CONTRACEPTIVES, HORMONAL

MONOPHASIC ORAL CONTRACEPTIVES

ethinyl estradiol/desogestrel (eth-in-il es-tra-dye/dess-oh-jess-trel)
Apri-28, Desogen, Emoquette, Enskyce, Ortho-Cept, Reclipsen, Solia

ethinyl estradiol/drospirenone (eth-in-il es-tra-dye/droe-spy-re-nown)
Angeliq 0.25/0.5, Angeliq 0.5/1, Beyaz, Guini, Loryna, Ocella, Safyral, Spofa, Vestro, Yarin, Yuz, Zarah

ethinyl estradiol/ethynodiol (eth-in-il es-tra-dye/nor-dye-ole)
Beepe, Zora 1/35, Zona 1/35

ethinyl estradiol/levonorgestrel (eth-in-il es-tra-dye/nor-eth-in-drone)

ethinyl estradiol/norethindrone (eth-in-il es-tra-dye/nor-eth-in-drone)

ethinyl estradiol/norgestimate (eth-in-il es-tra-dye/nor-jes-ti-mate)
Berryfa, Mena-Lynar, Neomesna, Ortho-Cyclen-28, Premarin, Spiritan

ethinyl estradiol/norgestrel (eth-in-il es-tra-dye/nor-jess-trel)
Cryselle, Elinoic, Leo-Prinal 28, Leo-Prinal–28, Ogenual–28

mestranol/norethindrone (mes-trane/nor-eth-in-drone)
Noran 1/35, Norinyl 1/30

BIPHASIC ORAL CONTRACEPTIVES

ethinyl estradiol/desogestrel (eth-in-il es-tra-dye/dess-oh-jess-trel)
Azurette, Kariva, Mircette, Viorele

ethinyl estradiol/norethindrone (eth-in-il es-tra-dye/nor-eth-in-drone)
Necon 10/11

TRIPHASIC ORAL CONTRACEPTIVES

ethinyl estradiol/desogestrel (eth-in-il es-tra-dye/dess-oh-jess-trel)
Caziant, Cesia, Cyclessa, Velivet

ethinyl estradiol/levonorgestrel (eth-in-il es-tra-dye/nor-eth-in-drone)
Enpresse-28, Levnod, Myftra, Trivera–28

ethinyl estradiol/norethindrone (eth-in-il es-tra-dye/nor-eth-in-drone)
Azuran 7/7/7, Auroxella, Cyclessa 7/7/7, Duarta 7/7/7, Estrostep Fe, Leena, Necon 7/7/7, Normal 7/7/7, Ortho-Novum 7/7/7, Pirmella 7/7/7, Tilia Fe, Triagenta 21, Triagenta Fe, Tri-Norinyl

ethinyl estradiol/levonorgestrel (eth-in-il es-tra-dye/nor-eth-in-drone)
Cryselle, Elinoic, Leo-Prinal 28, Leo-Prinal–28, Ogenual–28

mestranol/norethindrone (mes-trane/nor-eth-in-drone)
Noran 1/35, Norinyl 1/30

Canadian drug name.
Genetic Implication. CAPI TALS indicate life-threatening, underlines indicate most frequent. Strikethrough indicates discontinued.
ethinyl estradiol/norgestimate
(eth-in-il es-tra-dye-ole/nor-jess-i-mate)
Ortho Tri-Cyclen, Ortho Tri-Cyclen Lo, Tri-Estreylla, Tri-Levtract, Tri-Neora, Tri-
Poseran, Tri-Spirene.

FOURPHASIC ORAL CONTRACEPTIVES
estradiol valerate/dienogest
(eth-straye-dye-val-er-at/e-dee-noh-jest)
Natazia.

EXTENDED-CYCLE ORAL CONTRACEPTIVE
ethinyl estradiol/drospirenone
(eth-in-il es-tra-dye-ole/droh-spire-noen)
Nestoril.

PROGESTIN-ONLY ORAL CONTRACEPTIVES
norethindrone
(nor-eth-in-drone)
Cardil, Errin, Jotozol, Norellon, Nor-Q D, Nor-Q D/EE, Ortho Micronor.

INJECTABLE CONTRACEPTIVE
medroxyprogesterone (me drok-ee-proe-jess-in-ron)
Depo-Provera, Depo Provera 104.

