Menstrual Suppression and Contraception

PATIENT/FAMILY GOALS

- Menstrual regulation
- Menstrual suppression/lightening
- Symptom management (cramps, acne)
- Contraception

PATIENT HISTORY

Consider obtaining contraception history (prior methods)
- Why did patient stop method?

Does your patient have:
- Personal and/or family history of blood clots (DVT, PE) or clotting disorder?
- History of migraines with aura?
- History of high blood pressure?
- Active cancer or treated for breast cancer in the last 6 months?
- History of liver, kidney, or cardiac disease?

Progesterone-only treatment

Are pills preferred?
- Yes
- No

Contraception?
- Yes
- No

Medroxyprogesterone (Provera®)
Norethindrone (Aygestin®)
Micronized Progesterone (Prometrium®)

Norethindrone 0.35 mg (Micronor®)
Drospirenone (Slynd®)

Combined estrogen & progesterone treatment

Are pills preferred?
- Yes
- No

Prescribe combined pill (other side)

Intrauterine Device (IUD)
DMPA
Nexplanon®
Patch
Vaginal Ring

Resources

- Center for Young Women’s Health — youngwomenshealth.org
- CDC US Medical Eligibility Criteria (US MEC) — www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
- Bedsider — bedsider.org
- Menstrual apps (for patients) — SpotOn, Flo, Clue, Period Tracker, MyCalendar - Period Tracker

RESOURCES

If you have clinical questions about prescribing contraceptives for menstrual suppression, email gynecology@cchmc.org.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.

Prescribing Guide developed by Cincinnati Children’s physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.
## Menstrual Suppression and Contraception

### Indications/Symptoms (Why are you starting the treatment?)

<table>
<thead>
<tr>
<th>Acne/PCOS</th>
<th>Menstrual headaches</th>
<th>Cyclic mood changes/depression*</th>
<th>Developmental disorders</th>
<th>Irregular bleeding within 1 year of menarche</th>
</tr>
</thead>
</table>
| Drospirenone  
  • Yaz® (20 mcg Ethinyl Estradiol (EE))  
  • Yasmin® (30 mcg EE)  
  • Slynd® (does not contain EE) | Consider menstrual suppression | Yaz®/Yasmin®  
  Avoid Depo-Provera®  
  Consider menstrual suppression (continuous dosing skipping placebo)  
  *SSRI first-line for premenstrual dysphoric disorder (PMDD) | Consider chewable OCP (FemCon®)  
  Consider patch (Xulane®)  
  Consider consultation for discussion about long-acting reversible contraception (LARC) options for long-term management | Consider patient’s height and parents’ height  
  Consider the progesterone only pill |
|           | Consider progesterone only pills |                                 |                        |                                            |

### Side Effects (What to do?)

<table>
<thead>
<tr>
<th>New Acne</th>
<th>Headaches</th>
<th>Nausea</th>
<th>Mood changes</th>
<th>Breakthrough bleeding</th>
</tr>
</thead>
</table>
| Switch to drospirenone containing pill  
  If no estrogen contraindication, increase estrogen content | Decrease estrogen content or switch to progesterone only  
  If associated with aura, switch to progesterone only pill  
  If during placebo week, consider continuous dosing or Mircette® (EE dose during placebo week) | Consider change in time of dose  
  Switch to lower estrogen content | Consider a different progesterone (avoid Depo-Provera®/medroxy-provera/norethindrone)  
  Increase dose of progesterone only pill (POP)  
  Increase estrogen content (10→20→30→35 mcg)  
  Ask about compliance |

### Hormonal Options for Menstrual Management

<table>
<thead>
<tr>
<th>Generation</th>
<th>Brand name pills</th>
<th>Progestin characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Norethindrone</td>
<td>Pro-gestational (edema, bloating, irritability, anxiety/depression), unscheduled bleeding</td>
</tr>
</tbody>
</table>
|            | Lo Loestrin® (10 mcg EE)  
  Loestrin Fe® 1/20 (20 mcg EE)  
  Loestrin® (30 mcg EE) | Minastrin® (20 mcg EE)  
  Femcon Fe® (35 mcg EE) |
| Medroxyprogesterone | Provera® (no EE) | Improved bleeding  
  More androgen-related side effects (hyperlipidemia, oily skin, acne, facial hair growth) |
| 2nd        | Levonorgestrel    | Improved bleeding  
  More androgen-related side effects (hyperlipidemia, oily skin, acne, facial hair growth) |
|            | Alesse/Aviane® (20 mcg EE)  
  Seasonale® (30 mcg EE)  
  Mirena®, Kyleena® (intrauterine device; no EE) | |
| Norgestrel | Lo Ovral® (30 mcg EE) | More potent progestin, less androgen side effects |
| 3rd        | Norgestimate      | More potent progestin, less androgen side effects |
|            | Orthocyclen® (35 mcg EE)  
  Xulane® (patch; 35 mcg EE) | Sprintec® (35 mcg EE) |
| Desogestrel| Kariva® (20 mcg EE)  
  Mircette® (placebo pills contain EE)  
  Ortho-Cept® (30 mcg EE)  
  Desogen® (30 mcg EE) | |
| Etonorgestrel | Nuvaring® (vaginal ring; 15 mcg EE/day)  
  Nexplanon® (arm implant; no EE) | |
| 4th        | Drospirenone      | Has anti-mineralocorticoid AND anti-androgenic properties  
  Concern for VTE risk  
  Treatment for premenstrual dysphoric disorder (PMDD) and acne |
|            | Yaz® (20 mcg EE)  
  Yasmin® (30 mcg EE) | |

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.