



**New Brunswick College of Pharmacists**  
**Ordre des pharmaciens du Nouveau-Brunswick**

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# **GUIDANCE: ASSESSING AND PRESCRIBING FOR CONTRACEPTION MANAGEMENT**

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## **Contraception Management**

Developed from the Nova Scotia College of Pharmacists document: [https://www.nspharmacists.ca/wp-content/uploads/2016/05/SOP\\_PrescribingDrugs.pdf](https://www.nspharmacists.ca/wp-content/uploads/2016/05/SOP_PrescribingDrugs.pdf) The New Brunswick College of Pharmacists thanks the NSCP for sharing this resource.

**Note:** This guidance supports the assessment and prescribing for the purposes of contraception management only. Prescribing medication for induced abortion is outside of the scope of practice for pharmacists. Prescribing hormonal oral contraceptives for the treatment of moderate to severe acne is also outside the scope of this guidance.

### **Introduction**

Pharmacists may practice as a primary provider of contraception, including providing ongoing management of a patient's contraception needs, when in accordance with recognized best practice guidelines that are consistent with those established by obstetrician/gynecologist specialist groups, such as the Society of Obstetricians and Gynaecologists of Canada (SOGC).

Authority to assess and prescribe for contraception management is given in Section 21 of the Regulations of the New Brunswick College of Pharmacists (the Regulations). See also "Prescribing for Preventable Conditions" under Appendix 2.

The chapters of the SOGC Canadian Contraception Consensus can be accessed on the Journal of Obstetrics and Gynecology Canada website <https://www.jogc.com/subject/contraception> and can be used to assist pharmacists in attaining competence in contraception management. These standards do not preclude the use of other references provided they are consistent with these Canadian best practice guidelines. **Note:** some of the chapters are open access while others will require payment for access. See below for suggested resources and education/training opportunities.

Contraception management goes beyond the prescribing of hormonal contraception and must include a meaningful discussion with a patient about all available options for contraception within the context of their individual sexual behavior, reproductive health risk, social circumstances, and relevant belief systems.

### **Process**

To practice as a primary provider of contraception management, pharmacists must take the necessary steps to be competent. This should include but is not limited to:

- undertaking additional education
- reviewing clinical guidelines
- researching primary literature

When providing contraception management, a pharmacist must recognize that they may be the only health-care provider that a patient sees regarding their contraceptive needs and must use a patient-centered approach to provide, as appropriate, for the patient:

- a comprehensive review of all options available for contraception, including non-hormonal and emergency contraception and providing information on the effectiveness, benefits and risks associated with each method.
- counselling about the risks, management and screening options for sexually transmitted infections and any vaccines recommended for prevention.
- referral resources for sexually transmitted infections (including post exposure prophylaxis), sexual dysfunction, induced abortion services and intimate partner violence.
- counselling regarding the importance and recommended frequency of screening tests such as breast and pelvic exams, mammograms and Pap tests.
- patient education resources, such as the public resources provided by the Society of Obstetricians and Gynecologists of Canada.

### **Patient Assessment and Prescribing**

Prior to prescribing for contraception, a pharmacist must be satisfied that the patient is making an informed decision about their preferred strategy for contraception management. This may include contraception options for which the pharmacist is not authorized to prescribe. When providing contraception management, a pharmacist:

- may prescribe self-administered hormonal contraception (combined oral contraceptives pills, patch, vaginal ring and progestin-only pills) and medroxyprogesterone acetate depo injection (including the administration of the depo injection).
- must, as part of a comprehensive patient assessment, conduct a medical history and document the patient's blood pressure.
- must take the necessary steps to be competent to recognize signs, symptoms and risk factors indicative of health needs that make it inappropriate to manage a patient's contraception needs and must refer these patients to a physician or nurse practitioner.
- must be aware of the conditions when a person less than 18 years of age can consent to sexual activity and the obligations for mandatory reporting of abuse under the Family Services Act.
- must refer patients to the appropriate health-care provider when it is determined the patient would prefer to use an IUD as their contraceptive of choice. Pharmacists must take reasonable steps to support patients in accessing the services required when the patient chooses this method. This support may include:
  - researching what services are available and how to access them within the local community.
  - seeking out and collaborating with already established referral networks within the local medical community.
  - providing patients with information about provincial Sexual Health Clinics [https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/sexual\\_health\\_clinics.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/sexual_health_clinics.html).
- may provide the patient with a prescription for up to the equivalent of a three-cycle supply if a patient has not previously been prescribed hormonal contraception or if a change in therapy is being prescribed.
- will notify the patient's other health care provider(s) if appropriate (when such exists), when clinically significant.
- may provide a prescription for ongoing therapy, if tolerated.

- must take reasonable steps to support patients accessing a health-care professional for related care which a pharmacist can not provide (e.g., breast and pelvic exams, mammograms and Pap tests).
- will, if the patient is experiencing adverse effects, use their professional judgement to determine whether they can resolve the drug-related problem or if the patient should be referred to a physician or nurse practitioner for further assessment.

### **Suggested clinical tools**

- Journal of Obstetrics and Gynecology Canada <https://www.jogc.com/subject/contraception>
- At MedSask, a comprehensive plan for patient assessment and prescribing, including prescribing algorithm and a fillable PDF for documentation of assessment <https://medsask.usask.ca/professional-practice/restricted-guidelines/hormonal-contraceptives.php>. (Requires subscription; part of NBPA membership [2022]).
- Family Planning; A Global Handbook for Providers <https://apps.who.int/iris/bitstream/handle/10665/260156/9780999203705-eng.pdf?sequence=1>

### **Educational opportunities**

- Dalhousie University: Hormonal Contraception, A Primer for Pharmacist Prescribing <https://www.dal.ca/faculty/health/cpe/programs/live-programs/Hormonal.html>
- Pear Health (available in English and French): Contraception, An Update and Refresher for Pharmacists <https://www.healthlearning.ca/#/online-courses/f426bac0-7cd5-489c-aae7-30f1c35d642d> or <https://www.healthlearning.ca/#/online-courses/1ce8ffc0-14a4-4473-97c6-0d144d608c56>
- Oregon State University: Comprehensive Contraception Education and Certification for the Prescribing Pharmacist <https://oregon-state-pharmacy-ce.catalog.instructure.com/browse/oregon/courses/oregon-contraceptive-education-and-certification>