2.0

CONTRACEPTIVE METHODS

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2.0 CONTRACEPTIVE METHODS

SERVICE POPULATION: Any client of reproductive age requesting contraceptive services at Title X FP Clinics.

METHODOLOGY

HOW TO USE THE U.S. MEDICAL ELIGIBILITY CRITERIA (MEC) FOR CONTRACEPTIVE USE, 2024
(Appendix G and a free app is also available)

The U.S. MEC uses four categories to classify medical conditions affecting a client's eligibility for the use of each hormonal contraceptive method/device.

Category 1 No restriction (method can be used)	
Category 2 Advantages generally outweigh theoretical or proven risks	
Category 3 Theoretical or proven risks usually outweigh the advantages	
Category 4 Unacceptable health risk (method not to be used)	

Screening for Presence of Conditions
Conditions listed in the U.S. MEC represent either a person's characteristics (e.g., age, parity) or a known pre-existing medical or pathological condition (e.g., diabetes, hypertension).

The table below shows an example of how the categories may be put into practice for a client who smokes, and desires combined hormonal contraceptives (COC).

Smoking	**COC**
a) Age < 35	2
b) Age ≥ 35	
(i) <15 cigarettes/day	3
(ii) ≥15 cigarettes/day	4

Contraceptive Method Initiation (I) and Continuation (C)
Recommendations include MEC for initiating and continuing use of contraceptive methods. If initiation and continuation recommendations differ, these are noted in the columns 'I' and 'C'; otherwise, the category is the same for initiation and continuation of use. Continuation criteria are clinically relevant whenever a client develops a health condition while using a contraceptive method.

Clarification of the Recommendations, Comments, and Citation of Scientific Evidence
In some cases, the numeric classification did not capture the complete recommendation, so additional narrative clarification was needed. Recommendations with a clarification are noted by an asterisk. The clarifications can be found in Appendix G, Part 2.

MEC and Contraceptive Choice
Medical eligibility is one element a client may consider when choosing a contraceptive method. The MEC guidelines are intended to assist providers in determining what methods are safe for individuals, when considering their particular medical conditions. In addition to ensuring safety with contraceptive methods, this also reduces unnecessary barriers to contraceptive access (Contraceptive Technology, 22nd Ed.).

SUMMARY OF STEPS NEEDED TO SAFELY DISPENSE CONTRACEPTIVES TO CLIENTS

1. Take a detailed medical history; provide **person-centered contraceptive** counseling, as described in Section 1.3, Contraceptive Services; and use the U.S. MEC to provide clinical guidance on the client's medical eligibility to use contraceptive methods. The "Birth Control Method Options" in Section 1.3. and at Birth control methods chart (rhntc.org) can also be used in counseling.

   Contraindications for contraceptives - **do not provide** if the client has:
   - Known or suspected pregnancy; or
   - **U.S. MEC Category 4** condition(s); or
   - Severe allergy to a component in the method.

   Precautions for contraceptives
   - If the client has condition(s) classified as **U.S. MEC Category 3**,
   - If the client has ≥ 2 conditions classified as U.S. MEC Category 2. This may put the client under MEC Condition "Multiple risk factors for atherosclerotic cardiovascular disease", which as a result may place the client under MEC 3/4 for the method.

   For either one of these precautions, the clinician will document counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record as well as the client's understanding and acceptance of the risk.

2. Take a detailed history and use the criteria listed in Section 1.3: How to be reasonably certain that a client is not pregnant.

   History should include the following:
   - Pregnancy symptoms (see below)
   - Menstrual history: LMP (the date of last normal menses)
   - Sexual history: last (and any other episodes of) unprotected sexual intercourse since the last normal menses
   - Contraceptive use past and current (including adverse effects and client acceptability or difficulties)
   - OB history including breast/chest feeding.

   Using the following criteria to rule out pregnancy is highly accurate (negative predictive value 99%–100%). If a client has no symptoms/signs of pregnancy and meets one of the criteria, the healthcare provider can be reasonably certain that the client is not pregnant. Based on clinical judgment, a urine pregnancy test might be performed by a PHN/clinician, bearing in mind the limitations of accuracy of pregnancy testing. If a client does not meet any of these criteria, the health-care provider cannot be reasonably certain that the client is not pregnant, even with a negative pregnancy test (U.S. SPR).

3. In managing a client's specific contraceptive concern that is not described in the protocol, a clinician can use companion manuals: Contraceptive Technology (CT), Managing Contraception *for your pocket*, Managing Contraceptive Pill Clients (Dickey), and U.S. Selected Practice Recommendations (SPR) for Contraceptive Use, 2024.

2.1 CONTRACEPTIVE IMPLANT

A. EQUIPMENT

- Client counseling handout
- Implant Consent Form
- Sample implant device (preferably the rod palpation simulation model)

INSERTION

- Sterile fenestrated surgical drape
- Sterile talc-free gloves
- Betadine swabs/or betadine solution and separate swabs
- Sterile 4x4 gauze sponges
- 1% lidocaine with epinephrine (or without, if indicated), ~2ml
- Syringe 5cc and needles (22g 1-1½", and 25g 1½")
- Pressure bandage co-flex dressing
- Ruler, measuring tape

REMOVAL

- Sterile fenestrated surgical drape
- Sterile talc-free gloves
- Betadine swabs
- Sterile 4x4 gauze sponges
- 1% lidocaine with epinephrine (or without, if indicated), ~1ml
- Syringe 5cc and needles (22g 1-1 ½", and 25g 1½")
- Pressure bandage co-flex dressing
- Sterile scalpel #11
- Forceps- straight
- Forceps- curved mosquito
- Butterfly closure/steri-strips

B. INDICATIONS

The single rod of 68 mg etonogestrel implant, a long-acting, reversible contraceptive (LARC), is a good choice for any reproductive age clients (including teens) who desires the following:

1. A highly effective, rapidly reversible, long-term contraception, FDA-approved for up to 3 years. There is additional evidence that shows the implant can safely be used to prevent pregnancy for up to 5 years.
2. A form of hormonal contraception but cannot/should not use estrogen-containing contraception.

C. PRECAUTIONS AND CONTRAINDICATIONS

Medical conditions categorized as 3 or 4 in U.S. MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method.

D. HEALTH SCREENING/EXAM

1. Within the past 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3 Contraceptive Services.
2. Identify and record any allergies (paying particular attention to supply list or any component of the implant) since this may preclude the use of an implant.
3. Obtain a baseline weight/height, BMI, and BP measurement for monitoring implant users over time.

E. COUNSELING & EDUCATION

The consent form and counseling handout can serve as the basic format for client education.

1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. During contraceptive counseling and before implant insertion, discuss the following:
   - **Effectiveness**: Less than one (1) client out of 100 becomes pregnant in the first year of the implant use. With extended use to 4 or 5 years, studies showed no pregnancies, however studies were small (783 and 306, respectively). Extended use is reasonable after risk/benefit counseling and shared decision-making (Level B recommendation).
   - **Risks/benefits**: Document the discussion in the client's medical record.
   - **Common side effects**:
     - Infrequent spotting (34% of users)
     - Amenorrhea (22% of users)
     - Heavy or prolonged bleeding (18% of users)
     - Frequent bleeding (7% of users), treatments may help.

Counseling about expected bleeding patterns and reassurance that bleeding irregularities and amenorrhea are generally not harmful will help reduce method discontinuation. Encourage clients to seek care if concerned about bleeding patterns, treatments can help.

F. CONSENT

1. Before insertion/removal the consent form will be reviewed with the patient by the staff (nurse, medical assistant, or clinician) providing counseling; clarified and signed by the clinician; and signed and dated by the client.
2. The original consent form is filed in the client's medical record and a copy is offered to the client.

G. INSERTION PROCEDURE (to be performed by trained/certified clinicians only - this includes interns/students that are under the supervision of other PHD clinicians).

1. The contraceptive implant will be inserted by a trained clinician. The manufacturer requires clinicians to attend their training and receive certification, prior to any insertions. For PHOs, the RHO is responsible for determining which clinicians under their supervision are cleared to insert/remove contraceptive implants.
   - As a standard for new Title X PHO clinicians without LARC experience, FPP accepts a minimum of two (2) observed/supervised insertions and two (2) removals to be eligible to perform these procedures independently.
   - As a standard for new Title X PHO clinicians with LARC experience, the FPP accepts a minimum of one (1) supervised implant insertion and one (1) removal if the RHO determines the clinician is experienced and demonstrates adequate proficiency, prior to the clinician performing implant insertions/removals independently.
   - Title X clinicians must maintain current training certifications by implant manufacturer (to include the most recent update).
2. **Insertion:** Identify the insertion site, which is at the inner side of the non-dominant upper arm. The insertion is overlying the triceps muscle about 8-10 cm (3-4 inches) from the medial epicondyle of the humerus and 3-5 cm (1.25-2 inches) posterior to the sulcus (groove) between the biceps and triceps muscles. This location is intended to avoid the large blood vessels and nerves lying within and surrounding the sulcus. If it is not possible to insert the implant in this location, it should be inserted as far posterior from the sulcus as possible.
3. **Insertion Timing:** The implant can be inserted at any time if the clinician is reasonably certain that the client is not pregnant. See "How to Be Reasonably Certain that a Client Is Not Pregnant". For Special Considerations for Initiation, a clinician may refer to U.S. SPR.
4. **Need for Back-Up Contraception:**
   - If the implant is inserted within the first 5 days since menstrual bleeding started, no

additional contraceptive protection is needed.
- **If the implant is inserted >5 days since menstrual bleeding started**, the client needs to abstain from sexual intercourse or use existing/additional contraceptive for the next 7 days.

5. Documentation will include:
   - The client's name, address, implant lot number and expiration date, date of insertion, and name of inserting clinician in the Pharmacy Log.
   - The insertion date, implant lot number, expiration date, and insertion site in the client's medical record.
6. Give the client a reminder card with removal date and numbers of the clinic during working hours or ER if wound infection or an acute problem occurs.

H. VISIT SCHEDULE FOR METHOD

No routine follow-up visit is required although clients should be informed of the need for routine gynecological check-ups. Advise the client to return:
- At any time to discuss side effects or other problems.
- If the client wants to change the method being used.
- When it is time to remove or replace the implant. The device may be removed and replaced after 3 years as per FDA approval, or the client may be given the option to extend use for up to 5 years (off-label).

At other clinic visits, the nurse/clinician seeing implant users should do the following:
- Assess the client's satisfaction with their contraceptive method and whether the client has any concerns about method use.
- Assess any changes in health status, including medications that would change the appropriateness of the implant for safe and effective continued use based on U.S. MEC (e.g., Category 3 and 4 conditions and characteristics).
- Consider assessing weight changes and counseling clients who are concerned about weight changes perceived to be associated with their contraceptive method.

I. PROBLEM MANAGEMENT (FOR CLINICIANS)

All client calls regarding contraceptive implants should be handled by a nurse, who will refer problems to a clinician. Any client requesting removal will be scheduled with a clinician. Prior to removal of implant, the clinician may manage irregular bleeding (spotting, light bleeding, or heavy or prolonged bleeding) as follows (SPR, p.76):

- If clinically indicated, consider an underlying gynecological problem, such as interactions with other medications (e.g. St. John's wort, topiramate, etc.), an STI, pregnancy, thyroid disorders, or new pathologic uterine conditions (e.g., polyps or fibroids). If an underlying gynecological problem is found, treat the condition, or refer for care.
- Explore client goals, including continued implant use (with or without treatment for bleeding irregularities) or implant removal.
- If the client desires implant removal at any time, remove the implant, offer counseling on alternative contraceptive methods, and initiate another method if it is desired.
- If an underlying gynecologic problem is not found and the client wants treatment, the following treatment options may be considered, depending on the client's preferences, treatment goals, and medical history.

  Treatments that might improve bleeding irregularities during treatment use; bleeding is likely to recur after treatment cessation. Treatment may be repeated as needed:
  - Hormonal treatment (e.g., 20-30 mcg EE COCs or estrogen) 1-3 months and potentially longer with counseling (i.e., safe but a lack of data). Nuva ring can be used continuously for 35 days (or longer) and then start a new ring.

Treatments that might improve bleeding irregularities during treatment use and whose effects might persist for some time after treatment cessation. Treatments may be repeated as needed.
  - NSAIDs (e.g., ibuprofen), 5–7 days
- Refer to Contraceptive Technology book for alternative regimen. Non-formulary options should not be used.
- If irregular bleeding persists and the client finds it unacceptable, counsel them on alternative methods, and offer another method if it is desired.

J. REMOVAL OF IMPLANT (to be performed by trained/certified clinicians only)

The implant should be removed any time the client requests removal, to switch to a different method, or when the method is at the end of its active duration.

Product labeling states that the implant is to be used for no more than 3 years. Reasonable evidence shows that the implant is effective for longer. With appropriate counseling, a client may choose to keep their implant in for up to 5 years. A client may become pregnant immediately after implant removal. Clients seeking removal should be scheduled with a clinician.

- If the client requests removal because it is due, determine if the client wishes to have another implant inserted at the time of removal. Provide counseling on other contraceptive methods if the client would like to consider a different contraceptive method.
- If the client requests removal before it is due, the clinician should determine the reason for discontinuation.
- If the client desires removal so that they can seek pregnancy, let them know that contraceptive protection stops as soon as the device is removed. Counsel the client that they may choose to use spermicide and condoms as a method for one or two cycles, so they can more accurately date their pregnancy.
- **No client should be denied a removal procedure if requested.**
- Removals will be performed only by clinicians approved for this procedure by the RHO. If your clinic doesn't provide removals, you must refer the client to a clinic that does. The consent form should be read and signed by the client.
- Removal should only be attempted when the device is palpable. Referral should be made for removal of non-palpable devices.

K. RETURN OF UNUSED IMPLANT

The company may credit/exchange opened but unused devices. An expiring Nexplanon, up to 180 days prior to and/or past its expiration date, can be returned to the company for a replacement.

An already-expired Nexplanon unit can also be returned to the company for a replacement up to six months from the expiration date.

Contact the NM DOH Pharmacy at 505-476-8350 or DOH-Pharmacy@doh.nm.gov to report defective devices or expiring/expired Nexplanon. The lot number and expiration date will be required. Return the expiring or expired Nexplanon to NM DOH Pharmacy for replacement from the manufacturer.

L. BROKEN IMPLANTS

Although infrequent, there have been occurrences of broken or bent implants while in the patient's arm. When an implant is broken or bent, the rate of etonogestrel release may be slightly increased. This makes using a backup birth control method unnecessary. However, removal of the bent/broken implant is recommended, and the client should be advised of risks of unprotected intercourse prior to removal. When implant replacement is decided, the clinician may insert a new implant immediately instead of waiting for the Merck replacement.

When encountering a client with a broken or bent implant, the clinician will:

STEP 1 Have the following information ready for making a notification:

- Implant lot number
- Insertion Date
- Removal Date
- Summary of both insertion and removal experiences, mention any trauma that occurred
- Provide Protected Health Information (PHI) ONLY if the client signs a release-of-information consent form.

The company may request return of the broken implant; retain the broken implant in a biohazard container.

STEP 2 Notify Organon 1-844-674-3200 and follow prompts to address product defects with their Quality Team. A case number will be assigned when the clinician calls, and a form will be sent to the clinician to sign and return. After the Quality Team/customer services representative authorizes a Nexplanon replacement, **direct them to contact the DOH Warehouse pharmacy at 505-476-8350. The company must send all replacement to the DOH Pharmacy Warehouse, and not to PHO or PA clinics.** In rare occurrence that manufacturer sends them to the clinic, the clinic should maintain original packaging and immediately notify NM DOH Pharmacy at 505-476-8350 or DOH-Pharmacy@state.nm.us or DOH-Pharmacy@doh.nm.gov.

STEP 3 Notify NM DOH Pharmacy at 505-476-8350 and DOH-FPP_Pharmacy_Orders@state.nm.us and provide the following information:

- Name of clinician who inserted implant and their license number
- Date of insertion
- Implant lot number
- Case number

M. PREGNANCY OCCURRENCES

As a quality assurance measure, FPP tracks unexplained pregnancies that occur while the client is using DMPA/Nexplanon/LNg IUD, to determine effectiveness or defect of the method. If a nurse/clinician determines that a pregnancy occurred on one of these methods without any other identifiable cause (e.g., missed/late insertion/injection, no back up birth control method, etc.) they should complete the “Pregnancy Occurrences Report”, found under Forms on the FPP website, and send it to the Family Planning Program by fax or secure email to the FPP Medical Director. In addition, inform the RHO.

CONTRACEPTIVE IMPLANT CONSENT FORM

BENEFITS: Contraceptive implants consist of one capsule that holds a small amount of birth control hormone, etonogestrel. This medicine is slowly released under the skin to prevent pregnancy. The contraceptive implant is over 99% effective.

CONTRAINDICATIONS (REASONS I CANNOT USE THIS METHOD):

- Pregnancy
- Current arm infection
- Current breast cancer

RISKS:

Common mild to moderate risks include:

- Menstrual changes, including irregular, lighter, heavier or absent periods
- Headaches
- Weight gain
- Anxiety and/or depression
- Scarring or bruising at the insertion/removal site

Seek immediate medical attention for these severe but rare side effects:

- Severe headaches
- Vision changes
- Pain in legs, abdomen, or chest
- Lump in breast
- Severe depression or anxiety
- Excessive bleeding
- Yellow skin or eyes

Possible complications of Insertion/Removal Procedures:

- Damage to blood vessels or nerves
- Difficult removal requiring referral to a specialist
- Infection at procedure site

Call the clinic if you suspect you are pregnant, if you cannot feel the contraceptive implant rod where it was placed, or if you have pain, pus, or discomfort at the site of insertion.

The contraceptive implant does not protect against HIV and other sexually transmitted infections. Condoms used consistently and correctly can help decrease the risk of sexually transmitted infections. Certain drugs may make the contraceptive implant less effective. If you are under treatment with these or any other drugs, let your clinician know.

ALTERNATIVES: Other means of contraception have been explained and discussed.

INQUIRIES: You have the right to ask questions about this method at any time.

DECIDING TO STOP USING A CONTRACEPTIVE IMPLANT: You have the right to have the contraceptive implant removed at any time. Any care outside the health office for problems related to the contraceptive implant may be at your own expense.

EXPLANATION OF INSERTION PROCEDURE:

- Skin is numbed and cleaned
- The implant is inserted just under the skin using a tube
- The skin will be taped shut and bandaged

EXPLANATION OF REMOVAL PROCEDURE:

- Skin is numbed and cleaned
- A small cut is made, through which the implant is removed with instruments as needed
- The skin can then be closed, or a new implant can be inserted

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DOCUMENTATION: I have read or have been read to by an interpreter and understand the information in this consent form. I have had all my questions about the contraceptive implant answered. I may have the implant removed at any time for any reason without losing benefits through any government program.

___ I am requesting the insertion of the contraceptive implant.
___ I am requesting the removal of the contraceptive implant.

Client name:_____Date of birth:_____Client signature: _____
Interpreter signature or information:_____Date_____
Counselor signature: _____ Date_____
Clinician signature: _____ Date_____

(New Mexico Public Health Division - Family Planning –Contraceptive Implant Consent English 10/23)

FORMA DE CONSENTIMIENTO PARA IMPLANTE ANTICONCEPTIVO

BENEFICIOS: Los implantes anticonceptivos consisten en una cápsula que sostiene una pequeña cantidad de la hormona etonogestrel, que previene el embarazo. Este medicamento es liberado lentamente bajo la piel para evitar el embarazo. El implante anticonceptivo es sobre 99% efectivo.

CONTRAINDICACIONES (RAZONES POR LAS QUE NO DEBO UTILIZAR ESTE MÉTODO)

- Embarazo
- Infección actual en el brazo
- Cáncer de senos actualmente

RIESGOS:

Los riesgos de leves a moderados incluyen:

- Cambios con la menstruación, incluyendo períodos ligeros, pesados o ausentes
- Dolores de cabeza
- Aumento de peso
- Ansiedad y/o depresión
- Cicatrices o moretones en el lugar de inserción/remoción

Busque atención médica inmediatamente para estos efectos secundarios graves, pero raros:

- Dolores de cabeza severos
- Cambios en la visión
- Dolor en las piernas, abdomen, o pecho
- Bulto en los senos
- Depresión o ansiedad severa
- Sangrado excesivo
- Piel u ojos amarillentos

Posibles complicaciones en los Procedimientos de Inserción/Remover:

- Daño a los vasos sanguíneos o nervios
- Dificultad en remover que requiera ser referido a un especialista
- Infección en el lugar del procedimiento

Llame la clínica si usted sospecha que está embarazada, si no se siente bien donde le pusieron el implante o si tiene dolor, o incomodidad en el lugar de inserción.

El implante anticonceptivo no le protege contra VIH y otras infecciones de transmisión sexual. Cuando los condones se utilizan consistentemente y de forma correcta, pueden ayudar a disminuir el riesgo de infecciones de transmisión sexual. Algunas drogas pueden hacer que el implante anticonceptivo sea menos efectivo. Si usted está bajo tratamiento con estas o cualquier otra droga, déjele saber a su médico.

ALTERNATIVAS: Se han explicado y discutido otros métodos anticonceptivos.
PREGUNTAS: Usted tiene el derecho de hacer preguntas en cualquier momento acerca de este método.
DECIDIR SI DISCONTINUA EL USO DE UN IMPLANTE ANTICONCEPTIVO: Usted tiene el derecho de hacer que le remuevan el implante anticonceptivo en cualquier momento. Cualquier atención fuera de la oficina de salud por problemas relacionados con el implante anticonceptivo pueden correr por su cuenta.

EXPLICACIÓN DEL PROCEDIMIENTO DE INSERCIÓN

- La piel se adormece y limpia
- El implante es insertado debajo de la piel utilizando un tubo
- La piel se cerrará con cinta adhesiva y se vendará

EXPLICACIÓN DEL PROCEDIMIENTO AL REMOVER

- La piel se adormece y limpia
- Se hace una pequeña cortadura, por la que se remueve el implante con los instrumentos necesarios
- Entonces se cierra la piel, o se puede insertar un implante nuevo

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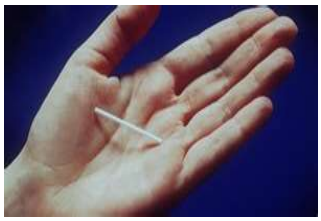
DOCUMENTACIÓN: He leído o se me ha leído a través de un intérprete y comprendo la información contenida en este formulario de consentimiento. Se me han contestado todas las preguntas que he hecho acerca del implante anticonceptivo. Puedo hacer que el implante sea removido en cualquier momento por cualquier razón, sin perder los beneficios de cualquier programa gubernamental.

____Estoy solicitando la inserción del implante anticonceptivo.
____Estoy solicitando que se remueva el implante anticonceptivo.

Nombre de Cliente:_____Fecha de Nacimiento:_____Firma del cliente: _____
Firma o información del interprete: _____ Fecha _____
Firma del consejero:_____Fecha_____
Firma del médico:_____Fecha_____

(New Mexico Public Health Division - Family Planning –Contraceptive Implant Consent Spanish 10/23)

Contraceptive Implant
COUNSELING HANDOUT



What is the contraceptive implant?
The contraceptive implant is made of one capsule that holds a small amount of birth control hormone, etonogestrel. This medicine is slowly released from the capsule to prevent pregnancy for up to 3 years. There is additional evidence that shows the implant can safely be used to prevent pregnancy for up to 5 years. The implant is placed under the skin of the upper arm.

How does it work?
The hormone works by making cervical mucus thicker, so sperm cannot reach the egg, by making the lining of the uterus thinner, and by stopping ovulation (release of egg).

How effective is it?
1 out of 1,000 clients will become pregnant in one year.

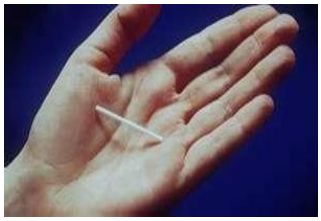
What are the advantages?
- Usually can be used by clients who cannot use estrogen-containing methods.
- Nursing mothers can use the implant.
- Ability to get pregnant returns to baseline (what is normal for you) quickly after removing the implant. Fertility is different for everyone.

What are the disadvantages?
- Unpredictable, irregular bleeding is the most common problem. Talk to your provider if this is a problem; there are treatments that can help.
- Does not protect you from HIV or other sexually transmitted diseases. Use condoms if you are at risk**.**

Warning signs:
- Severe headaches
- Vision changes
- Pain in legs, abdomen, or chest
- Lump in breast
- Severe depression
- Excessive bleeding
- Yellow skin or eyes

Where do I get a contraceptive implant?
You can get a contraceptive implant from your clinician. Not all clinicians provide this service. Call to find out if your clinician can do it.

Implante Anticonceptivo
HOJA DEL CONSEJERO



¿Qué es el implante anticonceptivo?
El implante anticonceptivo está hecho de una cápsula que sostiene una pequeña cantidad de la hormona anticonceptiva, etonogestrel. Esta medicina es liberada lentamente para evitar un embarazo hasta por 3 años. Hay evidencia adicional que muestra que el implante puede ser usado de forma segura para evitar embarazos hasta por 5 años. El implante es puesto debajo de la piel en la parte superior del brazo.

¿Cómo funciona?
Las hormonas funcionan haciendo más gruesa la mucosa cervical, así la esperma no puede llegar al huevo, haciendo más delgada la cubierta del útero, y deteniendo la ovulación (liberación del huevo).

¿Cuán efectivo es?
1 en 1,000 clientes podrían quedar embarazadas en un año.

¿Cuáles son las ventajas?
- Usualmente, puede ser usado por clientes que no pueden usar métodos que contienen estrógeno.
- Las madres lactantes pueden usar el implante.
- Habilidad para quedar embarazada regresa a su base (lo que es normal para usted) rápidamente después haber removido el implante. La fertilidad es diferente para cada persona.

¿Cuáles son las desventajas?
- Impredecibles, sangrado irregular es el problema más común. Hable con su proveedor si este es un problema; hay tratamientos que pueden ayudar.
- No le protege contra VIH u otras enfermedades de transmisión sexual. Use condones si usted está en riesgo.

Signos de alerta:
- Dolores de cabeza severos
- Cambios en la visión
- Dolor en las piernas, abdomen, o pecho
- Bulto en los senos
- Depresión severa
- Sangrado excesivo
- Piel u ojos amarillentos

¿Dónde obtengo un implante anticonceptivo?
Usted puede obtener un implante anticonceptivo de su médico. No todos los médicos brindan este servicio. Llame a su médico para saber si pueden hacerlo.

2.2 INTRAUTERINE DEVICES- IUDs

A. EQUIPMENT
- Client counseling handout
- Copy of FP IUD Consent Form
- Calendar
- Plastic pelvis
- Sample IUD

INSERTION:
- Emergency tray
- Sterile IUD pack: uterine sound, tenaculum, ring forceps, scissors, long narrow forceps if available
- Sterile IUD
- Antiseptic solution (Chlorhexidine gluconate may be considered for betadine allergy. (ACOG Committee Opinion No. 571, Sept. 2013)
- Large OB swabs
- Sterile and non-sterile gloves

B. INDICATIONS
1. IUDs can be used by clients of all ages, including teens, and both by parous and nulliparous. Two types of IUDs are available in the FPP formulary: Copper IUD (Cu-IUD, Paragard) and IUD containing 52 mg levonorgestrel (Liletta LNg 52/6).
2. Extended Use of IUD
   - Product labeling states that the Mirena, Liletta, and Cu-IUD have FDA approval for 8, 8, and 10 years respectively. With appropriate counseling, a patient may choose to keep their IUD in for longer.
   - FDA Mirena package insert was updated 8/22, "Mirena is indicated for prevention of pregnancy for up to 8 years; replace after the end of the eighth year."https://labeling.bayerhealthcare.com/html/products/pi/Mirena_PI.pdf
   - FDA Liletta package insert was updated 1/23, "Liletta is a progestin-containing intrauterine system indicated for prevention of pregnancy for up to 8 years." https://www.rxabbvie.com/pdf/liletta_pi.pdf#page=34
3. Counseling Recommendations:
   - Level A recommendation - Based on consistent and good quality evidence extended use of IUDs (12 years for Cu IU) is off-label but likely to be highly effective.
   - If the client has a Cu-IUD, they may choose to keep their IUD in for up to 12 years with appropriate counseling. Cumulative pregnancy rates for the TCu380A are 0.5% to 0.8% for the first year, 1.4% to 2.5% at 7 years and 2.2% at 12 years.
4. Cu-IUD is also highly effective as emergency contraception and can be continued as regular contraception (SPR, page 43). Clients wanting a Cu-IUD as emergency contraception, and who meet the following guidelines (see algorithm in the "Insertion Timing" section below), can be considered candidates for this contraception option. Provision of Cu-IUD as emergency contraception is at the discretion of the clinician and provided on a case-by-case basis.

C. PRECAUTIONS AND CONTRAINDICATIONS
Medical conditions categorized as 3 or 4 in U.S. MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method.

