



DST 801 Revision Summary

DST Publication #	DST Name	Initial Publication Date
DST 801	Care and Treatment Plan: Combined Hormonal Contraceptives (CHCs)	December 2023
Revision Approved by DST Oversight Body	Revised DST Effective Date	Next Review Date
May 27 th , 2025	June 6 th , 2025	January 2027

Summary of Revisions

Minor changes have been made to DST 801 to ensure references and associated links are up to date, and to address challenges with reduced access to resources on the United States Centers for Disease Control and Prevention website. Minor changes have also been made to align with BCCNM Standards, limits, and conditions.

Section	Summary of Revisions	Rationale for Revision
Throughout	Minor editorial changes have been made throughout the document.	To enhance clarity and readability.
Indications	Wording revised to: For the purposes of RN(C)s certified in Contraceptive Management, CHCs are indicated for any client who is seeking a reliable, reversible method of contraception (Cason et al., 2023). RN(C)s may independently prescribe, dispense, and/or administer CHCs of a dosage less than or equal to 50 mcg of ethinyl estradiol per day, if they meet BCCNM's limits and conditions for certified practice registered nurses: Section 8: Restricted activities for certified practice .	To enhance clarity.
Consultation and/or Referral	The following sentence has been added: RN(C)s consult with, refer to, or transfer care to other health professionals about the treatment plan or as needed to meet the client's needs as per Section 8: Restricted activities for certified practice .	To align with BCCNM standards, limits and conditions.
Absolute Contraindications	This section has been revised to reflect the updated US MEC (Nguyen et al., 2024).	To ensure the DST is up to date with evidence-based resources.



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Absolute Contraindications	<p>The words 'on follow-up' have been added to: On follow-up, clients whose medical condition has changed so that they might be using CHCs in the presence of relative or absolute contraindications as defined by the <i>U.S. Medical Eligibility Criteria for Contraceptive Use</i>, Categories 3 and 4 (Nguyen et al., 2024).</p>	To enhance clarity.
Absolute Contraindications	<p>The following section has been removed:</p> <ul style="list-style-type: none">• Clients who are currently taking CHCs and demonstrate any of the following symptoms:<ul style="list-style-type: none">○ ACHES (abdominal pain, chest pain, headache, eye problems and severe leg pain)○ Unexplained vaginal/genital bleeding○ Jaundice○ Syncope○ Blood pressure $>140/ >90$○ History or current severe migraine headaches with aura○ Severe depression○ Severe allergic skin rash	The US MEC document is now included in the appendix of DST 800. This content was redundant and is a repetition of the US MEC (Nguyen et al., 2024).
Drug Interactions	<p>A reference (Bayer Pharmaceuticals, 2022) has been added to the following statement:</p> <p>Clients taking CHCs containing drospirenone. Drospirenone may increase potassium. Clients should be advised to inform their healthcare provider if they have kidney, liver, or adrenal disease, as the use of drospirenone-containing CHCs in the presence of these conditions could cause serious heart and/or health problems. Clients should also inform their healthcare provider if they are currently on daily, long-term medications for chronic conditions such as NSAIDs, potassium-sparing diuretics, potassium</p>	To keep up to date with evidence-based resources.



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	supplementation, ACE inhibitors, or angiotensin-II receptor antagonists, heparin, aldosterone antagonists, or strong CYP3A4 inhibitors (Bayer, 2022).	
Prescribing and/or Dispensing	<p>The following statement was been reworded for clarity:</p> <p>“The intravaginal/intragenital contraceptive ring is a cold chain medication. Once the cold chain has been broken, it is stable at room temperature for up to four months (Hatcher et al., 2018). An “insert by” expiry date, 4 months from time of cold chain breakage, should be clearly labelled on the outside of the ring package.”</p> <p>to</p> <p>“Some intravaginal/intragenital contraceptive rings require cold chain medication. Once the cold chain has been broken, it is stable at room temperature for up to four months (Hatcher et al., 2018). For products that require a cold chain, an “insert by” expiry date, 4 months from time of cold chain breakage, should be clearly labelled on the outside of the ring package.”</p>	To enhance clarity.
References	<p>References have been updated, added to the reference list, and cross-referenced for accuracy to include the most recent versions of the following:</p> <ol style="list-style-type: none">1. Update to Contraceptive Technology 22 Ed. (Cason et al., 2023)2. Update to US Medical Eligibility Criteria (MEC) (Nguyen et al., 2024)3. Update to US Selected Practice Recommendations (SPR) (Curtis et al. 2024)4. Acting within autonomous scope of practice standard (BCCNM, 2025)	To keep up to date with evidence-based resources.



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	5. Registered nurses (certified) standards for prescribing medications (BCCNM, 2025)	
Drug Interactions	This section has been revised to align with the updated US MEC (Nguyen et al., 2024).	To ensure the DST is up to date with evidence-based resources.
Appendix 1	The screening tool has been removed.	This was a repetition of the US MEC and was not up-to-date. Users of DSTs should consult the most up-to-date US MEC.