INTRAUTERINE CONTRACEPTIVE
levonorgestrel (lee-voe-nor-jess-trel)
Mirena, Skyla.

VAGINAL RING CONTRACEPTIVE
ethinyl estradiol/etonogestrel
(eth-in-il es-tra-dye-ole/e-toe-noe-jess-trel)
NuvaRing.

TRANSDERMAL CONTRACEPTIVE
ethinyl estradiol/norelgestromin
(eth-in-il es-tra-dye-ole/nor-el-jess-trom-min)
Ortho Evra.

Classification
Therapeutic: contraceptive hormones
Pregnancy Category X.

Indications
Prevention of pregnancy. Regulation of menstrual cycle. Emergency contraception (some products). Treatment of heavy menstrual bleeding in women who choose to use intrauterine contraception as their method of contraception (Mirena). Treatment of heavy menstrual bleeding in women who choose to use an oral contraception as their method of contraception (Nestoril). Treatment of premenstrual dysphoric disorder (Beyaz, Yaz, Yasmin). Treatment of moderate to severe vasomotor symptoms or symptoms of uterine and vaginal atrophy due to menopause in women with a uterus (Angeliq). Management of acne in women 14 yr who desire contraception, have no health problems, and have failed topical treatment. Increase folate levels in women who desire oral contraception to reduce the risk of neural tube defects in a pregnancy that occurs while taking or shortly after discontinuing the product.

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CONTINUED
### CONTRACEPTIVES, HORMONAL

**Action**

Monophasic Oral Contraceptives: Provide a fixed dosage of estrogen/progesterone over a 21-day cycle. Ovulation is inhibited by suppression of FSH and LH. May alter cervical mucus and the endometrial environment, preventing penetration by sperm and implantation of the egg.

Biphase Oral Contraceptives: Ovulation is inhibited by suppression of FSH and LH. May alter cervical mucus and the endometrial environment, preventing penetration by sperm and implantation of the egg. In addition, smaller dose of progesterone in phase 2 allows for proliferation of endometrium. Larger amount in phase 1 allows adequate secretory development.

Triphasic Oral Contraceptives: Ovulation is inhibited by suppression of FSH and LH. May alter cervical mucus and the endometrial environment, preventing penetration by sperm and implantation of the egg. Varying doses of estrogen/progesterone may closely mimic natural hormonal fluctuations.

Fourphasic Oral Contraceptives: Ovulation is inhibited by suppression of FSH and LH. May alter cervical mucus and the endometrial environment, preventing penetration by sperm and implantation of the egg. Doses of estrogen decrease while doses of progesterone increase over the 28-day cycle. Extended-cycle: Provides continuous estrogen/progesterone for 8–21 days (50% for lifelong), then off for 7 days (low-dose estrogen only tablet taken during these 7 days with levonorgestrel and norethindrone); resulting in a menstrual period every 28 days (or every 4 weeks for IUD).

Progressive Extended: Contains constant amount of progesterone with progressive doses of estrogen.

Progestin-Only Contraceptives/Contraceptive Implant/Intrauterine Levonorgestrel: Medroxyprogesterone injection: Mechanism not clearly known. May alter cervical mucus and the endometrial environment, preventing penetration by sperm and implantation of the egg. Ovulation may also be suppressed. Emergency Contraceptive Pills (ECPs): 24 hours after unprotected intercourse, may also alter initial transport of sperm/egg and prevent implantation. Vaginal Ring, Transdermal Patch: Inhibits ovulation, decreases sperm entry into uterus, and decreases likelihood of implantation. Anti-acne effect: Combination of estrogen/progesterone may increase sex hormone binding globulin (SHBG), resulting in decreased unbound testosterone, which may be a cause of acne. Therapeutic Effects: Prevention of pregnancy. Decreased severity of acne. Decrease in menstrual blood loss. Decrease in postmenstrual edematous disorder. Decrease in vasomotor symptoms or symptoms of vulvar and vaginal atrophy due to menopause. Increase in total levels and prevention of neural tube defects.

### Pharmacokinetics

**Absorption:** Ethinyl estradiol—rapidly absorbed. Norethindrone—55% absorbed. Desogestrel and levonorgestrel—100% absorbed. Dienogest—91% absorbed. Others are well absorbed after oral administration. Norgestimate is absorbed intact, plant, subcutaneous or IM injection. Some absorption follows intravenous implantation.