D. HEALTH SCREENING/EXAM:
1. Within the past 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3 Contraceptive Services. History of last normal menses (LMP) as well as recent and last unprotected intercourse (UPI) are crucial to determine the client's pregnancy risk. Document recent UPI that occurred since the client's last normal

menses.

2. Identify and record any allergies (particularly to betadine/iodine, latex, copper, or any component of the selected IUD) since the latter may preclude the use of a particular IUD.
3. Obtain a baseline weight/height, BMI, and BP measurement for monitoring IUD users over time.
4. Pre-insertion: According to US SPR recommendations, most clients do not require additional STI screening at the time of IUD insertion – screen according to PHD STI screening guidelines; screening can occur at time of insertion. Clients with current purulent cervicitis should not undergo IUD insertion until GC/CT infection has been ruled out or treated; clients with known GC or CT infection should not undergo IUD insertion.
   A positive CT result within the last 12 months does not preclude a client from getting an IUD if they have been appropriately treated.

   At the clinician's discretion, the CT/GC test can be performed on the same day of insertion, if the clinic meets all the following criteria:
   - Has an IUD available
   - Has a system in place to follow-up on the CT/GC lab results (The clinician who decides to insert the IUD will ultimately take clinical responsibility to assure that the client's lab is checked.)
   - Has a clinician readily available to properly manage IUD clients with positive CT/GC test in a timely manner.

E. COUNSELING & EDUCATION

The consent form and counseling handout can serve as the basic format for client education.

1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. Include the following information during contraceptive counseling and before IUD insertion:
   - **Effectiveness:** Less than one (1) client out of 100 becomes pregnant in the first year of using an IUD. The Cu-IUD is the most effective form of emergency contraception and can be continued as a contraceptive method after placement.
   - **Risks/benefits:** Counsel your patient about the risks and benefits of IUD use and insertion and document the discussion in the client's medical record. Counseling about expected bleeding patterns and reassurance that bleeding irregularities and (for LNg-IUD) amenorrhea are generally not harmful will help reduce method discontinuation. Mirena (LNg 52/6) and Liletta (LNg 52/6) have similar drug delivery, concentrations, and side effect profiles.
     With LNg-IUD use, heavy menstrual bleeding, dysmenorrhea, and endometriosis generally improve. Amenorrhea develops in approximately 20% of users by 1 year. At 12 months, there is 90% less blood loss (2021 Managing Contraception, 16th Edition, p. 100).
   - **Common side effects:**
     - LNG IUD: unscheduled spotting, light irregular bleeding or amenorrhea.
     - Cu-IUD: heavier, crampier menstrual periods, spotting
       Bleeding pattern typically improves after 3-6 months of use
   - **Pre-medication with non-steroidal anti-inflammatory drugs (NSAID):** Clients with a scheduled IUD insertion who do not have contraindications/allergy to NSAID may be instructed to take OTC naproxen sodium (220 mg) 2 tablets or ibuprofen (200 mg) 3-4 tablets by mouth one hour prior to the insertion. Trials of Naproxen and Tramadol have shown some effect in reducing IUD insertion pain. Other NSAIDs have not reduced insertion pain but may decrease post insertion cramping. (Lopez LM, Bernholc A, Zeng Y, et al. Interventions for pain with intrauterine device insertion. Cochrane Fertility Regulation Group. DOI:10.1002/14651858.CD007373.pub3; UpToDate, Intrauterine Contraception: Insertion and Removal, March 2023).
   - Encourage the client to review the Manufacturer's brochure.
3. ECP information in the case of IUD expulsion.

F. CONSENT

1. Before insertion/removal, the consent form will be reviewed with the client by the staff (nurse, medical assistant or clinician) providing counseling; clarified and signed by the clinician; and signed and dated by the client.
2. The original consent form is filed in the client's medical record and a copy is offered to the client.

G. PROCEDURE/INSERTION TECHNIQUE

1. For PHOs, the RHO is responsible for determining which clinicians under their supervision are cleared to insert IUDs, and to provide Cu-IUD as emergency contraception up to 5 days after unprotected intercourse. The level of proficiency in varying insertion situations (different uterine positions) should be the criterion for certification, rather than an absolute number requirement. For PHO clinicians, difficult IUD insertions or removals may be referred to UNM Center for Reproductive Health with prior approval of the FPP State Office.
   - As a standard for new Title X PHO clinicians without LARC experience, FPP accepts a minimum of 5 supervised IUD insertions prior to clinician performing IUD insertions independently.
   - As a standard for new Title X PHO clinicians with LARC experience, FPP accepts a minimum of 1 supervised IUD insertion if the RHO determines the clinician is experienced and demonstrates adequate proficiency, prior to the clinician performing IUD insertions independently.

     Insertion Timing: The Cu-IUD/LNg-IUD can be inserted at any time if the clinician is reasonably certain that the client is not pregnant.
2. **Back-Up Contraception:**
   - Cu-IUD is immediately effective and no back up contraception is needed after insertion.
   - For LNg-IUD,
     - If inserted within the first 7 days since menstrual bleeding started, no back up contraceptive is needed.
     - **If inserted >7 days since menstrual bleeding started**, the client needs to abstain from sexual intercourse or use back up contraceptive for the next 7 days.
3. Before inserting IUD:
   - Assure that the BP is documented in the client's medical record.
   - The clinician will:
     - Perform a bimanual pelvic examination, cervical inspection, and sound the uterus for position and depth. Ensure that the uterine cavity is within the size range necessary for effective intrauterine contraception. Do not open the IUD kit until this step has been completed. Manufacturer recommendations for minimal and maximal uterine sounding vary by the type of IUD.
       - Cu-IUD cavity size range of 6-9 cm.
       - LNg IUD 52/6 (Liletta) gives a lower limit of 5.5 cm and leaves the upper length to the provider's discretion.
     - Current purulent cervicitis, chlamydial or gonorrhea infection at the time of insertion are contraindications for IUD initiation (US MEC 4).
     - For clients with symptomatic abnormal vaginal discharge, the wet prep, pH and amine test is recommended. If bacterial vaginosis (BV) or trichomonas is diagnosed, you may still insert IUD and start treatment on the same visit (US MEC 2).
     - For asymptomatic clients with normal pelvic exam, additional testing with wet prep, pH, and amine is at the clinician's discretion.
4. Paragard will be changing to a one-handed inserter. The clinician training video link can be found at: https://hcp.paragard.com/placement-removal/

H. POST-INSERTION

1. After procedure, allow the client to rest briefly on exam table.
2. Allow the client to sit up on exam table. When steady, the client can stand. Teach the client how to check for strings. Routine self-string IUD checks are safe but not necessary. Many

clients are uncomfortable with checking their own strings. They may also be unable to feel the strings. For those who are interested offer the client the cut fragment of the strings, so they can get a sense of what the string should feel like.

3. Allow the client to get dressed.
4. Post-insertion problems: Severe post insertion pain, vasovagal reaction, syncope, seizures, and even cardiac arrest (very rare) may occur immediately post insertion. If the client is dizzy, faint, or in significant pain, they should rest in a supine position, away from hard or sharp surfaces. The client should sit or lie where they can be observed. No client should be allowed to leave the clinic feeling faint or dizzy or with continuing significant pain.

   If the client experiences vasovagal reaction (pulse rate drops below 60, with a fall in BP), stop the procedure and place the patient in the supine position with their legs elevated. If the client does not respond to conservative measures, clinician may consider removing the IUD.

   If seizures or cardiac arrest occur (very unlikely), clinic staff will follow the clinic's medical emergency protocols.
5. The medical record will include:
   - Post-insertion BP and pulse (only if the client has a vasovagal episode).
   - The client's name, address, IUD lot number and expiration date in the Pharmacy log.
   - The insertion date and type of IUD in the client's medical record; include the IUD Lot # and expiration date, location of insertion, and clinician completing the procedure.
   - Review of danger & problem symptoms/signs (PAINS-see IUD counseling handout), e.g., for infection and ectopic pregnancy. If needed, supply with condoms for backup and STI prevention.

I. VISIT SCHEDULE FOR METHOD

Routine follow-up visit is not required for all clients, but the client should continue with their routine gynecological check-ups. Specific populations like adolescents, clients with multiple problems or previous expulsion may benefit from a scheduled follow-up visit.

Advise the client to return:

- Any time the client wants to discuss side effects or other problems or desires to discontinue the method. Offer them a follow-up visit 1-3 months after initiating the IUD if they so desire.

At other clinic visits, the nurse/clinician who sees IUD users should do the following:

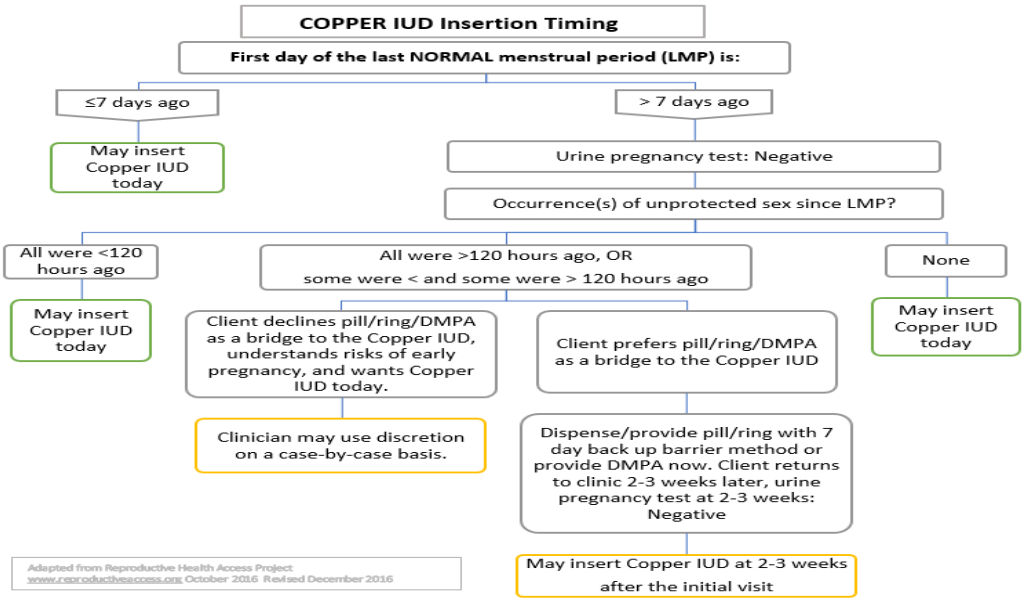
- Assess the client's satisfaction with their contraceptive method and whether they have any concerns about method use. Assess any changes in health status, including medications that would change the appropriateness of the IUD for safe and effective continued use on the basis of U.S. MEC (e.g., category 3 and 4 conditions and characteristics).
- (Clinician) consider performing an examination to check IUD strings.

IUD users with problems or are concerned about their method should schedule to see a clinician who will provide appropriate and timely management or referral.

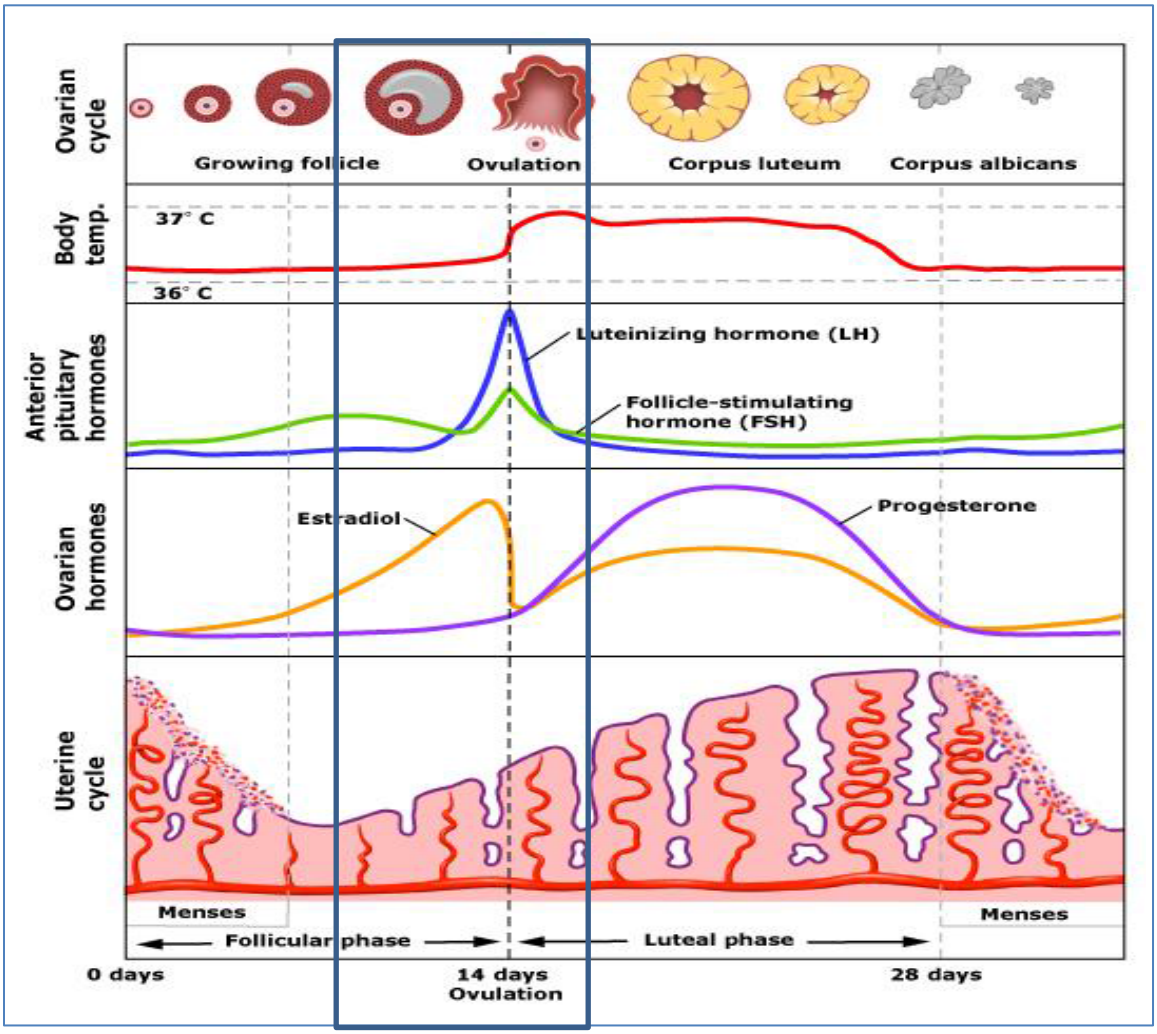
J. PROBLEM MANAGEMENT (FOR CLINICIANS)

For Special Considerations for Initiation of IUDs, a clinician may refer to U.S. SPR. If providing Cu-IUD as EC, the standard of care is to provide the Cu-IUD within 120 hours of the first act of unprotected sexual intercourse (SPR, 2024).

The following algorithm is modified from Reproductive Health Access Project October 2016 at Reproductive Health Access Project | Quick Start Algorithm - Reproductive Health Access Project (reproductiveaccess.org). This is a clinician tool; however, some experienced nurses who are proficient in providing family planning services may find this helpful when scheduling clients for an IUD clinician visit.



The image below demonstrates the fertile window (-5 to +1 days from ovulation, in clients with regular 28-day cycles) that a clinician can use as a reference to determine a client's risk of pregnancy when considering provision of Cu-IUD as EC. (Wilcox, et al. New Engl J Med. 1995;33(23):1517-1521).

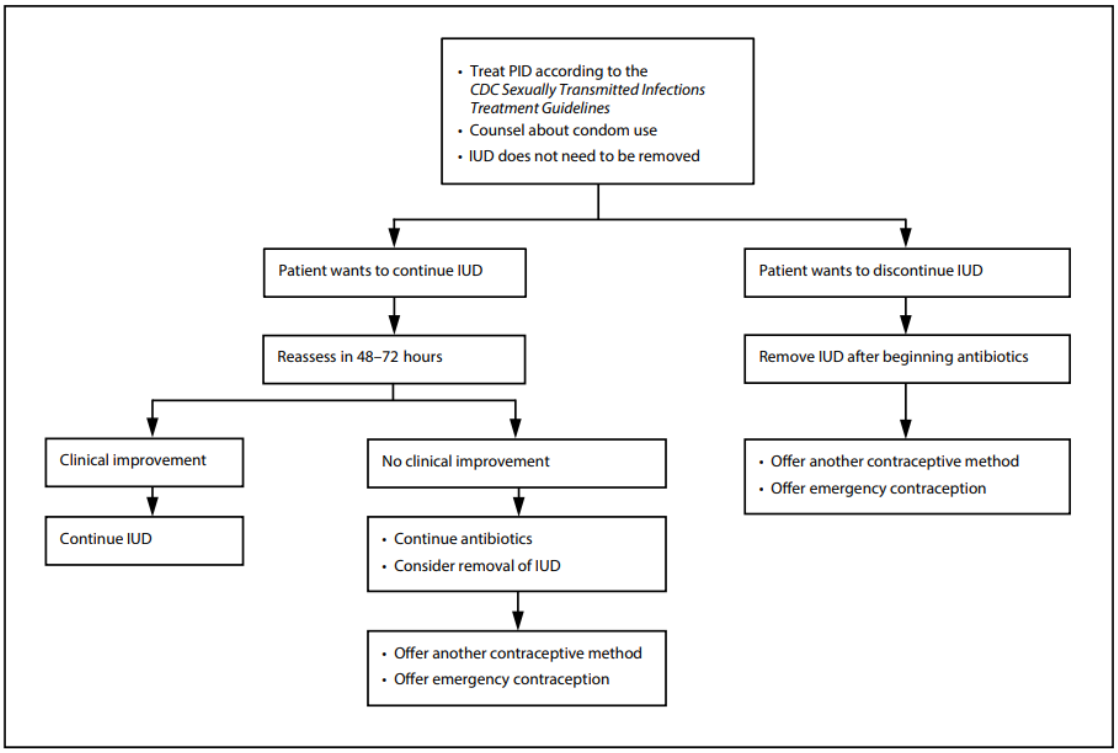


The following practice guidelines are from the U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (SPR).

1. WHEN AN IUD USER IS FOUND TO HAVE PID:
   - Treat the PID according to the CDC STI Treatment Guidelines.
   - Provide comprehensive management for STIs, including counseling about condom use.
   - The IUD does not need to be removed immediately if the client desires contraception.
   - Reassess the client in 48-72 hours. If no clinical improvement occurs, continue antibiotics, and consider removal of the IUD.
   - If the client wants to discontinue use, remove the IUD sometime after antibiotics have been started to avoid the potential risk for bacterial spread resulting from the removal procedure.
   - If the IUD is removed, consider ECPs if appropriate. Counsel the client on alternative contraceptive methods and offer another method if it is desired.

Management of Intrauterine Devices When Users are Found to Have Pelvic Inflammatory Disease
U.S. Selected Practice Recommendations, 2024

FIGURE F1. Management of intrauterine devices when users of copper intrauterine devices or levonorgestrel intrauterine devices are found to have pelvic inflammatory disease*



Abbreviations: IUD = intrauterine device; PID = pelvic inflammatory disease.
* Refer to *CDC Sexually Transmitted Infections Treatment Guidelines* (https://www.cdc.gov/std/treatment-guidelines/default.htm) for information on PID diagnostic considerations and treatment regimens.

2. WHEN AN IUD USER IS FOUND TO HAVE BLEEDING IRREGULARITIES
   - Clients should be counseled about irregular bleeding patterns related to the different IUD use and what is considered normal. Anticipatory guidance and counseling can improve method satisfaction and continuation.
     - Spotting or light bleeding and heavy or prolonged bleeding is common during the first 3-6 months of Cu-IUD use, and generally decreases with continued use.
     - Spotting or light bleeding is expected during the first 3-6 months of LNG-IUD use and is generally not harmful but might be bothersome to the client. Over time, bleeding generally decreases with LNG-IUD use, and many LNG-IUD users experience only light menstrual bleeding or amenorrhea. Heavy or prolonged bleeding is uncommon during LNG-IUD use.
   - If clinically indicated, consider an underlying gynecological problem, such as IUD displacement, an STI, pregnancy, thyroid disorder, or new pathologic uterine conditions (e.g., polyps or fibroids), especially in clients who have already been using the IUD for a few months or longer and who have developed a new onset of heavy or prolonged bleeding. Additionally, consider the possibility of an expulsion. If an underlying gynecological problem is found, treat the condition, or refer for care.
   - Explore client goals, including continued IUD use or removal.
   - For Cu-IUD user, if a GYN problem is not found and the client requests treatment, short-term NSAID use (5–7 days) can be considered during days of bleeding.

3. WHEN AN LNg-IUD USER IS FOUND TO HAVE AMENORRHEA (Cu-IUD does not cause amenorrhea.)
   - Provide reassurance. Amenorrhea does not require any medical treatment. If a client's regular bleeding pattern changes abruptly to amenorrhea, consider ruling out pregnancy if

clinically indicated.
- If the client desires LNG-IUD removal, remove the LNG-IUD, offer counseling on alternative contraceptive methods, and initiate another method if it is desired.

4. WHEN IUD STRINGS ARE NOT SEEN DURING ROUTINE EXAMS
   - Attempt to withdraw strings from endocervical canal with cytobrush/alligator forceps/etc.
   - If unable to visualize the IUD strings after these attempts, perform pregnancy testing, provide a backup contraception, and refer the client for ultrasound.
   - If the IUD is located by ultrasound, and the client would like to continue the method, document this and provide reassurance to the client.
   - If the IUD is not located, or the client would like their IUD removed, refer them to an OB/GYN/clinician.

5. WHEN AN IUD USER IS FOUND TO BE PREGNANT
   - Evaluate for possible ectopic pregnancy (perform gentle abdominal/pelvic exam and refer for ultrasound).
   - Advise the client that they have an increased risk for spontaneous abortion (including septic abortion that might be life threatening) and of preterm delivery if the IUD is left in place. The removal of the IUD reduces these risks but might not decrease the risk to the baseline level of a pregnancy without an IUD. Earlier removal is associated with lower risk of miscarriage.
   - If the client does not want to continue the pregnancy, counsel them about options.
   - If the client wants to continue the pregnancy, advised them to seek care promptly if they have heavy bleeding, cramping, pain, abnormal vaginal discharge, or fever.
   - Advise the client that the IUD should be removed as soon as possible. The clinician should remove the IUD immediately if comfortable doing so or refer urgently to OB/GYN for management. After removal the client should follow up with an obstetrical provider, and seek care promptly if they have heavy bleeding, cramping, pain, abnormal vaginal discharge, or fever.

6. WHEN AN IUD USER IS FOUND TO HAVE ACTINOMYCES ON CYTOLOGY TEST REPORT
   Actinomyces israelii is an anaerobic bacterium capable of causing a rare, but severe, pelvic infection called pelvic actinomycosis, especially in long term IUD users and in those >35 years of age. The vast majority of IUD users with “Actinomycosis-like organism” on cervical cytology have an asymptomatic cervical colonization (not infection) that does not require either antibiotic therapy or IUD removal. However, IUD users with Actinomyces on their cytology report should have a bimanual pelvic examination to determine whether they have evidence of pelvic infection. (Contraceptive Technology 22nd Edition, Hatcher, et al.)

   - If the IUD user is symptomatic (pelvic pain, discharge, or fever), the device should be removed after initiating antibiotics and the IUD should be sent for culture.
   - If the IUD user is asymptomatic, nothing more needs to be done; the IUD may be left safely in place, and subsequent cervical cancer screening can follow standard timelines. Actinomyces-like organisms on cervical cytology does not predict clinical illness. Actinomyces species are normal inhabitants of the female genital tract; vaginal culture is not helpful in diagnosing pelvic actinomycosis.

K. REMOVAL OF THE IUD (to be done by clinician)
   1. The IUD may be removed by a clinician for reasons including those below:
      - The client wishes it to be removed
      - Pain or bleeding problems
      - Current PID with no clinical improvement after 48-72 hours of proper antibiotic treatment
      - Partial expulsion of the device
      - Desires pregnancy (offer pre-pregnancy counseling)
      - IUD needs replacement per recommendations.

2. If the client is switching to a different hormonal method after Cu-IUD removal, there might be additional concerns. If the client has had sexual intercourse since the start of their 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:
   - Advise the client to abstain from sexual intercourse or use barrier contraception for 7 days before removing the Cu-IUD and switching to the new method.
   - If the client cannot return for Cu-IUD removal and has not abstained from sexual intercourse or used barrier contraception for 7 days, advise the client to use ECPs (with the exception of UPA if a hormonal method is to be started) at the time of IUD removal. If starting a new BCM, follow back up method guidance.

L. MANAGEMENT OF OTHER IUDs

Follow manufacturer's recommendations for removal schedule. For clients who have had an IUD inserted and don't know when it should be removed, discuss the option of removing the IUD and replacing it with a LNg or Cu-IUD.

M. IUD RETURN POLICY

PARAGARD:

Returning Unused Paragard: Contaminated or opened then dropped/not used Paragard IUDs may be replaced by the manufacturer. Contact the NM DOH Pharmacy at 505-476-8350 or DOH-Pharmacy@state.nm.us or DOH-Pharmacy@doh.nm.gov to report the incident as soon as possible. Maintain the package information so that lot number, etc. can be provided as needed. Follow the instructions given by NM DOH Pharmacy staff.

Replacing Used Paragard: A used IUD will be replaced if the Paragard IUD has been expelled or removed for medical reasons within 90 days of insertion. (The used IUD is not to be returned under these circumstances.) Contact the NM DOH Pharmacy at 505-476-8350 or DOH-Pharmacy@doh.nm.gov to report these situations as soon as possible. Maintain the package information so that lot number, etc. can be provided as needed. NM DOH Pharmacy Staff will instruct you on next steps.

The manufacturer will not replace an IUD used by a client for more than three months. This rule applies even if the client develops an intrauterine infection with the IUD and it needs to be removed for unsuccessful treatment or if the client desires removal.

If NM DOH Pharmacy Staff instructs you to contact the Paragard Manufacturer, and the Paragard device was expelled or removed, you may give them the information needed to complete their "adverse reaction report" but do not provide the client's name. They will ask date of insertion, lab results, medications, and details of what happened. The nurse or clinician can report the needed information from the client's medical record, as long as the client is not identified.

The company must send all replacements to the DOH Pharmacy Warehouse, and not to PHO or PA clinics. In rare occurrence that manufacturer sends them to the clinic, the clinic should maintain original packaging and immediately notify NM DOH Pharmacy at 505-476-8350 or DOH-Pharmacy@doh.nm.gov.

LILETTA:

Manufacturer may replace IUD if they are notified within thirty (30) days that the unit:

(1) was removed from sterile packaging and contaminated pre-insertion without coming into contact with a patient;
(2) came into contact with a patient but insertion was unsuccessful;
(3) was inserted successfully but was expelled or removed for medical reasons (this replacement type is only for exclusive use for the patient who expelled it or had it removed);

(4) is considered to have a product quality problem.
All return requests should first go through NM DOH Pharmacy at 505-476-8350 or DOH-Pharmacy@doh.nm.gov.

The company must send all replacements to the DOH Pharmacy Warehouse, and not to PHO or PA clinics. In rare occurrence that manufacturer sends them to the clinic, the clinic should maintain original packaging and immediately notify NM DOH Pharmacy at 505-476-8350 or DOH-Pharmacy@doh.nm.gov.

N. PREGNANCY OCCURRENCES

As a quality assurance measure, FPP tracks unexplained pregnancies that occur while the client is using DMPA/Nexplanon/LNg IUD, to determine effectiveness or defect of the method. If a nurse/clinician determines that a pregnancy occurred on one of these methods without any other identifiable cause (e.g., missed/late insertion/injection, no back up birth control method, etc.) they should complete the "Pregnancy Occurrences Report", found under Forms on the FPP website, and send it to FPP by fax or secure email to the FPP Medical Director. In addition, inform the RHO.

PARAGARD INTRAUTERINE DEVICE (IUD) Consent Form

BENEFITS: The Paragard IUD contains copper and no hormones. The IUD is NOT guaranteed to be 100% effective but can be more than 99% effective if used correctly.

CONTRAINDICATIONS (REASONS I CANNOT USE THIS METHOD):

- Pregnancy
- Current pelvic infection
- Distorted uterine cavity
- Pelvic tuberculosis
- Unexplained abnormal vaginal bleeding
- Current cervical, uterine or endometrial cancer

RISKS:

Common, mild side effects (problems that do not require IUD removal - there are treatments that may help):

- Longer and/or heavier periods
- Spotting
- Increased menstrual cramping

More serious, rare risks, seek urgent medical attention:

- Excessive bleeding
- If a pregnancy occurs, there is higher risk of tubal pregnancy or miscarriage.
- Severe abdominal pain
- Severe pelvic infection (fever, chills, pelvic pain, discharge)

Possible complications of Insertion Procedures:

- Perforation, where the IUD goes through the wall of the uterus (about 1 out of 1000)
- Infection in the uterus (abnormal discharge, pain, fever, chills)
- Pain and cramping
- Possibility of undiagnosed pregnancy at the time of insertion

Possible complications of Removal Procedures:

- Difficulty removing the device may require specialist referral.

