



DST-902 Progestin-Only Hormonal Contraceptives Revision Summary

DST Publication #	DST Name	Initial Publication Date
DST-902	Progestin-Only Hormonal Contraceptives (POHCs)	April 2021
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July 11, 2022	August 4, 2022	January 2025

Summary of Revisions

DST-902 (Progestin-Only Hormonal Contraceptives (POHCs)) has been recently revised by the NNPBC Reproductive Health Working Group and approved by the NNPBC DST Steering Committee. Please see below for a summary of changes made to this DST.

Section	Revisions	Rationale for Revision
DST Header	The words 'Decision Support Tools for Registered Nurses' has been revised to 'Decision Support tools for Certified Practice Registered Nurses.'	To clarify that these DSTs are specifically developed for registered nurses with certified practice.
Throughout the DST	Gender inclusive language has been added throughout the DST.	All language within the document was reviewed and updated to ensure gender inclusivity. Trans Care BC was consulted as subject matter experts.
Throughout the DST	Slight revisions have been made to wording, sentence structures, and formatting.	To enhance clarity and readability.
Throughout the DST and within the reference list on page 6	References have been revised within the text and reference list using APA format.	To include the most up-to-date evidence and to ensure consistency in references.
Page 1 (Definition section)	The word 'prescribe' has been added wherever the words 'dispense' and 'administer' appear. A footnote after the first instance of the word 'prescribe' has been added in the following sentence: <i>For the purposes of this DST, Certified Practice Registered Nurses or RN(C)s only autonomously prescribe, and dispense oral, injectable, and implant types of POHC (BCCNM, 2021).</i>	The word 'prescribe' has been added in preparation of future BCCNM standards, limits and conditions for certified practice. The footnote has been added to clearly indicate that prescribing pertains only to RN(C)s who have met requirements to prescribe.



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<p>Page 1 (Definition section)</p>	<p>The definition has been revised. Specifically, an additional type of POHC available in Canada has been added.</p> <p>Previous language read:</p> <p><i>Progestin-only hormonal contraception is a hormonal contraceptive method that contains only progestin. Three types of POHCs are available in Canada: progestin-only oral contraceptive pills, progestin-only injectable (Depo-Medroxyprogesterone Acetate (DMPA) and levonorgestrel-releasing intrauterine system. For the purposes of this decision support tool, RN(C)s only autonomously dispense the first 2 methods and therefore POHCs refer only to the first two progestin-only methods of contraception (oral and injectable).</i></p> <p>Revised language reads:</p> <p><i>Progestin-only hormonal contraception (POHC) is a hormonal contraceptive method that contains only progestin. Four types of POHCs are available in Canada:</i></p> <p><i>Progestin-only oral contraceptive pills</i></p> <p><i>Progestin-only injectable (Depo-Medroxyprogesterone Acetate (Injectable)</i></p> <p><i>Progestin-only implant device</i></p> <p><i>Levonorgestrel-releasing intrauterine system.</i></p>	<p>This has been updated to reflect the most up-to-date evidence and guidance.</p>
<p>Page 1 (Pharmacokinetics section, 'Action' subheading)</p>	<p>This was previously a separate section and has been moved under the Pharmacokinetics section.</p>	<p>This has been revised for readability and flow.</p>
<p>Sections: Pharmacokinetics (page 1), Consult or Refer (page 2); Precautions and Considerations (page 3); Client Education Specific to POHC Use (page 4-5); and Prescribing, Dispensing and Administering POHC (page 5)</p>	<p>Implant has been added as a method in all these sections.</p> <p>The methods have also been separated out under each section (i.e., oral, injectable, implant).</p>	<p>Implant was added as this is a new method that has become available in Canada since the last DST revision.</p> <p>Separating out the methods increases readability and ease of use.</p>



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Page 1 (Pharmacokinetics section, 'Implant' and 'Onset' subheading)	<p>The following has been added under 'Implant':</p> <p><i>Injectable POHC is supplied in vials of 150mg to be injected intramuscularly every 12 – 13 weeks, with a range of 10 to less than 15 weeks being acceptable (Hatcher et al., 2018).</i></p> <p>The following has been added under on 'Onset':</p> <p><i>If the implant is inserted less than 5 days since menstrual/monthly bleeding pattern started, no backup is needed. Otherwise, contraceptive benefits are realized within 7 days (Merck, 2020).</i></p>	<p>This has been revised made to align with up-to-date evidence and guidance.</p>
Page 2 (Consult or Refer section, 'Drug Interactions' subheading)	<p>The following has been added under 'Oral':</p> <p><i>Note: With the exception of Rifampicin or Rifabutin therapy, antibiotic use does not affect POHC efficacy. Barrier methods should be used while on Rifampicin or Rifabutin therapy. Hormonal contraceptives should not be stopped. Antibiotics need to be taken for their full course. (Simons et al., 2017).</i></p>	<p>This has been updated to reflect the most up-to-date evidence and guidance.</p>
Page 2 (Consult or Refer section, 'Drug Interactions' subheading)	<p>The following section has been removed:</p> <p><i>DMPA</i></p> <p><i>Aminoglutethimide (used to treat Cushing disease) (Not in US MEC but may decrease effectiveness of DMPA).</i></p>	<p>References to DMPA has been removed and content previously housed under this section have been added under the subheading 'Injectables' to align with the method of contraception.</p>
Page 2 (Consult or Refer section, 'drug interactions' subheadings)	<p>The following has been added:</p> <p><i>Injectable</i></p> <p><i>Aminoglutethimide used to treat Cushing disease.</i></p> <p><i>Note: This interaction is not found in the U.S. Medical Eligibility Criteria but aminoglutethimide may decrease effectiveness of injectable POHC (Pfizer, 2018).</i></p> <p><i>Implant</i></p> <p><i>There are no drug interactions noted in the U.S. Medical Eligibility Criteria (Centers for Disease Control and Prevention, 2020).</i></p>	<p>This has been updated to reflect the most up-to-date evidence and guidance. Implant was added as this is a new method that has become available in Canada since the last DST revision.</p>
Page 3 (Precautions and Considerations section)	<p>Reference to DMPA has been removed. Previous content under the subheading 'precautions specific to DMPA' has been moved under a new subheading titled 'precautions specific to injectable progestin-only hormonal contraceptives.</p>	<p>Content has been reorganized to include headings based on methods (oral, injectable, implant).</p>



