**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** Prescription Visit | **No.** |
| **Approved by:**  |  | **Effective Date:**  |
| **Revised Date:** January 2019, January 2021,October 2022, **January 2024** |
| **References:** U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC), 2016; U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR), 2016; Providing Quality Family Planning Services (CDC QFP), 2014; United States Preventive Services Task Force Recommendations (USPSTF); and American College of Obstetricians and Gynecologists (ACOG), 2012 |

**POLICY:** This Clinical Practice Standard follows the recommendations of the U.S. MEC, 2016; U.S. SPR, 2016; CDC QFP, 2014; USPSTF; and ACOG, 2012.

**PURPOSE:** This Clinical Practice Standard provides direction for reproductive health prescribing providers to assist clients in their use of prescription contraceptives. The following protocol provides best practice guidance for prescribing providers for visits in which the client is current with their contraceptive method, not in need of age-appropriate exams or screenings, and the primary purpose of the visit is to obtain a documented prescription for the continuation of a contraceptive method.

**STANDARD:**

1. (**insert AGENCY name**) MDs, DOs, NPs, NDs, or PAs may not provide a prescription for a contraceptive method for which the client has any U.S. MEC category 4 risk conditions. See the [U.S. MEC](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html) for a list of these risk conditions and refer clients with category 4 risk conditions to specialty care.
2. (**insert AGENCY name**) MDs, DOs, NPs, NDs, or PAs may provide a one-year prescription for a contraceptive method for which the client has a U.S. MEC category 3 risk condition if the advantages of using the method outweigh the theoretical or proven risks. Documentation must show that the client understands the risks of the method and finds other, lower-risk methods unacceptable.
3. (**insert AGENCY name**) MDs, DOs, NPs, NDs, or PAs may provide a one-year prescription for a contraceptive method for which the client has category 1 & 2 risk conditions.

**PROCEDURE:**

1. Follow the [*Core Reproductive Health Services* *CPS*.](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Core_RH.docx)
2. Perform a Review of Systems (ROS) with a special focus on systems potentially affected by contraceptive method use. Address any issues identified and perform a physical exam if indicated by history, presentation, and findings from the ROS. Issues identified that are beyond the scope of the program will be referred to primary or specialty care and referral assistance will be provided.
3. Review all outside records received and determine if the client is in need of age-appropriate screenings or physical exams (see [*Reproductive Health Well Visit CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-RH_Well_Visit.docx)*).* Send for additional records if indicated or if records already received are incomplete.
4. For clients not currently using a contraceptive method and wanting to begin using a method, use client-driven counseling to elicit client’s needs and preferences related to choosing a contraceptive method. Examples of such approaches include the shared-decision making model and motivational interviewing. See specific method *Clinical Practice Standard* for further guidance.
5. For clients currently using a contraceptive method, assess their satisfaction with the method used. Determine if the client is using the method correctly. If client is dissatisfied or not using the method correctly, briefly discuss alternative methods (to ensure the client is aware of all options).
6. Each client will receive patient instructions regarding warning signs, common side effects, risks, method of use, alternative methods, use of secondary method, and the clinic follow-up schedule. Document client education provided and the client’s understanding of the method of choice.

**ASSESMENT/SUMMARY OF FINDINGS:**

1. Document a summary of all findings from the exams above, even if the finding is beyond the scope of services provided in the RH program.

**PLAN:**

1. Review assessment findings and develop and document a plan to address each finding.
2. Discuss how the client will be notified of laboratory test results or how to obtain results. Answer questions.
3. Prescribing provider will write a valid documented prescription for up to one year for the client’s contraceptive method.
4. Offer and provide up to a one-year supply of the client’s contraceptive method. Evidence supports that an extended supply of contraception prevents breaks in use and unintended pregnancy. Providers are encouraged to dispense a 12-month supply whenever possible.

**ROUTINE FOLLOW-UP:**

1. The recommendations listed below address when routine follow-up is recommended for safe and effective continued use of contraception for healthy clients. Although routine follow-up is not necessary for the use of most contraceptive methods, recommendations might vary for different users and different situations. Specific populations such as adolescents, those with certain medical conditions or characteristics, and those with multiple conditions may benefit from more frequent follow-up visits.
2. Advise the client to return at any time to discuss side effects or other problems or if the client wants to change the method being used.
3. At other routine visits, healthcare providers should do the following:
* Assess the client’s satisfaction with the 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 method’s safe and effective use based on U.S. MEC.
* Assess blood pressure.
* Consider assessing weight changes and counsel clients who are concerned with any weight changes perceived to be due to contraceptive method.
* Provide up to the maximum number of refills of the contraceptive method under a current prescription from (**insert AGENCY name**) prescribing provider.

**CLIENT EDUCATION:**

1. Provide the client with instructions on how to use their contraceptive method. Explain the correct use of the method and document all education provided, as well as the client’s understanding.
2. Advise the client that hormonal contraceptive use may change their periods; the client may have spotting or irregular bleeding for the first few months.
3. Advise the client to call the clinic if they have any questions or concerns regarding their contraceptive method.
4. Inform the client that any signs or symptoms of complications should be reported to the clinic; if the clinic is not open, clients should call 911 or go to the emergency room.

**REFERENCES:**

Centers for Disease Control and Prevention. 2016. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

Centers for Disease Control and Prevention. 2016. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>

Centers for Disease Control and Prevention, 2014. Providing Quality Family Planning Services. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm>

United States Preventive Services Task Force. n.d. Published Recommendations. <http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>