Sometimes an IUD may fall out. If you see the IUD has come out, you cannot find the IUD strings, or you feel the plastic part, you should use backup contraception and call the clinic. If you have had intercourse in the last 5 days, you may want to use Emergency Contraception. The IUD does not protect against HIV/AIDS and other sexually transmitted infections. Condoms used consistently and correctly can reduce the risk of STIs.

ALTERNATIVES: Other means of contraception have been explained and discussed.
INQUIRIES: You have the right to ask questions about this method at any time.
DECIDING TO STOP USING THE IUD: You have the right to have the IUD removed at any time. If you choose to have your IUD removed, you can expect your fertility to return to baseline (what is normal for you) rapidly. Any care outside the health office for problems related to the IUD may be at your own expense.

EXPLANATION OF INSERTION PROCEDURE:

- The clinician will perform a pelvic examination
- After inserting a speculum, the cervix will be cleansed to reduce bacteria
- The uterus will be stabilized and measured using medical instruments
- The IUD will be passed through the cervix into the uterus using a small tube
- The strings will be trimmed
- Cramping is normal

EXPLANATION OF REMOVAL PROCEDURE:

- The provider will insert a speculum
- Forceps will grasp the IUD strings and the IUD will be gently pulled out
- Removal is usually much faster and more comfortable than insertion

……

DOCUMENTATION: I have read or have been read to by an interpreter and understand the information in this consent form. I have been given the manufacturer's information about the IUD and I will read it. I have been taught how to check for the strings of my IUD. I have had all my questions about the Paragard IUD answered. I may have the IUD removed at any time for any reason without losing benefits through any government program.

___ I am requesting the insertion of Paragard for on-going contraception.
___ I am requesting the insertion of Paragard for emergency contraception and on-going contraception.
___ I am requesting the removal of Paragard.

Client name:_____ Date of birth:_____Client signature: _____
Interpreter signature or information:_____Date_____
Counselor signature: _____Date_____
Clinician signature: _____ Date_____

(New Mexico Public Health Division - Family Planning - Paragard IUD Consent English Rev. 10/23)

Forma de Autorización para el APARATO INTRAUTERINO (DIU) PARAGARD

BENEFICIOS: DIU Paragard contiene cobre y no hormonas. DIU NO garantiza ser 100% efectivo, pero puede ser más del 99% efectivo si se usa correctamente.

CONTRAINDICACIONES (RAZONES POR LA CUALES NO PUEDO USAR ESTE MÉTODO)

- Embarazo
- Infección pélvica actual
- Cavidad uterina distorsionada
- Tuberculosis pélvica
- Sangrado vaginal anormal sin explicación
- Cáncer de cérvix, uterino y endometrial actual

RIESGOS:

Efectos secundarios comunes, leves (problemas que no requieren remover el DIU - hay tratamientos que pueden ayudar):

- Períodos más largos y/o más pesados
- Manchado
- Aumento en cólicos menstruales

Riesgos más serios, raros, busque atención médica urgente:

- Sangrado excesivo
- Si ocurre un embarazo, hay un alto riesgo de embarazo ectópico o aborto espontáneo.
- Dolor abdominal severo
- Infección pélvica severa (fiebre, escalofríos, dolor pélvico, secreción)

Posibles complicaciónes del Procedimiento de Inserción:

- Perforación, donde el DIU atraviesa la pared el útero (cerca de 1 en cada 1000)
- Infección en el útero (secreción abnormal, dolor, fiebre, escalofríos)
- Dolor y cólicos
- Probabilidad de un embarazo no diagnosticado al momento de la inserción

Posibles complicaciones del Procedimiento al remover:

- Dificultad removiendo el aparato puede requerir ser referido a un especialista.

A veces el DIU se puede caer. Si usted que el DIU se sale, no puede encontrar el hilo del DIU, o siente la parte plástica, usted debe usar un método anticonceptivo alternativo y llamar la clínica. Si usted ha tenido relaciones sexuales en los pasados 5 días, debería utilizar Anticonceptivos de Emergencia. El DIU no le protege de VIH/SIDA y otras infecciones transmitidas sexualmente. Si los condones son usados consistentemente y de forma correcta el riesgo de ITS son minimas.

ALTERNATIVAS: Otras formas anticonceptivas han sido explicadas y discutidas.
PREGUNTAS: Usted tiene el derecho de hacer preguntas acerca de este método en cualquier momento.
DECIDIR CUÁNDO DETENER EL USO DE DIU: Usted tiene el derecho de remover el DIU en cualquier momento. Si usted elige remover el DIU, espere que sus niveles de fertilidad volveran a su base rápidamente (lo que es normal para usted). Cualquier atención fuera de las oficinas de salud relacionadas a problemas con su DIU podrían correr por su cuenta.

EXPLICACIÓN DEL PROCEDIMIENTO DE INSERCIÓN:

- El médico hará un examen pélvico
- Después de insertar el espéculo, el cérvix será limpado para reducir bacterias
- El útero será establecido y medido utilizando instrumentos médicos.
- El DIU será pasado a través del cérvix hasta el útero utilizando un pequeño tubo.
- Los hilos serán acortados
- Cólicos son comunes

EXPLICACIÓN DEL PROCEDIMIENTO AL REMOVER:

- El proveedor insertará un espéculo
- Las pinzas agarrarán los hilos del DIU y y el DIU se sacará suavemente
- Usualmente, el remover es mucho más rápida y cómoda que la inserción

……

DOCUMENTACIÓN: He leído o se me ha leído a través de un intérprete y comprendo la información contenida en este formulario de consentimiento. Se me ha dado la información del fabricante sobre el DIU y la estaré leyendo. Se me ha enseñado cómo verificar los hilos de mi DIU. Se me han contestado todas las preguntas acerca del DIU Paragard. Puedo pedir que se me remueva ei DIU en cualquier momento y por cualquier razón sin perder los beneficios de cualquier programa gubernamental.

_____Estoy solicitando la inserción de Paragard como método anticonceptivo.
_____Estoy solicitando la inserción de Paragard como método anticonceptivo de emergencia y actual.
_____Estoy solicitando la remosión de Paragard.

Nombre de Cliente:_Fecha de Nacimiento:_____ Firma del cliente__
Firma o información del interprete: _____ Fecha _____
Firma del Consejero/a:_____Fecha_____
Firma del médica:_____Fecha_____

(New Mexico Public Health Division - Family Planning - Paragard IUD Consent Spanish Rev. 10/23)

LEVONORGESTREL (LNg) INTRAUTERINE DEVICE (IUD) Consent Form

BENEFITS: The levonorgestrel intrauterine device (LNg IUD) contains a small amount of the birth control hormone levonorgestrel. This medicine is slowly released into the uterus to prevent pregnancy. The IUD is NOT guaranteed to be 100% effective but can be more than 99% effective if used correctly.

CONTRAINDICATIONS (REASONS I CANNOT USE THIS METHOD):

- Pregnancy
- Current pelvic infection
- Distorted uterine cavity
- Pelvic tuberculosis
- Unexplained abnormal vaginal bleeding
- Current breast, cervical, uterine or endometrial cancer

RISKS:

Common, mild side effects (problems that do not require IUD removal):

- Changes in menstrual bleeding, including spotting, irregularity, or absence of period (treatments may help with spotting/irregularity of bleeding)
- Cramping during insertion
- Benign cysts on the ovaries

More serious, rare risks, seek urgent medical attention:

- Develop severe or migraine headaches
- If a pregnancy occurs, there is higher risk of tubal pregnancy or miscarriage.
- Severe abdominal pain
- Severe pelvic infection (fever, chills, pelvic pain, discharge)

Possible complications of Insertion Procedures:

- Perforation, where the IUD goes through the wall of the uterus (about 1 out of 1000)
- Infection in the uterus (abnormal discharge, pain, fever, chills)
- Pain and cramping
- Possibility of undiagnosed pregnancy at the time of insertion

Possible complications of Removal Procedures:

- Difficulty removing the device may require specialist referral.

Sometimes an IUD may fall out. If you see the IUD has come out, you cannot find the IUD strings, or you feel the plastic part, you should use backup contraception and call the clinic. If you have had intercourse in the last 5 days, you may want to use Emergency Contraception. LNg IUD does not protect against HIV and other sexually transmitted infections. Condoms used consistently and correctly will reduce the risk of sexually transmitted infections. The health risks from pregnancy are greater than the health risks of using any birth control method.

ALTERNATIVES: Other means of contraception have been explained and discussed.
INQUIRIES: You have the right to ask questions about this method at any time.
DECIDING TO STOP USING THE IUD: You have the right to have the IUD removed at any time. If you choose to have your IUD removed, you can expect your fertility to return to baseline (what is normal for you) rapidly. Any care outside the health office for problems related to the IUD may be at your own expense.

EXPLANATION OF INSERTION PROCEDURE:

- The clinician will perform a pelvic examination
- After inserting a speculum, the cervix will be cleansed to reduce bacteria
- The uterus will be stabilized and measured using medical instruments
- The IUD will be passed through the cervix into the uterus
- The strings will be trimmed
- Cramping is normal

EXPLANATION OF REMOVAL PROCEDURE:

- The provider will insert a speculum
- Forceps will grasp the IUD strings and the IUD will be gently pulled out
- Removal is usually much faster and more comfortable than insertion

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DOCUMENTATION: I have read or have been read to by an interpreter and understand the information in this consent form. I have been given the manufacturer's information about the IUD and I will read it. I have been taught how to check for the strings of my IUD. I have had all my questions about the Levonorgestrel IUD answered. I may have the IUD removed at any time for any reason without losing benefits through any government program.

___ I am requesting the insertion of LNg IUD.
___ I am requesting the removal of LNg IUD.

Client name:_____ Date of birth:_____Client signature: _____
Interpreter signature or information:_____ Date _____
Counselor signature: _____ Date _____
Clinician signature: _____ Date _____
(New Mexico Public Health Division - Family Planning – LNg IUD Consent English 10/23)

Forma de Autorización para el APARATO INTRAUTERINO (DIU) LEVONORGESTREL (LNg)

BENEFICIOS: El aparato intrauterino levonorgestrel (LNg DIU) contiene una pequeña cantidad de la hormona anticonceptiva levonorgestrel. Este medicamento es liberado lentamente al útero para evitar embarazos. El DIU NO está garantizado ser 100% efectivo, pero puede ser más del 99% si es utilizado correctamente.

CONTRAINDICACIONES (RAZONES POR LAS CUALES NO PUEDO UTILIZAR ESTE MÉTODO):

- Embarazo
- Infección pélvica actual
- Cavidad uterina distorcionada
- Tuberculosis pélvica
- Sangrado vaginal anormal sin razón alguna
- Cáncer de senos, cérvix, uterino o endometrial actual

RIESGOS:

Efectos secundarios comunes, leves (problemas que no requieren remover el DIU):

- Cambios en el sangrado menstrual, incluyendo manchado, irregularidad o ausencia del periodo (los tratamientos pueden ayudar con el manchado/irregularidad del sangrado).
- Cólicos durante la inserción
- Quistes benignos en los ovarios

Riesgos más serios, raros que necesiten asistencia médica urgente:

- Desarrollo de migrañas severas
- Si ocurre un embarazo, hay un alto riesgo de embarazo ectópico o aborto espontáneo.
- Dolor abdominal severo
- Infección pélvica severa (fiebre, escalofríios, dolor pélvico, desecho vaginal)

Posibles complicaciones de los Procedimientos de Inserción:

- Performación, donde el DIU va a través de la pared del útero (como 1 en cada 1000)
- INfección en el útero (descarga anormal, dolor, fiebre, escalofríos)
- Dolor y cólicos
- Probabilidad de un embarazo no diagnosticado al momento de la inserción

Posibles complicaciones de los Procedimientos al Remover:

- Deficultad removiendo el aparato que requiera el referido a un especialista.

A veces un DIU puede caerse. Si usted ve que el DIU se ha salido, no puede encontrar los hilos, o siente la parte plástica, usted debe utilizar un método anticonceptivo alterno y llamar la clínica. Si usted ha tenido relaciones sexuales en los últimos 5 días, puede que quiera usar un Anticonceptivo de Emergencia. LNg DIU no le protege contra el VIH y otras infecciones de transmisión sexual. Los condones usados de forma consistente y correcta, pueden reducir el riesgo de infecciones de transmisión sexual. Los riesgos de salud del embarazo son mayores que los riesgos al utilizar cualquier método de control de embarazos.

ALTERNATIVAS: Otras formas anticonceptivas han sido explicadas y discutidas.
PREGUNTAS: Usted tiene el derecho de hacer preguntas sobre este método en cualquier momento.
DECIDIR SI DETER EL USO DE DIU: Usted tiene el derecho de remover el DIU en cualquier momento. Si usted remueve el DIU, usted puede esperar que su fertilidad vuelva a su base (lo que es normal para usted) rápidamente. Cualquier atención fuera de las oficinas de salud relacionadas con problemas con el DIU podrían correr por su cuenta.

EXPLICACIÓN DEL PROCESO DE INSERCIÓN:

- El médico hará un examen pélvico
- Después de insertar un espéculo, el cérvix será limpiado para reducir las bacterias
- El útero será estabilizado y medido utilizando intrumentos médicos
- El DIU será pasado a través del cérvix al útero
- Los hilos serán cortados
- Los cólicos son normales

EXPLICACIÓN DEL PROCEDIMIENTO DE REMOVER:

- El médico insertará un espéculo
- Las pinzas sujetarán los hilos del DIU y el DIU será removido suavemente
- El remover usualmente es mucho más rápida y comoda que la inserción

---

DOCUMENTACIÓN: He leído o se me ha leído a través de un intérprete y comprendo la información contenida en este formulario de consentimiento. Se me ha dado la información del fabricante acerca del DIU y la voy a leer. Se me ha ensenñado cómo verificar los hilos de mi DIU. Se me han contestado todas las preguntas hechas acerca del DIU Levonorgestrel. Puede remover el DIU en cualquier momento y por cualquier razón sin perder los beneficios recibidos de cualquier programa gubernamental.

_____Estoy solicitando la inserción del LNg DIU.
_____Estoy solicitando la remoción del LNg DIU.

Nombre de Cliente:_____Fecha de nacimiento:_____Firma del cliente:_____
Firma o información del interprete:_____ Fecha _____
Firma del consejero: _____ Fecha: _____
Firma del médico:_____ Fecha: _____
(New Mexico Public Health Division – Family Planning – LNg IUD Consent Spanish 10/23)

WHAT IS THE PARAGARD (COPPER T) IUD?
COUNSELING HANDOUT

An IUD is a small device which is placed inside the uterus. The vertical and horizontal arms of the Copper T 380A IUD contain copper. IUDs work mainly by preventing sperm from fertilizing ova (egg). Copper is slowly released into the uterine cavity. Copper is toxic to sperm and ova, decreasing the movement and survival of sperm. It keeps the sperm from fertilizing the egg.

How effective is it?
6-8 out of 1,000 clients become pregnant in one year.

What are the advantages of the Copper T IUD?
* It is one of the most effective methods of birth control.
* It is reversible. It can be taken out of the uterus.
* It works for at least 10-12 years.
* It reduces risk of ectopic pregnancies.
* It is convenient, safe, and private.
* It may be used by clients who cannot use hormonal methods.
* You can use it while you are lactating.
* You can have one put in right after having your baby or after an abortion.
* Some studies have found a decreased risk for uterine cancer.

What are the disadvantages of the Copper T IUD?
* There may be cramping, pain or spotting after you have one put in. You may have some increased cramping during your period.
* You may bleed for more days or heavier than normal during your menses. (If your bleeding pattern bothers you, contact your clinic. You may be able to get medicine for this.)
* It doesn't protect you against sexually transmitted infections. (Use condoms if there is any risk.)
* A small number of women clients are allergic to copper.
* Some men can feel the IUD strings during sex.
* Some clients who use IUDs have a higher risk of pelvic inflammatory disease in the first month after you have one put in.

If you are comfortable with it, we encourage you to feel the strings. To do this you put one finger in the vagina while you are in a squatting position. You will feel your cervix, which is smooth and round and feels like the tip of your nose, with the strings of the device emerging from the center. If you feel the device itself, it is not in the proper place. If you do not feel the strings, you may not be protected. Use back-up contraception and come in to the clinic to be seen. The IUD can be expelled without your knowing it. Do not pull on the strings.

Early IUD danger signs

P Period late (pregnancy), abnormal spotting or bleeding
A Abdominal pain, pain with intercourse
I Infection exposure (such as Chlamydia and Gonorrhea), abnormal discharge
N Not feeling well, fever, chills
S String missing, shorter or longer

Where do I get an IUD?
You can get an IUD from your clinician. Not all clinicians have this service. Call to find out.

What if I have sex and don't use birth control?
Call the office for Emergency Contraceptive Pills to prevent pregnancy up to 5 days after unprotected sex.

WHAT IS THE LILETTA (LNg) IUD?
COUNSELING HANDOUT

An IUD is a small device which is placed inside the uterus. The Liletta IUD contains a progestin hormone called levonorgestrel (LNg). The LNg hormone in the IUD causes the cervical mucus to become thicker so sperm cannot reach the egg, suppresses the lining of the uterus and decreases sperm function. It may also suppress the ability of the ovary to release an egg. The Liletta IUD works similarly to another common IUD brand, the Mirena.

How effective is it?
1 out of 1,000 clients will become pregnant in the first year.

What are the advantages of the Liletta IUD?
* It is one of the most effective reversible methods ever developed.
* It prevents ectopic pregnancies and pelvic inflammatory disease.
* It decreases menstrual cramping.
* It decreases menstrual blood loss. Some clients have no menstrual bleeding after one year.
* It may be left in place for up to 6 years based on FDA approval.
* It may be left in place for up to 8 years based on evidence that shows Liletta can continue to be very effective at preventing pregnancy. Talk to your provider about this option if you are interested in continuing the IUD >6 years.
* IUD is safe and inexpensive over time.
* Once the LNg IUD is removed, you can get pregnant right away.

What are the disadvantages of the Liletta IUD?
* It may change the menstrual cycle. There may be more bleeding days than normal for the first few months. There may be fewer bleeding days than normal after 6 to 8 months and sometimes your period can stop altogether. The bleeding pattern change may bother you but is not harmful. If it does, contact your clinician. There are medications which can help you have a better pattern of bleeding.
* The IUD does not protect you from sexually transmitted infections (STIs). You need to use condoms to protect yourself from STIs.
* Some clients who use IUDs have a higher risk of pelvic inflammatory disease in the first month after you have one put in.

If you are comfortable with it, we encourage you to feel the strings. To do this you put one finger in the vagina while you are in a squatting position. You will feel your cervix, which is smooth and round and feels like the tip of your nose, with the strings of the device emerging from the center. If you feel the device itself, it is not in the proper place. If you do not feel the strings, you may not be protected. Use back-up contraception and come in to the clinic to be seen. The IUD can be expelled without your knowing it. Do not pull on the strings.

Signs and symptoms to watch for:
P Period late (pregnancy), abnormal spotting or bleeding
A Abdominal pain, pain with intercourse
I Infection exposure (such as Chlamydia and Gonorrhea), abnormal discharge
N Not feeling well, fever, chills
S String missing, shorter or longer

Where do I get an IUD?
You can get an IUD from your clinician. Not all clinicians offer this service. Check in advance.

What if I have sex and don't use birth control?
Call the office for Emergency Contraceptive Pills to prevent pregnancy up to 5 days after unprotected sex.

¿QUÉ ES EL DIU PARAGARD (COBRE T)?
HOJA DEL CONSEJERO

El DIU es un aparato pequeño que se pone en el útero. Los brazos verticales y horizontales del DIU Cobre T 380A contienen cobre. Los DIU funcionan principalmente evitando que la esperma fertilice el óvulo (huevo). El cobre es liberado lentamente en la cavidad uterina. El cobre es tóxico a la esperma y óvulo, disminuyendo el movimiento y supervivencia de la esperma. Previene la esperma de fertilizar el huevo.

¿Cuán efectivo es?
De 6-8 por cada 1,000 clientes quedan embarazadas en un año.

¿Cuáles son las ventajas del DIU Cobre T?
* Es uno de los métodos anticonceptivos más efectivos.
* Es reversible. Puede ser removido del útero.
* Trabaja por lo menos de 10-12 años.
* Reduce los embarazos ectópicos.
* Es conveniente, seguro, y privado.
* Puede ser usado por clientes que no pueden usar métodos hormonales.
* Lo puede utilizar mientras está lactando.
* Usted puede tener uno insertado después de haber dado a luz o después de un aborto.
* Algunos estudios han encontrado una disminución en el cáncer uterino.

¿Cuáles son las desventajas del DIU Cobre T?
* Puede haber cólicos, dolor o manchado después de la inserción. Usted puede tener un aumento en los cólicos durante el período.
* Puede sangrar durante más días o con más intensidad de lo normal durante su menstruación. (Si le preocupa el patrón de sangrado, póngase en contacto con su clínica. Es posible que pueda obtener medicamento para ello).
* No le protege contra infecciones de transmisión sexual. (Use condones si existe algún riesgo.)
* Un pequeño número de mujeres son alérgicas al cobre.
* Algunos hombres pueden sentir los cordones del DIU mientras tienen sexo.
* Algunos clientes que usan DIUs tienen un riesgo mayor de enfermedades inflamatorias pélvicas en el primer mes después de la inserción.

Si usted esté cómoda con él, le pedimos que sienta los hilos. Para ello, ponga un dedo en la vagina mientras está en cuclillas. Usted podrá sentir su cérvix, que es liso y redondo y se siente como la punta de su nariz, con los hilos del aparato saliendo del centro. Si siente el aparato, entonces no está puesto en el lugar correcto. Si no siente los hilos, puede que no esté protegida. Use otro método anticonceptivo y vaya a la clínica para que la vean. El DIU puede ser expulsado sin usted saberlo. No hale los hilos.

Señales tempranas de peligro DIU

Período atrasado (embarazo), manchado fuera de lo normal o sangrado
Dolor abdominal, dolor al tener sexo
Exposición a infecciones (tales como Clamidia y Gonorrea), flujo fuera de lo normal
No sentirse bien, fiebre, escalofríos
Hilos perdidos, más cortos o largos

¿Dónde obtengo un DIU?
Lo puede conseguir con su médico. No todos los médicos tienen este servicio. Llame para averiguar.

¿Qué pasa si tengo sexo y no uso anticonceptivos?
Llame la oficina para Píldoras Anticonceptivas de Emergencia para evitar un embarazo hasta 5 días después del sexo sin protección.

¿QUÉ ES EL DIU Levonorgestrel (LNg)?

HOJA DEL CONSEJERO

Un DIU es un pequeño aparato colocado dentro del útero. El DIU levonorgestrel (LNg) contiene una hormona progestina. La hormona LNg en el DIU causa que la mucosa cervical se haga más gruesa para que la esperma no pueda alcanzar el huevo, suprime el revestimiento del útero y disminuya la función de la esperma. También puede suprimir la habilidad de que el ovario libere un huevo. El DIU Liletta trabaja similarmente a la otra marca de DIU, la Mirena.

¿Cuán efectivo es?

1 de cada 1,000 clientes pueden quedar embarazada durante el primer año.

¿Cuáles son las ventajas del DIU LNg?

* Es uno de los métodos reversibles más efectivos que se han desarrollado.
* Evita embarazos ectópicos y enfermedades inflamatorias pélvicas.
* Disminuye los cólicos menstruales.
* Disminuye la pérdida de sangrado menstrual. Algunos clientes no tienen sangrado menstrual después del primer año.
* Se puede dejar en su lugar hasta 6 años, basados en la aprobación FDA.
* Se puede dejar en su lugar hasta 8 años, basados en la evidencia que muestras que el DIU LNg puede ser efectivo evitando embarazos. Hable con su proveedor acerca de esta opción si está interesada en continuar con el uso del DIU después de 6 años.
* DIU es seguro y económico con el tiempo.
* Una vez que el DIU LNg es removido, usted puede quedar embarazada al momento.

¿Cuáles son las desventajas del DIU Liletta?

* Puede cambiar el ciclo menstrual. Pueden haber más días de sangrado de lo normal por los primeros meses. Pueden haber menos días de sangrado de lo normal después de 6 a 8 meses y a veces su período se puede detener por completo. El cambio en el patrón de sangrado puede molestarle, pero no es peligroso. Si lo hace, contacte a su médico. No hay medicamentos que le puedan ayudar a un mejor patrón de sangrado.
* El DIU no le protege de infecciones de transmisión sexual (STIs). Use condones para protegerse de STIs.
* Algunos clientes que usan DIU tienen un mayor riesgo a enfermedades inflamatorias pélvicas en el primer mes después de la inserción.

Si usted está cómoda con ella, le recomendamos que sienta los hilos. Para hacerlo ponga su dedo en la vagina mientras está en cuclillas. Usted sentirá su cérvix, que es liso y redondo, y se siente como la punta de su nariz, con los hilos del aparato saliendo del centro. Si usted siente el aparato, no está puesto correctamente. Si no siente los hilos, usted no está protegida. Use otro método anticonceptivo y vaya a la clínica para que la vean. El DIU puede ser expulsado sin que usted lo sepa. No jale los hilos.

Signos y síntomas que vigilar:

Retraso en el período (embarazo), manchado anormal o sangrado
Dolor abdominal, dolor al tener sexo
Exposición a infecciones (tales como Clamidia y Gonorrea), desecho anormal
No se siente bien, fiebre, escalofríos
Hilos perdidos, más cortos o largos

¿Cómo obtengo un DIU?

Usted puede conseguir un DIU con su médico. No todos los médicos ofrecen este servicio. Verifique con anticipación.

¿Qué sucede sin tengo sexo y no uso un método anticonceptivo?

Llame la oficina para Píldoras Anticonceptivas de Emergencia para evitar un embarazo hasta 5 días después del sexo sin protección.

2.3 **STERILIZATION**:

Procedure for Submitting Request for Sterilization Funding – Public Health Offices

Eligibility criteria: the client...	• Is 21 years of age or older. • Does not have Medicaid/other insurance and is not eligible for Medicaid. • Is a Title X FP client with a Priority A rating for tubal ligations or Priority A or B for vasectomy.

Client's medical record includes…	• Documentation of either:
	  ○ A Title X visit within the last 12 months that includes a comprehensive client health history and physical exam, as described in the FPP Protocol Section 1, Subsection 1.3 "Contraceptive Services", **or**
	  ○ PHO clinician reviews the outside records that the client had a comprehensive visit described in the FPP Protocol Section 1, Subsection 1.3 "Contraceptive Services" and documentation that the client is a suitable candidate for sterilization surgical procedure that may require general anesthesia.
	• An assessment of contraindication and, if present, documentation that a Surgical Provider was notified and agrees to perform the procedure.
	• Documentation of non-coercive sterilization counseling and education (STEP 3 of Section 1, Subsection 1.3 and Section 2, Subsection 2.3.D below), including the permanent nature of sterilization and the alternative reversible methods such as IUDs (comparable effectiveness) and implants (more effective).
	• Justification of Priority Level Rating (see FPP Protocol Sterilization section), for tubal ligation/vasectomy.
	• Clinician's documentation of sterilization referral order.

Forms required include…	• Current Income Assessment Worksheet, completed, signed, labeled, and dated by the client and staff. • Current FP Consent form, signed, labeled, and dated by the client. • Current Sterilization Request/Consent for Sterilization forms, with all required areas filled in. ○ Each form must be scanned and filed in the client's MR.
Only after all the above criteria are met, send secure email with the following documents to the FP State Office:	• The completed Sterilization Request Form. • The completed Consent for Sterilization Form.
When the PHO receives the approved request:	• The client is entered into the PHO internal tracking system (approved, not approved, pending); • The client is notified; and, • Arrangements are made for the client to pick up their approved paperwork.

During the appointment for paperwork pick-up, the PHO clinical staff will…	• Assist the client with making an appointment for their procedure.
	• Scan a copy of the labeled approved paperwork into the medical record.
	• Give the client copies of:
	  ○ Approved sterilization request
	  ○ Consent for sterilization
	  ○ Instruction letter
	  ○ Printed copies of the annual physical exam/health history
	  ○ Other pertinent information
	• Review with the client the consent's expiration date, appointment date, clinic location/phone number, and next steps.
	• Enter and import the charge and collect the percentage pay, if due. (Please note that payment in full prior to procedure is not required).
	• Inform the FPP State Office of the client's name and procedure appointment date.