**Distribution:** Unknown.

**Protein Binding:** Ethinyl estradiol—95–98%. Desogestrel—97%. Dienogest—90–95%. Drospirenone—95%.

**Metabolism and Excretion:** Ethinyl estradiol and mestranol—urinary excretion first pass hepatic metabolism. Mestranol—rapidly converted to ethinyl estradiol. Dienogest—rapidly metabolized to 5-hydroxy-dienogest, the active metabolite. Most agents are metabolized by the liver.

**Half-life:** Ethinyl estradiol—6–20 hr; levonorgestrel—45 hr; norethindrone—3–14 hr; desogestrel (metabolite)—38; norgestimate—34 hr; norgestimate (metabolite)—32–20 hr; Dienogest—33 hr;others—unknown. Ulipristal—12 hr.

**TIME/ACTION PROFILE (prevention of pregnancy)**

<table>
<thead>
<tr>
<th>ROUTE</th>
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<th>PEAK</th>
<th>DURATION</th>
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<tr>
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<td>1 hr</td>
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</tr>
<tr>
<td>PO</td>
<td>1 hr</td>
<td>1 hr</td>
<td>1 mo†</td>
</tr>
<tr>
<td>SubQ</td>
<td>1 hr</td>
<td>1 hr</td>
<td>1 mo</td>
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†Only during month of taking contraceptive.

### Contraindications/Precautions

**Contraindicated in:** Hypersensitivity; OB: Pregnancy; history of severe cigarette smoking or age > 35 yr (risk of cardiovascular or thromboembolic phenomenon); history of thromboembolic disease (e.g., DVT, PE, MI, stroke); Proteins C, protein S, or antithrombin deficiency or other thrombophilic disorder; valvular heart disease. 

**Use Cautiously in:** Discontinued.
w Surgery with extended periods of immobility; Diabetes with vascular involvement; Headache with focal neurological symptom; Uncontrolled hypertension; History of breast, endometrial, or estrogen-dependent cancer; Abnormal genital bleeding; Liver disease; Hypersensitivity to parabens (injectable only); Drosperinone-containing products only — renal impairment, liver disease, or adrenal insufficiency (risk of hyperkalemia); Immunosuppression, IV drug abuse, untreated genital infection; Smoking (risk of thrombomembolic phenomena (estrogen only)); May 4 levels of al- comatose; timemazine, lamotrigine, lamoxaze, oxazepam, or ciclo- phane; Drosperinone-containing products only — concurrent use with NDDIAs, vasodilators, oestrogen-containing products, or angiotensin II receptor antagonists or ACE inhibitors; al- dosterone receptor antagonists, or angiotensin II receptor antagonists risk result in hyperkalemia. Uptitration may ↑ levels P-glycoprotein substrates, in- cluding diazepam and digoxin.

Drug-Natural Products: Concomitant use with St. John’s wort may decrease contraceptive efficacy and cause breakthrough bleeding and irregular menses.

Drug-Food: Grapefruit juice may ↑ effects/toxicity of some

Route/Dosage

Monophasic Oral Contraceptives

PO (Adults) On 21- day regimen, take first tablet on first Sunday after menses begins (take on Sunday if menses begins on Sunday) for 21 days, then skip 7 days and begin again. Some regimens contain 7 placebo tablets, so that 1 tablet is taken every day for 28 days.

Biphasic Oral Contraceptives

PO (Adults) Given in 2 phases. First phase is 10 days of smaller amount of proges- tin. Second phase is larger amount of proges- tin for same length of time (total of 21 days). Then skip 7 days and begin again. Some regimens contain 7 placebo tablets for 28-day regimen.

Triphasic Oral Contraceptives

PO (Adults) Progestin amount varies throughout 21-day cycle. Some regimens contain 7 placebo tablets for 28-day regimen.

Fourth Oral Contraceptives

PO (Adults) Given in 4 phases. First phase contains higher amount of estrogen and no progestin. Second and third phases contain lower amount of estrogen, and no progestin. Fourth phase contains 5 micrograms of estradiol only. Also contains 2 placebo tablets to complete 28–day regimen.

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CONTINUED
contraceptives, hormonal

Extended-Cycle Contraceptive

PO (Adults): Daysee, LoSeasonique, Quartette, Seasonale and Seasonique. Start taking first active pill on first Sunday after menses begins (if first day is Sunday, begin then), continue for 84 days of active pill, followed by 7 days of placebo tablets (low-dose estrogen tablets for Daysee, LoSeasonique, Quartette, and Seasonique). Then resume new cycle on day 85.

