

## THE NORTH THORESBY PRACTICE

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### Protocol for Nurse led Pill checks -Oral contraception Pills

- The purpose of this protocol is to identify those women who can be safely reissued pills after being seen by the practice nurses without needing to see a doctor
- Nurses should only initiate or change contraceptive methods if they are qualified in this following FRSB guidance
- NB: **COC** refers to Combined Oral contraceptive and **POP** refers to progesterone only pill
- Nurses require 20 minutes to perform all checks
- Assess Fraser Competence for patients under 16yrs (please see protocol on practice share) GP will have assessed when prescribing however the nurse still has a duty of care to continue to reassess as required

### Pill check/Follow up Appt

- Arrange follow up 3 months after the first prescription of a combined oral contraceptive (**COC**) or Progesterone only pill (**POP**) and annually thereafter
- Check the woman's blood pressure (Please refer to GP if BP >140/90)
- Check the woman's body mass index patients
- For patients on **COC**, BMI >30 relative C/I BMI>35 avoid unless no suitable alternative
- Patients on **POP** guidance now suggests no restriction for women with weight <70kgs

- Suggest refer back to GP and / or discuss alternative forms of contraception i.e. IUD / IUS if on **COC** with high BMI
- Check the woman's smoking status/health promotion
- Assess patient for readiness to quit and discuss relative importance when taking the **COC**. Patients who continue to smoke more than 15cigarettes x day over 35yrs need referral to the GP to swap to **POP**
- Encourage patients to quit smoking, Patients who have quit smoking 12months before 35yrs/age may continue with **COC**.
- Consider LARC if the patient doesn't stop smoking
- Ask about headaches, especially migraine, any with aura refer to GP
- Assess for any new risk factors which may mean **COCs** are no longer suitable. For more information, see the section on [combined hormonal contraception](#) in the CKS topic on [Contraception - assessment](#).
- The UK Medical Eligibility Criteria (UKMEC) should be checked to ensure that the preferred method is not contraindicated.
- **COC** is contraindicated due to unacceptable health risks (UKMEC 4) in women with current breast cancer, women who are breastfeeding and are less than 6 weeks postpartum, and women aged 35 years or more and smoking 15 or more cigarettes daily. **COC** should only be used after consultation with an expert (UKMEC 3) in women with a history of breast cancer and no evidence of recurrence for 5 years, woman taking liver enzyme-inducing drugs such as rifampicin, and women with BMI greater than 35 kg/m<sup>2</sup>. For a full list of UKMEC 4 and UKMEC 3 categories, see the [UK Medical](#)
- The only UKMEC 4 condition for the **POP** is current breast cancer. The **POP** should only be used after consultation with an expert (UKMEC 3) in women with a history of breast cancer and no evidence of recurrence for 5 years, women taking liver enzyme-inducing drugs such as rifampicin, and women with a new diagnosis of ischaemic heart disease while using the **POP** for example.

- Address any issues or adverse effects she has, such as unscheduled bleeding, record Last monthly period is clinically indicated depends which oral contraceptive
- **POP** can cause amenorrhea
- 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
- Check cervical screening is up to date, from 25 years onwards
- For women that forget to take Pills advise to use a an alternative more realible form of contraception (LARC), if pill missed on current cycle then check risk of pregnancy
- Check the woman's knowledge of what to do if a [pill is missed](#), if she has [vomiting or diarrhoea](#), or if she requires [surgery](#). (Refer to FRSH for latest guidance)
- Remind the woman about possible [drug interactions](#).
- Some antibiotics can affect the **COC** absorption – as a general rule patients need to be advised to use condoms whilst taking the antibiotics and for 7days after stopping (if taken during last 7days of pill packet can strengthen the pill by omitting break). Enzyme inducing drugs commonly used in epilepsy can affect all **COCs** – 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.
- Offer verbal and/or written advice about long-acting reversible contraception (copper intrauterine device, levonorgestrel intrauterine system, progestogen-

only injectables, progestogen-only implant, and the combined hormonal vaginal ring). For more information, see the CKS topics on [Contraception - IUS/IUD](#) and [Contraception - progestogen-only methods](#).

- Advise the woman to return at any time if she has any other issues or concerns, ensure patient is breast aware
- Enquire about the Woman's Family history, if FH not known, make this clear on computer. Refer if significant CVS disease in close family at young age (under 60yrs) but only if this is new information since doctor initially prescribed, check also no PMH Blood clots, migraines
- Discuss routinely HIV/STD prevention, offer leaflets and signpost to update guidance for patient to refer too, advice barrier method condom use
- 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 **COC** may be due to the type of progestogen used- refer back to GP for OCP change if problematic
- Complete the Pill Check-Template on System one for Contraception and send task to GP to complete and sign prescription or request from clinical pharmacist from dispensary
- Any Complications/risk factors then the nurse should discuss with the Duty GP or request an appointment to be seen

Completed by Lyndsey Evans, Nurse Lead to be reviewed annually 11/06/2021

**For Further Guidance please refer to below:**

<https://cks.nice.org.uk/topics/contraception-assessment/management/assessment-for-specific-contraceptive-methods/#combined-hormonal-contraception>

Consult the [UK Medical eligibility criteria for contraceptive use](#) to ensure a method of contraception is suitable for the woman before recommending or requesting another prescription <https://www.fsrh.org/ukmec/>

