



### Combined Hormonal Contraceptives

<b>DEFINITION</b>	Combined hormonal contraceptives contain both an estrogen and a progestin to reduce the risk of pregnancy primarily by suppressing ovulation and thickening cervical mucus. Combined oral contraceptives, vaginal ring delivery system and transdermal patch are all combined contraceptives.
<b>SUBJECTIVE</b>	Should include: 1. LMP 2. Medical, sexual, and contraceptive use history (initial or update) as appropriate.
<b>OBJECTIVE</b>	Must include: 1. B/P 2. Height, weight and BMI May include: 1. Age-appropriate physical exam as indicated. Should exclude: 1. Any method specific Category 4 conditions from the CDC MEC table. Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use. (cdc.gov)
<b>LABORATORY</b>	May include: 1. Pap smear, as indicated. 2. STD screening, as indicated. 3. Sensitive urine pregnancy test, as indicated. 4. Other lab work, as indicated.
<b>ASSESSMENT</b>	Candidate of combined contraceptives.
<b>PLAN</b>	1. Prescribe combined contraceptive, including dosage, # cycles, and directions for use. 2. For management of <b>bleeding irregularities</b> while using combined contraceptives see: rr6504.pdf (cdc.gov) Appendix E, page 65.
<b>CLIENT EDUCATION</b>	1. Provide client education handout(s). Review manufacturer's inserts. Review risk vs. benefits, complications, and danger signs. See additional protocols for instructions on combined OCPs, contraceptive ring or patch as appropriate. 2. Data show conflicting reports related to the risk of venous thromboembolism (VTE) with transdermal patch use (See reference 1). Regardless, the risk of VTE with patch use is still far below the risk of VTE during pregnancy. 3. The risk of blood clots may be higher in pills containing greater than 35mcg of estrogen (See reference 2). 4. Educate client of clinical trials suggesting that transdermal patches may be less effective in women with body weight > 198 lbs. than in women with lower body weights. 5. ECP reviewed. 6. Review safer sex education, if appropriate. 7. Recommend to client to RTC annually, prn for problems or as indicated per individual plan.
<b>CONSULT/ REFER TO PHYSICIAN</b>	1. Any client with prescribing precautions in categories 3 or 4 for combined contraceptives. Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use. (cdc.gov)



**References:**

1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 21 edition. Atlanta GA: Ardent Media, Inc., 2018. Pp. 227-316
2. Centers for Disease Control and Prevention. US Medical Eligibility Criteria for Contraceptive Use. MMWR 2016;65(3):55-80. US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016 | CDC
3. Centers for Disease Control and Prevention. US Selected Practice Recommendations for Contraceptive Use. MMWR 2016;65(4):1-66. rr6504.pdf (cdc.gov)
4. [https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching\\_bc.pdf](https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf)