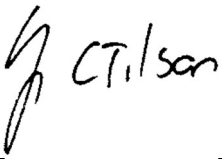
North Carolina State Health Director's Standing Order for Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives
2.23.23 FINAL

Pursuant to S.L. 2021-110, this standing order, and its required appendices (Appendix A: Minimum Pharmacist-Initiated Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire and Appendix B:Pharmacist-Initiated Hormonal Contraception Assessment and Treatment Care Pathway), signed by the North Carolina State Health Director, authorizes immunizing pharmacists practicing in the state of North Carolina and licensed by the North Carolina Board of Pharmacy to dispense, deliver, or administer the following contraception products as directed below. The questions contained in the Minimum Pharmacist-Initiated Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire may be utilized in a format of the immunizing pharmacists' choosing as long as all questions contained in the Minimum Pharmacist-Initiated Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire are provided in the same order. Additional questions may be added by the immunizing pharmacist at the end of the Minimum Pharmacist-Initiated Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire.

Immunizing pharmacists who provide contraception products in accordance with this standing order must also complete North Carolina Hormonal Contraception Training Program

<table>
<tr><th colspan="4">Contraception Dispensing Protocol</th></tr>
<tr><td>Eligible Candidates</td><td colspan="3">▪ Persons of reproductive age, who voluntarily request contraception, and are at risk of experiencing unintended pregnancy and that the patient is, within reasonable certainty, not pregnant.
▪ This standing order may be used for persons < 18 years of age with a parent or legal guardian consent.
▪ Persons of reproductive age may be provided any contraceptive allowed by this standing order that is a USMEC category 1 or 2 agent based on completion of the Minimum Pharmacist-Initiated Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire (Appendix A) evaluated in accordance with the Pharmacist-Initiated Hormonal Contraception Assessment and Treatment Care Pathway (Appendix B) and a seated blood pressure (< 140/90 mmHg) measured by a qualified health care provider at the time of assessment. If the initial blood pressure reading is 140/90 mmHg or greater, reassess the blood pressure after the patient has been seated for five or more minutes. If blood pressure remains high, then do not dispense, deliver or administer and refer to a medical care provider.
▪ Refer to the following guidance regarding eligibility criteria and when a person should start using specific contraceptive methods:
▪ https://www.cdc.gov/reproductivehealth/contraception/pdf/when-to-start_508tagged.pdf
▪ https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf
▪ U.S.Medical Eligibility Criteria for Contraceptive Use, 2016</td></tr>
<tr><td></td><td colspan="2">Combined Hormonal Contraceptive (CHCs)</td><td></td></tr>
<tr><td>Route(s) of Administration</td><td>Combined Oral Contraceptive (COC)</td><td>Transdermal (TD)</td><td>Progestin Only Pill (POP)</td></tr>
<tr><td>Medication</td><td>• estradiol valerate/dienogest
• estetrol/drospirenone
• ethinyl estradiol/desogestrel
• ethinyl estradiol/drospirenone
• ethinyl estradiol/drospirenone/levomefolate
• ethinyl estradiol/ethynodiol diacetate
• ethinyl estradiol/levonorgestrel
• ethinyl estradiol/norethindrone
• ethinyl estradiol/norgestimate
• ethinyl estradiol/norgestrel
• mestranol/norethindrone</td><td>• ethinyl estradiol/levonorgestrel
• ethinyl estradiol/norelgestromin</td><td>• drospirenone
• norethindrone</td></tr>
<tr><td>Directions for Use</td><td>Take one tablet by mouth daily.</td><td>Apply one patch to the skin once a week x 3 weeks. Then remain patch-free for one week.</td><td>Take one tablet by mouth daily.</td></tr>
<tr><td></td><td colspan="3">Follow guidance for initiation, modification, and discontinuation as set out in the Pharmacist Initiated Hormonal Contraception Assessment and Treatment Care Pathway (Appendix B).</td></tr>
</table>

Refills	As needed up to a one-year supply. Refills may be provided in monthly or extended supplies, as allowed by the patient's insurance. Patient screening questionnaire must be completed at least annually.
Contraindications	• Pregnant or pregnancy suspected • Any condition rated in the CDC USMEC Criteria for Contraceptive Use as theoretical or proven risks usually outweigh the advantages (rating = 3) or unacceptable health risk, method not to be used (rating = 4) Summary chart medical-eligibility criteria U.S.Medical Eligibility Criteria for Contraceptive Use, 2016
Patient Education	The dispensing pharmacist shall educate every person to whom contraception is dispensed, delivered or administered under this standing order on how to start the contraceptive method (Quick start method preferred), proper administration and missed dose instructions, safety and efficacy data, routine follow-up for the selected contraceptive method, potential drug interactions, side effects and who to contact should these occur. FDA-required product information sheet shall also be provided. Examples of educational materials that incorporate the above may be found at: https://www.cdc.gov/reproductivehealth/contraception/pdf/when-to-start_508tagged.pdf and https://birthcontrolpharmacist.com/resources/. The dispensing pharmacist shall also educate every person to whom contraception is dispensed, delivered or administered under this standing order on preventative care, including well-women visits, sexually transmitted infection prevention and screening, Cervical Cancer screening, folic acid supplementation, and the need to have a regular source of health care/primary care provider.
Notification of Primary Care Provider	Pharmacists choosing to participate in self-administered contraception dispensing or delivery under the authority of this standing order shall notify the patient's primary care provider within 72 hours of initiating contraception. If the patient does not have a primary care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary care provider, and provide information regarding primary care providers, including private practices, federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located.
Records Retention:	Records for contraceptives dispensed, delivered or administered pursuant to this standing order shall be maintained in accordance with applicable state and federal law.



Approved by: _____ Date signed: ____2.23.23_____
Elizabeth Cuervo Tilson, MD, MPH
NPI: 1760540421
(*Legal Authority Session Law 2021-110, Sec. 5.* This order is effective immediately upon signing and may be revised or rescinded by the State Health Director according to her discretion. This order shall remain in effect until the later of the development of the protocols described in Section 4(a) of Session Law 2021-110 or January 1, 2023.

Appendix A : Minimum Pharmacist-Initiated Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives Patient Questionnaire

Patient Name: _____ Birth Date(mm/dd/yy): _____ Age: _____ Visit Date(mm/dd/yy):_____

Part 1:

1. Insurance:	**2. Primary Care or Women's Health Provider:** **Practice Name:**	**3. Provider Phone #:**

4.Medication Allergies ***(List name of medication(s) and your reaction to them)***

_____

_____

5. Blood Pressure: **(Pharmacist Use Only)** **_____ mmHg (Reading 1)** **_____ mmHg (Reading 2)**
If initial BP ≥ 140/90 pharmacists may take second reading after patient has been seated for 5 or more minutes

6. Last Menstrual Period (mm/dd/yy):	**7. Height (feet/inches):**	**8. Weight (pounds):**	**9. BMI** **(Pharmacist Use Only)**
_____	_____	_____	_____

10. Are you currently taking a multi-vitamin or folic acid supplement? ☐ **Yes** ☐ **No**

11. Birth Control Method(s) You are Currently Using ***(Check all that apply)***:

☐None ☐Condoms ☐Patch ☐Ring ☐Pill ☐IUD ☐Implant ☐Depo Provera ☐Spermicide
☐Diaphragm ☐Withdrawal ☐Fertility Awareness/Natural Family Planning Other:_____

12. Birth Control Method(s) You Would Like to Discuss and Consider at This Visit:

☐Condoms ☐Patch ☐Ring ☐Pill ☐IUD ☐Implant ☐Depo Provera ☐Spermicide
☐Diaphragm ☐Withdrawal ☐Fertility Awareness/Natural Family Planning Other:_____
If patients wants method not available through the pharmacy or not covered in the pharmacist training, refer patient to primary care or women's health provider

13. Birth Control History ***(List methods of birth control you've used in the past and any side effects or problems you've had with them)***

_____

_____

Part 2:

Screening to Be Reasonably Sure a Patient is Not Pregnant: ***It is reasonably certain a person is not pregnant if they have no signs or symptoms of pregnancy and answer yes to any questions 15-20.***	**Yes**	**No**
14. Do you think you might be pregnant? (Early signs and symptoms of pregnancy include a missed period, tender, swollen breast, nausea with or without vomiting, increased urination, and fatigue)	☐Yes	☐No

15. Did your last menstrual period start within the past 7 days?	☐Yes	☐No
16. Have you abstained from sex since your last menstrual period or delivery?	☐Yes	☐No
17. Have you used a reliable form of birth control consistently and correctly since your last period?	☐Yes	☐No
18. Have you had a miscarriage or abortion in the last 7 days?	☐Yes	☐No
19. Have you given birth in the last 4 weeks?	☐Yes	☐No
20. Have you given birth within the last 6 months, are you fully or nearly fully breastfeeding, AND have you had no menstrual period since the delivery?	☐Yes	☐No

Part 3:

Medical History		
21. Have you ever been told by a medical professional NOT to take hormones?	☐Yes	☐No
22. Have you ever received an organ transplant?	☐Yes	☐No
23. Do you have lupus?	☐Yes	☐No
24. Do you have, or have you ever had breast cancer?	☐Yes	☐No
25. Have you had diabetes for more than 20 years? or have you had diabetes with kidney disease (nephropathy), disease of the back of your eye (retinopathy), or nerve damage (neuropathy)?	☐Yes	☐No
26. Have you ever had a heart attack or stroke or been told you had heart disease, including cardiomyopathy, heart failure, atrial fibrillation, and problems with your heart valves?	☐Yes	☐No
27. Do you have any other form of active cancer, including metastatic cancer, for which you are receiving therapy, or you are within 6 months of remission?	☐Yes	☐No
28. Do you have high blood pressure or hypertension? (Higher than 140/90)	☐Yes	☐No
29. Do you have, or have you ever had liver disease, hepatitis, liver cancer, or jaundice (yellowing of skin or eyes)?	☐Yes	☐No
30. Have you had liver disease with the flow of bile from your liver is blocked or reduced (cholestasis) related to birth control pills?	☐Yes	☐No
31. Do you have, or have you ever had gallbladder disease and still have your gall bladder?	☐Yes	☐No
32. Do you have ulcerative colitis or Crohn's disease?	☐Yes	☐No
33. Do you have, or have you ever had a blood clot in your leg (Deep Vein Thrombosis/DVT or Superficial Venous Thrombosis) or lung (Pulmonary Embolism/PE)?	☐Yes	☐No
34. Have you ever been told by a medical professional that you are at risk of developing a blood clot in your leg or lung?	☐Yes	☐No
35. Have you ever been told by a medical professional that you have a blood disorder that increases your risk of developing a blood clot?	☐Yes	☐No
36. Have you had recent major surgery or are you planning to have major surgery in the next 4 weeks after which you had to or will have to have a long period of time with limited or no movement?	☐Yes	☐No
37. Are you both 35 years or older and smoke cigarettes or vape nicotine products?	☐Yes	☐No

38. Do you have multiple sclerosis with limited or no movement?	☐Yes	☐No
39. Do you have migraine headaches with aura (warning signs or symptoms such as flashes of light, blind spots, or tingling in your hands or face that comes and goes completely away before the headache starts)?	☐Yes	☐No
40. Do you have high cholesterol?	☐Yes	☐No
41. Do you have 2 or more of the following conditions? **Check all that apply to you**:		
Age 35 or older	☐Yes	☐No
Smoke cigarettes or vape nicotine containing products	☐Yes	☐No
High LDL (bad cholesterol)	☐Yes	☐No
Low HDL (good cholesterol)	☐Yes	☐No
High triglycerides (fat in blood)	☐Yes	☐No
High blood pressure	☐Yes	☐No
Diabetes	☐Yes	☐No
42. Has it been less than 21 days since you have given birth or less than 30 days since you have given birth and you are breastfeeding?	☐Yes	☐No
43. Has it been less than 42 days since you have given birth?	☐Yes	☐ No
If yes, do you have **ANY** risk factors for blood clots? **See risk factors below, check all that apply to you:**	☐Yes	
Age 35 or older	☐Yes	☐No
Previous blood clot	☐Yes	☐No
Thrombophilia (blood disorder that makes you more likely to have blood clots)	☐Yes	☐No
Blood transfusion at delivery	☐Yes	☐No
Cardiomyopathy around time of giving birth	☐Yes	☐No
Major bleeding at time of giving birth	☐Yes	☐No
BMI > 30	☐Yes	☐No
Pre-eclampsia	☐Yes	☐No
Smoke cigarettes or vape nicotine containing products		☐No
Immobility (prolonged periods of limited or no movement)		☐No
44. Have you had Roux-en-Y, gastric bypass, or biliopancreatic surgery?	☐Yes	☐No

Part 4:

Medication History		
45. Are you taking any of the following medications?		
Fosamprenivir	☐Yes	☐No
Phenytoin	☐Yes	☐No
Carbamazepine	☐Yes	☐No
Phenobarbital	☐Yes	☐No
Topiramate	☐Yes	☐No
Oxcarbazepine	☐Yes	☐No
Primidone	☐Yes	☐No

Lamotrigine	☐Yes	☐No
Rifampin	☐Yes	☐No
Rifabutin	☐Yes	☐No

46. Do you take any other medications for **seizures**, **tuberculosis**, or **Human Immuno-deficiency Virus**? ☐Yes ☐No

If yes, list them here: _____

Part 5:

I am requesting that my pharmacist consult with me about my birth control options. I understand the following:

• The pharmacist is providing care based on the information I provide.

• The pharmacist will review my birth control options, if pharmacist is able to provide my selected birth control method, they will review with me how to use it, and what to expect.

• The pharmacist is available to answer all my questions about certain birth control options. I understand pharmacists and physicians have different education and training

• If the pharmacist is unable to provide my desired method of birth control, I will be referred to my primary care or women's health provider.

• Establishing a relationship with a primary care provider or women's health provider is important, so I should request information from the pharmacist about providers in my local area if I do not have one.

• It is advised to have regular visits with a primary care or women's health provider to receive recommended tests and screenings.

• No method of birth control is 100% effective at preventing pregnancy.

• Hormonal birth control does not start working right away to prevent pregnancy. After using hormonal birth control for 7 days, it will prevent pregnancy if used correctly and consistently.

• Hormonal birth control does not protect against sexually transmitted diseases (STDs). Condoms protect against STDs.

• I will contact my pharmacist and primary care provider or women's health provider regarding any side effects, problems, or changes to my health status or medications.

_____ _____

Patient Signature *Date*

_____ _____

Parent or Guardian Signature for persons <18 years of age *Date*

Appendix B: Pharmacist Initiated Hormonal Contraception Assessment and Treatment Care Pathway

Part 1: Patient Information

1.Review Insurance (Question 1)	If patient has insurance or wants to pay Out of Pocket, consider formulary coverage and/or most cost-effective product for the individual patient Continue to step 2	If patient **DOES NOT** have Insurance and does not want to pay cash, refer to Free reproductive Health Services in the community

2.Review Patient's PCP (Question 2)	If patient has a PCP Continue to step 3	If patient **DOES NOT** have a PCP Counsel on benefits of establishing a PCP and provide information on local providers. Continue to step 3

3. Record Seated Blood Pressure (Question 5)	
If blood pressure < 140/90 after first (or second) seated reading Continue to step 4	If blood pressure ≥ 140/90 upon second seated reading, Refer to PCP or other medical provider
Comments:	
For patients who meet eligibility for Combined Hormonal Contraceptives (CHC)s, use routine visits to monitor blood pressure for any changes	

4.Review Ht. & Wt. (self-reported) (Questions 7 & 8)	You will need to calculate BMI if patients answer **YES to question 43.** - Continue to step 5 Calculate BMI https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm

5. Review birth control status & history (Question 11-13)	If patient is amenable to products a pharmacist is able to provide - Continue to step 6	If patient desires method outside pharmacists' SO scope - Refer to PCP or other medical provider

Part 2: Screening to be reasonably sure a patient is not pregnant

6. Review questions 14-20			
Question 14	If no - Continue to question 15	If yes	and patient answers **NO** to **question 10,** start 400-800mcg folic acid supplementation and Refer to PCP or women's health provider In addition, if patient has no PCP or women's health provider - Counsel on importance of establishing care and provide information on local providers. See toolkit for list of local providers.
Questions 15-20	If **YES** to **ANY** - Continue to step 7	If **NO** to **ALL**	Patient may confirm pregnancy through self-administered pregnancy test, if negative – Pharmacist may choose to continue to step 7 **OR** Refer to PCP or women's health provider
Comments:			
Question 14 – Folic acid supplementation may be provided in the form of an OTC daily multi-vitamin (containing 400 mcg folic acid) or an OTC prenatal vitamin supplement (containing 800 mcg folic acid). Of note, OTC prenatal vitamins contain more minerals than standard multi-vitamins and may result in tolerance issues for some individuals. Questions 15-20 – It is reasonably certain a person is **not pregnant** if they have no signs or symptoms of pregnancy and answer **yes to any** questions **15-20**			