Sterilization Process for Non-PHOs to be used as a Reference

The client is 21 years of age or older?	• **If yes, *PROCEED.*** • **If no, *Stop***; *the client does not qualify for FPP Title X sterilization funds.*
Does client have private insurance?	• **If no, *PROCEED.*** • **If yes, *STOP***; *the client does not qualify for FPP Title X sterilization funds.* *Have the client contact their insurance company.*
Does client have Medicaid (e.g., FP, Centennial Care MCOs)?	• **If no, *PROCEED.*** • **If yes, *STOP***; *the client does not qualify for FPP Title X sterilization funds. Have the client contact Medicaid.* Refer to any provider accepting Medicaid.
Is client eligible for FP Medicaid?	• Consider: *Eligibility for FP Medicaid: NM Resident, U.S. Citizen/approved immigrant status, income up to 235% Fed Poverty level and a SS Number.* • **If no, *PROCEED.*** • **If yes, *STOP***; *the client does not qualify for FPP Title X sterilization funds. Refer to Income Support Division.*
Contraindication	• **If none, *PROCEED.*** • **If contraindications are noted**; *consultation with the surgeon is required. If you are also the provider who will perform the surgery, it would be helpful to send a referral that includes your acceptance to perform surgery despite the contraindication.*
Priority Rating	• FPP is currently *accepting applications for* ***Tubal Ligation*** *Priority A only* & ***Vasectomy*** *Priority A or B.* • **If one of the criteria is met, *PROCEED*.** **Refer the client to a Public Health Office** with a completed referral for FPP sterilization and copies of client's FP/annual exam medical record in the last 12 months, if available. • **If criteria are not met,** *the client does not qualify for FPP Title X sterilization funds.*

A. EQUIPMENT

- Diagrams of female/male pelvic anatomy.
- Educational materials on tubal ligation/vasectomy, e.g., FPP-approved educational materials.
- **Current** federal "Consent for Sterilization Form" (Download from https://opa.hhs.gov/grant-programs/title-x-service-grants/key-resources-title-x-grantees).
- "Family Planning Program Sterilization Request Form" (https://www.nmhealth.org/about/phd/fhb/fpp/pvdr?updated=20170630 Sterilization Forms Instructions (posted on FPP website under Forms)
- List of current medical providers available for referral (Appendix F).

B. INDICATIONS

There are limited funds available for uninsured FPP clients who are not eligible for Medicaid and choose a permanent method. Prior to submitting the application, a PHN/clinician will use the algorithm above to determine the client's eligibility.

PRIORITY RATING FOR STERILIZATIONS

Priority A

- Problems with birth control method (specify)
- High risk pregnancy (present or past) or risk of poor pregnancy outcome or significant health risk to the mother
- Genetic problems in the family
- History of physical abuse in the family
- Substance abuse (alcohol or other drugs)
- Inability to care for more children because:
  - Either of the parents have a severe medical condition
  - The family already had a child with a severe medical condition
- Multiparity (greater than or equal to 4 live births)

Priority B

- The client's reproductive goal is that they don't want to have any (more) children

C. CONTRAINDICATIONS (for sterilization clients)

Clients with the following medical problems are generally NOT appropriate for outpatient surgery with **general** anesthesia:

- History of umbilical hernia repair with(out) mesh or large unrepaired umbilical hernia,
- Unstable angina or angina at rest,
- Symptomatic cardiac vascular disease,
- Symptomatic congenital heart disease,
- CHF requiring treatment in the ER or hospital admission within the last 3-6 months,
- Myocardial Infarction within the last 3 - 6 months,
- Morbid Obesity (A BMI over 45 can significantly increase anesthetic risk and the provider/surgeon may choose to decline clients with co-morbidities. Clients with BMI 40-45 with no co-morbidities may be accepted by the surgical provider).
- Sleep apnea where home CPAP is used or has been recommended,
- Pneumonia within the past 2-4 weeks,
- Acute intoxication (with drugs or alcohol) or active cocaine abuse,
- Serious, potentially life-threatening diseases that are not optimally managed (e.g., brittle diabetes, unstable angina, symptomatic asthma, uncontrolled hypertension).

Vasectomy Contraindications:

- Inability for provider to palpate vas deferens on one or both sides
- Undescended testes
- Testicular mass concerning for testicular cancer

Vasectomy Relative Contraindications (may require return visit after improved control of chronic condition or referral to Urology):

- Uncontrolled HTN (higher risk of bleeding)
- Uncontrolled Diabetes (poor wound healing)
- Use of anticoagulants that are considered unsafe to discontinue for procedure

The above criteria are only guidelines, and the list is not exhaustive. Medical judgment is the final determinant. If you have a client that you are not sure meets eligibility for an outpatient procedure, contact the surgeon in advance. Document the details of consultation in the client's medical record.

D. COUNSELING & EDUCATION

1. Personnel working within the family planning project may be subject to prosecution if they coerce or try to coerce any person to undergo a sterilization procedure.
2. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services. This includes counseling on LARCs (IUDs, implant) as alternatives that are reversible and comparable or more effective than sterilization. Clients who have chosen or are currently using an IUD or implant without complications are not an appropriate candidate for sterilization.
3. A PHN/clinician will provide sterilization counseling & education with the following objectives:
   a. *To fulfill the federal requirements for voluntary/informed consent and to prevent possible postoperative regret* in terms that are understandable, document the following discussion:
      - Sterilization procedure is considered to be irreversible;
      - Clients < 30 yrs. old who undergo sterilization are at greater risk for regret;
      - Benefits, discomforts and risks of sterilization and possible effects of any anesthetic to be used (by using the educational materials listed in A. EQUIPMENT above);
      - The 30-day waiting period. Expiration is 180 days after signature. (Exact dates will be determined when the request is approved);
      - The client may withdraw consent at any time without affecting their right to future care/treatment and without loss/withdrawal of any federally funded program benefits; and
      - Co-pay is non-refundable (See also Appendix B: Special Circumstances).
   b. *To discuss risk of pregnancy after sterilization.*
      - Vasectomy is safer and more effective than tubal sterilization. The failure rate for vasectomy is 0.15% vs. 0.5% for tubal ligation. For tubal ligation: **Age of Client**: Clients ≤ 27 years old at the time of surgery have more failures. **Technique**: Failure rates for younger clients with some surgery techniques are as high as 5%, which is higher than or the same as LARCs/DMPA or even perfect use of OCPs.
      - When pregnancy occurs after sterilization, the likelihood of ectopic (tubal) pregnancy is quite high. **Abnormal vaginal bleeding, cramping, and abdominal pain after sterilization should be evaluated by a clinician to rule out ectopic pregnancy.**
   c. *To ensure that the client/partner has interim contraceptive protection and any instructions needed to prevent pregnancy*, either until the time of the procedure or after the vasectomy follow up tests have been completed. PHN: inform about ECP/clinician: offer future-use kit.
4. Clients sign statement on the Request form stating that they will "be responsible for related costs not previously approved" (e.g., x-rays, follow-up sperm counts, some special blood work, pathology requests during/after procedure or other lab costs), and any costs related to complications of this procedure. Clients sign statement on the Request form stating co-pay is non-refundable. (If there are extenuating circumstances, please contact the FPP).
5. Advise the client that agreements between the FPP and sterilization providers <u>do not</u> include tubal ligation procedures during C-sections as a C-section will affect coverage of sterilization procedure.

E. CONSENT/FORM: A PHN/clinician will assist the client with the completion of forms.

1. <u>Consent for Sterilization Form</u> (federal form):
   a. All areas are required for federal reporting.
   b. Use the list in Appendix F to **INDICATE WHICH PHYSICIAN OR GROUP PRACTICE WILL BE PERFORMING THE PROCEDURE.** This helps determine the correct charges, and allocation of budget. Explain to the client that a change in provider/surgeon must be approved

by the FPP State Office.

2. The Family Planning Program Sterilization Request Form should be filled in completely and signed by the client**.** Comments should be concise and include priority rating justification.
3. A release of records Form (PHD Request for PHI PHD9000RequestforPHITPOExempt) should be completed at this time, to allow the PHO to obtain the sterilization procedure records, after the procedure.

F. POST-PROCEDURE VISIT SCHEDULE

1. Clients may be seen two weeks post procedure (Not mandatory). At that time, document vital signs, the client's physical/psychosocial wellbeing, and other needs as warranted.
2. Clients with a uterus should be informed of the need for routine gynecological check-ups, including Pap, with their primary care provider as they will no longer be considered in need of one of the core Title X Family Planning services. Once the client is sterilized, the client is no longer a Title X family planning user. However, any follow-up care related to a sterilization that was conducted by a site's Title X-funded project can be covered by the Title X-funded project (FPAR 2.0 Implementation Guide 2024, page 6-7).
3. Clients should complete the "Evaluation of Referral Provider" form at this visit (if not already done) and send it to FPP State Office.

SECURE EMAIL TO:
NM DEPT. OF HEALTH FAMILY PLANNING PROGRAM STERILIZATION TEAM
PHONE NUMBER: (505) 476-8882

FAMILY PLANNING PROGRAM STERILIZATION REQUEST FORM

CLIENT INFORMATION

1. Name (Last, First, Middle Initial)	2. Date of Birth	3. Date Consent Signed	4. Clinic Name
5. Type of Procedure Requested ☐Tubal Sterilization ☐Post Partum Tubal Sterilization ☐Vasectomy		6. Percent Pay (From current Federal Poverty Guidelines)	
7. Staff Name, Phone # and PHD Region	8. Priority Rating (Refer to Family Planning Protocol): ☐ Priority A ☐ Priority B Priority Justification:_____		9. Client contact information (Phone # included)

10. Pay Source

- Does client have private insurance? ☐Yes ☐No
  If yes, *STOP* and have client contact their insurance company.
- Does client have Medicaid (e.g. FP, Centennial Care MCOs)? ☐Yes ☐No
  If yes, *STOP* and refer to any provider accepting Medicaid.
- Is client eligible for FP Medicaid? ☐Yes ☐No
  (Eligibility for FP Medicaid: NM Resident, U.S. Citizen/approved immigrant status, income up to 235% Fed Poverty level and a Social Security Number).
  If yes, *STOP* and refer to Income Support Division.

11. I authorize the release of any medical information necessary to process this claim.
I will be responsible for related cost not previously approved. Co-pay is non-refundable.

Autorizo la liberación de cualquier información de salud necesaria para procesar mi reclamación.
Me haré responsable de cualquier costo relacionado que no haya sido aprobado previamente. El copago no es reembolsable.

CLIENT SIGNATURE: _____

STATE FAMILY PLANNING OFFICE INFORMATION

12. Control Number	13. Consent Valid (30 days after signature)	14. Status of Request ☐ Approved ☐Not Approved	
15. Consent Expiration (180 Days after signature)	16. Approval Date	17. Total Amount $	18. Date put on pending list

PHYSICIAN INFORMATION (To be filled in by SURGEON)	**AMOUNT APPROVED BY DEPT. OF HEALTH**
19. Date Procedure/Service Provided By _____Tubal Surgery_____ _____Facility_____ _____Anesthesiology_____ _____Vasectomy_____	$_____ $_____ $_____ $_____ Approved By _____ PHD Staff

20. Accept assignment as per agreement with PHD Family Planning Program
☐ YES ☐ NO

DOH/PHD to remit payment for medical and/or other services indicated above to:

21. I certify that all services indicated were completed	Please leave this area blank for State FP Office use
Signature of Physician Date	I certify that this is true copy of the original and that payment for services has not been received

New Mexico Public Health Division – Family Planning—Sterilization Request Rev 10/23

STERILIZATION SURGERY
COUNSELING HANDOUT

What is it?
Sterilization surgery is considered a permanent form of contraception. It is a procedure you only need once. Reversal surgeries are costly and may not be effective. This method should only be used by people who are certain they do not want any children in the future.

There are male and female sterilization procedures. Below you will find what they have in common and details on each type of surgery.

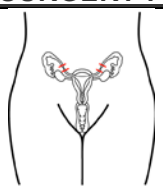
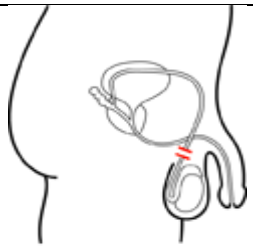
FOR BOTH MALE AND FEMALE STERILIZATION SURGERIES:

How do I get it?
- Surgery is required and will be scheduled through the program.
- Local anesthesia is used for male sterilization and general anesthesia is used for female sterilization.

What are the risks?
- Pain
- Bleeding
- Infection or other complications after surgery

How effective is sterilization as a form of birth control?
- Out of 100 women who have had sterilization surgery or whose partner has had sterilization surgery, less than 1 may get pregnant.

Does it protect me from sexually transmitted infections (STIs)?
- No

STERILIZATION SURGERY FOR WOMEN	**How does it work?**
	• The fallopian tubes are blocked by tying and cutting the tubes, by sealing them with an instrument that uses electrical current or using clips or clamps. This prevents you from getting pregnant. • Sometimes a small piece of the tube is removed.
STERILIZATION SURGERY FOR MEN (Vasectomy)	**How does it work?**
	• The surgery blocks a man's vas deferens (the tubes that carry sperm from the testes). • After this surgery, the semen (the fluid that comes out of a man's penis) has no sperm in it. • It takes about three months to clear sperm out of a man's system. You need to use another form of birth control until a test shows there are no longer any sperm in the seminal fluid.

CIRUGÍA DE ESTERILIZACIÓN
HOJA DEL CONSEJERO

¿Qué es?
La cirugía de esterilización es considerada una forma anticonceptiva permanente. Es un procedimiento necesario solamente una vez. Las cirugías de reversión son costosas y puede que no sean efectivas. Este método debe ser usado solamente por personas quienes están seguras que no quieren más niños en el futuro.

Hay procedimientos de esterilización masculinos y femeninos. A continuación encontrará lo que tienen en común y detalles de cada tipo de cirugía.

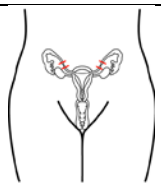
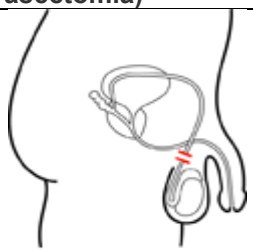
TANTO PARA LAS CIRUGÍA DE ESTERILIZACIÓN PARA HOMBRES Y MUJERES:

¿Cómo la obtengo?
- La cirugía es requerida y será programada a través del programa.
- Anestesia local es usada para la esterilización masculina y anestesia general para la esterilización femenina.

¿Cuáles son los riesgos?
- Dolor
- Sangrado
- Infección u otras complicaciones después de la cirugía.

¿Cuán efectiva es la esterilización como método anticonceptivo?
- Por cada 100 mujeres que han tenido una cirugía de esterilización o quienes compañero han tenido una cirugía de esterilización, menos de 1 han quedado embarazada.

¿Me protege de infecciones transmitidas sexualmente (STIs)?
- No

CIRUGÍA DE ESTERILIZACIÓN PARA MUJERES	**¿Cómo funciona?**
	• Las trompas de Falopio son bloqueadas al ser amarradas o cortadas, al sellarlas con un instrumento que utiliza una corriente eléctrica o utilizando clips o abrazaderas. Esto evita que usted quede embarazada. • A veces, una pequeña parte del tubo es removida.
CIRUGÍA DE ESTERILIZACIÓN PARA HOMBRES (Vasectomía)	**¿Cómo funciona?**
	• La cirugía bloquea los vas deferens del hombre (los tubos que transportan la esperma desde los testículos). • Después de la cirugía, el semen (el liquido que sale del pene del hombre) no tiene esperma en él. • Toma alrededor de tres meses para que no haya esperma en el sistema del hombre. Usted necesita utilizar otro método anticonceptivo hasta que una prueba muestre que no hay esperma en el liquido seminal.

2.4 INJECTABLE or DEPOT MEDROXYPROGESTERONE ACETATE (DMPA)
INTRAMUSCULAR OR SUBCUTANEOUS (Sub-Q) AND CLIENT SELF ADMINISTRATION

A. EQUIPMENT

- Client educational counseling handouts
  - Self-administration Sub-Q DMPA handout
  - DMPA Disposal of sharps and unused medication handout
- Current calendar or pregnancy wheel
- Return visit reminder card or copy of DMPA injection perpetual calendar
- DMPA intramuscular (150mg/mL) or DMPA Sub-Q (104mg/0.65mL)
- Sharps container, alcohol wipes, for clients choosing DMPA Sub-Q self-administration

B. INDICATION

DMPA is a reversible contraceptive injection that can be used by clients of all ages (including teens), particularly if the client is willing to accept a change in their menstrual periods and able to tolerate injections.

DMPA Sub-Q was approved by the Food & Drug Administration (FDA) in 2004. Current labeling states, "Depo Sub-Q Provera 104 is only for subcutaneous administration and is only to be administered by a healthcare professional." http://labeling.pfizer.com/ShowLabeling.aspx?id=549 Consequently, prescription of DMPA Sub-Q to a patient for self-administration is considered an "off-label" use. However, in 2021, CDC adopted the WHO recommendation on self-administered DMPA Sub-Q on the basis of moderate-certainty evidence that it is safe, effective, and has higher continuation rates than provider-administered DMPA (U.S. Selected Practice Recommendations, 2021 Update Self Administration).

DMPA Sub-Q can be offered to clients during clinic visits as an alternative to DMPA 150 mg IM, and for client self-administration as a strategy to reduce the need for in-person visits and remove barriers that clients may encounter when accessing the initiation of this method and reinjections. No dosage adjustment of DMPA Sub-Q based on body weight is necessary.

Clients who have previous experience with self-administration of other injected drugs (such as insulin or drugs for multiple sclerosis) are good candidates for self-administered DMPA 104 mg Sub-Q. Providers should use their clinical judgement to determine whether this method of delivery is appropriate for a specific client and document this decision in the client's medical record.

C. PRECAUTIONS AND CONTRAINDICATIONS

Medical conditions categorized as 3 or 4 in U.S. MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method.

D. HEALTH SCREENING/EXAM

1. Within the past 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3 Contraceptive Services.
2. If the client is changing methods of contraception, provide shared decision-making contraceptive counseling and review the medical history with the client for new information. Assess any changes in health status, including medications. For client who choose self-administration, assess client's willingness to learn self-administration technique, prior experience of pain with office injections, and a history of vasovagal syncope with injections must be included.
3. Identify and record any allergies particularly to DMPA.
4. No special physical exam or tests are needed before initiation of DMPA IM. A baseline weight measurement (performed at home by the client if needed and disclosed to the clinician) will help with monitoring patients over time for those patients concerned about weight gain.

E. COUNSELING & EDUCATION

The client counseling handout can serve as the basic format for client education.

1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. During contraceptive counseling discuss the following:
   - **Effectiveness:** With typical use, approximately four (4) out of 100 clients will become pregnant in the first year of use of DMPA.
   - **Risks/Benefits:** Document discussion of DMPA risks/benefits and client understanding in the client's medical record.
   - DMPA does not have estrogen-related side effects of COCs. It is convenient for clients who have trouble taking oral contraceptives on a regular daily basis or using a coitus-related method; DMPA works by preventing follicular maturation and ovulation.
   - **Common side effects**:
     - Potential changes in bleeding patterns. These bleeding irregularities are generally not harmful and might decrease with continued DMPA use.
     - Delayed fertility (lasting 6-12 months) after injections are stopped, and possible undesired hormonal effects such as depression, decreased libido, headaches, dizziness, weight gain, decreased glucose tolerance, decreased high-density lipoprotein levels, or decreased bone density.
     - Educate clients on the importance of adequate calcium intake, moderate weight bearing exercise, and not smoking to prevent osteoporosis.
       - According to WHO, "since **the effect of DMPA on bone mineral density is largely reversible, any lifetime increase in fracture risk is likely to be small**." However, clients with conditions that place them at high risk for osteoporosis and fracture, such as chronic corticosteroid use, disorders of bone metabolism, a strong family history of osteoporosis (that may represent a genetic mutation associated with fracture), or anorexia nervosa – may not be well suited for long-term DMPA use. *WHO statement on hormonal contraception and bone health. Wkly Epidemiol Rec. 2005; 80:302-304.*
3. **Warning Signs:** Ascertain that the client has information about danger signs by counseling and providing the DMPA client counseling handout.
4. DMPA does not protect against STIs. Recommend condom use for protection against STIs.
5. ECP information in the case that the client presents > 15 weeks after last injection for a scheduled repeat injection and had unprotected sexual intercourse.

F. CONSENT

Although Title X does not require a method-specific consent form for DMPA, the nurse/clinician must document the client's recall and understanding of the counseling (based on the teach-back method) in the client's medical record.

G. PRESCRIPTION

1. A PHN may give the first DMPA injection of 150mg IM or 104mg Sub-Q to a new FP client using the Quickstart Standing Order to check client's eligibility.
2. A clinician must prescribe the method, either:
   - DMPA 150mg IM now and every 11 to 15 weeks for a total of 12 months;
   - DMPA 104mg Sub-Q now and every 11 to 15 weeks for a total of 12 months; OR
   - DMPA 104mg Sub-Q self-injection every 11 to15 weeks for a total of 12 months

   Dispensing amounts of DMPA Sub-Q are at the discretion of the clinician. For example:
   - Under a 6-month supply clinician order, if the client receives a DMPA Sub-Q 104 mg dose at the clinic visit, one DMPA Sub-Q 104 mg syringe of medication can be dispensed under the order (the client returns to clinic at 6 months from today's visit).
   - Under a 12-month supply clinician order, if a DMPA Sub-Q 104 mg dose is given during the clinic visit, three DMPA Sub-Q 104 mg syringes of medication can be dispensed

under the order (the client returns to clinic at 12 months from today's visit, for assessment/new prescription).
    - The client can initiate self-injection under direction of the clinician or nurse in the clinic.
3. A PHN may dispense the DMPA to an established FPP client under a PHD clinician's valid order.
4. **Initiation Timing**: The first DMPA injection can be given at any time if it is reasonably certain that the client is not pregnant. For special considerations for initiation of DMPA, a clinician may refer to U.S. SPR.
5. **Need for Back-Up Contraception:**
    - If DMPA is started within the first 7 days since menstrual bleeding started, no additional contraceptive protection is needed.
    - If DMPA is started >7 days since menstrual bleeding started, the client needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.

H. PROCEDURE

1. The uniform suspension is to be administered with aseptic technique using the following guidance:
    a. DMPA vial or prefilled syringe must be shaken vigorously for at least 1 minute before the injection.
    b. Intramuscular DMPA 150mg/1mL is administered as a deep intramuscular injection in the deltoid or gluteal area (either site may be used at the nurse's discretion).
    c. Sub-Q DMPA 104mg/0.65mL is administered as a subcutaneous injection by the nurse in clinic or self-administered by the client. The Self Administer Sub-Q DMPA Handout may be used for client teaching.
    - Injection is not usually painful and DMPA Sub-Q injections may be less painful than IM injections.
    - **DO NOT RUB/MASSAGE THE INJECTION SITE** because this may reduce the drug effectiveness**.** Instruct the client not to rub/massage the site.
    - Note the product, site, route (IM/SQ), dosage, and date of the administration in the client's medical record. Record the client's information and lot # and expiration date in pharmacy log. (Note in pharmacy log and the client's medical record if Sub-Q DMPA is dispensed to the client or administered).
    - Ask the client to remain in clinic for 15 minutes following injection, to ensure no reaction.
2. Institute a reminder system for a client that may consist of a return visit reminder card. It is the client's responsibility to show up as arranged for repeat injections or reschedule an appointment as needed. No follow-up on no-shows is expected of nursing staff.

I. CLIENT SELF ADMINISTRATION OF SUB-Q DMPA GUIDANCE

- Ideally, clients starting this method should receive instruction in self-administration technique in-person or during a synchronous audio/video telehealth visit. However, if this is not possible, the client should be provided with educational materials that include step-by-step instructions for self-administration, as well as guidance on the proper disposal of needles.
- Simplified step-by-step instructions:
    1. Wash hands.
    2. Remove syringe from package and shake it one minute until mixed.
    3. Hold needle pointing up and tap syringe to shake air bubbles to top.
    4. Push syringe until air bubbles are out.
    5. Choose injection site (in abdomen or anterior thigh), wipe with alcohol pad, and let area dry.
    6. Take cap off needle and hold syringe in dominant hand.
    7. Grab skin around injection site with non-dominant hand and insert needle all the way into skin at 45-degree angle.
    8. Press syringe all the way in and keep needle in place while counting to five.
    9. Remove needle and dispose it into a sharps disposal container.
    10. Apply light pressure to prevent bleeding without massaging.

Client Resources:

Resource	Website
Reproductive Health Access Project, Depo SubQ User Guide (PDF)	www.reproductiveaccess.org/resource/de po-subq-user-guide/
RheumInfo, How to Give a Subcutaneous Injection Using a Pre-filled Syringe (video)	www.youtube.com/watch?v=arcr1wjun6c
Bedsider Provider Perspectives, Depo SubQ:	www.bedsider.org/features/789-deposubq-the-do-it-yourself-birth-control-shot

Patients may also benefit from receiving additional resources to help them remember when to administer their follow-up injections, such as:

Resource	Website
Bedsider, *Birth Control Reminder App*	www.bedsider.org/reminders
Reproductive Health Access Project, *Progestin Injection 15-week Cycle Calendar*	Progestin Injection Perpetual calendar 15 week cycle.docx (reproductiveaccess.org)

J. VISIT SCHEDULE FOR METHOD

Clinicians may prescribe the initial order for DMPA:
As ordered/prescribed by a clinician, the nurse will provide repeat DMPA injections IM every 3 months (11-15 weeks). The provider can explain to the client that the 11-13-week window is ideal, but that DMPA is effective up to the 15th week. The nurse will consult a clinician if the client wants DMPA before or after this 11 to 15-week window.

Before administering second DMPA dose take a good history to rule out pregnancy. Only about 1/3 of clients will experience amenorrhea at 3 months after first DMPA injection. Therefore, before administering second DMPA injection to clients with amenorrhea, a nurse will consult a clinician to rule out pregnancy and perform a pregnancy test.

Repeat DMPA injection visits should be recorded with attention to spotting, irregular bleeding, heavy bleeding, missed periods, pain at injection site from previous injections, breast tenderness or breast lump, depression or major mood changes, decreased libido, repeated/very severe headaches, severe lower abdominal pain, nausea/vomiting, pregnancy concern, or weight gain of >5% of their baseline body weight. For PHOs, weight can be monitored utilizing the flow sheet function in the PHD BEHR record.

Clients who call/present with DMPA problems will be referred to the clinician. If no clinician is available and the nurse assesses the problem as severe, the client should be referred to a private physician or the Emergency Room.

Return for annual visit: when order expires, for additional prescription from the clinician.

K. PROBLEM MANAGEMENT (FOR CLINICIANS)

Early Injection: According to U.S. SPR, there are no time limits on early injections; the repeat injection can be given when necessary (e.g., when a client cannot return at the routine interval).

Late Injection:

- The repeat DMPA injection can be given up to 15 weeks from the last injection without requiring additional contraceptive protection.
- If the client is >15 weeks from the last injection and returns for a repeat DMPA injection, the client can have the injection if the clinician is reasonably certain that the client is not pregnant.

The client should be advised to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days. The clinician might consider ordering/prescribing ECP if appropriate.

- **Note:** UPA should not be prescribed.

Weight Gain: There were data from studies suggest that in both adult and adolescent DMPA users, there may be a subset of patients who can be identified by rapid weight gain the first 6 months of DMPA use who are at greatest risk for continued weight gain. Weight monitoring is reasonable for concerned clients. However, decision to discontinue the method because of weight gain should not be initiated by the clinician and should instead be client-driven.

L. PREGNANCY OCCURRENCES

As a quality assurance measure, FPP tracks unexplained pregnancies that occur while the client is using DMPA/Nexplanon/LNg IUD, to determine effectiveness or defect of the method. If a nurse/clinician determines that a pregnancy occurred on one of these methods without any other identifiable cause (e.g., missed/late insertion/injection, no back-up birth control method, etc.), they should complete the “Pregnancy Occurrences Report”, found under Forms on the FPP website, and send it to the FPP by fax or secure email to the FPP Medical Director. In addition, inform the RHO.

Pregnancy Occurrences Report

Please complete this form whenever an unexplained pregnancy occurs in a client who received DMPA/LARC
Submit completed forms to: Family Planning Program, 1190 St. Francis, P.O. Box 26110, Santa Fe, NM 87502-6110
Direct inquiries to (505) 476-8882 Fax (505) 476-8898

Part I: Client Demographics

Initials:_____MRN#_____ Clinic Site:_____ Clinic Phone:_____

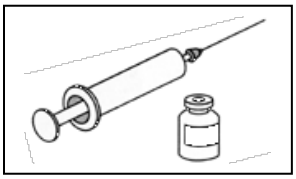
Contraceptive Method_____

Part II: Clinical Information	
Date (month/day/year) of insertion or injection(s)	
Lot #	
LNMP and PMP	
Reported bleeding pattern since method initiation	
Medication history: TB drugs, antibiotics, anticonvulsants? (note dates)	
If pregnancy test was done, give date(s) and results	
EDC and how determined	
Additional Comments:	

Signature of person completing form _____ Title _____Date_____

DOH/PHD/FHB/Family Planning- Rev. 9/21

DMPA SHOT
COUNSELING HANDOUT



What is DMPA?
DMPA is a birth control shot that you get once every 3 months. It is the hormone, Depot-Medroxy Progesterone Acetate (DMPA) and contains no estrogen. You can get it in your arm or hip muscle.

How does it work?
It stops the ovary from releasing an egg. It thickens cervical mucus, so sperm can't enter the uterus. It also thins the lining of the uterus.

How effective is it?
Typical use: 4 out of 100 clients will become pregnant in one year.
When used consistently and correctly: 2 out of 1,000 clients will become pregnant in one year.

