



Northern Inter-tribal Health Authority

**DIRECTIVE FOR A CLIENT POPULATION
REGISTERED NURSE SPECIALTY PRACTICE**

**SHORT-TERM CONTRACEPTION &
HORMONAL EMERGENCY CONTRACEPTION**

August 20, 2023

DIRECTIVE FOR A CLIENT POPULATION

This Registered Nurse Specialty Practice (RNSP) Clinical Protocol provides the authority and direction for RNs to assess and administer short-term and hormonal emergency contraceptives. This RNSP applies to clients that have limited access to primary care services.

- This directive is consistent with the NITHA OVERARCHING POLICY FOR SPECIALTY PRACTICE BY REGISTERED NURSES EMPLOYED WITHIN THE NITHA PARTNERSHIP (June 2023)

Developed per Carrie Gardipy, NITHA Nursing Program Advisor

Authorized by:



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Short Term and Hormonal Emergency Contraception

There are many contraceptive options available for the prevention of pregnancy. For the purpose of this RN Specialty practice, the RN will be authorized to provide emergency contraception and short-term hormonal therapy with the specific options below

- medroxyPROGESTERone acetate (Depo-Provera) 150mg IM > 1 initial dose authorized
- Progestin only oral hormonal contraception. (POC)> 3 month period
- Emergency Contraceptive: LEVONORGESTREL 1.5mg P.O.

Intended Client Outcomes:

- Clients who have limited access to Primary Care Providers will have access to short-term contraceptive options (listed above) in a timely manner
- Reduced unintended pregnancies
- Increased client knowledge regarding family planning and safe sex
- Reinforcing the benefits of barrier protection (mouth shield and male/female condoms)
- Active and informed client decision making in the use of contraceptives
- Increase in opportunistic screening and education for STIBBI's

Other Considerations:

Hormonal contraception may be indicated for a number of menstrual/monthly bleeding-related conditions or symptoms and the non contraceptive benefits that they confer such as acne management (Hatcher et al., 2018; Hatcher et al., 2019). However, clients seeking or using hormonal contraception solely for purposes other than contraception must be referred to a physician or a designated health care provider (BCCNM, 2021a).

This RN Specialty Practice is not intended to replace Physician or Primary Care Provider Services. Rather, it is an outreach method to ensure the timely access to short-term contraceptive options.

EDUCATION / NURSING COMPETENCY REQUIREMENTS:

Registered Nurses have the responsibility to ensure their additional education requirements are met to ensure safe quality care for the population they are serving utilizing the RN SP's.

- Annual Review of NITHA Registered Nurse Specialty Practice>
Short-term Contraception and Emergency Contraception
- Review Contraindications to each contraceptive option
- Clinical Assessments and Health History
- Required lab function: HCG Urine
- Pharmacology and pathophysiology of hormonal contraception
- Cultural Competence
- Competent clinical judgement of when to refer or consult primary care providers

Physical Assessment to include:

- 1) Laboratory Investigations: Urine pregnancy (human chorionic gonadotropin [HCG]) test. A negative pregnancy test is required to initiate oral or injectable contraceptives.
- 2) Baseline Blood Pressure n (Bulfin et al.,2019);
- 3) Baseline body weight for the purpose of BMI as it relates to effectiveness of hormonal therapy and to monitor long term weight implications

Contraindications

Contraindications and Precautions to Hormonal Contraceptives

- Cancer
- Liver disease, active hepatitis, tumours
- Undiagnosed vaginal bleeding
- History of, or current heart or vascular disease (DVT, PE)
- History of stroke
- Increased tendency to clot
- Diabetes with complications
- Active systemic lupus erythematosus
- Less than 6 weeks postpartum
- Uncontrolled inflammatory bowel disease or history of bariatric surgery (for oral contraception)
- Migraines with aura at any age
- Migraines without aura if over 35 years old
- High blood pressure
- Smoker (>15 cigarettes/day) AND over 35 years old
- Under the age of 12- see Employer Policy

OTHER RISK FACTORS:

Age over 40 years

- Obesity (BMI >30kg/m²)
- smokers
- Diabetes (controlled)
- Dyslipidemia
- A migraine without aura under 35 years old

Reference: Pharmacy Association of Saskatchewan 2023)

Contraception Options

In the absence of any contraindications, the following treatment options are recommended:

