**Supply of Medicine**

PATIENT GROUP DIRECTION (PGD) FOR

# Progestogen Only Oral Contraception

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

| Clinical Condition | |
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| **Indication** | Women presenting to the Sexual Health Service requiring progestogen only contraception. |
| **Inclusion criteria** | Women age 13 to 55 who request progestogen only oral contraception.<br>Criteria for up to 12 months supply<br>Age 16 years or over<br>Has already had 3 month supply of that pill and a check up |
| **Exclusion criteria**<br>If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber | Hypersensitivity to any components of the preparations<br>Special care to be taken to ask about nut allergy as some preparations used do contain soybean which can cause a reaction in those with nut allergy. All patients to be asked about nut allergy and it must be documented in patient records.<br>Suspected pregnancy<br>Porphyria (BNF)<br>Current breast cancer (UKMEC 4) |
| **Cautions/Seek further advice from doctor and document advice and action taken** | If any of the following apply, the nurse may proceed with the supply provided the doctor has agreed:<br>Girls under the age of 13<br>On review for continued supply only, the occurrence of new symptoms, or new diagnosis of ischaemic heart disease, stroke, or migraine with aura (UKMEC 3)<br>History of breast cancer (UKMEC 3)<br>Antiretroviral therapy (UKMEC 1-3)<br>Reduced contraceptive efficacy; Taking anti-epileptic, or anti-tuberculin medication, **Ulipristal acetate***(see below), St Johns Wort, Bosentan, Aprepitant, Sugammadex, (UKMEC 3 / CEU guidance)<br>Increased contraceptive levels: sitaxentan<br>Progestogen may affect other drugs: selegiline, tizanidine, tacrolimus (CEU guidance)<br>Liver cirrhosis / liver tumour (UKMEC 3)<br>Undiagnosed genital tract bleeding |
| *** Special Information on Ulipristal acetate** | Quick starting POP requires a delay of 5 days if Ulipristal acetate (UA) has been given. Failing to do so may compromise the effectiveness of UA in preventing pregnancy. Additional contraceptive precautions (barrier or abstinence) are required until the quick started contraceptive method becomes effective. |
| **Further information** | Weight over 70kg, current Faculty of Sexual and Reproductive Health advice is that weight does not influence likelihood of pregnancy and therefore only one pill daily is necessary. |

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| | Where sexual intercourse in young people lead a professional to believe that there may be safeguarding issues, they should refer to and act on the guidance of the trust safeguarding policy<br>If aged under 16 the patient should be assessed as Fraser competent<br>Women using POP as their only form of contraception whilst on retinoids must be especially punctual with their doses. |
| **Action if patient declines or is excluded** | Refer to supervising doctor/receiving facility as appropriate.<br>Document refusal or action taken in patient's records. |
| **Side effects** | Potential side effects: menstrual disturbances, skin problems, breast tenderness, mood changes.<br>Patient should be fully informed of the risks, side effects and benefits of POPs but also of all alternative methods to enable her to make an informed decision.<br><br>No evidence exists that POP has any teratogenic effects on the fetus. A normal outcome to any pregnancy cannot be guaranteed (every woman has a 1 in 50 chance of fetal abnormality).<br><br>POP can cause menstrual disturbances; periods can become irregular, light, frequent or stop altogether. If persistent irregular bleeding for longer than 2 months, the patient should be advised to come back to the clinic for medical advice or sooner if concerned.<br><br>If new symptoms of migraine with aura develop seek medical advice |
| | [redacted] |