Part 3: Medical History

7. Review Questions 21-29	If no to **ALL** questions, Continue to step 8	If yes to **ANY** Question Refer to PCP

8. Review Questions 30 – 43	If no to **ALL** questions, Continue to step 9	If yes to **ANY** question	Combined Hormonal Contraception (CHCs) contraindicated
			Progestin-only Pills (POPs) acceptable - Continue to step 9

Comments:
Question 37 – For patients 35 or older who smoke or vape nicotine, ASK patient if interested in smoking cessation counseling Question 43 – Only treat as a YES, if patient < 42 days postpartum AND checks at least one risk factor for blood clots

9. Review Question 44	If no – Continue to Step 10	If yes	**Oral** COCs and POPs Contraindicated Transdermal Patch acceptable - Continue to step 10

Part 4: Medication History

10. Review Question 45	If no to **ALL** complete the "Patient Documentation and Communication Form and dispense preferred medication covered by SO and per treatment care pathway	If yes to **ANY** (patient on fosamprenavir, phenytoin, barbiturates, primidone, topiramate, oxcarbazepine, carbamazepine, rifampin, lamotrigine, or rifabutin) Refer to PCP

Starting Combined Oral Contraceptives (COCs)

1. Start with a ***monophasic pill*** with 20 to 35 mcg of ethinyl estradiol using the quick start method.

   Examples include:

   a. Sprintec, which contains norgestimate and 35 mcg of ethinyl estradiol (generic form of Ortho-Cyclen)

   b. If you are looking for a 20 mcg pill, one option is Microgestin 1/20 which contains norethindrone and 20 mcg of ethinyl estradiol (generic form of Loestrin)

   c. Lowest estrogen option is 10 mcg (Lo Loestrin), some studies have found it is not quite as effective, and more breakthrough bleeding.

2. *If the patient prefers a* ***continuous oral contraceptive*** to decrease dysmenorrhea and the number of periods or to prevent menstrual migraines.

   Examples include:

   a. Jolessa – 0.15 mg of levonorgestrel and 30 mcg of estrogen and comes in a 3-month pack (generic form of Seasonale)

   b. Using any monophasic pill but omitting the placebo pills for week 4

3. ***Multiphasic oral contraceptives*** *are* designed to mimic fluctuations in hormones during a menstrual cycle. Estrogen/Progestin content varies as month progresses. There is no significant difference in efficacy between biphasic and triphasic contraceptives, however more bleeding may occur with bi-phasic than tri-phasic.

   Examples include:

   a. Tri-Sprintec – Day 1-7: 0.035mg estrogen and 0.18mg norgestimate, Day 8-14: 0.035mg estrogen, 0.215mg norgestimate, Day 15-21: 0.035 estrogen, 0.25 norgestimate

4. *Special considerations.*

   a. Androgenic progestins, highlighted in the table below, may cause acne, hirsutism, oily skin, increased libido. Clinically not a huge difference. Overall COC's are antiandrogenic.

