HORMONAL CONTRACEPTION

Regular method of contraception desired

Assess for red-flags (absolute contraindications)

No red flags

Assess for risk factors

- Age over 40yo
- Obesity (BMI >30kg/m²)
- Smoker (any amount) < 35yo
- Diabetes (controlled)
- Dyslipidemia
- Migraine without aura < 35yo

< 2 risk factors

Check patient’s blood pressure, weight and height (calculated BMI)

BP > 140/90

Consider nonhormonal contraception, POCs, and/or refer

BP ≤140/90

≥2 risk factors

Assess: - Intolerable side effects
- Adherence issues
- New risk factors

Any red flag

Prescribe a different product (max. 2 trials) OR refer

Prescribe 2 months hormonal contraceptive

a) No preference or prior use
   - Prescribe low estrogen content
     (<20mcg) CHC
b) Previous intolerance to a CHC
   - Refer to treatment section in guideline
c) Breastfeeding, estrogen contra-indicated
   - Prescribe POC

Provide counselling on:
- Start date/back-up protection
- Missed doses
- Side-effect advice
- STI prevention

Follow up in 1 month

Assess:
- side effects
- adherence
- changes in medical or medication history

If satisfactory, continue use. Provide refills for 1 year

Contraindications to HC
- Breast cancer (current or past)
- Severe cirrhosis, active hepatitis, tumours
- Undiagnosed vaginal bleeding

Contraindications to CHCs
- Under 12 years of age
- History of, or current, MI, ischemic heart disease, or vascular disease (DVT, PE)
- History of stroke
- Thrombophilias
- Diabetes with microvascular complications
- Migraines with aura at any age
- Migraines without aura if over 35yo
- Hypertension
- Smoker (>15 cigarettes/day) AND over 35
- Uncontrolled inflammatory bowel disease
- Active systemic lupus erythematosus
- Active cancer
- Less than 6 weeks post-partum

BMI – body-mass index; CHC – combined estrogen/progestin contraceptive; HC – hormonal contraceptives; PE – pulmonary embolism; POC – progestin-only contraceptive; VTE – venous thromboembolism