

Contraceptive Care via Telehealth

Patients are increasingly seeking medical care via telemedicine. Consider the following best practices when providing comprehensive, patient-centered contraception care virtually.

1. LARC duration, for people who are worried that they need a new device
 - a. Nexplanon: FDA approved for 3 years; evidence based for 5 years¹
 - b. Hormonal IUDs
 - i. Liletta 52mg: FDA-approved for 6 years and evidence-based for 7 years
 - ii. Mirena 52mg: FDA-approved and evidence-based for 7 years
 - iii. Kyleena 19.5mg: FDA-approved and evidence-based for 5 years
 - iv. Skyla 13.5mg: FDA approved and evidence-based for 3 years
 - c. Non-Hormonal IUDs:
 - i. Paragard: FDA approved for 10 years; evidence based for 12 (not a hard stop)

2. LARC truly has “expired” even by evidence
 - a. Invite patient to come into the office for removal and reinsertion, if this is in line with their goals.
 - b. Advise using condoms, withdrawal, or [fertility awareness methods](#)
 - c. If the patient got the Copper IUD after age 35, the IUD likely still works.²
 - d. If the patient cannot come in to clinic, consider prescribing a bridge method
 - e. Offer the option for IUD [self-removal](#), including the opportunity to have telehealth visit for you to guide the patient through the steps.

3. Patient wants a LARC, but we are not offering in-person visits, or they would like a combined hormonal contraceptive (CHC)
 - a. Assess for interest in using other methods until in-person visits are available by phone or video call
 - b. If oral contraceptive pills (OCPs), patch, or ring are appropriate:
 - i. Review their past medical history and refer to the US Medical Eligibility Criteria for Contraceptive Use, available online or by phone application
 - ii. Look to see if we have a blood pressure on file
 1. Hypertension is a contraindication to estrogen
 2. Progestin-only pills (POPs) are an option for people with hypertension and for those without a recorded blood pressure.

¹ McNicholas, C., Swor, E., Wan, L., Peipert, JF. Prolonged use of the etonogestrel implant and levonorgestrel intrauterine device: 2 years beyond Food and Drug Administration-approved duration. Am J Obstet Gynecol. 2017 Jun;216(6):586.e1-586.e6. doi:10.1016/j.ajog.2017.01.036.

² Wu JP, Pickle S. Extended use of the intrauterine device: a literature review and recommendations for clinical practice. Contraception. 2014;89(6):495-503. doi:10.1016/j.contraception.2014.02.011

- iii. Pills: take daily
 - iv. Patch: change weekly (estrogen and progesterone)
 - v. Vaginal ring: change monthly or yearly, contains estrogen and progesterone
 - c. Refills should be given for one year
- 4. How will I know if they are at risk for pregnancy?
 - a. Ask about timing of LMP and unprotected vaginal sex
 - b. Ask if they have done an at-home pregnancy test
 - c. Check guidance from the US Selected Practice Recommendations for Contraceptive Use "[How to Be Reasonably Certain that a Woman is Not Pregnant.](#)" These guidelines apply to all people with a uterus who engage in sex where sperm can meet an egg.
 - d. Assess whether the patient might be at risk for pregnancy. If they still are interested in starting a method, advise them to repeat a home pregnancy test 2-3 weeks after starting.
 - e. Consider prescribing emergency contraception in addition to contraception.
 - f. Remember, OCPs and emergency contraception will not disrupt an implanted pregnancy, nor will they harm a pregnancy.
- 5. They need a repeat DMPA shot
 - a. DMPA lasts for 15 weeks (even though we ask people to come in at 13 weeks).³
 - b. See above re: OCPs
 - c. Offer prescription for the [DMPA-SQ \(Depo-Provera Subcutaneous\)](#) shot that can be dispensed from the pharmacy and self-administered from home. Offer self-injection teaching over a video to support the patient self-administer DMPA-SQ from home.
- 6. Patient calls for a refill or new script for emergency contraception
 - a. Ulipristal acetate (Ella) has high to medium efficacy, but decreases in effectiveness after BMI 35.
 - i. Patients should be instructed to delay starting progestin-containing methods for 5 days after taking ulipristal acetate due to concerns for reduced contraceptive efficacy
 - b. Levonorgestrel (Plan B, Next Choice, etc.) has low to medium efficacy. Some brands are sold over the counter. Decreases in effectiveness after BMI 26.⁴

³ Center for Disease Control and Prevention Morbidity and Mortality Weekly Report. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. Recommendation and Reports. Vol. 65, No. 4. July 19, 2016.

⁴ Glasier A, Cameron ST, Blithe D, et al. Can we identify women at risk of pregnancy despite using emergency contraception? Data from randomized trials of ulipristal acetate and levonorgestrel. Feb 2011, 84(2011): 363-367.

- c. The IUD (Paragard, Mirena, and Liletta) can be used effectively as EC. This is an option if they are available for an in-person visit up to 5 days after unprotected sex.
7. They have missed pills, or been vomiting/having diarrhea
- a. Pull up your CDC Contraception app or U.S. Selected Practice Recommendations for Contraceptive Use and follow the algorithms for these situations.
 - b. [Late or missed doses](#). This guide also shows what a patient can do in different situations of a late or missed dose of the birth control pill.