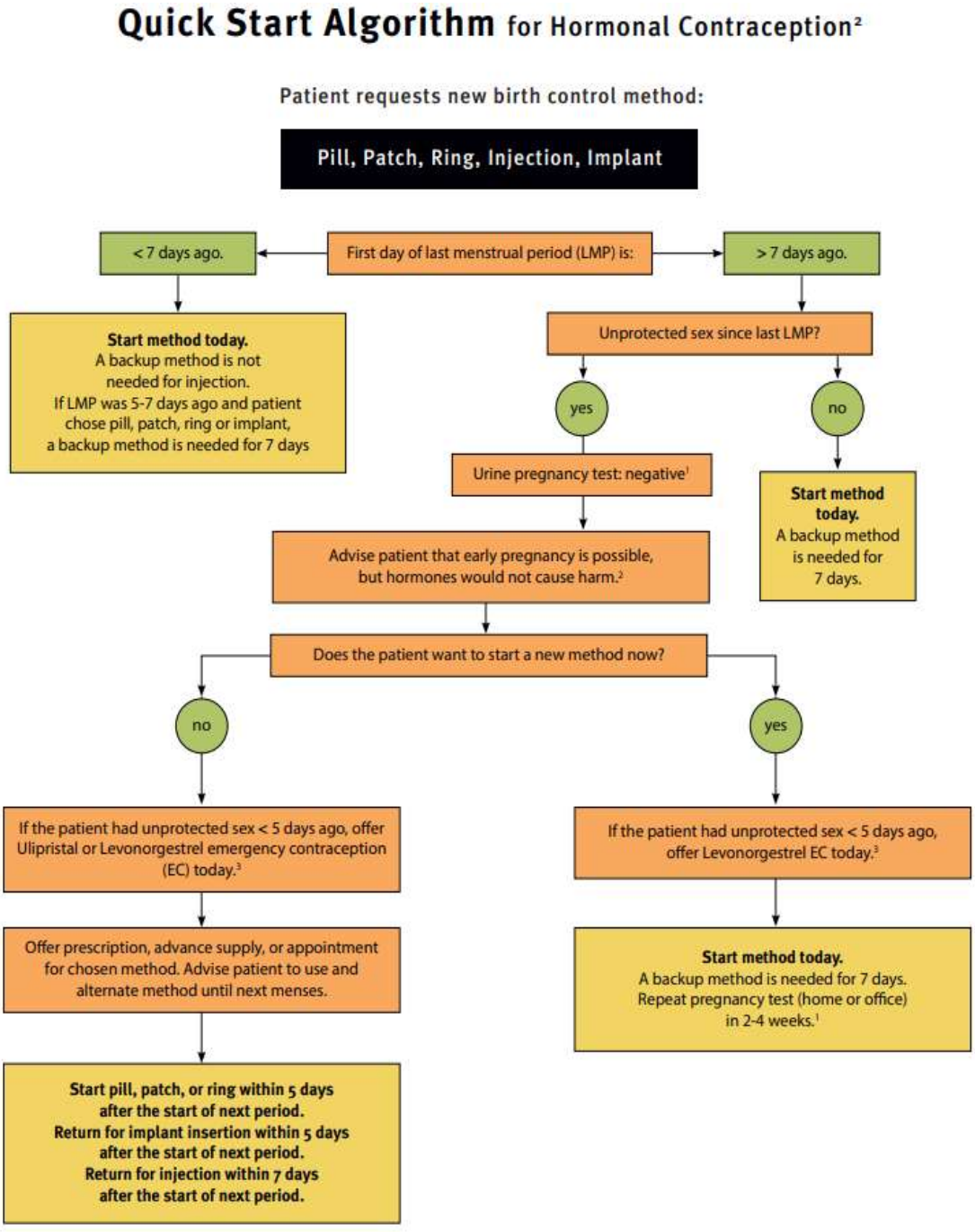
	Androgenic	**VTE risk**	**Breakthrough bleeding**
Norethindrone	+		+
Norethindrone acetate	+		+
Norgestrel	++		
Levonorgestrel	++		
Desogestrel		+	
Norgestimate		+	
Drospirenone	-	+	

b. Consideration in switching contraceptives to manage complaints/ adverse effects

Implication	**Side Effects with new onset with contraceptive initiation**	**Considerations for switching contraceptives (to manage complaints/adverse effects). Consider referral to primary care or women's health provider for evaluation of side effects. Refer to primary care or women's provider if symptoms do not resolve.**
Too much estrogen…	Nausea, breast tenderness, increased blood pressure	Consider lower dose estrogen formulation, avoid patches which provide the highest estrogen exposure
Too little estrogen…	Early or mid-cycle breakthrough bleeding, increased spotting, hypomenorrhea	If bleeding occurs early in cycle, increase estrogen content to 30-35mcg
		If bleeding occurs mid to late cycle, change to triphasic whose progestin dose increases through the cycle (ex. Cyclessa, Tri-Sprintec)
Too much progestin…	Breast tenderness, headache, fatigue, changes in mood	Consider switching to a progestin with less progestin activity such as norgestimate (ex. Sprintec), desogestrel (ex. Apri), or drospirenone (ex. Yasmin).
Too little progestin…	Late breakthrough bleeding	Change to triphasic whose progestin dose increases through the cycle (ex. Cyclessa, Tri-Sprintec)
Too much androgen…	Increased appetite, weight gain, acne, oily skin, increased LDL cholesterol, decreased HDL cholesterol.	Consider switching to a progestin with less progestin activity such as norgestimate (ex. Sprintec), desogestrel (ex. Apri), or drospirenone (ex. Yasmin).

