



MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

DATE: 2021

TO: All holders of Title X Family Planning Protocol

FROM: Christopher Novak, MD, Acting FPP Medical Director and PHD Medical Director,
Amanda Goertz, MD, Physician Consultant, Family Planning Program

A handwritten signature in blue ink, appearing to be "DR" or similar initials, located to the right of the "FROM:" field.

RE: 2021 Summary of Family Planning Program (FPP) Protocol Revisions

Access at <https://nmhealth.org/about/phd/fhb/fpp/pvdr>. Changes or new material are highlighted in yellow. Please ensure that all staff that work with FPP clients reviews the protocol revisions and signs the "Acknowledgment and Receipt of New/Revised Protocol Form" found on page ii of the "Approval Page 2021" file. The Nurse Manager retains a signed copy of this sheet at the clinic and forwards the original(s) to the DNS.

Highlights of changes include:

Section 1: General Protocols

Section 1, page 36 **Quickstart Tool for DMPA** was updated allowing nurses to quickstart clients either on DMPA intramuscular (IM) 150mg, or DMPA subcutaneous (SC) 104mg. Clients should be counseled on options of in-clinic administration of either DMPA IM 150mg, DMPA SC 104mg, or following clinician order, client self-injection of DMPA SC 104mg.

Section 1, page 38 **#2 Standing Order for Public Health Nurses to Dispense Levonorgestrel Emergency Contraceptive Pill (ECP)** has been updated to allow Public Health Nurses to dispense one future use Levonorgestrel Emergency Contraceptive Pill to women who are not using a most effective method (LARC) without a clinician order.

Section 2: Contraceptive Methods

Section 2. Insertion Procedure of Implant and IUDs:

For PHOs, the RHO is responsible for determining which clinicians under their supervision are cleared to insert/remove contraceptive implants.

--As a standard for new Title X PHO clinicians without LARC experience FPP accepts a minimum of 2 observed/supervised contraceptive implant insertions and 2 removals to be eligible to perform these procedures independently.

--As a standard for new Title X PHO clinicians with LARC experience, the FPP accepts a minimum of 1 supervised implant insertion and 1 removal if the RHO determines the clinician is experienced and demonstrates adequate proficiency, prior to the clinician performing implant

PUBLIC HEALTH DIVISION

1190 St. Francis Dr., Suite 1050 • P.O. Box 26110 • Santa Fe, New Mexico • 87502
(505) 827-2389 • FAX: (505) 827-2329 • www.nmhealth.org

insertions/removals independently.

For PHOs, the RHO is responsible for determining which clinicians under their supervision are cleared to insert IUDs.

--As a standard for new Title X PHO clinicians without LARC experience, the FPP accepts a minimum of 5 supervised IUD insertions prior to clinician performing IUD insertions independently.

--As a standard for new Title X PHO clinicians with LARC experience, the FPP accepts a minimum of 1 supervised IUD insertion if the RHO determines the clinician is experienced and demonstrates adequate proficiency, prior to the clinician performing IUD insertions independently.

Section 2. Contraceptive Implant: FDA approved for up to 3 years. There is evidence that the implant is effective for up to 5 years. With counseling and shared decision making a client may choose to keep their implant in for up to 5 years (Level B recommendation).

Section 2 Intrauterine Devices

Both 52mg LNG IUDs are FDA approved for 6 years and the Cu-IUD is approved for 10 years. Level A recommendation - Based on consistent and good quality evidence extended use of IUDs (7 years of 52 mg LNG IUD and 12 years for Cu IU) is off-label but likely to be highly effective among parous clients who are at least 25 years of age at the time of IUD insertion.

Section 2 DMPA

As ordered/prescribed by a clinician, the nurse will provide repeat DMPA injections IM/SC every 3 months (11-15 weeks). The provider can explain to the client that the 11-13 week window is ideal, but that DMPA is effective up to the 15th week. The nurse will consult a clinician if the client wants DMPA before or after this 11 to 15-week window.

Section 2 DMPA Subcutaneous- All New Section. Please review in addition to corresponding new handouts.

Section 2 Sterilization- Priority B rating (for vasectomy) is that the client's RLP is that they do not want any (more) children.

Section 3. Formulary List Updated to include 500mg ceftriaxone, contraceptive gel (in place of foam), gentamicin, DMPA 104mg SQ, and podofilox gel (in place of TCA)

Section 4. Laboratory Updated to include most recent ASCCP guidelines.

Please also review the most recent CDC STD Treatment Guidelines and STD Program Protocols. Treatment for Gonorrhea and Chlamydia have been updated. Syphilis Screening recommendations have changed to include co-testing (simultaneous RPR and TPPA) in high-risk populations

CONSENTS

LNg IUD Consent – Updated

Paragard IUD Consent – Updated

Contraceptive Implant Consent –Updated

HANDOUTS/JOB AIDS

Contraceptive Implant Client Handout – Updated

DMPA Subcutaneous Self-Injection Client Handout—NEW

DMPA Sharps Disposal Client Handout – NEW

DMPA Perpetual Calendar 11-15 weeks—NEW

Contraceptive Implant Handout- Updated

What is the Copper IUD? Handout- Updated

What is the Levonorgestrel IUD? Handout-Updated

Sterilization Surgery Handout- NEW

DMPA Shot Handout-Updated

How Do I Use the Vaginal Ring? Handout- Updated

Missed Pill Instructions for Combined Pills Handout- NEW

Birth Control Pills Handout- Updated

Progestin Only Pills Handout- Updated

Emergency Contraceptives Handout- Updated

External Condoms Handout- Updated

What is the Internal Condom Handout- Updated

What is vaginal contraceptive film/foam/gel? Handout- Updated

Instructions for the use of contraceptive foam/gel Handout- Updated

What is Abstinence? Handout- Updated

APPENDICES

Appendix A Emergency Medical Response Protocol Updated 2021

Appendix B Fee Collection – Updated. Clerical staff who register clients should review this section.

Appendix C Education Resources - Updated

Appendix D Staff Orientation – Updated

Appendix F Referral Lists- Updated

Appendix G- Part 1- U.S. MEC Summary chart- Updated 2020

Appendix G- Part 3- MMWR U.S. MEC- Update 2020

Appendix H- Part 2- U.S. SPR 2021 Update Self-Administered DMPA-SC- NEW

Appendix J- Client Consents, Handouts and Counseling Tools- NEW