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
- Norethindrone (Micronor®)
- Drospirenone (Slynd®)
- Medroxyprogesterone (Provera®)
- Micronized Progesterone (Prometrium®)
No
- DMPA
- Nexplanon®
- Intrauterine Device (IUD)

COMBINED ESTROGEN & PROGESTERONE TREATMENT
Are pills preferred?
Yes
- Patch
- Vaginal Ring
No
- Refer to Gynecology or Adolescent Medicine
- Refer to Gynecology

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.
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### Indications/Symptoms

<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  
Consider progesterone only pills | Yaz®/Yasmin®  
Avoid Depo-Provera®  
Consider menstrual suppression (continuous dosing skipping placebo)  
*SSTR 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

<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)  
Femcom Fe® (35 mcg EE) |
| Medroxyprogesterone | Provera® (no EE) | |
| 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) | |
| 3rd        | Norgestimate     | More potent progestin, less androgen side effects |
|            | Orthocyclen® (35 mcg EE)  
Xulane® (patch; 35 mcg EE) | Sprintec® (35 mcg EE)  
Mircette® (placebo pills contain EE)  
Ortho-Cept® (30 mcg EE)  
Desogen® (30 mcg EE) |
| 4th        | Drospirenone     | Has anti-mineralocorticoid AND anti-androgenic properties  
Concern for VTE risk  
Treatment for premenstrual dysphoric disorder (PMDD) and acne |
| Drosperone | Yaz® (20 mcg EE)  
Yasmin® (30 mcg EE)  
Slynd® (no EE) | |

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