When do I get the shot?
The first shot is given in the first 5 days of a normal period.

What are the advantages?
- Because you may bleed less, there may be less risk of anemia.
- There is also less menstrual cramping, endometrial cancer, ectopic pregnancy, pelvic inflammatory disease (PID), ovarian cysts, fibroids, benign breast lumps and sickle–cell disease crises.
- You don't have to worry about taking birth control daily.

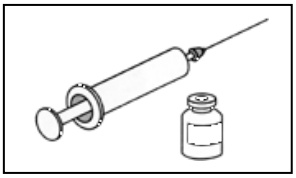
What are the disadvantages?
- You may have irregular bleeding, spotting, or stop your period altogether. (The changes are safe and expected.)
- A few clients have heavy bleeding. (See your doctor or nurse if the bleeding bothers you. There is medicine that can help.)
- It may be several months before your periods return to normal after your last shot.
- You are not protected against HIV or STIs. Use condoms if you are at risk.
- It may take 6-12 months and sometimes longer to get pregnant after the last shot.
- You might have an increase in appetite. Weight gain (3-5 lbs/year) occurs in many clients.
- It causes calcium loss from bones. When DMPA is stopped, the calcium in bones begins to come back.

Warning Signs!
See your doctor or nurse if you have these or any other signs or concerns: Repeated, very painful headaches, heavy bleeding, depression, or severe abdominal pain, signs of infection (such as pus, continued pain or bleeding) at the injection site.

Other important recommendations:
- Since you may gain weight, watch your calorie intake and exercise regularly.
- If you smoke, consider stopping. Smoking causes bone loss and so does DMPA.
- Follow these steps for bone health:
  - Do weight bearing exercise: walk, jog, and/or lift weights several days a week.
  - Take calcium. Teens should take 1300 mg a day. Adult clients should take 1000 mg a day.
  - Eat calcium rich foods. 1 cup of milk, 1 ½ ounce of cheese, and 1 cup of yogurt each have 300 mg of calcium.
  - Take calcium pills or calcium candy chews or Tums if there is not enough calcium in your diet.

If you are late for a shot: Use another method like spermicide and condoms.

INYECCIÓN DMPA
HOJA DEL CONSEJERO



¿Qué es DMPA?
DMPA es una inyección anticonceptiva administrada cada 3 meses. Es la hormona Acetato de depósito-medroxiprogesterona (DMPA) y no contiene estrógeno. Puede ser administrada en su brazo o en el músculo de la cadera.

¿Cómo funciona?
Hace que los ovarios no liberen un huevo. Hace más gruesa la mucosa cervical, haciendo que la esperma no pueda entrar al útero. También adelgaza las paredes del útero.

¿Cuán efectiva es?
Uso típico: 4 de cada 100 clientes quedarán embarazadas en un año.
Cuando es usado consistentemente y de forma correcta: 2 de cada 1,000 clientes quedarán embarazadas en un año.

¿Cuándo obtengo la inyección?
La primera inyección es dada en los primeros 5 días despues de un período normal.

¿Cuáles son las ventajas?
- Ya que usted puede sangrar menos, hay menos riesgos de anemia.
- También hay menos cólicos, cáncer endometrial, embarazo ectópico, enfermedad inflamatoria pélvica (PID), quistes en los ovarios, fibromas, quistes benignos en los senos y crisis con la enfermedad de células falciformes.
- No tiene que preocuparse con tomar una píldora anticonceptiva a diario.

¿Cuáles son las desventajas?
- Usted puede tener sangrado irregular, manchado, o el período se puede detener por completo. (Los cambios son seguros y esperados.)
- Algunos clientes tienen sangrado excesivo. (Vea a su doctor o enfermera si el sangrado le molesta. Hay medicamentos que pueden ayudar.)
- Puede que pasen algunos meses antes de que su período vuelva a la normalidad después de su última inyeccion.
- Usted no está protegida contra VIH o STIs. Use condones si está en riesgo.
- Puede tomar de 6-12 meses y a veces más para quedar embarazada después de la última inyeccion.
- Puede que haya un aumento en su apetito. Aumento de peso (3-5 lbs/año) ocurre en muchos clientes.
- Causa pérdida de calcio en los huesos. Cuando DMPA es detenida, el calcio en los huesos comienza a regresar.

¡Signos de Alerta!

Acuda a su médico o enfermera si tiene estos u otros signos o preocupaciones: Dolores de cabeza repetidos y muy dolorosos, sangrado abundante, depresión o dolor abdominal intenso, signos de infección (como pus, dolor continuo o sangrado) en el lugar de la inyección.

Otras recomendaciones importantes:
- Puesto que es posible que aumente de peso, vigile su consumo de calorías y ejercítese con regularidad.
- Si usted fuma, considere dejarlo. Fumar y DMPA causan pérdida de calcio en los huesos.
- Siga estos pasos para la salud de los huesos:
  - Haga ejercicios: camine, trote, y/o levantamiento de pesas varias veces a la semana.
  - Tome calcio. Los adolescentes deben tomar 1300 mg diarios. Los adultos deben tomar 1000 mg diarios.
  - Coma alimentos ricos en calcio. 1 taza de leche, 1 1/2 onzas de queso y 1 taza de yogurt cada tienen 300 mg de calcio.
  - Tome píldoras de calcio o caramelos masticables de calcio o Tums si no toma suficiente calcio en su dieta.

Si usted está tarde para una inyección: Use otros métodos como espermicidas y condones.

2.5 VAGINAL CONTRACEPTIVE RING

A. EQUIPMENT
- Client counseling handout
- Calendar
- Contraceptive Ring sample (if available) for demonstration

B. INDICATION
The contraceptive ring is a reversible, combined hormonal method (containing a progestin, etonogestrel, and an estrogen, ethinyl estradiol) that can be used by clients of all ages who are not hesitant about touching their genitalia or who have no difficulty inserting or removing the ring.

C. PRECAUTIONS AND CONTRAINDICATIONS
Medical conditions categorized as 3 or 4 in U.S. MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method. For example, the usage of ring in clients ≥ 35 years old who smoke <15 cigarettes/day is MEC 3 and ≥15 cigarettes/day is MEC 4.

Clients who have pronounced pelvic relaxation or genital prolapse (such as multiparous clients) may have difficulty using the ring.

D. HEALTH SCREENING/EXAM
1. Within the past 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3 Contraceptive Services.
2. If the client is changing methods of contraception, provide contraceptive counseling and review the medical history with the client for new information. Assess any changes in health status, including medications.
3. Identify and record any allergies particularly to estrogen/progestin.
4. Obtain baseline BP, weight/height, and BMI measurement as they are helpful for monitoring over time.

E. COUNSELING & EDUCATION
The client counseling handout can serve as the basic format for client education.
1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. During contraceptive counseling discuss the following:
   - **Effectiveness:** With typical use, approximately nine (9) out of 100 clients will become pregnant in the first year of use of ring. With perfect use, only three (3) clients in 1,000 will get pregnant in one year.
   - **Risks/Benefits:** Document counseling and the client's understanding in the record.
   - The flexible ring is 2 inches in diameter and 1/8 inch in thickness. It is made of ethylene vinyl acetate polymer and is latex-free. It can be stored for up to 4 months at room temperature. It releases hormones steadily and at a low dose, so serum hormone levels do not fluctuate. It is left in the vagina for 3 weeks and then removed for 1 week to allow the client's menstrual period to occur during the ring-free week.
     - If the ring is left in place >3 weeks, the client will still be protected up to 28 days. Instruct the client to remove it and insert a new ring after a one-week ring-free break, if desired.
     - Extended use of combined hormonal contraceptives has been used to avoid estrogen-withdrawal side effects or to avoid bleeding in clients who prefer amenorrhea. See Contraceptive Technology Dosing Regimens for further information.
     - If the ring is left in place >28 days, the client may not be protected. Rule out pregnancy. If negative, start using a back-up method until a new ring has been in place for 7 days.
   - Avoid douching with the ring in place.
   - After removal, the ring should be disposed of in the re-sealable foil pouch in a waste receptacle.
   - Ring removal during intercourse is not recommended; however, clients may want to remove

it during intercourse due to pressure or discomfort. A client is considered adequately protected if the ring is not out for longer than 3 hours.
- After one ring-free week, a new ring is inserted.
- If ring falls out, it can be washed with soap in cool to lukewarm water and re-inserted.
- If ring becomes disconnected at the weld joint, discard and replace it with a new ring.
- **Side effects:** increased vaginal discharge, vaginal discomfort/irritation/infections, headache, nausea, and weight gain. Advise to call as soon as a problem appears and not to discontinue the ring before consulting a nurse unless there are life-threatening symptoms below.
  - **Warning Signs:** Ascertain that the client has information about danger signs **ACHES;** see vaginal ring client counseling handout.

3. Caution all clients about:
   - STIs and encourage condom use if needing STI protection.
   - Age and cigarette smoking-related risks. Offer self-help and referrals to smokers.
4. ECP information in the case that the client had a sexual intercourse without a ring in place.

F. CONSENT

Although Title X does not require a method-specific consent form for vaginal ring, the nurse/clinician must document the client's recall and understanding of the counseling (based on the teach-back method) in the client's medical record.

G. PRESCRIPTION

1. The clinician must prescribe the method. They may prescribe approximately a one-year supply of rings. The client must return every 3 months for a refill because rings come in boxes of 3 and expire four months after dispensing. The clinician may also order future use ECP.
2. A PHN may dispense the rings to an established FPP client under a PHD clinician's valid order.
3. **Initiation Timing**: The ring can be initiated at any time if the clinician is reasonably certain that the client is not pregnant. For Special Considerations for Initiation of Combined Hormonal Contraceptives (CHCs) including the ring, a clinician may refer to U.S. SPR.
4. **Need for Back-Up Contraception:**
   - If ring is started within the first 5 days since menstrual bleeding started, no additional contraceptive protection is needed.
   - If ring is started >5 days since menstrual bleeding started, the client needs to abstain from sexual intercourse or use additional contraceptive protection (spermicide and condoms) for the next 7 days.
   - If pregnancy has been ruled out, the client may start on the day of their visit. If uncertain whether the client might be pregnant, the benefits of starting the method likely exceed any risk; therefore, starting vaginal contraceptive ring should be considered at any time with a follow-up pregnancy test in 2-4 weeks.
5. For switching from COC, wait until next regular menses. Insert ring first day of bleeding.

H. VISIT SCHEDULE FOR METHOD

1. **Initial visit**: Dispense one (1) box (contains 3 rings for 3 cycles/months). When dispensing rings to the client, enter the expiration date on the label. The expiration date is 4 months from the dispensing date unless the expiration date on the packaging occurs prior to this. The 4-month rule is related to storage requirements.
2. **Return visits**: Every 3 months for a resupply. Dispense 1 box per visit following the clinician's order and label the box as instructed above. Return for annual visit when order expires, for additional prescription from the clinician.
3. The client's medical record should include updated health history with particular attention to the last normal menstrual period, cigarette smoking, weight, blood pressure, and ACHES symptoms. Ask about difficulty during removal or insertion or frequent expulsion. Clients may need closer follow-up if they have genital prolapse, severe constipation, or frequent vaginal infection (i.e., recurrent yeast infection). The clinician will document problems that were addressed.

I. PROBLEM MANAGEMENT (FOR CLINICIANS)

Clients who call or present with problems with the ring will be referred to a clinician. If no clinician is available and the nurse assesses the problem as severe, the client should be referred to a private physician or the Emergency Room.

When there is a Delayed Insertion or Reinsertion of Vaginal Ring For:

≤3 hours	• This does not affect efficacy. • No emergency contraception or additional contraceptive protection is needed.
>3 hours and <48 hours	• Insert ring as soon as possible. • Keep the ring in until the scheduled ring removal day. • No additional contraceptive protection is needed. • Emergency contraception is not usually needed but can be considered (with the exception of UPA) if delayed insertion or reinsertion also occurred earlier in the cycle or in the last week of the previous cycle.
≥48 hours	• Insert ring as soon as possible. • Keep the ring in until the scheduled ring removal day. • Use back-up contraception (e.g., condoms) or avoid sexual intercourse until a ring has been worn for 7 consecutive days. • If the ring removal occurred in the third week of ring use: o Omit the hormone-free week by finishing the third week of ring use and starting a new ring immediately. o If unable to start a new ring immediately, use back-up contraception (e.g., condoms) or avoid sexual intercourse until a new ring has been worn for 7 consecutive days. • Emergency contraception should be considered (with the exception of UPA) if the delayed insertion or reinsertion occurred within the first week of ring use and unprotected sexual intercourse occurred in the previous 5 days. • Emergency contraception may also be considered (with the exception of UPA) at other times as appropriate

*If removal takes place but the client is unsure of how long the ring has been removed, consider the ring to have been removed for ≥48 hours since a ring should have been inserted or reinserted.

U.S. SPR Figure 3: Recommended Actions after Delayed placement or replacement with combined vaginal ring (etonogestrel/ethinyl estradiol) (page 35).

How do I use the vaginal ring?
COUNSELING HANDOUT

How effective is it?
Typical use: 9 out of 100 clients will become pregnant in one year. When used consistently and correctly: 3 out of 1,000 clients will become pregnant in one year.

How do I insert the vaginal ring?

1. Wash your hands and open the foil pouch that it comes in.
2. Choose the most comfortable position: standing with one leg up, squatting or lying down.
3. Squeeze the ring with your fingers to make it long and narrow.
4. While holding the ring, gently insert the ring into your vagina as far as it will go. The ring does not need an exact position to work.
5. If the ring falls out, wash with soap and cool to lukewarm water and put it back in.

How long do I have to leave it in?
Leave the ring in place for 3 weeks in a row.
Do not remove the ring for intercourse.

If you want to remove it because it is not comfortable during intercourse, you may do that without having to use a back-up method but remember **never remove it for more than three hours or you will not be adequately protected**.

How do I remove the ring?
After 3 weeks in a row; remove the vaginal ring on the same day of the week you put it in.

1. To remove, hook index finger under the rim or take hold of it with index and middle fingers, then pull it out.
2. Put the used ring in its original foil pouch.
3. Throw it in the trash, out of the reach of children and pets (do not flush it down the toilet).

When do I put a new vaginal ring in?
After 3 full weeks (21 days), you remove the vaginal ring.

Wait 7 days before you put a new one in. This is your 7-day break with no ring. Your menstrual period will usually start 2 to 3 days after you removed the ring.

After this 7-day break, insert a new vaginal ring; even if you have not finished your menstrual period.

Example: The calendar shows an example for a complete cycle (one cycle means 3 weeks on and 1 week off).

What do I need to remember about the vaginal ring?

- The ring has to be left in your vagina for 3 weeks (21 days) in a row.
- If the ring is out of your vagina **more** than 3 hours, put it back in. You are not protected: use another birth control method (like condoms) or do not have sex for the next 7 days.
- If you had unprotected intercourse (the ring was out more than 3 hours), use emergency contraception (morning after pill).
- If you use tampons, vaginal medications, oral antibiotics, and/or spermicides, the ring still works.

WARNING SIGNS: "*ACHES*": Go to the Emergency Room if these symptoms develop:

A ***Abdominal pain.*** Severe pain could be a blood clot in pelvis or liver, benign liver tumor or gallbladder disease.
C ***Chest pain or shortness of breath***. This could be blood clot in lungs, heart attack, angina (heart pain), or breast lump.
H ***Headaches.*** Severe headaches could be a stroke, migraine headache with nerve/brain signs (blurred vision, spots, zigzag lines, weakness, difficulty speaking), other headaches caused by pills, or high blood pressure.
E ***Eye Problems. Loss of vision, blurred, or double vision*** could be a stroke, migraine headache with nerve/brain problems (blurred vision, spots, zigzag line), or blood clots in eyes**.**
S ***Severe leg pain could be inflammation and blood clots of a vein in the leg***

If at any time headaches clearly get worse or abnormal nerve/brain symptoms occur, stop using the ring immediately!

Emergency Contraception (ECPs) If you had sex and did not use contraception, call the clinic for ECPs to prevent pregnancy up to 5 days after unprotected sex.

¿Cómo uso el anillo vaginal?
HOJA DEL CONSEJERO

¿Cuán efectivo es?
Uso típico: 9 de cada 100 clientes quedarán embarazadas en un año.
Cuando usado consistentemente y de forma correcta: 3 de cada 1000 clientes quedarán embarazadas en un año.

¿Cómo inserto el anillo vaginal?

1. Lave sus manos y abra el empaque donde viene el anillo.
2. Escoja la posición más cómoda: de pie con una pierna alzada, en cuclillas o recostada.
3. Apriete el anillo con sus dedos para hacerlo alargado y estrecho.
4. Mientras sujeta el anillo, inserte el anillo suavemente en la vagina, lo más adentro que pueda. El anillo no necesita estar en una posición exacta para que trabaje.
5. Si se cae el anillo, lávelo con agua fría o tibia y jabón y póngaselo de nuevo.

¿Por cuánto tiempo debo dejarlo adentro?
Deje el anillo en su lugar por 3 semanas corridas.
No remueva el anillo para tener sexo.
Si quiere remover el anillo porque no es cómodo durante el sexo, puede hacerlo sin tener que usar un método alterno, pero recuerde, **nunca lo remueva por más de tres horas o no estará protegida adecuadamente.**

¿Cómo remuevo el anillo?
Después de tres semanas seguidas, remueva el anillo vaginal el mismo día de la semana que se lo puso.

1. Para removerlo, enganche su dedo índice en el borde del anillo o agárrelo con el dedo índice y medio, y jálelo hasta sacarlo.
2. Ponga el anillo usado en su paquete original. Bótelo en la basura, fuera del alcance de los niños y mascotas (no lo tire y descargue por el inodoro).

¿Cuándo me pongo un anillo vaginal nuevo?
Después de tres semanas (21 días), remueva el anillo vaginal.

Espere 7 días antes de poner uno nuevo. Estos son sus 7 días de descanso sin el anillo. Su regla comenzará a los 2 a 3 días después de haber removido el anillo.

Después de los 7 días de descanso, inserte un anillo vaginal nuevo, aun cuando no haya terminado su período menstrual.

Ejemplo: El calendario muestra un ejemplo para un ciclo completo (un ciclo significa 3 semanas con el anillo y 1 semana sin el anillo).

¿Qué necesito recordar acerca del anillo vaginal?

- El anillo se debe dejar en su vagina por 3 semanas (21 días) corridas.
- Si el anillo está afuera de su vagina por más de 3 horas, póngalo de vuelta. Usted no está protegida: use otro método anticonceptivo (como condones)o no tenga sexo en los próximos 7 días.
- Si usted tiene sexo sin protección (el anillo estuvo afuera por más de 3 horas), use un anticonceptivo de emergencia (la píldora de la mañana siguiente).
- Si usted usa tampones, medicamentos vaginales, antibióticos orales y espermicidas, el anillo continúa trabajando.

SIGNOS DE ALERTA: *"ACHES":* Vaya a la Sala de Emergencias si desarrolla estos síntomas:

A ***Dolor Abdominal.*** Dolor severo puede ser un coágulo de sangre en la pelvis o hígado, tumor benigno en el hígado o enfermedad en la vesícula biliar.

C ***Dolor en el pecho o dificultad para respirar***. Puede ser un coágulo de sangre en los pulmones, ataque al corazón, angina (dolor de pecho), o bulto en los senos.

H ***Dolores de cabeza.*** Dolores de cabeza severos podrían ser un accidente cerebrovascular, migrañas con signos nerviosos/cerebrales (visión borrosa, manchas, líneas en zigzag, debilidad, dificultad para hablar), otros dolores de cabeza causados por píldoras, o presión arterial alta.

E ***Problemas en los Ojos. Pérdida de visión, borrosa, o visión doble*** puede ser un cerebrovascular, migraña con problemas nerviosos/cerebrales (visión borrosa, manchas, líneas en zigzag), o coágulos de sangre en los ojos.

S ***Dolor severo en las piernas puede ser: inflamación y coágulos de sangre en una vena de la pierna.***

Si en cualquier momento los dolores de cabeza empeoran o síntomas nerviosos/cerebrales anormales ocurren, ¡deje de usar el anillo inmediatamente!

Anticonceptivos de Emergencia (ECPs) Si usted tuvo sexo y no usó un anticonceptivo, llame la clínica para ECPs y evitar un embarazo hasta 5 días después de haber tenido sexo sin protección.

2.6 COMBINED ORAL CONTRACEPTIVE PILLS

A. EQUIPMENT
- Client counseling handout
- How to start taking birth control pills counseling handout
- What happens if you miss your birth control pills counseling handout
- Calendar
- Combined oral contraceptives pills (COCs)

B. INDICATION
COC is a reversible, combined hormonal method containing a progestin and an estrogen, ethinyl estradiol-EE, that can be used by clients of all ages. FPP provides different types of COCs. For detailed information in selecting an appropriate OCP type for a client, refer to Contraceptive Technology textbook.

C. PRECAUTIONS AND CONTRAINDICATIONS
Medical conditions categorized as 3 or 4 in U.S. MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method. For example, the usage of COCs in clients ≥ 35 years old who smoke <15 cigarettes/day is MEC 3 and ≥15 cigarettes/day is MEC 4.

D. HEALTH SCREENING/EXAM
1. Within the past 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3 Contraceptive Services.
2. If the client is changing methods of contraception, provide shared decision-making contraceptive counseling and review the medical history with the client for new information. Assess any changes in health status, including medications.
3. Identify and record any allergies particularly to estrogen/progestin.
4. Obtain baseline BP, weight/height, and BMI measurement as they are helpful for monitoring over time.

E. COUNSELING & EDUCATION
The client counseling handout can serve as the basic format for client education.
1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. During contraceptive counseling discuss the following:
   - **Effectiveness:** With typical use, approximately 8 out of 100 clients will become pregnant in the first year of use of COCs. With perfect use, only 3 clients in 1,000 will get pregnant in one year.
   - **Risks/Benefits:** Document counseling and client's understanding in the record.
   - **Side effects**: breakthrough bleeding and/or spotting, breast discomfort, headache, nausea/vomiting (especially in the first few cycles) and mood changes. Side effects tend to be mild and transient. Advise to call as soon as a problem appears, not to discontinue the pills before consulting a nurse unless there are life-threatening symptoms below.
   - **Warning Signs:** Ascertain that the client has information about danger signs **ACHES;** see birth control pills client counseling handout.
     Instructions for OCP use and instructions for missed pills are at the end of this section.
     WHEN TO START ORAL CONTRACEPTIVES AND THE NEED FOR BACK-UP METHOD (Counseling handout may be used.)
     - If pregnancy has been ruled out, the client may start on the day of their visit. If uncertain whether the client might be pregnant, the benefits of starting COCs likely exceed any risk; therefore, starting COCs should be considered at any time with a follow-up pregnancy test in 2-4 weeks.
     - After Plan B ECP, take regular COC 12 hours afterwards, or wait until first day of next period.
     - After ulipristal acetate (UPA) ECP, start COC no sooner than 5 days after use of UPA.

- Instruct the client to use spermicide and condoms during the first 7 days of pills.

3. **Missed pills education:** For U.S. SPR recommended missed pill instructions, please see Problem Management for additional clinician guidance.
4. Caution clients about:
   - STIs and encourage condom use if not in a monogamous relationship.
   - Age and cigarette smoking-related risks. Offer self-help and referrals to smokers.
5. ECP information in the case that the client had sexual intercourse and they have missed too many COC pills (please see U.S. SPR Recommended Actions After Late or Missed Combined Oral Contraceptives, below).

F. CONSENT

Although Title X does not require a method-specific consent form for COCs, a nurse/clinician must document the client's recall and understanding of the counseling (based on the teach-back method) in the client's medical record.

G. PRESCRIPTION

1. The clinician must prescribe the method. They may prescribe up to a 12-month supply of COCs; A PHN may dispense the OCPs to an established FPP client under a PHD clinician's valid order. The clinician may also order ECP for future use at this time.
2. A PHN may give the first 3 cycles of OCPs to a FPP client by using the Quickstart Standing Order to check the client's eligibility.
3. **Initiation Timing:** OCPs can be initiated at any time if it is reasonably certain that the client is not pregnant. For Special Considerations for Initiation of Combined Hormonal Contraceptives (CHCs) including OCPs, a clinician may refer to U.S. SPR.
4. **Need for Back-Up Contraception:**
   - If OCPs are started within the first 5 days since menstrual bleeding started, no additional contraceptive protection is needed.
   - If OCPs are started >5 days since menstrual bleeding started, the client needs to abstain from sexual intercourse or use additional contraceptive protection (spermicide and condoms) for the next 7 days.

H. VISIT SCHEDULE FOR METHOD

1. For clients who have never taken pills before, the pill supply shall be managed as follows:
   - Initial visit: 3 cycles - return for renewal during 3rd package
   - Return visit: 10 cycles - return for annual visit during last package.

     Pill supply for routine return clients should be managed as follows:

     Annual visit for prescription: 13 cycles (packs) - return for the next annual visit before the last pack.
2. The nurse may make exceptions to the above visit when there are problems or with available COC supply or when a client needs to be monitored more closely (for example, teens). Document justification for the exception.
3. FPP supplies OCPs by class (see OCP Substitute Table in Section 3). If a clinic does not have the brand the client is taking, the nurse can dispense another brand within the same class. Document in the medical record the brand of pills that is given. If there is a need to switch the class of OCP, the nurse will need a clinician order.
4. Chart should include updated health history with particular attention to the last normal menstrual period, cigarette smoking, weight, blood pressure, and ACHES symptoms. Ask about difficulty using the pills. The clinician will document problems that were addressed.

I. PROBLEM MANAGEMENT (FOR CLINICIANS)

Clients who call or present with problems with the pills will be referred to a clinician. If no clinician is available and the nurse assesses the problem as severe, the client should be referred to a private physician or the Emergency Room.

Recommended Actions After Late or Missed Combined Oral Contraceptives (U.S. SPR)
When using the following algorithm for late or missed doses of combined oral contraceptives, SPR states that a dose is considered:

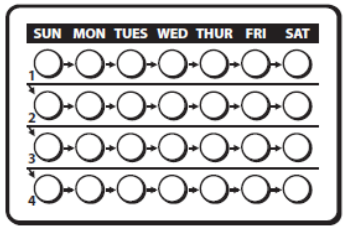
- late when <24 hours have elapsed since the dose should have been taken. For example, if a COC pill was supposed to have been taken on Monday at 9:00 a.m. and is taken at 11:00 a.m., the pill is late.
- missed if ≥24 hours have elapsed since the dose should have been taken. Following the example above, the Monday's 9:00 a.m. pill has been missed if taken on Tuesday morning at 11:00 a.m.
- For COCs, the recommendations only apply to late or missed hormonally active pills and not to placebo pills.

Recommended Actions After Late or Missed Combined Oral Contraceptives

If one hormonal pill is late: (<24 hours since a pill should have been taken)

If one hormonal pill has been missed: (24 to <48 hours since a pill should have been taken)

- Take the late or missed pill as soon as possible.
- Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
- No additional contraceptive protection is needed.
- Emergency contraception is not usually needed but can be considered (with the exception of UPA) if hormonal pills were missed earlier in the cycle or in the last week of the previous cycle.



If two or more consecutive hormonal pills have been missed: (≥48 hours since a pill should have been taken)

- Take the most recent missed pill as soon as possible (any other missed pills should be discarded).
- Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
- Use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills have been taken for 7 consecutive days.
- If pills were missed in the last week of hormonal pills (e.g., days 15-21 for 28-day pill packs):
  - Omit the hormone-free interval by finishing the hormonal pills in the current pack and starting a new pack the next day.
  - If unable to start a new pack immediately, use back-up contraception (e.g., condoms) or avoid sexual intercourse until hormonal pills from a new pack have been taken for 7 consecutive days.
- Emergency contraception should be considered (with the exception of UPA) if hormonal pills were missed during the first week and unprotected sexual intercourse occurred in the previous 5 days.
- Emergency contraception may also be considered (with the exception of UPA) at other times as appropriate.

Abbreviation: UPA = ulipristal acetate

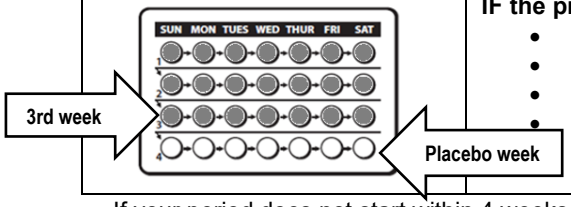
Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

COC Missed Pill Instructions (US SPR):

MISSED PILL INSTRUCTIONS FOR COMBINED PILLS

This is what to do if you:

Missed **one pill** (less than 24 hours late)	Take the pill as soon as you remember.	No back up birth control is needed.
Missed **one pill** (more than 24 hours late, but less than 48 hours late)	Take the pill you missed as soon as you remember it and your next pill at your regular scheduled time (it is OK to take two pills on the same day/same time). Continue taking the rest of the pills on your normal schedule.	
Missed **two pills** (more than 48 hours late) 	Take the most recent missed pill as soon as possible. Throw away the other missed pill(s). Take the remaining pill(s) at the usual time even if it means taking two pills on the same day. **IF the pills missed were from the 3rd week of the pack:** • Follow the instructions in this section above **AND** • Finish the 3rd week taking the pills at the usual time • Throw away the 4th week of the pack (placebo pills) • Start a new pill pack the day after finishing the 3rd week of the pack If you are unable to start a new pack right away, use condoms or don't have sex until you have started the new pack and taken for 7 days	**Use back-up birth control (such as condoms) or do not have sex for 7 days.**

If your period does not start within 4 weeks, get a pregnancy test.

