Nurses and Nurse Practitioners of British Columbia

DST-900 Contraceptive Management: Assessment Revision Summary

DST Publication #	DST Name	Initial Publication Date
DST-900	Contraceptive Management: Assessment	April 2021
Revision Approved by Steering Committee	Revised DST Effective Date	Next Review Date
July 11, 2022	August 4, 2022	January 2025

Summary of Revisions

DST-900 (Contraceptive Management: Assessment) has been recently revised by the NNPBC Reproductive Health Working Group and approved by the NNPBC DST Steering Committee. Please see below for a summary of changes made to this DST.

Section	Revisions	Rationale for Revision
DST Header	The words 'Decision Support Tools for Registered Nurses' has been revised to 'Decision Support Tools for Certified Practice Registered Nurses.'	To clarify that these DSTs are specifically developed for registered nurses with certified practice.
Throughout the DST	Gender inclusive language has been added throughout the DST.	All language within the document was reviewed and updated to ensure gender inclusivity. Trans Care BC was consulted as subject matter experts.
Throughout the DST	Slight revisions have been made to wording, sentence structures, and formatting.	To enhance clarity and readability.
Throughout the DST and within the reference list on page 5	References have been revised within the text and reference list using APA format.	To include the most up-to-date evidence and to ensure consistency in references.
Page 1 (Introduction paragraph)	Previous language read: *A comprehensive contraceptive management assessment is client-centred and includes obtaining informed consent, taking a health history and completing physical assessment components. When assessing the type of contraception that best meets a client's needs, the RN(C)[1] takes into consideration the individual's clinical judgment and assessment along with the preferences of the client. Selection of an appropriate contraceptive method is based on best practice (eg. effectiveness, contraindications, side effects, non-contraceptive benefits), availability, costs, and the desires and prior experience of the client. No*	The opening paragraph has been revised for clarity and language has been added to emphasize patient choice and patient centered care.

Section	Revisions	Rationale for Revision
	single regime is most effective; a variety of regimes can be provided based on client/provider preference. Revised language reads: *A comprehensive contraceptive management assessment is client-centred and includes obtaining informed consent, taking a health history and completing physical assessment components. When assessing the type of contraception that best meets a client's needs, the Certified Practice Registered Nurse or RN(C) takes into consideration the preferences of the client, clinical assessment, and their own clinical judgment. The best method of contraception for an individual is one that is effective, safe, and used correctly and consistently. Individuals must make choices about their contraceptive methods in the context of their own needs, attitudes, social, and cultural circumstances (Bourns, 2018; SOGC, 2015). Additional considerations should also include best practice recommendations for effectiveness, contraindications, side effects, non-contraceptive benefits, availability, costs, and the desires and prior experiences of the client.*	
Page 1 (previous subheading 'Management and Interventions'	The previous subheading 'Management and Interventions' and the note below it has been removed: *(NOTE: For the purpose of this DST, initiation of hormonal contraception is when no hormonal contraception has been used within the last three months or the client is switching from a combined hormonal contraception (CHC) to a progestin only hormonal contraception (POHC) or from a POHC to a CHC.)*	To remove redundant language and to enhance clarity.
Page 1 (Indications section)	The word prescribe has been added wherever the words 'dispense' and 'administer' appear. A footnote after the first instance of the word 'prescribe' has been added in the following sentence: *RN(C)s practice autonomously to prescribe, dispense and/or administer hormonal contraception for the purpose of contraception when indicated for a client who is seeking a reliable, reversible method of contraception (BCCNM, 2021c).*	The word 'prescribe' has been added in preparation of future BCCNM standards, limits, and conditions for certified practice. The footnote has been added to clearly indicate that prescribing pertains only to RN(C)s who have met requirements to prescribe.

Section	Revisions	Rationale for Revision
Page 1 (Indications section)	Some examples of benefits of hormonal contraception have been removed. Previous language read: *Other benefits of hormonal contraception include, but are not limited to:* *Decreased acne* *Improvement in some menstrual related conditions such as primary dysmenorrhea, ovarian cysts, and premenstrual syndrome* *Decreased risk of ovarian and uterine cancer* *Decreased risk of iron deficiency anemia* *Reduction of ectopic pregnancies* Revised language reads: *Other common benefits of hormonal contraception include, but are not limited to (Hatcher et al., 2019; Hatcher et al., 2019):* *Decreased acne* *Improvement in some menstrual/monthly bleeding related conditions such as primary dysmenorrhea, ovarian cysts and premenstrual/pre-monthly bleeding syndrome*	To align with language in updated references.
Page 2 (Precautions and Considerations section)	The first bullet previously read: *Quickstart of a hormonal contraceptive is recommended as it demonstrates improved compliance (especially in youth). Delaying initiation of hormonal contraception (e.g., Sunday start or start with next menstrual period) could increase the risk that a client forgets to start, chooses not to start or becomes pregnant while awaiting initiation.* This has been revised as two bullets and reads: *Quick start of a hormonal contraceptive is recommended as it demonstrates improved adherence, especially in youth.* *Delaying initiation of hormonal contraception (e.g.: Sunday start or start with next menstrual/monthly*	Wording related to contraception initiation has been updated to reflect current best practise of Quick start. Sentences have been separated to enhance clarity.

Section	Revisions	Rationale for Revision
	bleeding pattern) could increase the risk that a client forgets to start, chooses not to start or becomes pregnant while awaiting initiation.	
Page 2 (Precautions and Considerations section)	The fifth bullet in the previous version that read *hormonal contraception does not offer protection from STIs* has been removed. A new bullet has been added under the 'Client Education' section to read: *hormonal contraceptive methods do not protect against STIs.*	This bullet was moved to the client education section to enhance clarity.
Page 3 (Client Education section)	A new bullet has been added (at the end of the list) to read: *consider multiple use of teaching materials including models, online sources and printable visuals*.	This has been added to reflect a variety of education tools available to meet client needs.
Page 4 (Prescribing, Dispensing and Administration section)	Previously, this subheading was 'Dispensing and Administration' and has been revised to 'Prescribing, Dispensing and Administration.'	The word 'prescribing' has been added to be inclusive of prescribing.
Page 4 (Monitoring and Follow-Up)	The second bullet previously read: *To improve continuation rates and enhance a client's abilities to obtain contraception when needed, health care providers should prescribe up to a 1- or 2-year supply of COCs at the initial and return visits.* This has been revised to read: *To improve continuation rates and enhance a client's abilities to obtain contraception when needed, health care providers should prescribe and/or dispense up to a 1-year supply of contraception at the initial and return visits, or up to a 2 year supply if the client is able to obtain and disclose a blood pressure measurement from an alternative source at least annually to the contraception provider (Hatcher et al., 2018).*	This has been updated to reflect current evidence-based recommendations.
Page 4 (Previous 'Identifying and Managing side Effects' section)	The previous subheading 'Identifying and Managing Side Effects' has been revised to 'Further Resources and Managing Side Effects' with updated references and resources.	This section has been updated to include BCCNM practice standards and foundational resources for contraceptive management practice.

Section	Revisions	Rationale for Revision
Footer	The footer has been revised to indicate the responsibility of the NNPBC DST Steering Committee and the Contraceptive Management Working Group. Dates have been added for publication, update, and next review.	To enhance clarity of the DST review cadence and awareness about NNPBC's DST Steering Committee and Contraceptive Management Working Group.