DST-900 Contraceptive Management: Assessment

A comprehensive contraceptive management assessment is client-centred and includes obtaining informed consent, taking a health history and completing physical assessment components. When assessing the type of contraception that best meets a client's needs, the Certified Practice Registered Nurse or RN(C) takes into consideration the preferences of the client, clinical assessment, and their own clinical judgment. The best method of contraception for an individual is one that is effective, safe, and used correctly and consistently. Individuals must make choices about their contraceptive methods in the context of their own needs, attitudes, social, and cultural circumstances (Bourns, 2018; SOGC, 2015). Additional considerations should also include best practice recommendations for effectiveness, contraindications, side effects, non-contraceptive benefits, availability, costs, and the desires and prior experiences of the client.

INTENDED CLIENT OUTCOMES

- Client receives safe and effective contraception.
- Unintended pregnancies are prevented through the provision of safe and effective contraception.
- Sexual health education is provided to enhance the client's capacity to manage their sexual and reproductive health care.

INDICATIONS

RN(C)s practice autonomously to prescribe[1], dispense and/or administer hormonal contraception for the purpose of contraception when indicated for a client who is seeking a reliable, reversible method of contraception (BCCNM, 2021c).

Hormonal contraception is further indicated for a number of menstrual/monthly bleeding-related conditions or symptoms and the non-contraceptive benefits that they confer (Hatcher et al., 2018; Hatcher et al., 2019). However, clients seeking or using hormonal contraception solely for purposes other than contraception must be referred for a client specific order or transfer of care (see examples below) (BCCNM, 2021a).

Other common benefits of hormonal contraception include, but are not limited to (Hatcher et al., 2019; Hatcher et al., 2019):

- Decreased acne
- Improvement in some menstrual/monthly bleeding-related conditions such as primary dysmenorrhea, ovarian cysts, and premenstrual/pre-monthly bleeding syndrome

In the absence of contraindications, and with precautions in mind, the choice of contraception is based on client preferences. The RN(C) can assist the client by asking the following sample questions (Hatcher et al., 2018):

- How important is it that you do not get pregnant (efficacy)?
- Which method do you think you would like to use or try?
- How convenient do you want the method to be?
- Do you want to use your contraception daily, weekly, monthly or longer?
- Will you be able to use the method as intended (e.g.: take the pills daily, return for regular injection)?
- How important is it to have a discreet method of birth control?
- Are you comfortable touching your own genitals (e.g.: ring, internal condom)?
- Can you afford the method you wish to use, or can you access a program to assist with the cost (e.g.: Pharmacare, extended health benefits)?
- Are you or will you be using a birth control method that provides protection against sexually transmitted infections (STIs)?
- How quickly do you want to be able to return to fertility?

[1] *RN(C)s who have met the requirements to prescribe*

Relative and Absolute Contraindications

RN(C)s prescribe and dispense medications autonomously based on individual client assessment and within the *US Medical Eligibility Criteria* (US MEC) Categories 1 and 2 (BCCNM, 2021a; BCCNM, 2021c; Curtis et al., 2016).

US MEC categories 3 and 4 require a consult and/or referral (BCCNM, 2021a; BCCNM, 2021c; Curtis et al., 2016).

For complete guidance, see Curtis et al. (2016).

Informed Consent Specific to Contraceptive Management

RNs must follow the *BCCNM Consent Practice Standard* (2021b) when assessing informed consent with clients who want to access contraception, which includes the following:

- Assess the client's ability to provide consent for hormonal contraception.
- Understand the legal requirements for determining if a minor can provide valid consent (Government of British Columbia, 1996).
- Know who may give consent if your minor client cannot.

Health History

Before initiating or continuing a hormonal contraceptive, a thorough health history is taken or reviewed that includes (Hatcher et al., 2018; Hatcher et al., 2019):

- Potential contraindications including past medical history, medical conditions, medication use, allergies, tobacco use (smoking), and breast/chest feeding
- Assessment for strong family history consistent with inherited thrombophilia, such as unprovoked venous thromboembolism (VTE) in a first or second degree relative under the age of 50
- Assessment of menstrual/monthly bleeding patterns that might assist in determining possible benefits of hormonal contraceptive use
- Last menstrual/monthly bleeding pattern
- Current or past use of contraception including any difficulties using the method and/or side effects
- Potential for existing pregnancy and need for pregnancy testing
- Assessment of unexplained vaginal/genital bleeding including recommendations for additional investigations or referrals
- Assessment of sexual activity including risk factors for STIs and potential need for emergency contraception

Physical Assessment

The physical assessment includes:

- Initial blood pressure measurement for initiation of all hormonal contraception and at least annually thereafter (Hatcher et al., 2018; Hatcher et al., 2019).
- Cervical cancer screening, STI screening, breast/chest exams although important for overall reproductive health, are not mandatory for provision of hormonal contraception and should not be a requirement to receive contraception (Black et al., 2016; Black et al., 2017).