Consider Emergency Contraception if you had unprotected sex in the last 5 days and:

- You missed 2 pills in the first week of your current pack.
- You missed a pill now and missed another pill in the last four weeks.

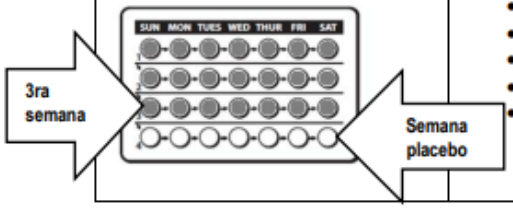
Emergency Contraception works best if you take it right away (it works up to 5 days from unprotected sex). Call the clinic for more information.

Instrucciones COC para Píldoras Perdidas (US SPR):

INSTRUCCIONES PARA PÍLDORAS PERDIDAS CON PÍLDORAS COMBINADAS

Esto es lo que hará si:

No se tomó **una píldora** (menos de 24 horas tarde) No se tomó **una píldora** (más de 24 horas tarde, pero menos de 48 horas tarde)	Tome la píldora tan pronto como lo recuerde. Tome la píldora que perdió tan pronto como lo recuerde y su siguiente píldora a la hora programada (está bien tomar dos píldoras el mismo dia/misma hora). Continúe tomando el resto de las píldoras a las horas programadas.	No necesita ancitonceptivos de apoyo.
No se tomó **dos píldoras** (más de 48 horas tarde)	Tome la píldora perdida tan pronto como sea posible. Tire a la basura las otras píldoras que no se tomó. Tome las píldoras restantes como están programadas aun cuando tome dos píldoras el mismo día. **Si las píldoras que no se tomó son de la 3ra semana del paquete:** • Siga las instrucciones en esta sección a continuación **Y** • Finalice la 3ra semana tomando las píldoras como estan programadas • Tire a la basura la 4ta semana del paquete (píldoras placebo) • Comience un nuevo paquete el día después de finalizar la 3ra semana del paquete • Si no puede comenzar un nuevo paquete al momento, use condones o no tenga sexo hasta que haya comenzado el nuevo paquete y tomado por 7 días	**Use un método anticonceptivo de apoyo (como condones) o no tenga sexo por 7 días.**



Si su período no comienza en 4 semanas, hágase una prueba de embarazo.

Considere un Anticonceptivo de Emergengia si tuvo sexo sin protección en los pasados 5 días y:

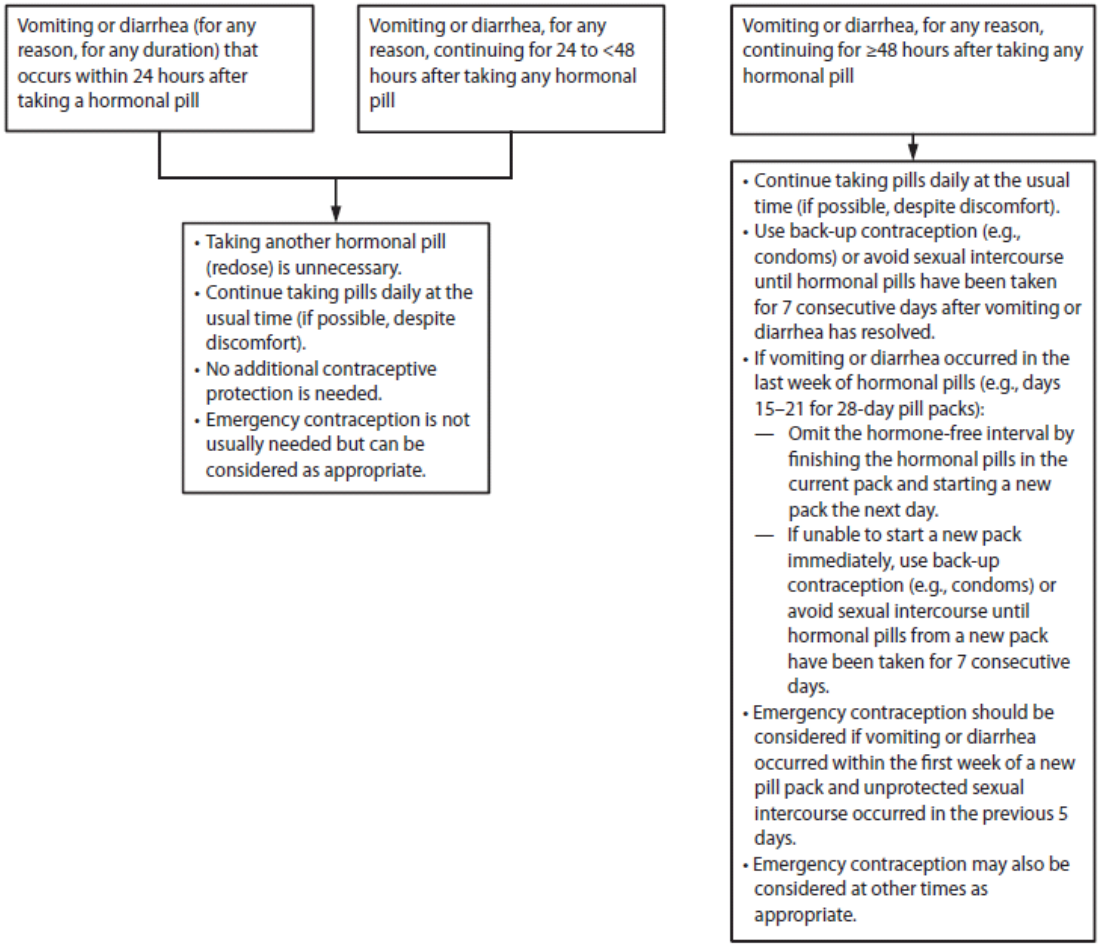
- Usted no se tomó dos píldoras en la primera semana del paquete actual.
- Al momento no se tomó una de las píldoras y perdió otra dosis en las pasadas cuatro semanas.

Los Anticonceptivos de Emergencia trabajan mejor si usted lo toma al momento (trabajan hasta 5 días desde que tuvo sexo sin protección). Llame la Clínica para más información.

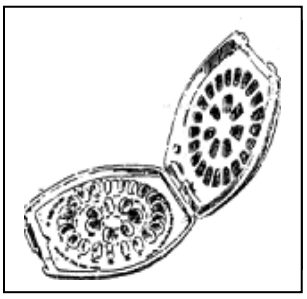
Unscheduled Bleeding with Extended or Continuous Use of COCs

- Extended contraceptive use is defined as a planned hormone-free interval after at least two contiguous cycles. Continuous contraceptive use is defined as uninterrupted use of hormonal contraception without a hormone-free interval.
- Unscheduled spotting or bleeding is common during the first 3–6 months of extended or continuous combined hormonal contraceptive use. It is generally not harmful and decreases with continued COC use. If unscheduled bleeding occurs regularly, consider ordering a higher dose COC.
- If clinically indicated, consider an underlying gynecological problem, such as inconsistent use, interactions with other medications, cigarette smoking, an STI, pregnancy, or new pathologic uterine conditions (e.g., polyps or fibroids):
    - If an underlying gynecological problem is found, treat the condition or refer for care.
    - If an underlying gynecological problem is not found and the client wants treatment, the following treatment option can be considered:
    - Advise the client to discontinue COC use (i.e., a hormone-free interval) for 3–4 consecutive days; a hormone-free interval is not recommended during the first 21 days of using the continuous or extended combined hormonal contraceptive method. A hormone-free interval also is not recommended more than once per month because contraceptive effectiveness might be reduced.
- If unscheduled spotting or bleeding persists and the client finds it unacceptable, counsel them on alternative contraceptive methods, and offer another method if it is desired.

Vomiting or Severe Diarrhea



U.S. SPR Figure 4: Recommended actions after Vomiting or Diarrhea while Using Combined Oral Contraceptives.



BIRTH CONTROL PILLS
COUNSELING HANDOUT

What are birth control pills?
Also called "oral contraceptives," combined birth control pills contain two hormones, an estrogen and a progestin.

How do they work?
They stop the ovary from releasing an egg. They also thicken cervical mucus so sperm can't enter the uterus and they thin the lining of the uterus.

How effective are they? Typical use: 8 out of 100 clients will become pregnant in one year.
When used consistently and correctly: 3 out of 1000 clients will become pregnant in one year.

What are the advantages?
Decreases: Menstrual flow and anemia, menstrual cramps, endometriosis and PMS, benign breast conditions, ovarian and endometrial cancer risk, ovarian cysts, acne, pelvic inflammatory disease (PID), and ectopic pregnancy.

What are the disadvantages?

- Do not protect from HIV or other sexually transmitted infections. Use condoms if you are at risk.
- Need to take a pill every day and need a safe and convenient place to keep the pills.
- Possible nausea and/or spotting during the first few cycles. If you have nausea, take pill at night or with food.
- Other non-harmful side effects may be dizziness, breast tenderness, headaches, mood changes, bloating.
- **Most side effects resolve within 2-3 cycles of pills.**
- Serious complications can occur but are rare: Blood clots, stroke, and heart attack. Risks for blood clots include older age, obesity, and blood clotting disorders. Smoking is a risk factor for stroke and heart attack, so we do not use pills in clients over 35 who smoke. Pills are contraindicated in clients with liver cancer, current gallbladder disease and high blood pressure.
- After stopping pills, it's possible you may not get your period for 1-3 months.

WARNING SIGNS: "ACHES": Go to the Emergency Room if these symptoms develop:

A **Abdominal pain, severe:** could be: blood clot in pelvis or liver, benign liver tumor or gallbladder disease
C **Chest pain or shortness of breath, severe:** could be: blood clot in lungs, heart attack, angina (heart pain), or breast lump
H **Headaches, severe:** could be stroke, migraine headache with nerve/brain signs (blurred vision, spots, zigzag lines, weakness, difficulty speaking), other headaches caused by pills, or high blood pressure
E **Eye Problems: loss of, blurred, or double vision:** could be: stroke, migraine headache with nerve/brain problems (blurred vision, spots, zigzag line), or blood clots in eyes
S **Severe leg pain:** could be inflammation and blood clots of a vein in the leg

If at any time headaches clearly get worse or abnormal nerve or brain symptoms occur, stop pills immediately and see your nurse or doctor!

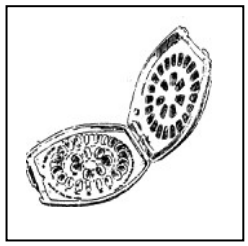
You should return to the clinic if you develop severe mood swings, depression, jaundice- (yellow-colored eyes or skin), miss 2 periods, or have signs of pregnancy.

Myths about birth control pills
Pills **don't** cause birth defects, infertility (difficulties becoming pregnant) or weight gain. They don't build up in a client's body, won't harm an early pregnancy, and do not require a "break" from the pills.

Emergency Contraception: If you had sex and did not use contraception, call the clinic for Emergency Contraceptive Pills to prevent pregnancy up to 5 days after unprotected sex.

If you think you are pregnant:
Continue taking your pills and seek a pregnancy test (a home test or call the clinic). If your pregnancy test is positive, stop taking the pills.

PÍLDORAS ANTICONCEPTIVAS
HOJA DEL CONSEJERO



¿Qué son las píldoras anticonceptivas?
También conocidas como "anticonceptivos orales", las píldoras anticonceptivas combinadas contienen dos hormonas, un estrógeno y una progestina.

¿Cómo trabajan?
Ellas detienen el ovario de liberar un huevo. También hacen más gruesa la mucosa del cérvix para que la esperma no pueda entrar al útero y adelgazan la cubierta del útero.

¿Que tan efectivas son? Uso típico: 8 de cada 100 clientes quedarán embarazadas en un año.
Cuando usadas consistentemente y de forma correcta: 3 de cada 1000 clientes quedarán embarazadas en un año.

¿Cuáles son las ventajas?
Disminuye: El flujo menstrual y anemia, calambres menstruales, endometriosis y PMS, condiciones benignas en los senos, riesgos de cáncer en los ovarios y endometrio, quistes en los ovarios, acné, enfermedad inflamatoria pélvica (PID), y embarazo ectópico.

¿Cuáles son las desventajas?

- No protegen contra VIH u otras infecciones transmitidas sexualmente. Use condones si usted está en riesgo.
- Necesita tomar una píldora todos los días y necesita un lugar seguro y conveniente para mantener las píldoras.
- Posible náusea y/o manchado durante los primeros ciclos. Si usted tiene náusea, tome la píldora en la noche o con alimentos.
- Otros efectos secundarios no peligrosos pueden ser: mareos, sensibilidad en los senos, dolores de cabeza, cambios de humor, hinchazón.
- **Casi todos los efectos secundarios se resuelven dentro de 2-3 ciclos de píldoras.**
- Complicaciones serias pueden ocurrir, pero son raras: Coágulos de sangre, accidente cerebrovascular, y ataques al corazón. Los riesgos a coágulos de sangre incluyen edad avanzada, obesidad y desórdenes en la coagulación de sangre. Fumar es un factor de riesgos para ataques cerebrovasculares y ataques al corazón, por lo que no utilizamos en clientes más de 35 años quienes fuman. Las píldoras están contraindicadas para los clientes con cáncer de hígado, enfermedad actual en la vesícula biliar y presión arterial alta.
- Después de dejar de tomar las píldoras, es posible que usted no tenga la regla por 1-3 meses.

SIGNOS DE ALERTA: "ACHES": Vaya a la Sala de Emergencias si desarrolla estos síntomas:

A **Dolor abdominal severo:** puede ser: coágulo de sangre en la pelvis o hígado, tumor benigno en el hígado o enfermedad en la vesícula biliar
C **Dolor en el pecho o dificultad para respirar, severos:** puede ser: coágulo de sangre en los pulmones, ataque al corazón, angina (dolor en el corazón), o bulto en los senos
H **Dolores de cabeza, severos:** puede ser accidente cerebrovascular, migrañas con signos nerviosos/cerebrales (visión borrosa, manchas, líneas en zigzag, debilidad, dificultad para hablar), otros dolores de cabeza causados por píldoras, o presión arterial alta
E **Problemas con los ojos: pérdida de, visión borrosa, doble:** debe ser: accidente cerebrovascular, migraña con problemas nerviosos/cerebrales (visión borrosa, manchas, líneas en zigzag), o coágulos de sangre en los ojos
S **Dolor severo en las piernas:** puede ser: inflamación y coágulos de sangre en alguna vena de la pierna

Si en cualquier momento empeoran los dolores de cabeza u ocurren síntomas nerviosos o cerebrales anormales, ¡deje de tomar las píldoras inmediatamente y vea a su doctor o enfermera!

Usted debe volver a la clínica si desarrolla cambios de humor, depresión, ictericia (ojos o piel amarillentos), pérdida de dos reglas, o tener signos de embarazo.

Mitos acerca de las píldoras anticonceptivas
Las píldoras no causan defectos de nacimiento, infertilidad (dificultad para quedar embarazada) o ganar peso. Ellas no se almacenan en el cuerpo del cliente, no son peligrosas al principio del embarazo y no se requiere un "descanso" de las píldoras.

Anticonceptivo de Emergencia: Si usted tuvo sexo y no usó anticonceptivos, llame a la clínica para Píldoras Anticonceptivas de Emergencia para evitar un embarazo hasta 5 días después de haber tenido sexo sin protección.

Si usted cree que está embarazada:
Continúe tomando sus píldoras y busque hacerse una prueba de embarazo (en la casa o en la clínica). Si su prueba de embarazo da positivo, deje de tomar las píldoras.

Client counseling handout #1: How to start taking birth control pills

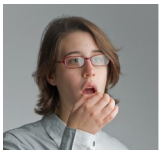
How to start taking birth control pills.

There are three ways to start the pill. Your nurse or doctor will help you decide which way is best for you.

☐ **First Day Start**

Take the first pill in the pack on the first day that you bleed with your next period.

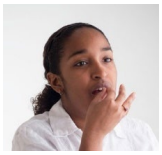
☐ **Quick Start**



Take the first pill in the pack today.

Use condoms or do not have sex for 7 days after you start.

☐ **Sunday Start**



Take the first pill in the pack on the first Sunday after you start bleeding.

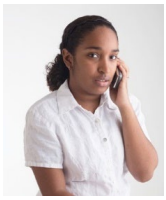
If your bleeding starts on Sunday, that is the first Sunday. Take your pills that day.

Use condoms or do not have sex for 7 days after you start.

For all three start types—Quick Start, First Day Start, and Sunday Start—

After your first pill:

- Take one pill every day.
- Take your pill at the same time every day.
- Be careful not to skip pills.



Questions?
Call your clinic at

( ) -

Center for Health Training ~ www.centerforhealthtraining.org
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Client counseling handout #2: Cómo empezar a tomar la pastilla anticonceptiva

Cómo empezar a tomar la pastilla anticonceptiva.

Hay tres maneras de empezar a tomar la pastilla. Su enfermera o doctor le ayudará a decidir la que es mejor para usted.

☐ **Inicio en el primer día**

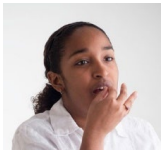
Tome la primera pastilla del paquete el primer día de sangrado de su próxima menstruación.

☐ **Inicio rápido**

Tome la primera pastilla del paquete hoy.

Use condones o no tenga relaciones sexuales durante 7 días después de empezar a tomarlas.

☐ **Inicio en domingo**



Tome la primera pastilla del paquete el primer domingo después de comenzar con el sangrado.

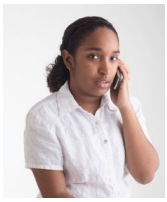
Si su sangrado empezó un domingo, éste se considera como el primer domingo. Tome su primera pastilla ese día.

Use condones o no tenga relaciones sexuales durante 7 días después de empezar a tomarlas.

Para cualquiera de los tres tipos de inicio—inicio rápido, inicio en el primer día o inicio en domingo—

Después de su primera pastilla

- Tome una pastilla todos los días
- Tome su pastilla a la misma hora todos los días
- Tenga cuidado de que no se le olvide tomar ninguna pastilla



¿Tiene preguntas?
Llame a su clínica

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2.7 PROGESTIN-ONLY PILLS

A. EQUIPMENT
- Client educational counseling handout
- How to start taking birth control pills counseling handout
- What happens if you miss your birth control pills counseling handout
- Calendar
- Progestin Only Pills (POPs)

B. INDICATION

Progestin Only Pill is a reversible, hormonal method containing only a progestin and no estrogen that can be used by clients of all ages. POP may be indicated for clients who cannot tolerate estrogen or clients who are exclusively breastfeeding.

Unlike COCs, POPs have vulnerable effectiveness. To maximize contraceptive effectiveness, POP users should be especially careful (more careful than COC users) to take the pills at the same time each day.

C. PRECAUTIONS AND CONTRAINDICATIONS

Medical conditions categorized as 3 or 4 in U.S. MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method.

D. HEALTH SCREENING/EXAM
1. Within the past 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3 Contraceptive Services.
2. If the client is changing methods of contraception, provide client-centered shared decision-making contraceptive counseling and review the medical history with the client for new information. Assess any changes in health status, including medications.
3. Identify and record any allergies particularly to progestin.
4. Obtain baseline BP, weight/height, and BMI measurement as they are helpful for monitoring over time.

E. COUNSELING & EDUCATION

The client counseling handout can serve as the basic format for client education.
1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. During contraceptive counseling discuss the following:
   - **Effectiveness:** With typical use, approximately 8 out of 100 clients will become pregnant in the first year of use of POPs. With perfect use, only 3 clients in 1,000 will get pregnant in one year.
   - **Risks/Benefits:** Document counseling and client's understanding in the record. Instructions for OCP use are at the end of the previous section. Instructions for missed POPs are at the end of this section.
   - **Side effects**: breakthrough bleeding and/or spotting, breast tenderness, mild headaches, nausea/vomiting (especially in the first few cycles) and mood changes. Side effects tend to be mild and transient. Advise to call as soon as a problem appears, not to discontinue the pills before consulting a nurse unless there are life-threatening symptoms below.
   - **Warning Signs:** Ascertain that the client has information about danger signs**;** see progestin only pills client counseling handout.
   - One pill is taken every day with no hormone-free interval.
3. **Missed pills education:** A dose is considered missed if it has been more than 3 hours since it should have been taken. See Problem Management for SPR, 2016 guidance.
4. ECP information in the case that the client was more than 3 hours late taking the POP and had sexual intercourse. After ECP, begin POP 12 hours afterwards, or wait until first day of next period.

5. Caution clients about STIs and encourage condom use if not in a monogamous relationship.

F. CONSENT

Although Title X does not require a method-specific consent form for POPs, the nurse/clinician must document the client's recall and understanding of the counseling (based on the teach-back method) in the medical record.

G. PRESCRIPTION

1. The clinician must prescribe the method. They may prescribe up to a 12-month supply of POPs; 13 cycles of 28-day pill packs are needed for 12 months. A PHN may dispense the POPs to an established FPP client under a PHD clinician's valid order. The clinician may also order ECP for future use at this time.
2. **Initiation Timing:** POPs can be initiated at any time if the clinician is reasonably certain that the client is not pregnant. If uncertain whether the client might be pregnant, the benefits of starting POPs likely exceed any risk; therefore, starting POPs should be considered at any time with a follow-up pregnancy test in 2-4 weeks. For Special Considerations for Initiation of Progestin Only Pills, a clinician may refer to U.S. SPR.
3. **Need for Back-Up Contraception:**
   - If POPs are started within the first 5 days since menstrual bleeding started, no additional contraceptive protection is needed.
   - If POPs are started >5 days since menstrual bleeding started, the client needs to abstain from sexual intercourse or use additional contraceptive protection (spermicide and condoms) for the next 2 days.

H. VISIT SCHEDULE FOR METHOD

1. For clients who have never taken pills before, the pill supply shall be managed as follows:
   - Initial visit: 3 cycles - return for renewal during 3rd package.
   - Return visit: 10 cycles - return for annual visit during last package.

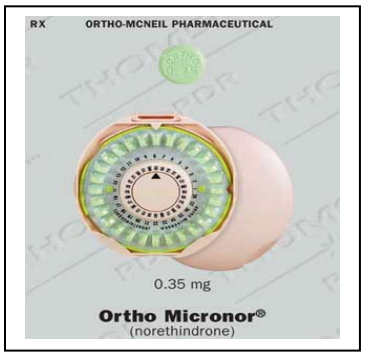
     Pill supply for routine return clients should be managed as follows:

     Annual visit for prescription: 13 cycles (packs) - return for the next annual visit before the last pack.
2. The nurse may make exceptions to the above visit when there are problems or with available POP supply or when a client needs to be monitored more closely (for example, teens). Document justification for the exception.
3. If there is a need to change the method, the nurse will need a clinician order.
4. Chart should include updated health history with particular attention to the last normal menstrual period, weight, BP, and side effects/warning symptoms. Ask about difficulty using POP. The clinician will document problems that were addressed.

I. PROBLEM MANAGEMENT (FOR CLINICIANS)

1. Clients who call or present with problems with the pills will be referred to a clinician. If no clinician is available and the nurse assesses the problem as severe, the client should be referred to a private physician or the Emergency Room.
2. Recommended actions after late/missed pills: For the following recommendations, a dose is considered missed if it has been >3 hours since it should have been taken. (SPR 2024).
   - Take one pill as soon as possible.
   - Continue taking pills daily, one each day, at the same time each day, even if it means taking two pills on the same day.
   - Use back-up contraception (e.g., condoms) or avoid sexual intercourse until pills have been taken correctly on time, for 2 consecutive days. (Some clinicians counsel to use condoms for 7 days, for consistency).
3. For vomiting or diarrhea (for any reason or duration) that occurs within 3 hours after taking a pill:
   - Take another pill as soon as possible (if possible, despite discomfort).
   - Continue taking pills daily, one each day, at the same time each day.

- Use back-up contraception (e.g., condoms) or avoid sexual intercourse until 2 days after vomiting or diarrhea has resolved.
- Emergency contraception should be considered (with the exception of UPA) if the client has had unprotected sexual intercourse.



PROGESTIN ONLY PILLS (POPs)
COUNSELING HANDOUT

What are Progestin Only Pills?
They are birth control pills that contain just one hormone, a progestin. They are also called "mini-pills" and can be used by clients who shouldn't use estrogen-containing pills.

How do they work?
They work by making cervical mucus thicker, so sperm cannot reach the egg, and by making the lining of the uterus thinner. Sometimes they stop ovulation (release of egg).

How effective are they?
Typical use: 8 out of 100 clients will become pregnant in one year.
When used consistently and correctly: 3 out of 1000 clients will become pregnant in one year.

What are the advantages?
- They decrease menstrual flow and the risk for anemia, menstrual cramps, endometriosis, pelvic inflammatory disease (PID), endometrial cancer.
- Usually can be used by clients who cannot use estrogen-containing pills.
- Are easier to take than combined pills since every day you take the same kind of pill and there are no hormone-free pills.
- Nursing mothers can take progestin-only pills when the baby is 1 month old.
- Can be used by clients who smoke and are over 35 years old.
- Ability to get pregnant returns quickly after stopping the pills.

What are the disadvantages?
- POPs do not protect you from HIV or other sexually transmitted diseases. Use condoms if you are at risk.
- Irregular bleeding is the most common problem. There may be spotting between periods, or periods may be very short and scanty.
- You have to remember to take a pill **around the same time (within 3 hours)** every single day**.**
- The failure rate is a bit higher than with regular birth control pills – but they are still very effective.

WARNING SIGNS:
See your doctor or nurse if you have these or any other signs or concerns: severe abdominal pain, heavy bleeding, repeated, very painful headaches, or depression.

Emergency Contraception
If you had sex and did not use contraception, call the office for Emergency Contraception to prevent pregnancy up to 5 days after unprotected sex.

If you think you are pregnant:
Continue taking your pills and seek a pregnancy test (a home test or call the clinic). If your pregnancy test is positive, stop taking the pills.

PÍLDORAS CON PROGESTINA SOLAMENTE (POPs)
HOJA DEL CONSEJERO

¿Cuáles son las Píldoras con Progestina Solamente?
Son píldoras anticonceptivas que contienen solamente una hormona, progestina. También son llamadas "minipíldoras" y pueden ser usadas por clientes quienes no pueden usar píldoras que contienen estrógeno.

¿Cómo trabajan?
Trabajan haciendo la mucosa cervical más gruesa, para que la esperma no pueda alcanzar el huevo, y haciendo más delgada la cobertura del útero. A veces detienen la ovulación (liberación del huego).

¿Cuán efectivas son?
Uso típico: 8 de cada 100 clientes quedarán embarazadas en un año.
Cuando son usadas consistentemente y de forma correcta: 3 de cada 1000 clientes quedarán embarazadas en un año.

¿Cuáles son las ventajas?
- La disminución del flujo menstrual y el riesgo de anemia, cólicos menstruales, endometriosis, enfermedad inflamatoria pélvica (PID), cáncer en el endometrio.
- Usualmente puede ser usado por el cliente que no puede usar píldoras que contienen estrógeno.
- Son más fáciles de tomar que las píldoras combinadas ya que usted toma la misma píldora y no hay píldoras libres de hormonas.
- Las madres que lactan pueden tomar píldoras con progestina solamente cuando el bebé tiene 1 mes de nacido.
- Puede ser usado por clientes quienes fuman o son mayores de 35 años.
- La habilidad de quedar embarazada regresa rápidamente, después de dejar de tomar las píldoras.

¿Cuáles son las desventajas?
- POPs no le protegen contra VIH u otras enfermedades de transmisión sexual. Use condones si está en riesgo.
- Sangrado irregular es el problema más común. Puede haber manchado entre reglas o períodos pueden ser muy cortos y escasos.
- Usted tiene que recordar tomar una **píldora al mismo tiempo (dentro de 3 horas)** todos los días.
- El rango de fallo es un poco más alto que con cualquiera píldora anticonceptiva - pero son muy efectivas.

SIGNOS DE ALERTA:
Vea a su doctor o enfermera si tiene estos o cualquier signo o preocupación: dolor abdominal severo, sangrado agudo, repetido, dolores de cabeza severos, o depresión.

Anticonceptivos de Emergencia
Si usted tuvo sexo y no usó anticonceptivos, llame a la oficina para Anticonceptivos de Emergencia para evitar un embarazo hasta 5 días después de haber tenido sexo sin protección.

Si usted cree que está embarazada:
Continúe tomando las píldoras y hágase una prueba de embarazo (en el hogar o la clínica). Si la prueba da positivo, deje de tomar las píldoras.