Using the "Quick Start" Method to Initiate Hormonal Contraceptives

Initiation of hormonal contraceptives may be started at any point in the menstrual cycle. Using the (Quick-Start) method has been proven to enhance continuation rates. **The NC Standing Order includes provisions for Pill and Patch only. Ring, Injection, and Implants are excluded.**



Please Note: *While the standard of care and quick-start algorithm include a recommendation for emergency contraception for patients having unprotected sex, North Carolina's standing order does not include provisions for pharmacist dispensing of ulipristal. However, Levonorgestrel EC. (Plan-B One Step®) is available OTC and pharmacists have a clinical responsibility to counsel patients in accordance with best practice.*

Managing Missed Doses of Hormonal Contraceptives

FIGURE 3. Recommended actions after delayed application or detachment* with combined hormonal patch

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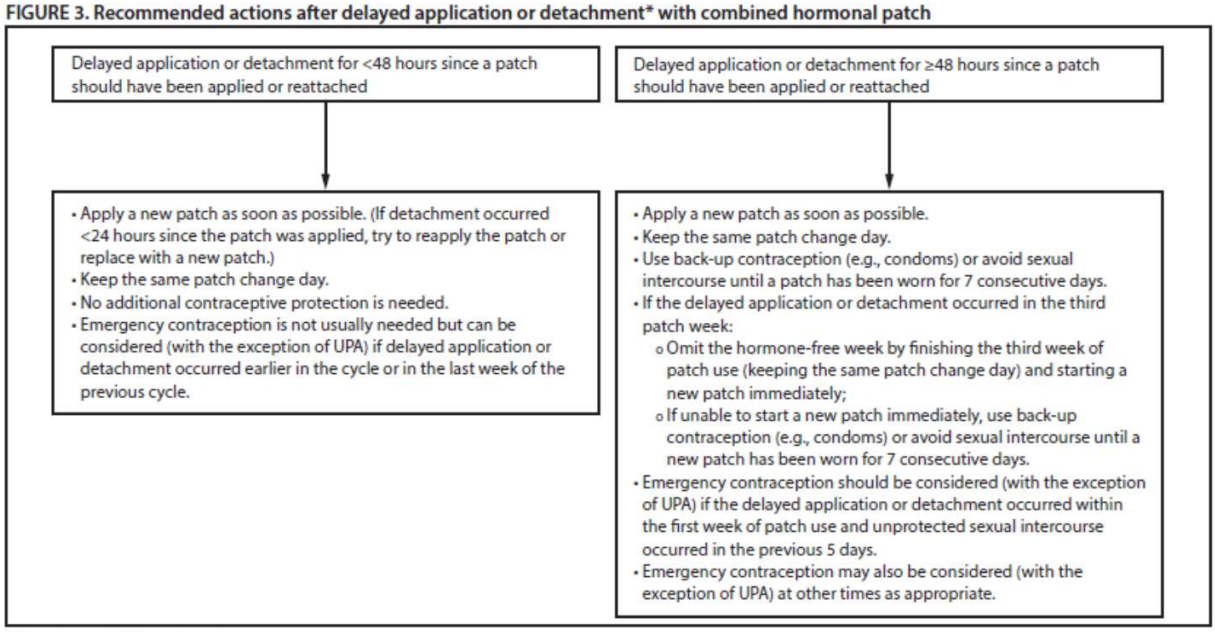

Abbreviation: UPA = ulipristal acetate.

* If detachment takes place but the woman is unsure when the detachment occurred, consider the patch to have been detached for ≥48 hours since a patch should have been applied or reattached.

