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. Current LARC duration, for people who are interested in removal based on outdated guidance
    a. Nexplanon: FDA approved for 5 years
    b. Hormonal IUDs
        i. Liletta 52mg: FDA-approved for 8 years
        ii. Mirena 52mg: FDA-approved for 8 years
        iii. Kyleena 19.5mg: FDA-approved for 5 years
        iv. Skyla 13.5mg: FDA approved for 3 years
    c. Non-Hormonal IUDs:
        i. Paragard: FDA approved for 10 years; evidence based for 12 or more years[1]

2. LARC has "expired"
    a. Invite patient to come into the office for removal and/or reinsertion.
    b. Advise using back-up until their appointment
    c. If the patient got the Copper IUD after age 35, the IUD likely still works[1]
    d. If the patient cannot come into clinic, consider prescribing a bridge method
    e. Offer the option for IUD self-removal, offering a telehealth visit to guide the patient through the steps.

3. Patient would like a combined hormonal contraceptive (CHC)
    a. If oral contraceptive pills (OCPs), patch, or ring are requested:
        i. Review their past medical history and refer to the US Medical Eligibility Criteria for Contraceptive Use for any cautions or contraindications
        ii. Check most recent blood pressure within the last year
            1. Progestin-only pills (POPs) are an option for people without a recorded blood pressure.
    b. Prescription should be written to dispense at least a 3 month supply with refills to last 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 Patient is Not Pregnant."
    d. Assess whether the patient might be at risk for pregnancy. If you cannot be reasonably certain they are not pregnant, advise them to take a home pregnancy test and if negative, they can start a method., They should repeat a home pregnancy test in 2-3 weeks.

[1] Dethier D, Qasba N, Kaneshiro B. Society of Family Planning clinical recommendation: Extended use of long-acting reversible contraception. Contraception2022;113. doi:10.1016/j.contraception.2022.06.003

5. They need a repeat DMPA shot
    a. DMPA lasts up to 15 weeks.[2]
    b. Recommend using back-up if it has been more than 15 weeks since the last shot
    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. Considerations for Emergency Contraception
    a. Ulipristal acetate EC (Ella) has high to medium effectiveness, but this decreases with 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 EC (Plan B, Next Choice, etc.) has low to medium effectiveness, and this decreases with BMI > 26.[3]
    c. The IUD (Paragard, Mirena, and Liletta) can be used as EC.
    d. All EC options can be used up to 5 days after unprotected sex. Levonorgestrel decreases in effectiveness after 3 days.
    e. Consider advanced prescribing of emergency contraception even if patient is using another contraceptive method

[2] 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.
[3] 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.