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<p>Page 3 (Precautions and Considerations section)</p>	<p>Precautions specific to each method (oral, injectable, and implants) has been added.</p>	<p>To enhance clarity and ease of use.</p>
<p>Page 4 (Adverse Effects section, 'Common Possible Side Effects' subheading)</p>	<p>Previously, the last two bullets read: <i>Delayed return to fertility (for DMPA only)</i> <i>Weight gain (for DMPA only)</i></p> <p>This has been revised to the following with the addition of a new bullet: <i>Delayed return to fertility (Injectable POHC only)</i> <i>Weight gain (Injectable and Implanted POHC only)</i> <i>Pain/bruising at site of insertion (Implanted POHC only)</i></p>	<p>This has been updated to reflect the most up-to-date evidence and guidance.</p>
<p>Page 4 (Adverse Effects section, 'Warnings and Precautions' subheading)</p>	<p>The third bullet regarding blood pressure has been revised. Previous language read: <i>Blood pressure >160/100 (DMPA is MEC category 3; POPs RN (c) may dispense but should consider referral for hypertension assessment).</i></p> <p>This has been revised to: <i>Blood pressure >160/100</i></p> <p><i>Under the U.S. Medical Eligibility Criteria for Contraceptive Use, RN(C) may prescribe, dispense, and administer oral and implant POHC as Category 2; however, RN(C)s should refer client for hypertension assessment</i></p> <p><i>Under the U.S. Medical Eligibility Criteria for Contraceptive Use, injectable POHC is Category 3; RN(C) must refer client for contraception and a hypertension assessment.</i></p>	<p>This has been updated to reflect the most up-to-date evidence and guidance.</p>
<p>Page 4 (Adverse Effects section, 'Warnings and Precautions' subheading)</p>	<p>An additional bullet has been added to read: <i>In rare circumstances, the implant may migrate. If the client cannot feel the implant, they should visit their health care provider.</i></p>	<p>Content related to implants has been added as this is a new method that has become available in Canada since the last DST revision.</p>
<p>Page 4-5 (Client Education Specific to POHC Use)</p>	<p>Guidance on education for each method has been added (oral, injectable, implant).</p>	<p>Separating out the methods increases readability and ease of use.</p>



Section	Revisions	Rationale for Revision
Page 4-5 (Client Education Specific to POHC Use section)	Previous content related to DMPA has been removed.	The subheading 'Injectable' now houses previous content related to DMPA. Separating out the methods increases readability and ease of use.
Page 5 (Prescribing, Dispensing and Administering POHC section)	The previous header was 'Dispensing and Administering.' The header has been revised to read: 'Prescribing, Dispensing, and Administering POHC.'	The word 'prescribe' has been added in preparation of future BCCNM standards, limits and conditions for certified practice.
Page 5 (Prescribing, Dispensing and Administering POHC section)	Previous content under the subheading 'Administering DMPA' has been revised under a new subheading that reads: 'Administering Injectable POHC.'	Separating out the methods increases readability and ease of use.
Page 5 (Prescribing, Dispensing and Administering POHC section)	Guidance on administering and removing implanted POHC has been added.	Implant was added as this is a new method that has become available in Canada since the last DST revision.
Page 5 (Previous 'Management and Follow Up' section)	The section 'Management and Follow Up' has been removed.	This has been removed as it was redundant and the content is already covered in DST 900 Contraceptive Management: Assessment.
Appendix 1	Slight revisions have been made to include gender inclusive language. An additional question has been added: <i>have you ever been told you have ophthalmic vascular disease?</i>	These revisions reflect the most up-to-date evidence and best practices.
Footer	The footer has been revised to indicate the responsibility of the NNPBC DST Steering Committee and the Contraceptive Management Working Group. Dates have been added for publication, update, and next review.	To enhance clarity of the DST review cadence and awareness about NNPBC's DST Steering Committee and Contraceptive Management Working Group.