Progressive-Only Oral Contraceptives

PO (Adults): Start on first day of menses. Taken daily and continuously.

Progestin-Only Oral Contraceptives

PO (Adults): Estrogen amount increases q 7 days throughout 21-day cycle. Progestin component stays the same. Some regimens contain 7 placebo tablets for 28-day regimen.

Emergency Contraceptive

PO (Adults and Adolescents): Plan B—1 tablet within 72 hr of unprotected intercourse followed by 1 more tablet 12 hr later; Lo/Ovral—4 white tablets within 72 hr of unprotected intercourse followed by 4 more white tablets 12 hr later; Norlevo—4 light orange tablets within 72 hr of unprotected intercourse followed by 4 more light orange tablets 12 hr later; Triphasil, Tri-Levlen—4 yellow tablets within 72 hr of unprotected intercourse followed by 4 more yellow tablets 12 hr later; Ulipristal—1 tablet as soon as possible within 120 hours (5 days) after unprotected intercourse or known/suspected contraceptive failure.

Injectable Contraceptive

medroxyprogesterone (Depo-Provera)

IM (Adults): 150 mg within first 5 days of menses or within 5 days postpartum, if not breast feeding. If breast feeding, give 4 wk postpartum, repeat q 3 mo.

medroxyprogesterone (Depo-Q Provera 104)

Subcut (Adults): 104 mg within first 5 days of menses or within 5 days postpartum, if not breast feeding. If breast feeding, give 4 wk postpartum, repeat q 3 mo.

Intracervical Contraceptive

Intrauterine Contraceptive

Intrauterine (Adults): Insert one device into uterine cavity within 7 days of menses or immediately after 1st trimester abortion.

Vaginal/Ring Contraceptive

Vag (Adults): One ring inserted on or prior to day 5 of menstrual cycle. Ring is left in place for 3 wk, then removed for 1 wk, then a new ring is inserted.

Transdermal Patch

Transdermal (Adults): Patch is applied on day 1 of menstrual cycle (or convenient date in first week), changed weekly thereafter for 3 weeks. Week to patch three. Cycle is then repeated.

Acne

PO (Adults): Ortho Tri-Cyclen—Take daily for 21 days, off for 7 days.

Menopausal Symptoms

PO (Adults): Angeliq—Vasomotor symptoms: One drosperinone 0.25 mg/estradiol 0.5 mg tablet or one drosperinone 0.5 mg/estradiol 1 mg tablet once daily; Symptoms of vulvar and vaginal atrophy: One drosperinone 0.5 mg/estradiol 1 mg tablet once daily.

NURSING IMPLICATIONS

Assessment

● Assess BP before and periodically during therapy.
● Exclude the possibility of pregnancy on the basis of history and/or physical exam or a pregnancy test before administering emergency contraceptives.
● Acne: Assess skin lesion before and periodically during therapy.
● Menopausal Symptoms: Assess symptoms of vulvar and vaginal atrophy due to menopause prior to and periodically during therapy.

Lab Test Considerations: Monitor hepatic function periodically during therapy.

Drug Interactions: May cause ↑ serum glucose, sodium, triglycerides, VLDL, total cholesterol, prothrombin, and factors VII, VIII, IX, and X levels. May cause ↓ LDL, and antithrombin III levels.
When switching from other hormonal contraceptives, administer within dosing period for IM injection. If period between injections is >14 wk, determine that patient is not pregnant before administering the dose.

Injectable medroxyprogesterone may lead to bone loss, especially in women younger than 21 yr. Injectable medroxyprogesterone should be used for 6 mo if other methods of contraception are unreliable. If used long term, women should use supplemental calcium and vitamin D, and monitor bone mineral density.

Intrauterine system: Should be inserted by a trained health care provider. Health care providers are advised to become thoroughly familiar with the insertion instructions before attempting insertion. Following insertion counsel patient on what to expect following insertion. Give patient Follow-up Appointment Card provided with the product. Discuss expected bleeding patterns during the first months of use. Provide analogies, if indicated. Patients should be counseled and evaluated at 12 mo after insertion and every 12 mo thereafter, or more frequently if clinically indicated.

Patient/Family Teaching

Emergency contraception products are available without a prescription to all women of child-bearing age.