FIGURE 2. Recommended actions after late or missed combined oral contraceptives

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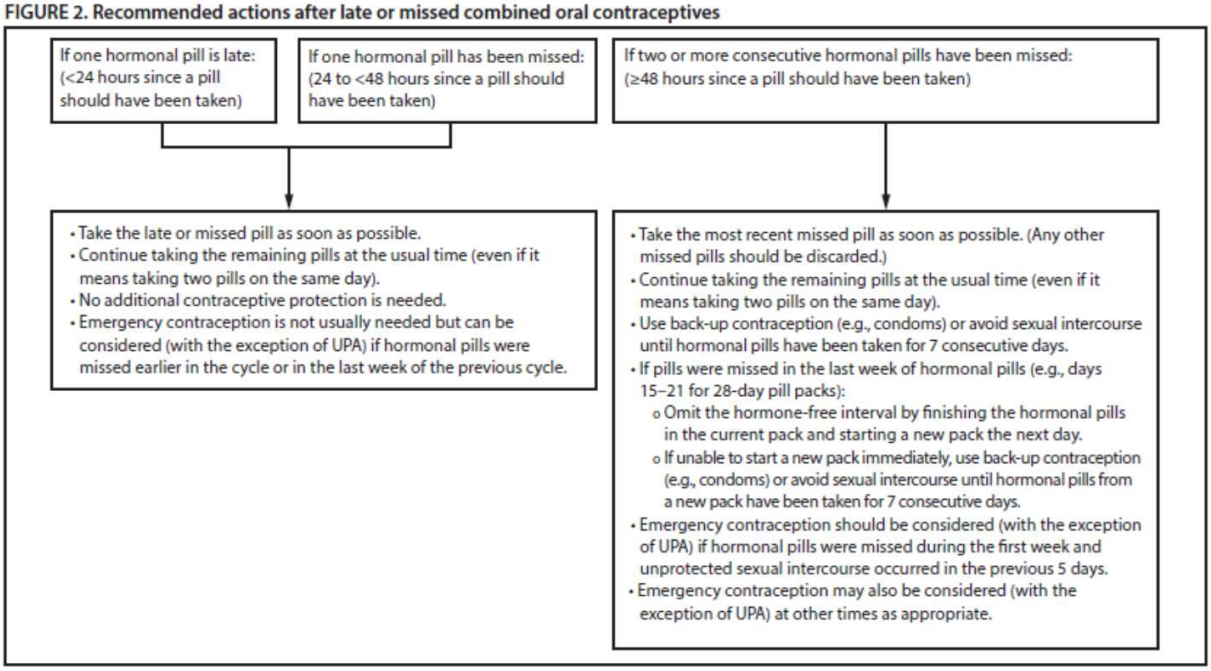

Abbreviation: UPA = ulipristal acetate.

Missed POPs

For the following recommendations, a dose is considered missed if it has been >3 hours since it should have been taken.

- Take one pill as soon as possible.
- Continue taking pills daily, one each day, at the same time each day, even if it means taking two pills on the same day.
- Use back-up contraception (e.g., condoms) or avoid sexual intercourse until pills have been taken correctly, on time, for 2 consecutive days.
- Emergency contraception should be considered (with the exception of UPA) if the woman has had unprotected sexual intercourse.

Routine Follow-Up After Contraceptive Initiation*

Action	Contraceptive Method				
	Cu-IUD or LNG-IUD	Implant	Injectable	CHC	POP
General Follow-Up					
Advise women to return at any time to discuss side effects or other problems or if they want to change the method. Advise women using IUDs, implants, or injectables when the IUD or implant needs to be removed or when reinjection is needed. No routine follow-up visit is required.	X	X	X	X	X
Other Routine Visits					
Assess the woman's satisfaction with her current method and whether she has any concerns about method use.	X	X	X	X	X
Assess any changes in health status, including medications, that would change the method's appropriateness for safe and effective continued use based on the U.S. MEC (i.e., category 3 and 4 conditions and characteristics).	X	X	X	X	X
Consider performing an examination to check for the presence of IUD strings.	X	–	–	–	–
Consider assessing weight changes and counseling women who are concerned about weight change perceived to be associated with their contraceptive method.	X	X	X	X	X
Measure blood pressure.	–	–	–	X	–

Abbreviations: CHC = combined hormonal contraceptive; Cu-IUD = copper-containing intrauterine device; IUD = intrauterine device; LNG-IUD = levonorgestrel-releasing intrauterine device; POP = progestin-only pills; U.S. MEC = *U.S. Medical Eligibility Criteria for Contraceptive Use*, 2016.

*These recommendations address when routine follow-up is recommended for safe and effective continued use of contraception for healthy women. The recommendations refer to general situations and might vary for different users and different situations. Specific populations that might benefit from frequent follow-up visits include adolescents, those with certain medical conditions or characteristics, and those with multiple medical conditions.
Source: For full recommendations and updates, see the U.S. Selected Practice Recommendations for Contraceptive Use webpage at http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm

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https://www.cdc.gov/reproductivehealth/contraception/pdf/when-to-start_508tagged.pdf