MISSED PILL INSTRUCTIONS FOR PROGESTIN-ONLY PILLS

This is what to do if you:

Took your progestin-only pill **less than 3 hours late**	Take the pill as soon as you remember.	Take one pill every day, as before
Missed 1 or more pills in a row (took your progestin-only pill **more than 3 hours late**)	Take yesterday's pill as soon as you remember. Also take today's pill at the regular time AND use condom + foam (film) for 48 hrs or don't have sex for 48 hours.	Take one pill every day, as before

If your period does not start within 4 weeks, get a pregnancy test.
If you had sex without using protection, think about taking emergency contraceptive pills (ECP) right away. Call the clinic for more information.

Instrucciones en el caso de no tomar las Píldoras de Progestina adecuadamente

Esto es lo que debes hacer si:

Tomaste la píldora de progestina **menos de 3 horas después de la hora debida**	Toma la píldora tan pronto como te acuerdes.	Continúa tomando 1 píldora por día, como antes.
Se te pasó tomar más de 1 píldoras en dos días seguidos (Tomaste la píldora de progestina **más de 3 horas después de la hora debida)**	Toma la píldora de ayer tan pronto como te acuerdes. Toma la de hoy a la hora de costumbre **y,** si tienes relaciones sexuales, usa un condón por 48 horas **o,** no tengas relaciones sexuales por 48 horas.	Continúa tomando 1 píldora cada día, como antes.

Si tu menstruación no empieza en 4 semanas, hazte una prueba de embarazo.
Si tuviste relaciones sexuales sin usar la protección indicada arriba, considera tomar enseguida píldoras anticonceptivas de emergencia en cuanto sea posible. Para más información o para obtener los números telefónicos de las clínicas más cercanas que receten las píldoras anticonceptivas de emergencia para más información.

U.S. Selected Practice Recommendations, 2016

2.8 EMERGENCY CONTRACEPTIVE PILL (ECP) –Ulipristal Acetate (ella) CLINICIAN PRESCRIBED ONLY

A. EQUIPMENT
Emergency Contraceptive Pill **ella**® (30 mg Ulipristal Acetate) counseling tool and/or medication package insert.

B. INDICATION
Ulipristal Acetate (UPA) is a progesterone agonist/antagonist emergency contraception that is the most effective EC pill available in the U.S. It is indicated for the prevention of pregnancy following unprotected intercourse or a known or suspected contraceptive failure. Research shows that ECPs work mostly by preventing or delaying ovulations. Less commonly, ECPs may prevent fertilization of the egg by the sperm if ovulation has already happened. If a fertilized egg has already implanted in your uterus, ECPs will not stop of harm your pregnancy. (Office of Women's Health, https://www.womenshealth.gov/a-z-topics/emergency-contraception)

Whereas LNG ECP is most effective in the first 72 hours after USIC, UPA is equally effective for five days (120 hours) following USIC.

Following use of UPA, blood levels were similar among obese and normal-BMI women (Contraceptive Technology 21st Ed.).

UPA may be administered at any time during the menstrual cycle; but it is not intended for more than one episode of USIC in a menstrual cycle and is not intended for routine use as a contraceptive.

C. PRECAUTIONS AND CONTRAINDICATIONS
1. Medical conditions categorized as 3 or 4 in the MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method.
2. Known or suspected pregnancy are contraindications to use. Combined data from post-marketing surveillance and clinical trials of UPA found no teratogenic effects among 232 pregnancies with a known outcome in which the client and conceptus were exposed to UPA (Contraceptive Technology, 21st Ed.).
3. UPA is not recommended for use by breastfeeding clients.
4. For clients who request to begin hormonal birth control methods immediately following UPA use, counsel them on UPA interactions with these methods, which include all OCPs, DMPA, LNg IUD and implant. Because UPA and the progestin component of hormonal contraceptives both bind to the progesterone receptor, using them together could reduce both UPA and the hormonal contraceptive intended effects. After using UPA, if a client wishes to use hormonal contraception, they should do so no sooner than 5 days of the intake of UPA, and they should use a reliable barrier method until the next menstrual period.

D. HEALTH SCREENING/EXAM
1. Within the last 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3, Contraceptive Services.
2. Obtain a baseline weight/height, BMI, and BP measurement.
3. Document current medications (including recent UPA or LNG ECP use), allergies, and whether or not the client is breastfeeding.
4. Document information used to determine if the client is already pregnant. This includes:
    a. Date(s) of last unprotected sexual intercourse since the last normal menses.
    b. Any "symptoms of pregnancy" listed in the "How to be Reasonably Sure a client is not Pregnant" box of the FPP Protocols and SPR.
    c. Urine hCG results, if indicated. Indications include:
        - The client has irregular menses.
        - LMP or PMP was not normal in length or timing.

- Current period is late.
- It is uncertain if the sexual history is accurate.
- Any other reason to suspect the client may be pregnant (e.g., pregnancy symptoms).

When interpreting urine hCG results, limitations of the test should be kept in mind.

E. COUNSELING & EDUCATION

The client counseling handout can serve as the basic format for client education.

1. Clients will be counseled as outlined in Section 1, Subsection 1.3.
2. During contraceptive counseling discuss the following:
   - **Effectiveness:** With typical use UPA reduces pregnancy risk by 62-85% on average.
   - **Correct use/Risks/Benefits**: Document counseling and the client's understanding in the record.

     Although there is no limit of how many times per year a client can safely use ECP, given its limited effectiveness, it is important to explore with the client their reproductive goals and preferences, and if they are interested in other options for on-going birth control method. "However, not everyone will want contraceptive counseling or want to use other contraceptives. Thus, while it is recommended that providers offer contraception counseling, adoption of an ongoing regular method of contraception should never be a prerequisite for providing EC. It is coercive to withhold EC (or other services) unless a patient agrees to contraceptive counseling or starts ongoing contraception," (Contraceptive Technology 22nd Ed., p.529).

     UPA may make hormonal birth control methods less effective, and hormonal birth control methods may make UPA less effective (due to interference with the progestin hormone component).

     If a client wishes to use hormonal contraception, they should do so no sooner than 5 days after intake of UPA, and they should use a reliable barrier method until the next menstrual period.

     For clients who are interested in long-term contraception, inform them about alternative emergency contraception such as Paragard, which can be inserted within 120 hours of the first act of USIC as an emergency contraceptive, reduces the risk of pregnancy by 99%, and provides immediate ongoing contraception for up to 12 years.

     UPA will not protect against infection with HIV/AIDS or other STI.
   - **Side Effects**:
     - may cause changes in menstrual bleeding- for example, shortened or lengthened menstrual cycle, and/or inter-menstrual bleeding
     - headache
     - abdominal pain/menstrual pain
     - dizziness
     - fatigue
     - nausea: If vomiting occurs within 3 hours, another dose of UPA may be considered - the client should be instructed to return as soon as possible.

       The client should contact their doctor if they have any side effect that bothers them or that does not resolve.
   - **Warning Signs**:
     - If the client's period does not start within 3 weeks after taking ECPs or if they are worried and/or feels they may be pregnant, they should have a pregnancy test.
     - If they have severe lower abdominal pain about 3-5 weeks after taking UPA, they should contact their doctor right away or go to the nearest emergency room as it may be due to an ectopic pregnancy (a pregnancy outside the uterus).

F. CONSENT

Although Title X does not require a method-specific consent form for ECPs, clinicians must document the client's recall and understanding of the counseling (based on the teach-back method) in the medical record.

G. PRESCRIPTION:

1. **The clinician must prescribe this method.**
   - If a clinician already sees a client who clinically can benefit from UPA, at their discretion, they may prescribe "ulipristal (ella) 30mg once by mouth, as soon as possible, within 120 hours (5 days) after unprotected intercourse."
   - **If no clinician is available to prescribe UPA, PHN will offer levonorgestrel emergency contraceptive pills (e.g., Plan B, etc.) using the protocols and standing orders.**
2. It is recommended that the UPA supply is clearly separated from the levonorgestrel emergency contraceptive (e.g., Plan B, etc.) within the PHO pharmacy. This is to ensure UPA is not inadvertently given to clients, instead of levonorgestrel. The two medications are not equivalent. **Ulipristal acetate is <u>not</u> included in the emergency contraceptive standing orders for PHNs and requires a clinician order.**

H. VISIT SCHEDULE FOR METHOD

Clients should be tested for pregnancy if menses is more than seven days late, if any signs or symptoms of pregnancy, or as needed.

Follow up appointments can include initiating or changing hormonal or other contraceptives.

Emergency Contraceptive Pill (ECP) - Ulipristal Acetate (ella®)
COUNSELING HANDOUT

What is ella®?
Ella® or Ulipristal acetate (UPA) is a prescription emergency contraceptive pill that can reduce your risk of becoming pregnant if your birth control fails or you have unprotected sex.

How does it work?
Research shows that emergency contraception pills work mostly by preventing or delaying ovulation (the release of an egg from the ovary). Less commonly, emergency contraception may prevent fertilization of the egg by the sperm if ovulation has already happened. If a fertilized egg has already implanted in your uterus (you are pregnant), emergency contraception pills will not stop or harm your pregnancy.

How effective is ulipristal acetate?
If UPA is taken as directed, it will reduce the chance that you will get pregnant. UPA is not effective in every case. UPA is only to be used for a single episode of unprotected intercourse. Be sure to use a regular birth control method the next time you have sex.

What are the disadvantages?
- Do not take UPA if you know or suspect you are already pregnant. UPA is not for use to end an existing pregnancy. Talk to your healthcare provider before taking UPA if you think you are pregnant.
- Do not take UPA if you are breastfeeding because UPA gets into the breast milk.
- Using some other medicines may make UPA less effective. These include St. John's Wort, phenytoin, rifampin, phenobarbital, and carbamazepine. Tell the clinician what medications (including over the counter) that you use regularly.
- Using UPA with hormonal contraceptives such as birth control pills could reduce the effectiveness of both drugs to prevent pregnancy. After using UPA, if you wish to use hormonal contraception, you should do so no sooner than 5 days after taking UPA. Be sure to use a reliable barrier contraceptive method (such as a condom with spermicide) each time you have sex until your next menstrual period.

What else should I know?
- Contact your healthcare provider right away if you vomit within 3 hours of taking UPA.
- After taking UPA, your next menstrual period may begin a few days earlier or later than expected.
- If your period is more than 7 days later than expected, you may be pregnant. You should get a pregnancy test and follow up with your healthcare provider.
- If you have severe lower stomach (abdominal) pain about 3 to 5 weeks after taking UPA, you may have a pregnancy outside of the uterus (womb), which is called an ectopic pregnancy. An ectopic pregnancy is a serious condition that needs medical treatment right away. Call your healthcare provider or go to the nearest emergency room right away.

What are the most common side effects?
Headache, nausea, stomach (abdominal) pain, menstrual pain, tiredness, and dizziness.

10/22 Adapted from FDA package insert
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022474s010lbl.pdf

Píldora Anticonceptiva de Emergencia (ECP) - Acetato de Ulipristal (ella®)
HOJA DEL CONSEJERO

¿Qué es ella®?
Ella® o Acetato de Ulipristal (UPA) es una píldora anticonceptiva de emergencia recetada, que puede reducir su riesgo de quedar embarazada si su método anticonceptivo falla o si tiene sexo sin protección.

¿Cómo trabaja?
Los estudios muestran que las píldoras anticonceptivas de emergencia mayormente trabajan evitando o retrasando la ovulación (la liberación de un huevo del ovario). Menos común, el anticonceptivo de emergencia puede evitar la fertilización del huevo por la esperma, si la ovulación ha ocurrido. Si un huevo fertilizado ha sido implantado en su útero (usted está embarazada), las píldoras anticonceptivas de emergencia no dañan el embarazo.

¿Qué tan efectivo es el acetato de ulipristal?
Si UPA es tomado como se indica, reducirá la probabilidad de que quede embarazada. UPA no es efectivo en todos los casos. UPA es para ser utilizado una sola vez si tiene sexo sin protección. Asegúrese utilizar un método anticonceptivo regular, la próxima vez que tenga sexo.

¿Cuáles son las desventajas?
- No tome UPA si usted sabe o sospecha que está embarazada. UPA no es para utilizarse como método para terminar un embarazo. Hable con su proveedor del cuidado de la salud si cree que está embarazada, antes de tomar UPA.
- No tome UPA si está lactando, ya que UPA se pasa a la leche materna.
- El utilizar otros medicamentos puede hacer que UPA sea menos efectivo. Estos medicamentos incluyen St. John's Wort, phenytoin, rifampin, phenobarbital, y carbamazepine. Dígale al personal médico los medicamentos que usa regularmente (incluyendo los que son sin receta).
- El utilizar UPA con anticonceptivos hormonales como píldoras anticonceptivas para evitar un embarazo, puede reducir la efectividad de ambas drogas. Después de utilizar UPA, si desea utilizar un anticonceptivo hormonal, debe hacerlo no más tarde de 5 días después de haber utilizado UPA. Asegúrese que utiliza un método anticonceptivo de barrera (como condones con espermicida) dada vez que tenga sexo hasta su próximo período menstrual.

¿Qué más debo saber?
- Contacte inmediatamente a su proveedor del cuidado de la salud si vomita dentro de las 3 horas después de haber tomado UPA.
- Después de tomar UPA, su próximo período menstrual debe comenzar unos cuantos días más temprano de lo esperado.
- Si su período llega 7 días más tarde de lo esperado, puede que esté embarazada. Usted debe hacerse una prueba de embarazo y ver a su doctor.
- Si usted tiene dolor abdominal severo dentro de las 3 a 5 semanas después de tomar UPA, puede que usted tenga un embarazo fuera del útero (la matriz), lo que se llama un embarazo ectópico. Un embarazo ectópico es una condición seria que necesita atención médica de inmediato. Llame a su doctor o vaya de inmediato a la sala de emergencias más cercana.

¿Cuáles son los efectos secundarios más comunes?
Dolor de cabeza, náusea, dolor abdominal, dolor menstrual, cansancio, mareos.

10/22 Adaptado de panfleto FDA
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022474s010lbl.pdf

2.9 EMERGENCY CONTRACEPTIVE PILL (ECP) - Progestin-Only Products (Plan B, My Choice)

A. EQUIPMENT
- Calendar or pregnancy wheel
- Urine hCG Test
- Emergency contraceptive pills
- ECP Handout

B. INDICATION

Emergency contraception is sometimes known as the "morning after pill" or "post–coital" contraception. The term "emergency contraception" is preferred because the method is best suited for limited "emergency" use and can be used for several days after unprotected intercourse, not just the morning after.

Levonorgestrel, like other hormonal contraceptives may prevent pregnancy in several ways. It may prevent pregnancy by primarily delaying or inhibiting ovulation. ECPs do not interrupt an established pregnancy. ECPs are taken long before organogenesis starts, and there is no evidence that infants of clients who took OCPs during pregnancy have an increased risk of birth defects.

ECP effectiveness decreases with time after unprotected or inadequately protected sex so that while a client can use ECP up to 5 days after unprotected or inadequately protected sex, it is most effective when used within the first 24-72 hours.

Examples of indications:
1. A condom or diaphragm breaks, tears, or slips out of place (Clinician-for dispensing to client's partner, see Section 1)
2. A client misses their regular birth control method
3. A client is >15 weeks from the last contraceptive injection
4. A client had intercourse was not using a reliable method of birth control (OCP, Depo-Provera, IUD, Patch, Vaginal Ring, Implant)
5. An IUD is expelled or removed at mid-cycle after unprotected intercourse
6. A client is exposed to a possible teratogen with a failure of their primary contraceptive (e.g., has unprotected or inadequately protected intercourse while taking the prescription acne medicine "Accutane")
7. ECP FUTURE-USE KITS: The "Future-use Kit" can be dispensed to clients who aren't using effective contraceptive methods, if they want the medication. Refer to Dispensing rules below for dispensing ECP to partners of clients ("male ECP").
8. If the client is lactating, they may take ECP but is unlikely to need ECP if < 3 weeks postpartum or using LAM.

C. PRECAUTIONS AND CONTRAINDICATIONS

Medical conditions categorized as 3 or 4 in U.S. MEC. For Category 3, the clinician will document client counseling of risks/benefits and reasons that the benefits outweigh the risk in the client's medical record; for Category 4, do not provide the method.

Known pregnancy is the only absolute contraindication.

Consider the possibility of ectopic pregnancy in clients who become pregnant or complain of lower abdominal pain after taking emergency contraception.

D. HEALTH SCREENING/EXAM
1. Within the last 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3, Contraceptive Services.
2. Obtain a baseline weight/height, BMI, and BP measurement.
3. Document current medications (including recent UPA or LNG ECP use), allergies, and whether

or not the client is breastfeeding.

4. Document information used to determine if the client is already pregnant. This includes:
    a. Date(s) of last unprotected sexual intercourse since the last normal menses.
    b. Any "symptoms of pregnancy" listed in the "How to be Reasonably Sure a client is not Pregnant" box of the FPP Protocols and SPR.
    c. Urine hCG results, if indicated. Indications include:
        - The client has irregular menses.
        - LMP or PMP was not normal in length or timing.
        - Current period is late.
        - It is uncertain if the sexual history is accurate.
        - Any other reason to suspect the client may be pregnant (e.g., pregnancy symptoms).
        - When interpreting urine hCG results, limitations of the test should be kept in mind.

E. COUNSELING & EDUCATION

The client counseling handout can serve as the basic format for client education.

1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. During contraceptive counseling discuss the following:

    Effectiveness: Progestin only ECPs efficacy vary widely from 52%-100% (Contraceptive Technology 21st Ed.). The sooner ECP is taken, the more effective it is. Counsel on alternate methods of birth control to prevent pregnancy in the future.

    Although there is no limit of how many times per year a client can safely use ECP, given its limited effectiveness, it is important to explore with the client their reproductive goals and preferences, and if they are interested in other options for on-going birth control method. "However, not everyone will want contraceptive counseling or want to use other contraceptives. Thus, while it is recommended that providers offer contraception counseling, adoption of an ongoing regular method of contraception should never be a prerequisite for providing EC. It is coercive to withhold EC (or other services) unless a patient agrees to contraceptive counseling or starts ongoing contraception," (Contraceptive Technology 22nd Ed., p.529).

    - If used as an ongoing method, ECP would be far less effective than most other contraceptive methods: if the typical client used progestin-only ECPs, they would still have a 20% chance of pregnancy.
    - **Risks/Benefits:** Emphasize that ECPs are for emergency use only and are not 100% effective. If the client's period does not start within 3 weeks after taking ECPs or if they are worried and/or feels pregnant, they should have a pregnancy test. The client should seek emergency care if they have symptoms of an ectopic pregnancy (missed period or abnormal bleeding pattern with pain on one side of the lower abdomen).
    - **Side effects**: ECPs may cause heavier menstrual bleeding, nausea and lower abdominal pain. Some clients also feel dizzy or tired or have a headache or tender breasts. These side effects are not serious and usually stop in a day or so. The client's period may come a few days earlier or later than normal. If vomiting occurs within 3 hours of taking ECPs, another dose of ECP should be taken as soon as possible. Use of an antiemetic should be considered.
3. Inform the client that ECP is available over the counter in most pharmacies.
4. Last unprotected intercourse was within 120 hours. Inform the client about post-coital IUD insertion (refer to ParaGard protocol use as EC). Copper T IUD inserted as emergency contraception reduces the risk of pregnancy by 99% and provides immediate, ongoing contraception for up to 12 years.

F. CONSENT

Although Title X does not require a method-specific consent form for ECPs, the nurse/clinician must document the client's recall and understanding of the counseling (based on the teach-back method)

in the medical record.

G. PRESCRIPTION
1. ECP will be dispensed to clients per FPP protocol.
2. For PHOs only: Dispensing ECP to designated male at birth clients may be done on a case-by-case basis after consultation with a clinician.
   The clinician will offer a telehealth FPP visit or talk to the female partner on the phone to assess existing pregnancy risk:
   - Ascertain that this is their method of choice;
   - Document the date of the last unprotected sexual intercourse;
   - Provide brief counseling on ECP use, contraindications, and that they should go to a clinic if they do not have menses within 3 weeks post ECP for a pregnancy test;
   - Counsel on ongoing birth control.
   - If unable to speak to the female partner, the clinician should not dispense ECP to male clients.
3. For clients, dispense one (1) package of ECP with instructions to take 1.5 mg of levonorgestrel by mouth now.
   For partners of clients (PHOs only): If dispensed to a client's partner under a clinician's order, the nurse will sign out the **non-340B** ECP under the client's partner's name in the Pharmacy drug book and write the partner's name on the label.
4. For new (to FPP) client seeking contraceptives, offer quickstart.
   - If the client would like to start OCPs, they may begin the same day with film/foam or condom back up for 7 days. Inform the client that their period may not occur until they start the placebo OCP pill. The client should seek medical attention if they have symptoms of pregnancy, especially with lower abdominal pain.
   - If the client would like to start Depo, they can start it today and use foam/film and condoms for 7 days.
   - The client should return for a pregnancy test if no menses within 3 weeks.

H. VISIT SCHEDULE
Schedule a follow up Family Planning appointment as appropriate.

EMERGENCY CONTRACEPTIVE PILL (ECP) - Progestin-Only Products (Plan B, My Choice)
COUNSELING HANDOUT

What is ECP – Emergency Birth Control?

If you had sex without using birth control or your birth control method failed, this medicine will cut down on your chances of getting pregnant. It is also called **the morning-after pill**. ECPs contain the medicine levonorgestrel, a progestin hormone. In New Mexico, ECPs are available over the counter at some pharmacies.

How long after sex does it work?
It works up to 5 days after sex. It works better the earlier it's taken after unprotected sex.

How effective is it?
ECPs are more than 50% effective at preventing a pregnancy.

How does it work?
It stops or delays the egg from being released from the ovary.

What if I'm already pregnant?
It's possible to have a very early pregnancy and have a negative pregnancy test. If this is the case, ECPs will not harm or interrupt an established pregnancy.

ECPs Do Not Cause harm to an existing pregnancy

How to take ECPs
Take the pill(s) as instructed as soon as possible up to 5 days after unprotected sex. It can be used at any time during the menstrual cycle and more than once during the cycle.

Side Effects
ECPs have no known serious side effects. ECP may affect the timing of your period. Although it is rare, you may feel nausea or vomit. Repeat the dose if you vomit within 3 hours of taking ECPs. Return to clinic if you are more than 1 week late for your period or have other concerns.

What should I do after using ECPs?

After taking ECPs, if you see a nurse/doctor before your next period, tell them that you have taken ECPs. If you do not get a normal period within 3 weeks after you took ECPs, then get a pregnancy test. Seek medical attention if you have symptoms of a tubal pregnancy (pain in one side of your abdomen and missed period or irregular bleeding).

If you have any questions about using ECPs, please call the Family Planning clinic at _____.

PÍLDORAS ANTICONCEPTIVAS DE EMERGENCIA (ECP)
HOJA DEL CONSEJERO

¿Qué es ECP - Control de Embarazo de Emergencia?

Si usted tuvo sexo sin usar control de embarazo o su método de control de embarazo falló, este medicamento reducirá sus oportunidades de quedar embarazada. También es llamada **a píldora de la mañana siguiente.** ECPs contiene el medicamento levonorgestrel, una hormona progestina. En Nuevo México, las ECPs están disponibles sin receta médica en algunas farmacias.

¿Cuánto duran después de haber tenido sexo?
Trabaja hasta 5 días después de 5 días. Trabaja mejor lo más temprano que se tome después del sexo sin protección.

¿Cuán efectivas son?
ECPs son más del 50% efectivas evitando embarazos.

¿Cómo trabaja?
Detiene o retrasa los huevos de ser liberados del ovario.

¿Y si estoy embarazada?
Es posible tener un embarazo temprano y un resultado negativo a embarazo. Si este es el caso, ECPs no dañará o interrumpirá un embarazo establecido.

ECPs No Causan daño en un embarazo existente

Cómo tomar ECPs
Tome la(s) píldora(s) como dicen las instrucciones tan pronto como sea posible hasta 5 días después del sexo sin protección. Puede ser usado en cualquier momento durante el ciclo menstrual y más de una vez durante el ciclo.

Efectos Secundarios
ECPs no tienen efectos secundarios serios conocidos. ECP puede afectar el tiempo de su regla. A pesar de ser raro, usted puede sentir náusea o vómitos. Repita la dosis si usted vomita dentro de 3 horas después de haber tomado ECPs. Regrese a la clínica si su período está retrasado por más de 1 semana o si tiene preocupaciones.

¿Qué Debo Hacer Después de Usar ECPs?

Después de tomar ECPs, si usted ve a un doctor/enfermera antes de su siguiente regla, dígales que usted está tomando ECPs. Si usted no tiene un período dentro de 3 semanas después de tomar ECPs, entonces hágase una prueba de embarazo. Busque atención médica si usted tiene síntomas de un embarazo ectópico (dolor en un lado de su abdomen y no tiene período o sangrado irregular).

Si usted tiene preguntas acerca del uso de ECPs, por favor llame a su clínica de Planificación Familiar al _____.

2.10 CONDOMS, EXTERNAL

A. EQUIPMENT
- Client counseling handout or brochure
- Model of penis and pelvis
- Sample external condoms

B. INDICATION
Clients who are using another contraception method but who have more than one partner, or whose partner has had more than one partner, or use IV drugs, or engage in other behaviors associated with STIs should be advised to use condoms. Clients should be informed about both external and internal condoms.

C. PRECAUTIONS AND CONTRAINDICATIONS
1. Clients with latex allergy should use only non-latex condoms.
2. Oil-based lubricants may damage latex condoms.

D. HEALTH SCREENING/EVALUATION
1. Clients requesting condoms do not need a medical history or physical but should be offered this service. All clients (regardless of gender) should be made aware of services available through the health office and encouraged to use them as appropriate.
2. Clients requesting condoms as their primary birth control method should be counseled/offered contraceptive options, as requested.
3. Identify and record any allergies particularly to latex. Clients are encouraged to return for evaluation if they experience symptoms of genital rash or irritation using condoms.

E. COUNSELING & EDUCATION
The client counseling handout and condom brochure can serve as the basic format for client education.
1. Clients will be counseled as outlined in Section 1.
2. During counseling discuss the following:
   - **Effectiveness:** With typical use, approximately 13 out of 100 clients will become pregnant in the first year of use. With perfect use, 2 clients in 100 will get pregnant.
   - **Correct use/Risks/Benefits:** Document counseling and client's understanding in the record. Demonstrate proper use of condoms. Latex condoms when used consistently and correctly are highly effective in preventing transmission of HIV. Correct and consistent use of latex condoms can reduce the risk of other STIs.
3. Educate about ECP.

F. CONSENT
No informed consent is required for this method.

G. PRESCRIPTION/DISPENSING
The number of condoms to be dispensed depends upon the client's particular needs.

H. VISIT SCHEDULE FOR METHOD
Routine visits are suggested.

External Condoms
COUNSELING HANDOUT

External condoms can be made out of latex, plastic, or natural materials such as sheep intestines. There are condoms made of polyurethane: these may be used by people who are allergic to latex. The condom is put onto the penis before the penis comes into contact with the vagina and should be left on for the full duration of sex. This keeps the sperm from going into the vagina.

How Effective Are They?
Typical use: 13 out of 100 clients will become pregnant in one year.
When used consistently and correctly: 2 out of 100 clients will become pregnant in one year.

What are the advantages of using condoms?
- They can prevent sexually transmitted infections when used for all oral, vaginal, or anal sex.
- You may enjoy sex more because there is less fear of infections or pregnancy.
- Men “last longer” when they use condoms.
- Condoms come in many colors, sizes and textures.
- Condoms make sex less messy.
- If one partner puts the condom on the other partner, it can be fun for both!
- Condoms may reduce cervical cancer because there's less risk of HPV infection.
- You don’t need to go to the clinic or doctor to get a condom.
- Condoms are easy to get. They don’t cost too much.
- Condoms are a good choice for back-up birth control.

What are the disadvantages of using condoms?

- Condoms may not be available when a couple needs one.
- If you don’t plan ahead, using a condom may interrupt sex.
- You need to learn how to use condoms. This may take practice.
- You need to take care not to tear or break the condom.
- Some people cannot keep an erection with a condom on.
- Some people may find the smell of latex condoms unpleasant.
- For preventing pregnancy, animal skin condoms can be used for people with latex allergies but can be less effective. Polyurethane condoms are an alternative. Both types cost more than latex condoms. Animal skin condoms do not protect against sexually transmitted infections.
- Buying, putting on, talking about, and getting rid of condoms may be embarrassing for some people.
- You may not enjoy sex as much because of decreased feeling.

Other Tips:
- Penises and condoms come in different sizes! Find a condom that fits!
- Use a condom every time you have sex.
- If you like to use lubricants, use water-based or silicone-based lubricants such as Astroglide, Aqua Lube, KY Jelly, Platinum, or Uberlube. This will cut down on the chances of your condom breaking. Avoid oil-based lubricants such as Crisco, whipped cream, or Vaseline.
- Pull the penis out of the vagina right after ejaculation. Do not continue thrusting after ejaculation.
- For increased pregnancy protection, condoms and spermicides can be used together.
- Condoms should not be stored in a hot environment such as a glove box or pocket.