RN SP Contraceptive Options

Injectable Contraception	Oral Contraceptives
<p>medroxyPROGESTERone acetate (Depo-Provera) 150 mg This is a form of progesterone that prevents ovulation</p> <p>Depo-Provera also causes changes to your uterine lining and cervical mucus. Given every 3 months (or 13 weeks) per intramuscular injection</p> <p>Use back-up contraceptives for 7 days (i.e., condoms) if menses has occurred 7 days or more from initial injection date</p>	<p>Monophasic: each tablet contains a fixed amount of estrogen and progestin, e.g., Alesse and MIN Ovral (Portia).</p> <ul style="list-style-type: none"> • Biphasic: each tablet contains a fixed amount of estrogen; the amount of progestin increases in the second half of the cycle, e.g., Synphasic. To avoid weekend period, start on the first Sunday after period begins. Advise the client to take daily at the same time each day. • Triphasic: the amount of estrogen can be fixed or variable; the amount of progestin increases in three equal phases, e.g., tri-cyclen (Triphasic). *Missed or incorrect use may result in less reliability of contraceptive use <p>Use back-up contraceptives for 7 days (i.e. condoms) if menses has occurred 5 days past start date</p>
Other Clinical Information:	Other Clinical Information:
<p>Does not protect against STBBI's May increase risk of osteoporosis After stopping Depo Provera, there may be a varied delay in the patient's fertility</p>	<p>Does not protect against STBBI's Can also relieve menstrual pain and may result in lighter periods Effectiveness may be reduced by other medications</p>
Side Effects:	Side Effects:
<p>Metrorrhagia or Amenorrhea Bone thinning Weight gain</p>	<p>Metrorrhagia Headaches or migraines Nausea</p>

TITLE HERE SHORT TERM AND EMERGENCY CONTRACEPTION AUGUST 2023

Acne Growth of facial and body hair Depression Headaches	Acne Weight Gain cysts to ovaries (these are usually harmless and disappear without treatment) Mood Changes
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Adapted from CRNS CDT's and product monographs

Part 2: Emergency Contraception

This RN Specialty practice authorizes Registered Nurses to issue Levonorgestrel (Plan B) 1.5 mg PO for the purpose of emergency contraception only.

Emergency contraception is not recommended to use on a regular basis for family planning.

Emergency contraception can be considered for the following circumstances:

No contraceptives used	Barrier breakage (i.e., condom)
Missed oral contraceptives	Late Depro-Provera Injection
Sexual Assault	

Contraindications:

The only contraindications are pregnancy (positive HCG) or an allergy to any of the Levonorgestrel (Plan B) medication components.

Clinical Information:

Levonorgestrel (Plan B) must be given within 72 hours of unprotected intercourse.

If over 72 hours, the client should be referred to a Primary Care Provider for consideration for Ulipristal Acetate (UPA, Ella) or insertion of a copper IUD

May be less effective in individuals with a BMI > 25. However, the SOGC recommends individuals who do not have access to or do not wish to use alternative emergency contraceptive methods should not be discouraged from using levonorgestrel-only emergency contraception as it may still provide some benefit. (Reference: FNIHB Clinical Practice Guidelines for Nurses in Primary Care).

Carbamazepine, phenytoin, anti-HIV drugs (efavirenz, ritonavir), protease inhibitors, phenobarbital, St-John's worth and topiramate may decrease serum concentration and result in decrease efficacy (Reference: FNIHB Clinical Practice Guidelines for Nurses in Primary Care).

Laboratory Investigations:

Urine pregnancy (human chorionic gonadotropin [HCG]) test. A negative pregnancy test is required for clients who choose emergency contraception.

Possible Side Effects:

Breast tenderness	Abdominal pain
Fatigue	Headache
Dizziness	Diarrhea

Vaginal Discharge

Irregular Menstrual bleeding (spotting)

REFERENCES:

DEPO-PROVERA 6 Dosage Forms, Strengths, Composition and Packaging
(medroxyprogesterone acetate)

<https://www.pfizermedicalinformation.ca/en-ca/depo-provera?section=6-dosage-forms-strengths-composition-and-packaging>

College of Registered Nurses of Saskatchewan 2023 <https://www.crnsc.ca/wp-content/uploads/2022/02/Contraception-Adult-and-Pediatric-CDT-2022.pdf>

Pharmacy Association of Saskatchewan <https://members.skpharmacists.ca/wp-content/uploads/2023/04/Birth-Control-FAQ-2020.pdf#:~:text=After%20taking%20a%20careful%20medical%2>

The Society of Obstetricians and Gynecologists of Canada
<https://www.sexandu.ca/contraception/stay-on-schedule/>

Plan B - Product Monograph 2018.

<https://planb.ca/assets/pdf/consumer-information-part3.pdf>