

Menstrual Suppression and Contraception



PATIENT/FAMILY GOALS

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

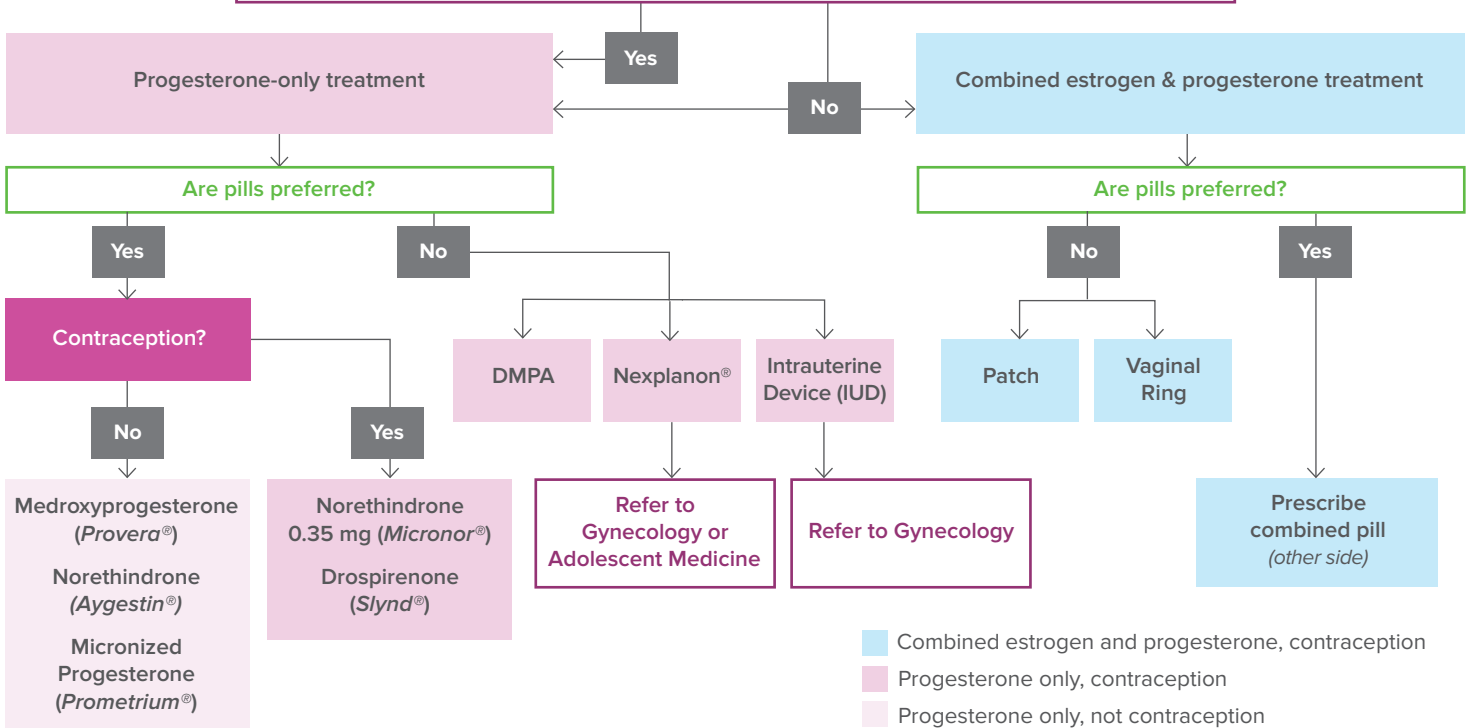
PATIENT HISTORY

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?



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

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.

Menstrual Suppression and Contraception

INDICATIONS/SYMPTOMS (Why are you starting the treatment?)				
Acne/PCOS	Menstrual headaches	Cyclic mood changes/ depression*	Developmental disorders	Irregular bleeding within 1 year of menarche
Drospirenone • Yaz® (20 mcg Ethinyl Estradiol (EE)) • Yasmin® (30 mcg EE) • Slynd® (does not contain EE)	Consider menstrual suppression Consider progesterone only pills	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

SIDE EFFECTS (What to do?)				
New Acne	Headaches	Nausea	Mood changes	Breakthrough bleeding
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				
Generation	Brand name pills		Progestin characteristics	
1st	Norethindrone	Lo Loestrin® (10 mcg EE) Minastrin® (20 mcg EE) Loestrin Fe® 1/20 (20 mcg EE) Femcon Fe® (35 mcg EE) Loestrin® (30 mcg EE)	Pro-gestational (edema, bloating, irritability, anxiety/depression), unscheduled bleeding	
	Medroxyprogesterone	Provera® (no EE)		
2nd	Levonorgestrel	Allesse/Aviane® (20 mcg EE) Seasonale® (30 mcg EE) Mirena®, Kyleena® (intrauterine device; no EE)	Improved bleeding More androgen-related side effects (hyperlipidemia, oily skin, acne, facial hair growth)	
	Norgestrel	Lo Ovral® (30 mcg EE)		
3rd	Norgestimate	Orthocyclen® (35 mcg EE) Sprintec® (35 mcg EE) Xulane® (patch; 35 mcg EE)	More potent progestin, less androgen side effects	
	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	Yaz® (20 mcg EE) Yasmin® (30 mcg EE) Slynd® (no EE)	Has anti-mineralocorticoid AND anti-androgenic properties Concern for VTE risk Treatment for premenstrual dysphoric disorder (PMDD) and acne	

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.