

Patient is Taking Contraception upon Admission (for the purpose of birth control)



PRACTICE GUIDELINE: CONTRACEPTION FOR IWK INPATIENTS (INCLUDING WOMEN'S HEALTH, CHILDREN'S HEALTH AND CHILD AND ADOLESCENT MENTAL HEALTH)

Patient's Contraception Prior to Admission	IWK Formulary Alternative To be Supplied
If on ANY pill with Ethinyl Estradiol of 20 micrograms or less is due	Switch to Ethinyl Estradiol 0.02mg (20micrograms)/Levonorgestrel 0.1mg (i.e. <i>Alesse</i> or generic equivalent) even if original pill was biphasic, triphasic or extended-cycle
If on ANY pill with Ethinyl Estradiol of more than 20 micrograms is due	Switch to Ethinyl Estradiol 0.03mg (30 micrograms)/Levonorgestrel 0.15mg (i.e. <i>Min-Ovral</i> or generic equivalent) even if original pill was biphasic, triphasic or extended-cycle
If Nuva Ring is due	Switch to Ethinyl Estradiol 0.03mg (30 micrograms)/Levonorgestrel 0.15mg (i.e. <i>Min-Ovral</i> or generic equivalent)
If Evra patch is due	Switch to Ethinyl Estradiol 0.03mg (30 micrograms)/Levonorgestrel 0.15mg (i.e. <i>Min-Ovral</i> or generic equivalent)
If Medroxyprogesterone ( <i>Depo Provera</i> ) is due	Continue therapy as this is a formulary product
If on norethindrone ( <i>Micronor</i> )	Continue therapy as this is a formulary product
<b>Important Notes:</b>	
<p><sup>1</sup>Discussion with patient should be had before making a change to their contraception. Very rarely clinical scenarios may arise where a non-formulary contraceptive is brought in for a specific patient.</p> <p><sup>2</sup>Counsel patients to use backup contraception for 7 days after any contraception change (with the exception of a generic interchange). Consider whether emergency contraception is indicated for patients who may have missed their contraception.</p> <p><sup>3</sup>Depo Provera should be used cautiously in patients less than 25 years old as it is associated with loss of bone mineral density that may not be completely reversible. It may be appropriate for some patients at high risk of unwanted pregnancy when IUS is refused.</p> <p><sup>4</sup>Long acting reversible contraceptives (including IUS) are recommended as first line for Canadian youth by the Canadian Pediatric Society: <a href="https://www.cps.ca/en/documents/position/contraceptive-care">https://www.cps.ca/en/documents/position/contraceptive-care</a> Due to cost, limit use to IWK inpatients at high risk of unwanted pregnancy (ie: complex social situations, financial instability, or inability to access as an outpatient).</p>	

**IWK Formulary Contraceptives include:**

- Ethinyl Estradiol 0.02mg (20 micrograms)/Levonorgestrel 0.1mg (i.e. *Alesse* or generic equivalent)
- Ethinyl Estradiol 0.03mg (30 micrograms)/Levonorgestrel 0.15mg (i.e. *Min-Ovral* or generic equivalent)
- Medroxyprogesterone acetate 150mg (i.e. *Depo Provera* or generic equivalent)
- Norethindrone 0.35mg (i.e. *Micronor* or generic equivalent)
- Levonorgestrel 52mg IUS (i.e. *Mirena* or generic equivalent)

[For Comparison of available contraceptives and equivalent generics in Canada see table in IWK Women's Health Drug Dosing Guidelines under "oral contraceptives"](#)

New Contraception Start during Admission

