Prescribing Birth Control Pills

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

**Ethinyl Estradiol**
35mcg

1st generation progestin - Norethindrone
0.4mg - Balziva, Femcon, Ovcon, Zenchent, Zeosa, Brevicon, Modicon, Nelova;
0.5mg - Necon, Nortrel; 1mg - Cyclafem, 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 progestin - Levonorgestrel
28 day pack - Alesse, Aviane, Lessina, Levlite, Lutera, Sronyx, Lybrel,
91 day pack - LoSeasonique

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

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<th>Side Effect</th>
<th>Therapy Adjustment Options</th>
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| Acne        | ● Switch to a 1st or 3rd generation progestin since they have less androgenic activity  
● Increase the estrogen dose |
| Breakthrough Bleeding | ● 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   | ● Too little estrogen, increase estrogen dose |
| Nausea, breast tenderness, melasma, increased blood pressure, headache, bloating (Too much Estrogen) | ● 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) | ● 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) | ● Switch to a progestin with less progestin activity, such as a 1st or 4th generation progestin |
* 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