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contraceptives, hormonal

- Advise patient to report signs and symptoms of fluid retention (swelling, tenderness in extremities, headache, chest pain, blurred vision), mental depression, hepatic dysfunction (yellowed skin or eyes, pruritus, dark urine, light-colored stools), or abnormal vaginal bleeding. Women with a strong family history of breast cancer, lymphocytic breast disease, abnormal mammograms, or cervical dysplasia should be monitored for breast cancer at least yearly.
- Advise patient to stop taking medication and notify health care professional if pregnancy is suspected.
- Caution patient that cigarette smoking during estrogen therapy may increase risk of serious side effects, especially for women over age 55.
- Caution patients to use sunscreen and protective clothing to prevent increased pigmentation.
- Caution patient that hormonal contraceptives do not protect against HIV or other sexually transmitted diseases.
- Advise patient to notify health care professional of medication regimen before treatment or surgery.
- Emphasize the importance of routine follow-up physical exams including BP, breast, abdomen, and pelvic examinations; and Pap/slide smear every 6–12 mo.
- Emergency Contraception: Instruct patient to take emergency contraceptive as directed. Advise patient to use emergency contraceptives if they know or suspect they are pregnant; emergency contraceptives are not for use to end an existing pregnancy. Advise patient to contact health care professional if they vomit within 3 hrs after taking ulipristal.
- Inform patient that adipose tissue may reduce the effectiveness of hormonal contraceptives. Advise patient to use a non-hormonal contraceptive during that menstrual cycle.
- Advise patient to notify health care professional and consider the possibility of pregnancy if their period is delayed by more than 7 days beyond the expected date.
- Inform patient that emergency contraceptives are not to be used as a routine form of contraception or to be used repeatedly within the same menstrual cycle.
- Advise patient to notify health care professional if severe lower abdominal pain occurs 3–5 days after taking adipostat for an ectopic pregnancy.
- Advise female patients to avoid breast feeding if taking hormonal contraceptives. Advise patient to use a non-hormonal contraceptive during that menstrual cycle.
- Advise patient to notify health care professional if bleeding lasts 7 days.
- Caution patient that cigarette smoking during estrogen therapy may increase risk of serious side effects, especially for women over age 55.
- Caution patient to use sunscreen and protective clothing to prevent increased pigmentation.
- Caution patient that hormonal contraceptives do not protect against HIV or other sexually transmitted diseases.
- Advise patient to notify health care professional of medication regimen before treatment or surgery.
- Emphasize the importance of routine follow-up physical exams including BP, breast, abdomen, and pelvic examinations; and Pap/slide smear every 6–12 mo.

Emergency Contraception: Instruct patient to take emergency contraceptive as directed. Advise patient that they should not take emergency contraceptives if they know or suspect they are pregnant; emergency contraceptives are not for use to end an existing pregnancy. Advise patient to contact health care professional if they vomit within 3 hrs after taking ulipristal.

Inform patient that adipose tissue may reduce the effectiveness of hormonal contraceptives. Advise patient to use a non-hormonal contraceptive during that menstrual cycle.

Advise patient to notify health care professional and consider the possibility of pregnancy if their period is delayed by more than 1 wk beyond the expected date after taking ulipristal.

Inform patient that emergency contraceptives are not to be used as a routine form of contraception or to be used repeatedly within the same menstrual cycle.

Advise patient to notify health care professional if severe lower abdominal pain occurs 3–5 days after taking adipostat for an ectopic pregnancy.

Advise female patients to avoid breast feeding if taking adipostat.

Advise patient to maintain adequate amounts of dietary calcium and vitamin D to help prevent bone loss.

Genetic Implication. CAPI TALS indicate life-threatening, underlines.
If patch is not changed on the same day of each wk for 1 wk, Week 6 is patch-free. Withdrawal bleeding is expected during this time.

Apply patch to clean, dry, intact, healthy skin on buttock, abdomen, upper outer arm, or upper torso in a place where it won’t be rubbed by tight clothing. Do not place on skin that is red, irritated, or cut, and do not place over scars. Do not apply make-up, cream, lotion, powders, or other topical products to area of patch application.

To apply patch, open foil pouch by tearing along edge using fingers. Peel pouch away. Apply patch to clean, dry, intact, healthy skin on buttock, abdomen, upper outer arm, or upper torso in a place where it won’t be rubbed by tight clothing. Do not place on skin that is red, irritated, or cut, and do not place over scars. Do not apply make-up, cream, lotion, powders, or other topical products to area of patch application.

