Identification of a Hormonal Implant Candidate – CON 5

DEFINITION

The hormonal implant is a rod-like progestin-only implant used as a long acting, reversible contraceptive method. It is inserted into the subdermal tissue of the upper arm and slowly releases the hormone etonogestrel for up to three years. Failure rates are fewer than 1 pregnancy per 100 women per year. Cumulative evidence supports that obesity does not reduce efficacy. Specific information on drug interactions is not available; potential for reduced efficacy is the same drugs listed for combination oral contraceptives.

SUBJECTIVE

Should include:

1. Medical history
2. Sexual, menstrual and contraceptive history; rule out pregnancy utilizing menstrual and coital history and/or pregnancy test.
3. LMP
4. No allergy to the anesthesia or antiseptic used

Exclude:

1. Any conditions listed as Category 4 from the CDC Medical Eligibility Criteria

OBJECTIVE

Should include:

1. Vital signs
2. Physical examination of insertion site

LABORATORY

May include:

1. hCG testing, as indicated, to rule out pregnancy and establish reasonable certainty patient is not pregnant at time of insertion
2. STI screening, as appropriate

ASSESSMENT

Hormonal Implant Candidate

PLAN

1. Explain risks and benefits including side effects and anticipated vaginal bleeding changes that may occur
2. Obtain informed consent using “Consent for Hormonal Implant” form and provide/offer a copy of consent to the patient. Complete manufacturer's consent form
3. Place implant according to manufacturer’s instructions
4. Verify placement with palpation by patient and provider
5. Provide post-placement instructions and precautions
6. No back-up method is needed if implant is placed at any of the following times:
   a. During the first 5 days of menses
7. Advise abstinence or back-up contraception for 7 days in the following instances:
   a. When switching from another hormonal contraception and not currently bleeding; advise/consider maintaining use of other form for 7 days after implant insertion.
   b. If a patient is switching from an IUS, has had intercourse in the last 5 days, and is unable or unwilling to return in 7 days for IUS removal: provide levonorgestrel EC (not ulipristal) at the time of removal
   c. Within 7 days of first trimester pregnancy loss
   d. Greater than 21 days after second or third trimester pregnancy loss or delivery

CLIENT EDUCATION

1. Counsel patients on changes in menstrual bleeding, treatment options if bleeding persists, and signs of heavy bleeding
2. Counsel patients on warning signs to report; abd pain, insertion site pain, infection s/s, heavy vaginal bleeding, missed menses after period of regularity, onset severe headaches, worsening depression
3. Reinforce safer sex, as indicated
4. Recommend RTC as appropriate or PRN for problems
5. Instruct patient on proper care and inspection of insertion site area

CONSULT / REFER TO PHYSICIAN

1. Refer if any difficulty with insertion of the Hormonal Implant rod.
2. Any client with Category 3 conditions from M.E.C. who desires implant.

REFERENCES

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