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| **Advice to patient** | The FPA patient information leaflet should be given to the patient together with the manufacturers patient information leaflet (PIL) from the pack (or possibly signpost patient to this information on the internet).<br>Contains a progestogen hormone, which makes the cervical mucus hostile to sperm and affects the endometrium hindering implantation. Prevents ovulation in some women. It has been estimated that the progestogen only oral contraceptive pill is 99% effective if taken according to manufacturer instructions.<br>**Instructions**<br>Start taking on day 1-5 of period and no other extra contraceptive precautions are necessary. Start taking after day 5 of period - use with a barrier method for the next 2 days.<br>Start taking up to day 21 postpartum and no extra contraceptive precautions are necessary<br>Start taking after day 21 postpartum - use with a barrier method for the next 2 days.<br>Start taking on day of abortion or second part of medical abortion or immediately following miscarriage no other extra contraceptive precautions are necessary but if more than 5 days later - use with a barrier method for the next 2 days.<br>Switching from COC or other POP or implant / injection and no extra contraceptive precautions are necessary<br>Starting when IUD removed - use with a barrier method for the next 2 days.<br>Starting at least 2 days before IUD removed and no extra contraceptive precautions are necessary<br>Starting when levonorgestrel-releasing IUS removed and no extra contraceptive precautions are necessary<br>Take one tablet daily without a pill free week<br>**Missed Pill Advice**<br>No pill should be more than 3 hours late [except Desogestrel which can be up to 12 hours late].<br>If more than 3 hours late, or 12 hours for Desogestrel take the missed pill, even if this is two in one day, and use a barrier method for the next 2 days<br>In the case of vomiting within 2 hours of dose, another pill should be taken as soon as possible. If she is now more than 3 hours (or more than 12 hours for Desogestrel) late, or continues vomiting or has very severe diarrhoea she will need use a barrier method for the next 2 days.<br>With reference to the missed pill or vomiting, emergency contraception might be indicated in some circumstances and the patient should be advised to seek advice as soon as possible. |
| **Follow Up** | Any adverse reactions relating to the supply must be reported to the clinic doctor and the Yellow Card Scheme if appropriate. |

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The patient will be supplied with one of the preparations listed below.

## All pills to be supplied in the manufacturer's original pack with patient information leaflet and appropriately labelled.

| **Norethisterone 350 microgram** | |
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| **Name, form & strength of medicine** | Norethisterone 350mcg tablets in branded form. |
| **Legal status** | POM |
| **Route/Method** | Oral |
| **Dosage** | One tablet to be taken daily |
| **Quantity to supply** | First time supply: Three packets containing 28 tablets. |
| **Maximum or minimum treatment period** | Subsequent supplies: Up to 12 packets<br>[Refer to criteria for supply of more than 6 packets] |
| **Desogestrel 75 microgram** | |
| **Name, form & strength of medicine** | Desogestrel 75mcg tablets in branded or generic form. |
| **Legal status** | POM |
| **Route/Method** | Oral |
| **Dosage** | One tablet to be taken daily |
| **Quantity to supply** | First time supply: Three packets containing 28 tablets. |
| **Maximum or minimum treatment period** | Subsequent supplies: Up to 12 packets<br>[Refer to criteria for supply of more than 6 packets] |
| **Levonorgestrel 30 microgram** | |
| **Name, form & strength of medicine** | Levonorgestrel 30mcg tablets |
| **Legal status** | POM |
| **Route/Method** | Oral |
| **Dosage** | One tablet to be taken daily |
| **Quantity to supply** | First time supply: Three packets containing 28 tablets. |
| **Maximum or minimum treatment period** | Subsequent supplies: Up to 12 packets<br>[Refer to criteria for supply of more than 6 packets] |

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| **Staff Characteristics** | |
| **Professional qualifications** | Nurses on the NMC Register |
| **Specialist competencies or qualifications** | A nurse with ENB R71 or equivalent qualification working within the trusts Sexual Health Service who attends regular clinical updates.<br>Is trained in the management of anaphylaxis and has completed training on and is therefore competent to supply and administer medicines under PGDs.<br>Has completed an internal training course for first time supply |
| **Continuing education** | It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development. |
| **Referral Arrangements and Audit Trail** | |
| **Records/audit trail** | Patient's name, address, date of birth, Contact details of GP (if registered), POP supplied, Advice given to patient (including side effects), Signature/name of staff who supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. |
| **References, Resources and comments** | Current UKMEC Guidelines. Faculty of Sexual and Reproductive Healthcare clinical guidance (CEU guidance).<br>Drug interactions with hormonal contraception.<br>FSRH Clinical Effectiveness Unit Guidance on progestogen only pills.<br>SPC & BNF |
| **Clinical Authorisation** | |
| **Lead Doctor** | Dr Melanie Mann, Consultant in Contraception and Reproductive Health<br>Signature: MCMann Date: 5 6 19 |
| **Lead Pharmacist** | Dr Alex Johnson, Senior Pharmacist Prescribing Support<br>Signature: Date: 26.6.19 |
| **Lead Nurse** | Emma Carrington, Clinical Nurse Specialist, Sexual Health<br>Signature: Date: 7.6.19 |
| **Organisational Authorisation** | |
| **On behalf of the organisation** | Michelle Clarke, Director of Nursing & Quality<br>Signature: Mclarke Date: 9/6/19. |

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## Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

**It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

| Name of Professional | Signature | Authorising Manager | Date |
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