9. Client must verbalize clear understanding of all information and counseling provided, as documented in her medical record. 10. Advise the client to return at any time to discuss side effects or other problems, if she wants to change the method being used and/or when it is time to remove or replace the contraceptive method. No routine follow-up visit is required unless designated by health care provider to return sooner.
EDUCATION:	<ol style="list-style-type: none"> 1. Advise client that they must take pill every day to be effective. <ol style="list-style-type: none"> a. A dose is considered missed if it has been > 3 hours since it should have been taken. Use of back-up method or avoid intercourse for 2 consecutive days. b. Advise that the mini-pill contains no placebos and must be taken every day, even if she has any vaginal bleeding. 2. Provide information regarding sexually transmitted infections (STIs), including counseling that POP offers no protection against STI.
REFERRAL TO MEDICAL PROVIDER:	As medically indicated.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>Centers for Disease Control & Prevention. U.S. Selected Practice Recommendations for Contraceptive Use, June 21, 2016.</i> 2. <i>Centers for Disease Control & Prevention. U.S. Medical Eligibility Criteria for Contraceptive use, 2016, Vol. 65/No. 4, July 29, 2016.</i> 3. <i>Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i> 4. <i>Hatcher RA, et al (editors). Contraceptive Technology, 20th Ed. New York: Ardent Media. 2012.</i> 5. <i>Zieman M, Hatcher RA, Cwiak C, et al. Managing Contraception for Your Pocket 2015-2016.</i>