GUIDELINE FOR NURSES RE-ISSUING ORAL CONTRACEPTIVE PILLS

The purpose of this guideline is to identify those women who can safely be reissued pills by practice nurses without needing to see a doctor.

It can be used as an authorisation for reissuing by nurses who have completed the family planning training at certificate or diploma level.

Nurses should use the guideline as aide memoir for routine practice but should also use their clinical expertise and discretion.

The following should be checked on each visit and recorded on the appropriate template in the patients’ computerised records.

NB COCP refers to combined oral contraceptive pill and POP refers to progesterone only pill

Points to consider

AGE

Assess ‘Fraser’ competence for patients under 16yrs – GP will have assessed when prescribing but a nurse has a duty of care to reassess at any opportunity. With increasing age, contraception methods may need to be altered so counselling may be required however women at low risk may continue to use COC up to the age of 50yrs

WEIGHT

For patients on COCP, BMI >30 relative. c/i, BMI >35 absolute c/i. For patients on POP guidance now suggests no restriction for women with weight <70kgs. (recommendation No. 9)

Suggest refer back to GP and / or discuss alternative forms of contraception i.e. IUD / IUS (NICE, 2005) if on COCP with high BMI
Give simple dietary and exercise advice if appropriate and explain why weight monitoring is important. NB there is no causal link with POP and weight gain.

**SMOKING**

Assess patient for readiness to quit and discuss relative importance when taking the COCP. Patients who continue to smoke more than 15 cigarettes x day over 35yrs need referral to the GP to swap to POP or consider LARC. Encourage patients to quit smoking. Patients who have quit smoking 12months before 35yrs/age may continue with COC.

**MENSTRUAL HISTORY**

Refer patients with Post Coital Bleeding (PCB) or intermenstrual bleeding (IMB) to GP unless clearly related to missed / late pills. If amenorrhoea / very scanty period - check for risk of pregnancy. Refer if any sudden change in cycle pattern.

COC - reassure if periods lighter than pre-pill.

POP - reassure that irregularity is expected and refer any patient who is unhappy with this advice to GP / offer counselling on alternative methods.

**HEADACHES**

Refer to GP if significant increase in frequency / new focal signs

**SIGNIFICANT ILLNESS / PAIN**

Immediate referral to doctor if any severe pain in chest / calf and advise patient on these signs and symptoms and to seek prompt medical intervention. Breast pain associated with the COCP may be due to the type of progestogen used- refer back to GP for OCP change if problematic.

Any new symptoms bothersome to patient, refer to doctor.

**RELEVANT MEDICATION**

Some antibiotics can affect the COCP absorption – as a general rule patients need to be advised to use condoms whilst taking the antibiotics.
and for 7 days after stopping (if taken during last 7 days of pill packet can strengthen the pill by omitting break). Enzyme inducing drugs commonly used in epilepsy can affect all COCPs – GPs will have considered appropriate contraception with patients prior to prescribing. NB Dianette (co-cyprindiol) is only licensed for use in women with severe acne and should not be used solely for contraception – refer to GP.

**FAMILY HISTORY**

Ask very generally, if FH not known, make this clear on computer. Refer if significant CVS disease in close family at young age (under 60 yrs) but only if this is new information since doctor initially prescribed.

**PILL TAKING**

Check knowledge of regime and for missed pills / antibiotic use / D&V effect on OCP. If pill missed this cycle, check for risk of pregnancy. May be useful to consider text messaging for mobile phones for patients who cannot remember to take pills or consider alternative method of contraception. New guidance for POP suggest condom use for 48 hrs only.

**TRAVEL**

Advise patients who will be immobile for periods of 5 hours or more to consider using graduated compression hosiery and to carry out leg exercises / walking during flight (BNF, 2007). Avoidance of alcoholic beverages and advise drinking water instead. The patient should be discouraged from taking aspirin before travel.

**HIV/STD PREVENTION**

Discuss routinely / offer leaflets / where appropriate teach condom use.

**CONTRACEPTION COUNSELLING**

Periodic reassessment of contraception needs should be considered i.e. swap to POP if smoker / premenopausal / change to IUD/IUS in line with current NICE guidance (NICE, 2005). Patients who wish to avoid menstruation short term i.e. holiday can safely take their next pill packet without a seven day break but warn the patient they may have breakthrough bleeding during the following month.
SURGERY

COC should be discontinued 4 weeks prior to major elective surgery (and advise on alternative contraception methods) and surgery to lower legs or prolonged immobilisation. Minor surgery is not an indication for stopping. POP is safe.

Quantity of prescriptions

In the absence of special problems, women can be given up to 12 months’ supply of COC at follow-up and encouraged to return at any time if problems arise.
<table>
<thead>
<tr>
<th>General information</th>
<th>Refer to GP</th>
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<tbody>
<tr>
<td>Age, BP, weight, smoking status</td>
<td>Post Coital Bleeding / Intra Menstrual Bleeding</td>
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<tr>
<td>Menstrual History</td>
<td>Increase headaches / focal problems</td>
</tr>
<tr>
<td>Bleeding pattern</td>
<td>Weight increase</td>
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<tr>
<td>Post Coital Bleeding (PCB)</td>
<td>Chest pain / calf pain / dyspnoea</td>
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<tr>
<td>Intermenstrual Bleeding (IMB)</td>
<td>BP &gt;140/90 (after a few readings)</td>
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<tr>
<td><strong>Health promotion</strong></td>
<td><strong>NB patients on COCP with BMI 30-39 relative c/i BMI over 39 absolute c/i</strong></td>
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<tr>
<td>Condom use + STI prevention</td>
<td><strong>Record in patients records</strong></td>
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<tr>
<td>Cervical smear – age 20 onwards</td>
<td>BP</td>
</tr>
<tr>
<td>Smoking cessation (if over 35yrs+on COCP refer GP for POP or LARC)</td>
<td>Weight/Height – review BMI</td>
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<tr>
<td>Breast awareness – leaflet/advice</td>
<td>Health Promotion – smoking status</td>
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<tr>
<td>Reinforce COCP / POP education regarding compliance / missed pills / D&amp;V / antibiotics / travel</td>
<td>Any positive findings / advice given / NAD</td>
</tr>
<tr>
<td></td>
<td>Code for LARC (#8CAw)</td>
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</table>
REFERENCES


Contraception Today 3\textsuperscript{rd} Ed John Guiillebaud 1997

Faculty of family planning and reproductive health care of the royal college of obstetricians and gynaecologists. Service standards on obtaining consent in sexual health services January 2010


RCGP Handbook of Sexual Health in Primary Care 1998

Dated February 2010

For review February 2011