

## Combined Hormonal Contraceptives – CON 8

DEFINITION
Combined hormonal contraceptives (CHCs) contain both estrogen and progestin to reduce the risk of pregnancy primarily by suppressing ovulation and thickening cervical mucus. Combined oral contraceptive pill, vaginal ring delivery system and transdermal patch are all combined contraceptives.
SUBJECTIVE
Should include: <ol style="list-style-type: none"><li>1. LMP</li><li>2. Medical, sexual, and contraceptive use history (initial or update) as appropriate</li></ol>
OBJECTIVE
Should include: B/P <ol style="list-style-type: none"><li>1. Height, weight and BMI</li></ol> May include: <ol style="list-style-type: none"><li>1. Age-appropriate physical exam as indicated</li></ol> Must exclude: <ol style="list-style-type: none"><li>1. Any method-specific Category 4 conditions from the CDC MEC table</li></ol>
LABORATORY
May include: <ol style="list-style-type: none"><li>1. Pap smear, as indicated</li><li>2. STD screening, as indicated</li><li>3. Urine pregnancy test, as indicated</li><li>4. Other lab work, as indicated</li></ol>
ASSESSMENT
Candidate of combined contraceptives
PLAN
<ol style="list-style-type: none"><li>1. Establish reasonable certainty that the patient is not pregnant<ol style="list-style-type: none"><li>a. In situations in which the clinician is uncertain whether the patient might be pregnant, the benefits of starting the implant, DMPA injection, CHCs and progestin-only pills likely exceed any risk</li><li>b. Consider the need if a pregnancy test is indicated in 2-4 weeks following initiation of the method</li></ol></li><li>2. Prescribe combined contraceptives, including dosage, # cycles, and directions for use</li><li>3. Anticipatory guidance may be provided to the patient regarding potential side effects, such as bleeding irregularities (breakthrough bleeding) and menstrual changes. Encourage the patient to inform the clinician of problematic/bothersome bleeding to discuss management</li></ol>
CLIENT EDUCATION
<ol style="list-style-type: none"><li>1. Provide client education handout(s). Review manufacturer's inserts. Review risk vs. benefits, complications, and danger signs. Review the danger signs "ACHES" mnemonic and when the patient is to seek immediate medical emergency care. See additional protocols for instructions on combined OCPs, contraceptive rings or patches as appropriate</li><li>2. Patient education may include instructions for use, timing of initiation, need for back-up contraception, switching from another contraceptive method, side effects, continuous cycling options, and expected bleeding profiles</li><li>3. Data show conflicting reports on the risk of venous thromboembolism (VTE) with transdermal patch use. Regardless, the risk of VTE with patch use is still far below the risk of VTE during pregnancy</li></ol>

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

4. The risk of blood clots may be higher in pills containing greater than 35mcg of estrogen
5. Educate clients of clinical trials suggesting that transdermal patches may be less effective in women with body weight > 198 lbs. than in women with lower body weights
6. ECP reviewed
7. Review safer sex education, if appropriate
8. Recommend to the client to RTC annually, prn for problems or as indicated per individual plan

## REFERENCES

1. Ramanadhan, S., & Edelman, A. (2025). Combined hormonal contraceptives (CHCs). In R. A. Hatcher, P. Cason, C. Cwiak, A. Edelman, D. Kowal, J. M. Marrazzo, ... M. S. Policar (Eds.), *Contraceptive technology* (pp. 359- 418). (22nd ed.). Jones & Bartlett Learning
2. U.S. Centers for Disease Control and Prevention. (2024). U.S. medical eligibility criteria for contraceptive use, 2024. *Morbidity and Mortality Weekly Report*, 73(4), 97-105. Retrieved from <https://www.cdc.gov/mmwr/volumes/73/rr/pdfs/rr7304a1-H.pdf>
3. Centers for Disease Control and Prevention. US Selected Practice Recommendations for Contraceptive Use. *MMWR* 2016;65(4):1-66. [rr6504.pdf \(cdc.gov\)](https://www.cdc.gov/mmwr/rr/rr6504.pdf)
4. U.S. Centers for Disease Control and Prevention. (2024). U.S. selected practice recommendations for contraceptive use, 2024. *Morbidity and Mortality Weekly Report*, 65(4), 1-66. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>
5. Reproductive Health Access Project. (2023). *How to switch birth control methods*. Retrieved from [https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching\\_bc.pdf](https://www.reproductiveaccess.org/wp-content/uploads/2014/12/switching_bc.pdf)
6. U.S. Centers for Disease Control and Prevention. (2024). *How to be reasonably certain that a patient is not pregnant*. Retrieved from <https://www.cdc.gov/contraception/media/pdfs/2024/07/when-to-start-contraception-508.pdf>
7. U.S. Centers for Disease Control and Prevention. (2024). *Summary chart of U.S. medical eligibility criteria for contraceptive use (U.S. MEC)*. Retrieved from <https://www.cdc.gov/contraception/media/pdfs/2024/07/us-mec-summary-chart-color-508.pdf>