Identification of a Hormonal Implant Candidate – CON 5

DEFINITION

The hormonal implant is a single-rod system, progestin-only (etonogestrel), implant used as a long acting, reversible contraceptive method. There is one hormonal implant available in the U.S. (Nexplanon). Clinicians who wish to provide Nexplanon to their patients are required to complete formal training in placement and removal, as required by the FDA. It is inserted into the subdermal tissue of the upper arm and slowly releases the hormone etonogestrel for up to three years. Failure rates are fewer than 1 pregnancy per 100 women per year. Cumulative evidence supports that obesity does not reduce efficacy. Specific information on drug interactions is not available; potential for reduced efficacy is the same drugs listed for combination oral contraceptives.

SUBJECTIVE

Should include:
1. Medical history
2. Sexual, menstrual and contraceptive history
3. LMP

Should exclude:
1. Any conditions listed as Category 3/4 from the CDC Medical Eligibility Criteria
2. Reported allergy to the procedural anesthesia or antiseptic, or to any of the components of Nexplanon

OBJECTIVE

Should include:
1. Vital signs
2. Physical examination of insertion site

LABORATORY

May include:
1. hCG testing, as indicated,
    a. Establish reasonable certainty the patient is not pregnant based on the criteria listed in the CDC SPR
2. STI screening, as appropriate

ASSESSMENT

Hormonal Implant Candidate

PLAN

1. Explain risks and benefits including side effects and anticipated vaginal bleeding changes that may occur
2. Obtain informed consent using “Consent for Hormonal Implant” form and provide/offer a copy of consent to the patient. Complete manufacturer's consent form
3. Place implant according to manufacturer’s instructions
4. Verify placement with palpation by patient and provider
5. Provide post-placement instructions and precautions
6. No back-up method is needed if implant is placed at any of the following times:
    a. During the first 5 days of menses
7. Advise abstinence or back-up contraception for 7 days in the following instances:
    a. When switching from another hormonal contraception and not currently bleeding; advise/consider maintaining use of other form for 7 days after implant insertion.
    b. If a patient is switching from an intrauterine system (IUS), has had intercourse in the last 5 days, and is unable or unwilling to return in 7 days for IUS removal: provide levonorgestrel emergency contraceptive pill (not ulipristal) at the time of removal

c. Within 7 days of first trimester pregnancy loss
d. Greater than 21 days after second or third trimester pregnancy loss or delivery

CLIENT EDUCATION

1. Counsel patients on changes in menstrual bleeding, treatment options if bleeding persists, and signs of heavy bleeding
2. Counsel patients on warning signs to report; abd pain, insertion site pain, infection s/s, heavy vaginal bleeding, missed menses after period of regularity, onset severe headaches, worsening depression
3. Reinforce safer sex, as indicated
4. Recommend RTC as appropriate or PRN for problems
5. Instruct patient on proper care and inspection of insertion site area

CONSULT / REFER TO PHYSICIAN

1. Refer if any difficulty with insertion of the hormonal implant rod.
2. Any client with Category 3 conditions from M.E.C. who desires implant.

REFERENCES

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