Good Samaritan Health & Wellness Center

Policies and Procedures

Subject: Contraception Procedure Policy #: 5.9.1

Prepared by: Chief Medical Officer Revision #:

Approved by:

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5.9.1 Contraception Procedure

Provider Responsibilities:

• History and Physical on eClinical Works

• Pelvic exam. May defer for 3 months but preferable to do at first encounter

• Testing:

PAP smear

STD testing - GC and Chlamydia (Gen Probe)

HIV

Hepatitis screen on request

Quantitative HCG

Timing for starting contraceptives:

WHEN TO START							
CONDITION	Progestin Pill	Combined Pill	DMPA	Patch	IUD/IUS	NuvaRing	Implanon
Menses	First Day	First Day or 1 st Sunday	Day 1-5	1 st Day or 1 st Sunday	Day 1-12	1 st Day or 1 st Sunday	Day 1-5
Spontaneous Abortion < 12 weeks	First Day	1 st Day	Day 1-5	1 st Day or 1 st Sunday	>4 weeks with menses	1 st Day or 1 st Sunday	Within the 1 st 5 days
Induced Abortion < 12 weeks	First Day	1 st Day or 1 st Sunday	Day 1-5	1 st Day or 1 st Sunday	>0-3 weeks with menses	1 st Day or 1 st Sunday	Within the 1 st 5 days
Abortion > 18 Weeks Pregnant	First Day Up to 5 days	2 Weeks	Day 1-7	2 Weeks	>6 Weeks With Menses	2 Weeks	Day 21-28
Postpartum Not Breastfeeding	1 st Day up to two weeks	2-3 weeks	0-3 weeks	2-3 weeks	>6 weeks with menses	2-3 weeks	Day 21-28

Postpartum Breastfeeding	1 st Day up to 3 weeks	Avoid 1 st 6 weeks	0-5 weeks	Avoid 1 st 6 weeks	>6 weeks with	Avoid 1 st 6 weeks	Avoid 1 st 4 weeks
					menses		

- ✓ Patients will be offered the following methods of contraception:
 - Oral Contraceptives
 - Condoms
 - LARC including IUD (IUS), Nexplanon
 - Depo-Provera
 - Natural Family Planning
- ✓ Patient will be instructed to abstain from intercourse or use condoms for 2 weeks
- ✓ Return to the clinic in 2 weeks and do urine HCG
- ✓ If UCG is negative start contraception per guidelines, if positive refer appropriately
- ✓ Patient to be prescribed 6 -12 months of oral contraceptives
- ✓ IUD check in 1 month after insertion

Absolute Contraindications

- I. Oral Contraceptives Combined
 - a. Ischemic heart disease
 - b. Liver tumors
 - c. Postpartum cardiomyopathy
 - d. Postpartum breastfeeding < 21 days (Combined OCP ing?)
 - e. Increased Risk Factors for VTE
 - f. Smoking \geq age 35
 - g. SLE
 - h. Thrombotic mutations
 - i. Viral Hepatitis
 - j. Drug Interactions: Anticonvulsants; rifampin
 - k. Breast Cancer past or current
 - 1. Cirrhosis
 - m. DM with Nephropathy or vascular disease
 - n. Migraines with aura
 - o. Hypertension 140-159/90-99
 - p. Vascular disease
 - q. History of bariatric surgery
- II. Oral Contraceptives (Progesterone Only Pill)
 - a. Liver Tumors
 - b. Anticonvulsants
 - c. Rifampin
 - d. History of bariatric surgery

III. Depo-Provera

- a. Ischemic Heart Disease
- b. At risk for Cardiovascular Disease
- c. Rheumatoid arthritis
- d. Lupus
- e. Unexplained Vaginal Bleeding
- f. Breast Cancer
- g. DM with Nephropathy/Retinopathy or vascular disease
- h. Migraines with aura
- i. Hypertension 140-159/90-99 or greater

IV. Implant (When available)

- a. Liver tumors
- b. Lupus
- c. Unexplained Vaginal Bleeding

V. LNG-IUD

- a. Ischemic Heart Disease
- b. Current Pelvic Inflammatory Disease
- c. Postpartum Sepsis
- d. Current STD
- e. TB
- f. Unexplained Vaginal Bleeding
- g. HIV Antiretroviral Treatments
- h. Current or Past Breast Cancer
- i. Cervical Ectropion
- j. Cirrhosis
- k. Endometrial Cancer
- 1. Cervical Cancer
- m. Gestational Trophoblastic Disease (Molar Pregnancy)
- n. Migraines with aura
- o. HIV (AIDS)
- p. Distended Uterine Cavity

VI. Cu-IUD (Paraguard)

- a. Current PID
- b. Post Abortion Sepsis
- c. Postpartum Sepsis
- d. Current STD
- e. TB
- f. Unexplained Vaginal Bleeding

- g. Antiretroviral Therapy
- h. Distended Uterine Cavity
- i. Cervical Cancer
- j. Endometrial Hyperplasia
- k. Molar Pregnancy (GTD)