

Prescribing Birth Control Pills

Choose a monophasic, 30 mcg estrogen, 2nd or 3rd generation progestin to start and adjust from there

Ethinyl Estrodiol

35mcg

1st generation progestin - Norethindrone

0.4mg - Balziva, Femcon, Ovcon, Zenchent, Zeosa, Brevicon, Modicon, Nelova;

0.5mg - Necon, Nortrel; 1mg - Cyclofem, Genora, Norethin, Norinyl

3rd generation progestin - Norgestimate

Mononessa, Ortho-cyclen, Previfem, Sprintec

30mcg

1st generation progestin - Norethindrone - Gildess, Junel, Loestrin, Microgestin

2nd generation progestin

Levonorgestrel

Altavera, Levlen, Levora, Microgynon, Nordette, Ovranette, Portia

91 day pack - Introvale, Jolessa, Quasense, Seasonale

Norgestrel - Cryselle, Lo/ovral, Low-ogestrel

3rd generation progestin - Desogestrel

Desogen, Emoquette, Ortho-cept, Reclipsen, Solia

4th generation progestin - Drospirenone - Ocella, Safyral Ca, Yasmin, Zarah

20mcg

1st generation progestin - Norethindrone - Gildess, Junel, Loestrin, Microgestin

2nd generation progestin - Levonorgestrel

28 day pack - Alesse, Aviane, Lessina, Levlite, Lutera, Sronyx, Lybrel,

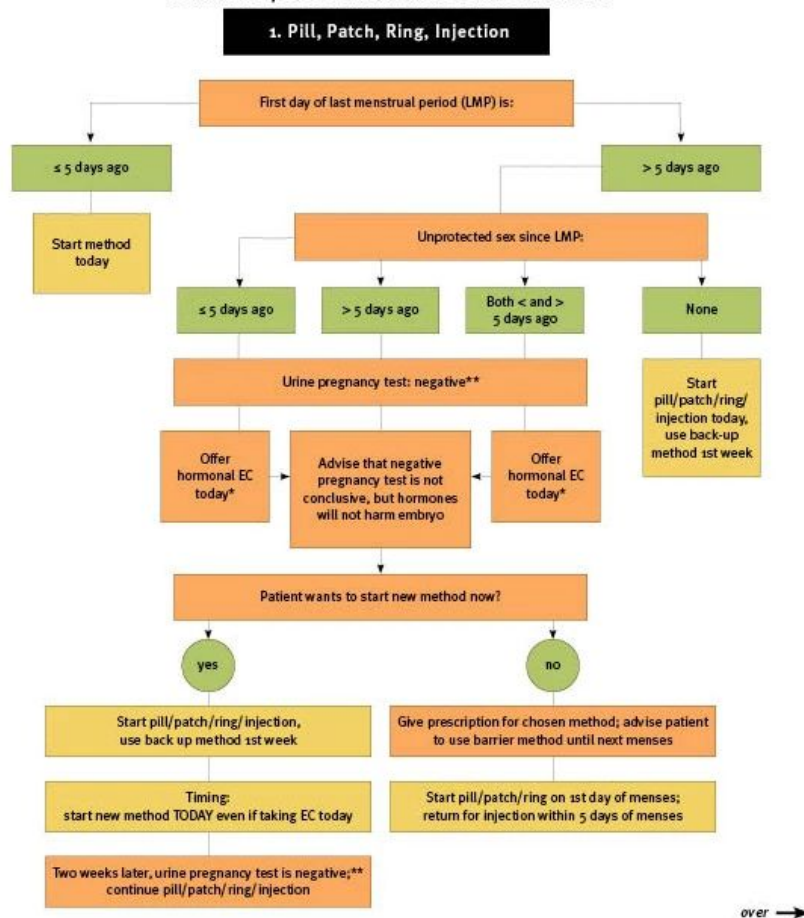
91 day pack - LoSeasonique

4th generation progestin - Drosperinone - Beyaz Ca, Gianvi, Yaz

Side Effect	Therapy Adjustment Options
Acne	<ul style="list-style-type: none"> ● Switch to a 1st or 3rd generation progestin since they have less androgenic activity ● Increase the estrogen dose
Breakthrough Bleeding	<ul style="list-style-type: none"> ● Make sure patient taking daily at the same time for at least 3 months and that there are no drug interactions ● Early-or mid-cycle: Increase estrogen dose ● Late-cycle: Switch to a 2nd generation progestin since these are more potent, or increase the progestin dose
No menses	<ul style="list-style-type: none"> ● Too little estrogen, increase estrogen dose
Nausea, breast tenderness, melasma, increased blood pressure, headache, bloating (Too much Estrogen)	<ul style="list-style-type: none"> ● Decrease the estrogen dose ● Avoid the patch since it gives a higher estrogen exposure ● Consider the vaginal ring because it has the lowest estrogen exposure
Increased appetite, weight gain, acne, oily skin, hirsutism, dyslipidemia (Too Much Androgen)	<ul style="list-style-type: none"> ● Switch to a progestin with less androgenic activity such as 1st, 3rd or 4th generation progestin
Headache, breast tenderness, fatigue, changes in mood (Too Much Progestin)	<ul style="list-style-type: none"> ● Switch to a progestin with less progestin activity, such as a 1st or 4th generation progestin

Quick Start Algorithm

Woman requests a new birth control method:



* If pregnancy test is positive, provide options counseling.

** For patients with BMI >25, levonorgestrel EC works no better than placebo. For those who had unprotected sex 3-5 days ago, ulipristal EC has higher efficacy than levonorgestrel EC.

*** Because ulipristal EC may interact with hormonal contraceptives, the new method should be started no sooner than 5 days after ulipristal EC. Consider starting injection/IUD/implant sooner if benefit outweighs risk.

Resources:

For providers:

- CDC MEC-SPR App - contraindications to birth control
- Bedsider.org - orderable posters and patient handouts
- Reproductiveaccess.org - posters, handouts, quickstart algorithm

For patients:

- Bedsider.org - information on different methods
- Bedsider App - birth control dosing reminder
- Plannedparenthood.org - clinics and information on methods
- Youngwomenshealth.org - information on different methods
- Healthychildren.org - information for parents and patients

Children's National Hospital, Adolescent Medicine Consultative Services, **202-476-5464**