Where do I get condoms? Condoms can be bought at any drugstore. Many supermarkets and gas stations sell them too. Some health departments and family planning clinics give away condoms.

What if I have sex and don’t use birth control?
Call the office for Emergency Contraceptive Pills to prevent pregnancy up to 5 days after unprotected sex.

Condones Externos
HOJA DEL CONSEJERO

Los condones externos pueden estar hechos de látex, plástico, o materiales naturales tales como intestinos de ovejas. Hay condones hechos de poliuretano; estos pueden ser usados por personas que son alérgicas al látex. El condón es puesto en el pene antes de que el pene haga contacto con la vagina y se debe dejar puesto por la duración del sexo. Ellos mantienen la esperma de alcanzar la vagina.

¿Cuán efectivos son?
Uso típico: 13 de cada 100 clientes quedarán embarazadas en un año.
Cuando usados consistentemente y de forma correcta: 2 de cada 100 clientes quedarán embarazadas en un año.

¿Cuáles son las ventajas del uso de condones?
- Ellos pueden evitar infecciones transmitidas sexualmente cuando son usados durante todo el sexo oral, vaginal o anal.
- Usted puede disfrutar más del sexo porque hay menos riesgos a infecciones o embarazos.
- Los hombres "duran más" cuando usan condones.
- Los condones vienen en muchos colores, tamaños y texturas.
- Los condones hacen el sexo menos desordenado.
- Si uno de los compañeros le pone el condón al otro, ¡puede ser divertido para ambos!
- Los condones pueden reducir el cáncer de cérvix porque hay menos riesgos de infección por VPH.
- No necesita ir a la clínica o el doctor para obtener un condón.
- Los condones son fáciles de conseguir. No cuestan mucho.
- Los condones son una buena opción como anticonceptivo sustituto.

¿Cuáles son las desventajas de usar condones?
- Puede que los condones no estén disponibles cuando la pareja los necesite.
- Si usted no planifica con tiempo, el uso de condones puede interrumpir el sexo.
- Usted necesita aprender sobre cómo usar condones. Puede tomar práctica.
- Usted necesita ser cuidadoso de no romper o desgarrar el condón.
- Algunas personas puede que no mantengan una erección cuando usan un condón.
- Algunas personas pueden encontrar desagradable el olor de condones de látex.
- Para evitar un embarazo, los condones de piel animal pueden ser utilizados por las personas con alergias al látex, pero pueden ser menos efectivos. Los condones de poliuretano son una alternativa. Ambos tipos cuestan más que los condones de látex. Los condones de piel animal no protegen contra infecciones transmitidas sexualmente.
- Comprar, ponerse, hablar acerca, y deshacerse de condones puede ser embarazoso para algunas personas.
- Puede que usted no disfrute mucho del sexo debido a la disminución en la sensación.

Otros Consejos:
- ¡Los penes y condones vienen en diferentes tamaños! ¡Consiga un condón que le sirva!
- Use un condón cada vez que tenga sexo.
- Si desea utilizar lubricantes, use uno con base de agua o silicona tales como Astroglide, Aqua Lube, KY Jelly, Platinum, o Uberlube. Esto disminuirá las oportunidades de que su condón se rompa. Evite lubricantes con base de aceita como Crisco, crema para batir, o Vaselina.
- Saque su pene de la vagina después de la eyaculación. No continúe la penetración después de haber eyaculado.
- Para aumentar la protección contra el embarazo, use condones junto con espermicidas.
- Los condones no deben ser almacenados en un ambiente caluroso como en el compartimiento para guantes o bolsillos.

¿Dónde consigo condones? Los condones pueden ser comprados en cualquier farmacia. Muchos supermercados y estaciones de gasolina los venden también. Algunos departamentos de salud y clínicas de planificación familiar regalan condones.

¿Qué sucede si tengo sexo y no uso control de embarazos?
Llame la oficina de Píldoras Anticonceptivas de Emergencia para evitar un embarazo hasta 5 días de haber tenido sexo sin protección.

2.11 CONDOMS, INTERNAL

A. EQUIPMENT
- Client counseling handout for internal condom
- Sample internal condom
- Anatomical models

B. INDICATION
The internal condom is a client-controlled method and provides some protection to the labia and base of the penis during intercourse, as well as offering some protection during anal intercourse.

C. PRECAUTIONS AND CONTRAINDICATIONS
1. The client is allergic to polyurethane or the silicon-based lubricant.
2. Abnormality in vaginal anatomy interferes with a satisfactory fit or stable placement of the internal condom.
3. Internal and external condoms should not be used together, because the friction can cause displacement of the internal condom.

D. HEALTH SCREENING/EXAM
1. Clients requesting internal condoms as their primary birth control method should be counseled/offered contraceptive options, as requested.
2. At a minimum, clients with uterus who may benefit from other contraceptive method should have the following history on record within the past 12 months:
   - Reproductive goals
   - Contraceptive experiences and preferences
   - Sexual health history.
3. Obtain baseline BP, weight/height, and BMI measurement as they are helpful for monitoring over time.

E. COUNSELING & EDUCATION
The client counseling handout can serve as the basic format for client education.
1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services, particularly using client-centered shared decision-making contraceptive counseling.
2. During contraceptive counseling discuss the following:
   - **Effectiveness:** With typical use, approximately 21 out of 100 clients will become pregnant in the first year of use. With perfect use, 5 clients in 100 will get pregnant.
   - **Correct use/Risks/Benefits:** It is a soft loose fitting polyurethane sheath with inner and outer flexible rings. It is coated with a silicone-based lubricant that does not contain a spermicidal agent. Encourage clients to insert an internal condom on their own outside of a sexual encounter, to become familiar with its use. If the client chooses to continue using this method,-they may continue receiving supplies based on patterns of use and availability. For anal intercourse, remove the inner ring.

F. CONSENT
No consent is required for this method.

G. PRESCRIPTION/DISPENSING
It may take more than one or two uses to become familiar and comfortable with its use. Therefore, three condoms should be provided for first-time users. Otherwise, the number of condoms to be dispensed depends upon the client's particular needs.

H. VISIT SCHEDULE FOR METHOD
Routine visits are suggested. Clients are encouraged to return for evaluation if they experience symptoms of genital rash or irritation using the internal condom.

What is the Internal Condom?
COUNSELING HANDOUT

Internal condoms are made of thin plastic called polyurethane, **not** latex or rubber. It is placed into the vagina or used during anal intercourse. It is open at one end and closed at the other. Both ends have a flexible ring used to keep the condom in place. The flexible inner ring at the closed end is put into the vagina as far as possible. (You can take the inner ring out if it is uncomfortable or for anal sex.) The larger outer ring stays outside the vagina, or outside of the anus.

How effective are they?
Typical use: 21 out of 100 clients will become pregnant in one year.
When used consistently and correctly: 5 out of 100 clients will become pregnant in one year.

What are the advantages of the Internal Condom?

- It can help protect against both sexually transmitted infections (STIs) and pregnancy.
- If your partner doesn't want to use an external condom, you can use an internal condom.
- Your partner can insert it and make it part of lovemaking.
- You can use any kind of lubricant even oil-based lubricants.
- Although it looks different, its size and shape allow it to protect a greater area.
- It is rare for them to break.

What are the disadvantages of the Internal Condom?

- Some clients do not like the idea of putting fingers or a foreign object into their vagina.
- It can be large, bulky, and can be difficult for some clients to place into vagina.
- It will not work if the man's penis enters the vagina outside of the internal condom.
- The penis must be directed into the condom.
- It can make rustling noises prior to or during intercourse. A lubricant may decrease noises.
- The internal condom is not available in as many stores as the external condom.
- Internal condoms are about three times more expensive than external condoms.
- The internal condom is less effective than latex external condoms in preventing both pregnancy and STIs.

What if I have sex and don't use birth control?

Call the office for Emergency Contraceptive Pills to prevent pregnancy up to 5 days after unprotected sex.

¿Qué es el Condón Interno?
HOJA DEL CONSEJERO

Los condones internos están hechos de plástico fino llamado poliuretano, **no** látex o goma. Es puesto en la vagina o durante el sexo anal. Está abierto por un lado y cerrado por el otro. Ambos lados tienen un anillo flexible usado para mantener el condón en su lugar. El anillo flexible interior en el lado cerrado se peno dentro de la vagina, lo más adentro posible. (Usted puede sacar el anillo interior si le es incómodo o para el sexo anal.) El anillo exterior grande se quedad fuera de la vagina, o afuera del ano.

¿Cuán efectivos son?
Uso típico: 21 de cada 100 clientes quedarán embarazadas en un año.
Cuando es usado consistentemente y de forma correcta: 5 de cada 100 clientes quedarán embarazadas en un año.

¿Cuáles son las ventajas del Condón Interno?
- Puede ayudar a protegerle de infecciones transmitidas sexualmente (STIs) y de embarazos.
- Si su pareja no quiere usar un condón externo, usted puede usar un condón interno.
- Su pareja puede insertarlo y hacerlo parte de hacer el amor.
- Usted puede usar cualquier tipo de lubricante, hasta los lubricantes con base de aceite.
- A pesar de que lucen diferentes, su tamaño y forma le permiten proteger una gran área.
- Es raro que se rompan.

¿Cuáles son las desventajas del Condón Interno?
- Algunos clientes no les gusta la idea de poner sus dedos u objetos extraños en sus vaginas.
- Puede ser grande, voluminoso, y difícil para algunos clientes ponerlo en su vagina.
- Puede que no trabaje cuando el pene del hombre entre la vagina fuera del condón interno.
- El pene tiene que ser dirigido hacia el condón.
- Puede hacer sonidos antes o durante la relación sexual. Un lubricante puede disminuir los ruidos.
- El condón interno no está disponible en muchas tiendas como el condón externo.
- Los condones internos son como tres veces más caros que los condones externos.
- El condón interno es menos efectivo que los condones externos de látex evitando tanto los embarazos y STIs.

¿Si tengo sexo y no uso control para embarazo?

Llame la oficina de Píldoras Anticonceptivas de Emergencia para evitar un embarazo hasta 5 días después de haber tenido sexo sin protección.

2.12 FERTILITY AWARENESS-BASED METHODS

A. EQUIPMENT
- Standard Days Method - Cycle Beads and package insert (directions for use) or smart-phone app
- Calendar
- TwoDay Method® - smart-phone app or website instructions

B. INDICATIONS
Fertility Awareness-Based methods (FABMs) of family planning depend on identifying the "fertile window," or the days in each menstrual cycle when intercourse is most likely to result in a pregnancy. Knowledge of these methods can help couples understand how to avoid pregnancy or how to become pregnant. FABMs are enhanced when couples agree on how the method will be used. For this reason, couple's counseling is strongly recommended.

C. PRECAUTIONS AND CONTRAINDICATIONS
The US MEC classification system for fertility awareness-based methods uses the three recommendation categories of 'delay', 'caution', or 'accept'. While there are no medical conditions that are worsened with use of fertility awareness-based methods, some conditions or characteristics may make the use of these methods more difficult. In such cases, the use of these methods may better be delayed until the condition is resolved or that special training is needed for correct use of the method. Specific conditions that would make symptom-based methods and calendar-based methods more difficult to use are listed in the US MEC Appendix H.

D. HEALTH SCREENING/EXAM
1. Within the past 12 months, the client must have on record a complete medical history as described in Section 1, Subsection 1.3 Contraceptive Services.
2. If the client is changing methods of contraception, provide contraceptive counseling and review the medical history with the client for new information. Assess any changes in health status, including medications.
3. Obtain baseline BP, weight/height, and BMI measurement as they are helpful for monitoring over time.

E. COUNSELING & EDUCATION
The client counseling handout can serve as the basic format for client education.
1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
2. **Correct use/Risks/Benefits:** Document counseling and the client's understanding in the record. If the clinic is too busy for a detailed session, invite the client to return at a better time. Provide educational materials to prepare for the counseling visit. It may be helpful for the client to bring their partner.

   Standard Days Method (SDM) is most appropriate for clients who usually have cycles between 26 and 32 days long. If the client has 2 or more menstrual cycles that were less than 26 or more than 32 days within a year of SDM use advise the client that the method might not be appropriate for her because of a higher risk of pregnancy. Help them consider another method.
   Most couples who use the SDM use a specially designed color-coded string of beads called "CycleBeads" or smartphone app to help them keep track of the client's cycle days.
   - Days 1-7: can have unprotected intercourse.
   - Days 8-19: use a barrier method or abstain.
   - Days 20-menses: can have unprotected intercourse.

   Effectiveness: typical use will result in 12 pregnancies per 100 client years. Perfect use will result in 5 pregnancies per 100 client years.
   - If they have unprotected sexual intercourse during days 8-19, they may consider the use of ECP or condoms/spermicide.

- This method can also be used to help a couple achieve pregnancy.

Complete instructions are found in the package insert or app.
Additional information, training, and resources can be found at https://www.irh.org/standard-days-method/.

TwoDay Method® is based on the presence or absence of cervical secretions. Clients must check secretions in underwear, on the vulva or a sensation of vulvar wetness daily. If a client notices cervical secretions of any type 'yesterday' or 'today', they consider themselves fertile today. If they did not notice any secretions yesterday or today, they consider themselves not fertile today (Contraceptive Technology 21st Ed., https://www.irh.org/twoday-method/).
Effectiveness: typical use will result in 14 pregnancies per 100 client years. Perfect use will result in 4-6 pregnancies per 100 client years.

- To prevent pregnancy, avoid unprotected intercourse on fertile days.
- If they have continuous secretions for more than two weeks, or secretions that are malodorous or irritating, they should be counseled that they may have an infection that requires medical attention and should contact your health care provider.

Additional information, training, and resources can be found at https://www.irh.org/twoday-method-resource-repository/.

Applications (apps) for smart-phones (iPhone, Android-based) provide another tool for those interested in using fertility-based awareness as part of their contraception or pregnancy planning. These tools may be used to:

- Avoid pregnancy using FABMs, e.g., teens who are not ready to take hormonal contraceptives and would like to continue using barrier method(s), this will help enhance the efficacy of the barrier method(s);
- Maximize the chances of getting pregnant;
- Help plan (e.g., travel with future menstruation and ovulation dates predicted); and
- Track weight, headache, appetite, PMS, and other menstrual symptoms.

3. It is appropriate to offer the CycleBeads to clients, such as teens, who are simply curious about the fertility cycle and wish to know more about how their bodies function.
4. Some communities have agencies that specialize in FABMs and may be a source for referral and counseling.
5. For information on Lactational Amenorrhea Method, please refer to Section 5.

F. CONSENT
No consent form is required.

G. VISIT SCHEDULE FOR METHOD
No routine follow-up visit is required although clients should be informed of the need for routine gynecological check-ups. Advise the client to return:

- At any time to discuss the method or problems.
- If they want to change the method being used.

2.13 CONTRACEPTIVE SPERMICIDE

A. EQUIPMENT
- Sample contraceptive foam/gel and applicator
- Sample vaginal contraceptive film (VCF)
- Plastic female pelvis

B. INDICATION
Vaginal spermicides are indicated for dual use with condoms or fertility awareness-based methods to provide higher contraceptive efficacy. When used alone, they have a high failure rate.

C. PRECAUTIONS AND CONTRAINDICATIONS
1. Sensitivity/allergy to spermicide.
2. Although these methods are relatively simple to use, they require instruction and counseling from providers.
3. Vaginal spermicides containing nonoxynol-9 (N-9) are not effective in preventing cervical gonorrhea, chlamydia, or HIV infection. Frequent use (2 times or more per day) of spermicides containing N-9 has been associated with disruption of the genital epithelium, which might be associated with an increased risk for HIV transmission. Therefore, N-9 is not recommended for STI/HIV prevention. (CDC STI Treatment Guidelines and Contraceptive Technology)

D. HEALTH SCREENING/EXAM
1. Clients requesting spermicide as a primary method should be counseled/offered contraceptive options, as requested.
2. At a minimum, the client must have the following history on record within the past 12 months:
   - Reproductive goals
   - Contraceptive experiences and preferences
   - Sexual health history.
3. Obtain baseline BP, weight/height, and BMI measurement as they are helpful for monitoring over time.

E. COUNSELING & EDUCATION
The client counseling handout can serve as the basic format for client education.
1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services, using person-centered approach to contraceptive counseling.
2. During contraceptive counseling discuss the following:
   a. **Effectiveness:** when used alone: With typical use, approximately 28 out of 100 clients will become pregnant in the first year of use. With perfect use, 18 clients in 100 will get pregnant.
   b. **Correct use/Risks/Benefits:** Inform about benefits, risks, correct use, and adverse effects. Demonstrate proper use of film/foam.
3. Educate about ECP.

F. CONSENT
No informed consent is required for this method.

G. PRESCRIPTION/DISPENSING
The amount of spermicide to be dispensed at a clinic visit depends upon the client's particular needs. The VCF is to be dispensed in units of 12. The gel/foam is to be dispensed in 1-2 units.

H. VISIT SCHEDULE FOR METHOD
No routine follow-up visit is required although clients should be informed of the need for routine gynecological check-ups. Advise the client to return:
- At any time to discuss the method or problems, e.g., genital rash or irritation using spermicides.
- If they want to change the method being used.

What is Vaginal Contraceptive Film/Gel?

COUNSELING HANDOUT

Contraceptive film is a 2-inch by 2-inch clear, paper-thin sheet with a chemical that kills sperm. It dissolves in seconds. The film is placed on or near the cervix which is the opening of the uterus. It should be put in **at least** 15 minutes before you have sex. If more than 3 hours elapses since film was inserted, insert another film. One film should be used for each act of intercourse.

Contraceptive gel is placed into the person's vagina using an applicator, like putting in a tampon. Gel is effective immediately and up to one hour after application.

Please review the package handout for each method, for more specific details.

The chemical in contraceptive film/gel, also called a spermicide, is Nonoxynol - 9. It works in 2 ways:

- It kills sperm.
- It blocks sperm from entering the cervix.

How effective are they?

Typical use: 28 out of 100 clients will become pregnant in one year.
When used consistently and correctly: 16 out of 100 clients will become pregnant in one year.

What are the advantages?

- Safe, no hormones are involved.
- Gives clients control over contraception.
- Your partner's penis can remain inside the vagina after your partner comes.
- Simple to use, not messy, no discharge.
- You can't tell it's there.
- Available at most drug stores.
- Can be used alone or with a condom.
- When film/gel and condoms are used together correctly each time you have sex, they work almost as well as birth control pills to prevent pregnancy.
- Can be used during breastfeeding.
- Because it lubricates you, it may make sex more enjoyable for you and your partner.

What are the disadvantages?

- You need to use another one each time you have sex.
- You need to wash your hands with soap and water before putting your film in.
- You need to dry your hands carefully or the film will stick to your fingers.
- Putting it in may interrupt sex.
- Some people may be sensitive to film/gel or find it causes irritation. This may increase your chances of sexually transmitted infections (STIs) or urinary tract infections.
- It doesn't work as well as other birth control methods.
- If you or your partner is at risk of STIs or HIV, you need to use a condom.

Where do I get Film/Gel?

You can buy it at drug stores and some supermarkets. It is also available at most health department and family planning clinics.

Other tips:

- Practice putting film/gel into your vagina before you have sex. This will make it easier when you're ready to have sex.
- Keep an extra film/gel handy in case you run out.

What if I have sex and don't use birth control?

Call the office for Emergency Contraception to prevent pregnancy up to 5 days after unprotected sex.

¿Qué es el Anticonceptivo Vaginal en Cinta/Gel?
HOJA DEL CONSEJERO

El anticonceptivo en cinta es una hoja transparente delgada de 2 pulgadas por 2 pulgadas con un químico que mata la esperma. Se disuelve en segundos. La cinta es colocada en o cerca del cérvix que está en la abertura del útero. Debe ser puesto **al menos** 15 minutos antes de tener sexo. Si pasan más de 3 horas de la inserción, se debe insertar otra cinta. Se debe utilizar una cinta cada vez que tenga sexo.

El anticonceptivo en gel es puesto en la vagina de la persona utilizando un aplicador, como ponerse un tampón. El gel es efectivos inmediatamente y hasta una hora después de ser aplicado.

Por favor revise las instrucciones de cada método para detalles más específicos.

El químico en el anticonceptivo de cinta/gel también llamado espermicida, es Nonoxynol-9. Trabaja de 2 maneras:
- Mata la esperma.
- Bloquea la entrada de la esperma en el cérvix.

¿Que tan efectivos son?
Uso típico: 28 de cada 100 clientes quedarán embarazadas en un año.
Cuando es usado consistentemente y de forma correcta: 16 de cada 100 clientes quedarán embarazadas en un año.

¿Cuáles son las ventajas?
- Segura, no envuelve hormonas.
- Les da a los clientes control sobre los anticonceptivos.
- El pene de su compañero puede permanecer en la vagina después de que eyacule.
- Fácil de usar, no desordenado, sin flujo abnormal.
- Usted no sabrá que está allí.
- Disponible en la mayoría de las farmacias.
- Puede ser utilizado solo o con un condón.
- Cuando la cinta/gel y los condones son utilizados correctamente en conjunto al tener sexo, ellos trabajan casi tan bien como las píldoras anticonceptivas para evitar embarazos.
- Puede ser utilizado durante la lactancia.
- Ya que le lubrica, puede hacer el sexo más divertido para usted y su compañero.

¿Cuáles son las desventajas?
- Necesita utilizar otro cada vez que tenga sexo.
- Usted necesita lavarse las manos con agua y jabón antes de poner la cinta.
- Usted necesita secar sus manos cuidadosamente o la cinta se pegará de sus dedos.
- El ponerlo puede interrumpir el sexo.
- Algunas personas pueden ser sensitivas a la cinta/gel o puede causar irritación. Estos pueden aumentar sus oportunidades a infecciones transmitidas sexualmente (STIs) o infecciones en el tracto urinario.
- No trabaja tan bien como otros métodos anticonceptivos.
- Si usted y su compañero están en riesgo de STIs o VIH, usted necesita utilizar un condón.

¿Dónde obtengo la cinta/gel?
Usted puede comprarlo en las farmacias y algunos supermercados. También están disponibles en la mayoría de los departamentos de salud y clínicas de planificación familiar.

Otros consejos:
* Practique poner la cinta/gel en su vagina antes de tener sexo. Esto lo hará más fácil cuando esté lista para tener sexo.
* Mantenga un frasco extra de la cinta/gel en caso de que la necesite.

¿Si Tengo Sexo y No Uso Control de Embarazo?
Llame la oficina para Anticonceptivos de Emergencia para evitar un embarazo hasta 5 días después del sexo sin protección.

INSTRUCTIONS FOR THE USE OF CONTRACEPTIVE GEL

HOW TO USE GEL:

When purchasing gel, be sure the package says that it is used to prevent pregnancy and read the manufacturer's instructions carefully. Completely fill the applicator; put the full applicator of gel into your vagina while lying on your back, right before you have intercourse. (Contraceptive gel is effective immediately after insertion, and for up to one hour after application).

Use additional applicator of gel each time before intercourse. Douching is not recommended. However, if you chose to do so, wait at least 6 hours to allow enough time for effective contraceptive protection.

Wash your applicator after each use.

Occasionally, the gel will cause itching and burning in the vagina. If this happens, discontinue use and call the Family Planning clinic. If pregnancy is suspected, **do not** use gel.

FOR MAXIMUM PROTECTION, USE CONDOMS AND GEL TOGETHER.

If at any time you have questions or concerns relating to your birth control method, call the Family Planning clinic.

INSTRUCCIONES PARA EL USO DEL ANTICONCEPTIVO DE GEL

CÓMO USAR DE GEL:

Cuando compre de gel, asegúrese que el paquete dice que se usa para evitar embarazos y lea las instrucciones del fabricante cuidadosamente. Llene completamente el aplicador, ponga el aplicador lleno de gel en la vagina mientras está recostada, antes de tener sexo. (El gel anticonceptivo es efectivo inmediatamente después de ser insertado, y hasta una hora después de la aplicación.

Use un aplicador de gel adicional cada vez que vaya a tener sexo. No se recomiendan las duchas. Sin embargo, si usted escoge usarlas, espere por lo menos 6 horas para permitir la protección anticonceptiva efectiva.

Lave su aplicador después de cada uso.

Ocasionalmente, de gel causará picazón y quemazón en la vagina. Si esto ocurre, descontinúe el uso y llame la clínica de Planificación Familiar. Si sospecha un embarazo, **no** use de gel.

PARA PROTECCIÓN MÁXIMA, USE CONDONES EN CONJUNTO CON DE GEL.

Si en cualquier momento usted tiene preguntas o preocupaciones relacionadas con su método anticonceptivo, llame la clínica de Planificación Familiar.

2.14 ABSTINENCE

A. EQUIPMENT
- Abstinence materials

B. INDICATION
Candidates for use include individuals or couples who feel they have the ability to refrain from sexual intercourse. Abstinence can be a wise and healthy choice at any life stage (particularly when a person does not feel ready for sexual involvement or a relationship). Sexual activity should always be mutually agreed upon; sexual coercion is unhealthy at any age.

C. PRECAUTIONS AND CONTRAINDICATIONS
A back-up method should always be planned.

D. HEALTH SCREENING/EXAM
1. At a minimum, the client must have the following history on record within the past 12 months:
   - Reproductive goals
   - Contraceptive experiences and preferences
   - Sexual health history, e.g., past STI history, partner history.
2. Obtain baseline BP, weight/height, and BMI measurement as they are helpful for monitoring over time.

E. COUNSELING & EDUCATION
The client counseling handout can serve as the basic format for client education.

1. Clients will be counseled as outlined in Section 1, Subsection 1.3 Contraceptive Services.
   a. **Effectiveness:** Periodic abstinence failure rate is estimated at 22%. Perfect use failure rate is 0%.
2. Inform about advantages and disadvantages.
3. Educate about ECP.

F. CONSENT
No consent is required for this method.

G. VISIT SCHEDULE FOR METHOD
No routine follow-up visit is required although clients should be informed of the need for routine gynecological check-ups. Advise the client to return:
- At any time to discuss the method or problems.
- If the client wants to change the method being used.

What is Abstinence?
COUNSELING HANDOUT

For most people abstinence means avoiding sexual intercourse. Your reasons for waiting will affect what abstinence means to you. Some people abstain for one night. Others abstain over a longer period of time. You can have sex one time and change your mind for the next time. The decision is yours.

What are the advantages of abstinence?

- Anyone can use it at any time in their life.
- It's free and has no medical side effects.
- If used perfectly, it prevents pregnancy and sexually transmitted infections.
- It can be an empowering choice.

What are the disadvantages of abstinence?

- Know what you mean by "abstinence". Understand your limits and why you want to wait.
- It requires planning (pick a time and place to talk to your partner about your beliefs beforehand).
- Sticking with the choice to be abstinent can be challenging if you're pressured to have sex. (It's easier to stick to a decision if you think ahead and have ideas about how to deal with pressure).
- There is a high failure rate.

Where can I learn more?
Discuss your decision with you partner and/or another person whom you trust and respect. Some churches and other sex education programs have support groups or classes for young people who want to wait until they get married before they have sex, or who want to learn and practice refusal skills.

What if I have sex and don't use birth control?
Call the office for Emergency Contraceptive Pills to prevent pregnancy up to 5 days after unprotected sex.

¿Qué es la abstinencia?
HOJA DEL CONSEJERO

Para muchas personas la abstinencia significa evitar tener relaciones sexuales. Sus razones para esperar afectarán lo que abstinencia significa para usted. Algunas personas se abstienen por una noche, otros se abstienen por un período más largo de tiempo. Usted puede tener sexo una vez y cambiar su forma de pensar la siguiente vez. La decisión es suya.

¿Cuáles son las ventajas de la abstinencia?

- Cualquier persona puede usarla en cualquier momento de su vida.
- Es gratuita y no tiene efectos médicos secundarios.
- Si es usada perfectamente, evita embarazos y enfermedades de transmisión sexual.
- Puede ser una elección poderosa.

¿Cuáles son las desventajas de la abstinencia?

- Sepa a lo que usted se refiere con “abstinencia”. Entienda sus límites y el por qué quiere esperar.
- Requiere planificación (con anticipación, separe un tiempo y lugar para hablar con su compañero(a) sobre sus creencias).
- Mantener la decisión de abstinencia puede ser difícil si usted recibe la presión de tener sexo. (es más fácil mantener una decisión si se piensa con anticipación y tener una idea de cómo lidiar con la presión).
- Alta tasa de ineficacia (aproximadamente 22%), si no es practicada correctamente en todo momento.

¿Dónde puedo aprender más?
Discuta su decisión con su compañero(a) y/o cualquier persona con la que tenga confianza y respeto. Algunas iglesias y otros programas de educación sexual tienen grupos de apoyo o clases para personas jóvenes quienes quieran esperar y no tener sexo hasta el matrimonio, o quienes quieran aprender y practicar las destrezas de rechazo.

¿Qué pasa si tengo sexo y no uso anticonceptivos?
Llame a la oficina para conseguir Pastillas Anticonceptivas de Emergencia para prevenir el embarazo hasta 5 días después de que haya tenido sexo sin protegerse.