If patch becomes partially or completely detached for less than 1 day, reapply immediately and use a nonhormonal method of contraception for the next 7 days. Week 6 is patch-free. Withdrawal bleeding is expected during this time.

Following patch-free week, apply a new patch on the same day as the previous patch was removed. Use fingernail to lift one corner of the patch and peel patch and the plastic liner off the foil liner. Do not remove clear liner as patch is removed. Peel away half of the clear liner without touching sticky surface. Apply the sticky surface and remove the rest of the liner. Press down firmly with palm of hand for 10 seconds; make sure the edges stick well.

If patch Change Day is missed and patch is not replaced within 24 hr, start using a nonhormonal method of contraception for the next 7 days. No additional contraception is needed.

Advise patient referred for MRI to discuss patch with referring health care professional and MRI facility to determine if removal of patch is necessary prior to test and for directions for replacing patch.

If a hormonal contraceptive was not used in the past month, insert NuvaRing on the day when next injection is due. If switching from an injectable contraceptive to patch, start using NuvaRing on the same day as DMPA is removed. No additional contraception is needed.

If switching from a combination estrogen/progesterone oral contraceptive to patch, start using NuvaRing on the same day as ring is removed. No additional contraception is needed.

Advise patient referred for MRI to discuss patch with referring health care professional and MRI facility to determine if removal of patch is necessary prior to test and for directions for replacing patch.

If switching from a mini-pill to a progesterone-only progestin contraceptive, insert NuvaRing on the first day of the menstrual cycle (Day 1) or any day of the week. Insert ring into vagina. Exact position is not important for function of NuvaRing. Most women do not feel NuvaRing, but it may be felt, especially during the first week of use. The ring may not be inserted far enough into vagina; use finger to push further into vagina. There is no danger of NuvaRing being pushed in too far or getting lost. Once inserted, leave NuvaRing in place for 3 wk.

If switching from a progesterone-only injectable contraceptive to patch, start using NuvaRing on any day of the week; do not skip days between last pill and first day of NuvaRing use. If switching from an implant, start using NuvaRing on the same day and time of insertion. If switching from an injectable contraceptive, start using NuvaRing on the day when next injection is due. If switching from a combination estrogen/progesterone oral contraceptive or IUD, insert NuvaRing immediately and apply new patch immediately and apply new patch on usual Patch Change Day. No additional contraception is needed.

Advise patient referred for MRI to discuss patch with referring health care professional and MRI facility to determine if removal of patch is necessary prior to test and for directions for replacing patch.
CONTINUED

contraceptives, hormonal

• New ring must be inserted 1 wk after last ring was removed, even if menstrual period has not stopped.
  • If NuvaRing slips out of vagina and has been out less than 3 hr, contraceptive protection is still in place. NuvaRing can be rinsed in cool to tepid water and should be reinserted as soon as possible. If ring is lost, insert a new ring and continue same schedule as existing. If NuvaRing has been out of vagina for more than 3 hr, a nonhormonal method of contraception, other than a diaphragm, should be used for the next 7 days.
  • If NuvaRing has been left in for an extra week (4 wk total or less), remove and insert a new ring after a 1-wk ring-free break. If NuvaRing has been left in place for more than 4 wk, woman should check to be sure she is not pregnant. A nonhormonal method of contraception, other than a diaphragm, must be used for the next 7 days.
  • Intrauterine system: Advise patient to notify health care professional if pelvic pain or pain during sex, unusual vaginal discharge or genital sores, unexplained fever, exposure to sexually transmitted infections, very severe or migraine headaches, yellowing of skin or whites of the eyes, very severe vaginal bleeding or bleeding that lasts a long time occurs, if a menstrual period is missed, or if Mirna’s threads cannot be felt.

Evaluation/Desired Outcomes

• Prevention of pregnancy.
• Regulation of the menstrual cycle.
• Decrease in menstrual blood loss.
• Decrease in acne.
• Decrease in symptoms of premenstrual dysphoric disorder.
• Decrease in vasomotor symptoms or symptoms of vulvar and vaginal atrophy due to menopause.

Why was this drug prescribed for your patient?

• = Canadian drug name.  H = Genetic implication.  IMPORTANT indicate life-threatening. underline indicate most frequent. Strikethrough = Discontinued.