Diagnostic Testing/Investigations

No specific diagnostic tests or investigations are required for initiation of hormonal contraception (Black et al., 2016; Black et al., 2017).

Urine pregnancy testing may be indicated if the client is considered at risk for an existing pregnancy (Black et al., 2016; Black et al., 2017).

PRECAUTIONS AND CONSIDERATIONS

Timing of administration is important for effective contraception (Black et al., 2016; Black et al., 2017):

- **Quick start** of a hormonal contraceptive is recommended as it demonstrates improved adherence, especially in youth.

- Delaying initiation of hormonal contraception (e.g.: Sunday start or start with next menstrual/monthly bleeding pattern) could increase the risk that a client forgets to start, chooses not to start or becomes pregnant while awaiting initiation.
- Inconsistent use of contraception can result in unintended pregnancy.
- Consider use of back-up method(s) and/or emergency contraception (Levonorgestrel or Ulipristal acetate) when initiating hormonal contraception, and in situations of missed or late doses. Counsel patient around other options including emergency contraception intrauterine devices (EC IUD).
- Expense and accessibility can affect a person's ability to use contraception effectively.
- Youth have been shown to be less tolerant of medication side effects and therefore, tend to have higher discontinuation rates. Education and counselling at the time of initiation and follow up of hormonal contraception may help address youth-specific needs. This may include more frequent follow up visits, such as at three months.

CLIENT EDUCATION

Use of contraception is more likely to be successful when client education includes (Black et al., 2016; Black et al., 2017; Hatcher et al., 2018; Hatcher et al., 2019):

- How the method works to prevent pregnancy
- How to use the method(s) of contraception
- Initiation of contraceptive method and time for onset of contraception (e.g.: recommend quick start, first day of next menstrual/monthly bleeding pattern)
- Estimated return to fertility after discontinuing contraception
- Storage of contraceptive products
- Use of appropriate back-up method(s) and emergency contraception
- Drug, supplement, and traditional medicine interactions and the need to consult with a health care provider when taking other medications
- Discussion that hormonal contraception is a medication and should be disclosed to health care providers when asked
- Some types of contraceptive methods do not protect against STIs
- Recognizing and taking appropriate action for:
  - transitional and ongoing side effects
  - possible serious side effects (e.g.: ACHES: abdominal pain, chest pain, headache, eye problems and severe leg pain)
  - method failure or complications
  - missed or late doses including the need for repeat doses if vomiting occurs within two hours of ingestion of a contraceptive pill
- Accessing the contraception (e.g.: ability to return to clinic or purchase at pharmacy)
- Planned follow up:
  - as per Combined Hormonal Contraceptive (CHC) or Progestin-only Hormonal Contraceptive (POHC) DSTs
  - such that the client can contact the clinic/health care provider or return with any questions
  - as needed by the client
- Consider multiple use of teaching materials including models, online sources, and printable visuals.

BREAST/CHESTFEEDING

Hormonal contraceptives can be started when the person is medically eligible to use the method and if it is reasonably certain that they are not pregnant (Black et al., 2016). See Combined Hormonal Contraceptive (CHC) or Progestin-only Hormonal Contraceptive (POHC) DSTs for more information regarding initiation of contraception during the postpartum period.

Estrogen and progestin are excreted in breast milk/human milk in small quantities and are unlikely to have an effect on the baby (Hatcher et al., 2018).

PRESCRIBING, DISPENSING AND ADMINISTRATION

The dispensed hormonal contraceptive medication should be labelled with a client-specific label. Labels can be pre-printed but must be client specific and include the information as outlined in the *BCCNM Medication Practice Standard* (2021c).

For specific criteria about the administration of depot-medroxyprogesterone acetate (DMPA), please refer to the Progestin-only Hormonal Contraceptive DST.

Expiry dates

- When expiry dates note only the month and year, the date is interpreted as the last day of the noted month (Hatcher et al., 2018).
- The expiry date is the date by which the client should finish the medication in that package (BCCNM, 2021c).
- When prescribing and/or dispensing contraception, the RN(C) must calculate the number of doses required to ensure that the prescribed and/or dispensed method, if used as directed, will be completed prior to the stated expiry date (BCCNM, 2021c).

DOCUMENTATION

Document on the client's health record as per agency policy and as per the *BCCNM Medication Practice Standard* (2021c).

MONITORING AND FOLLOW UP

- Advise a client to return at any time to discuss concerns or if they want to change the method being used. No routine follow-up visit is required (Hatcher et al., 2018).
- To improve continuation rates and enhance a client's abilities to obtain contraception when needed, health care providers should prescribe and/or dispense up to a one-year supply of contraception at the initial and return visits, or up to a two-year supply if the client is able to obtain and disclose a blood pressure measurement from an alternative source at least annually to the contraception provider (Hatcher et al., 2018).

FURTHER RESOURCES AND MANAGING SIDE EFFECTS

To review practice standards, the RN(C) may refer to the following recommended practice standards:

- BCCNM Acting Within Autonomous Scope of Practice (BCCNM, 2021a)
- BCCNM Consent (BCCNM, 2021b)
- BCCNM Medication (BCCNM, 2021c)

The following are considered foundational resources to contraceptive management practice:

- CDC Summary Chart of *U.S. Medical Eligibility Criteria for Contraceptive Use* (Curtis et al., 2016)
- Contraceptive technology (21st revised ed.) (Hatcher et al., 2018)
- *SOGC Canadian Contraception Consensus* (Part 1, 3, and 4):
  - Chapter 1: Abstract and Summary Statements
  - Chapter 8: Progestin-Only Contraception (Black et al., 2016)
  - Chapter 9: Combined Hormonal Contraception (Black et al., 2017)
- *Selected Practice Recommendations for Contraceptive Use* (WHO, 2016)
- 811 – HealthLink BC

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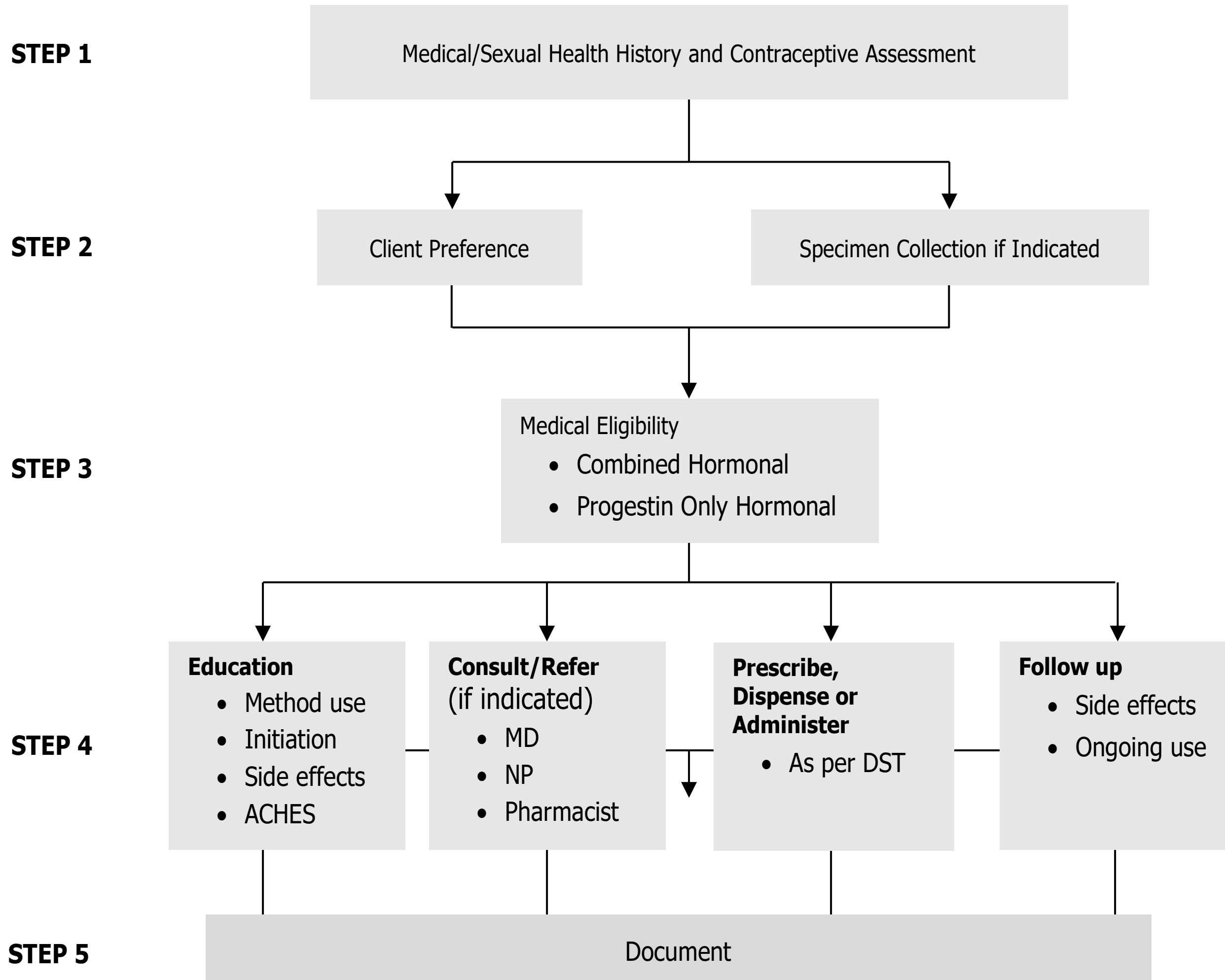
APPENDIX 1

Decision-Making Pathway for CM Certified Nursing Practice



APPENDIX 2

The following link provides a summary chart as a quick reference guide to the classifications for hormonal contraceptive methods and intrauterine contraception to compare classifications across these methods.

https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1_appendix.htm

For complete guidance, see the *U.S. Medical Eligibility Criteria for Contraceptive Use* (Curtis et al., 2016).