

## **NSW PHARMACIST PRACTICE STANDARDS FOR THE CONTINUATION OF HORMONAL CONTRACEPTION**

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## A. APPROVED MEDICINES

Approved Medicines are listed in the [NSW Health Authority](#) (25 February 2026), and applies to:

single or combined oral forms of:

- a. ethinylestadiol (35µg or less)
- b. levonorgestrel
- c. norethisterone
- d. drospirenone
- e. nomegestrol
- f. desogestrel
- g. dienogest
- h. gestodene

injectable form of:

- i. medroxyprogesterone (150mg/mL)

combined intravaginal form of:

- j. ethinylestradiol+etonogestrel (2.7+11.7 mg) ring

Table 1 below contains formulations of approved medicines, and brand examples.

Table 1: Formulations approved as part of the continuation service

<b>Combined oral contraceptive pills</b>		
<b>Estrogen dose (micrograms)</b>	<b>Progestogen dose (micrograms)</b>	<b>Brand name examples</b>
<b>Monophasic oral formulations: low-dose estrogen</b>		
ethinylestradiol 20 [NB1]	levonorgestrel 100	Femme-Tab ED 20/100, Loette, Microgynon 20 ED, Micronelle 20 ED
	drospirenone 3000	Bella, Brooke, Rosie, Yana, Yaz
estradiol 1500	nomegestrol 2500	Zoely
<b>Monophasic oral formulations: standard-dose estrogen</b>		
ethinylestradiol 30 [NB1]	levonorgestrel 150	Eleanor 150/30 ED, Evelyn 150/30 ED, Femme-Tab ED 30/150, Lenest 30 ED, Leveth 150/30 ED, Levlen ED, Microgynon 30 ED, Micronelle 30 ED, Monofeme Seasonique [NB2]
	desogestrel 150	Madeline, Marvelon
	dienogest 2000	Valette

	drospirenone 3000	Brooklynn, Isabelle, Petibelle, Rosalee, Yasmin, Yelena
	gestodene 75	Minulet
ethinylestradiol 35	norethisterone 500	Brevinor, Norimin
	norethisterone 1000	Brevinor-1, Norimin-1, Pirmella
estetrol 14200 (14.2 mg)	drospirenone 3000	Nextstellis
<b>Triphasic: low or standard dose estrogen</b>		
Phase 1 (6 pills): ethinylestradiol 30 + levonorgestrel 50 Phase 3 (10 pills): ethinylestradiol 30 + levonorgestrel 125		Logynon ED, Trifeme, Triquilar ED
<b>Progestogen only pills (POP) oral contraception</b>		
<b>Progestogen dose</b>		<b>Brand name examples</b>
Levonorgestrel 30 micrograms		Microlut
Norethisterone 350 micrograms		Noriday
Drospirenone 4 mg		Slinda
<b>Combined hormonal contraceptive vaginal ring</b>		
<b>Progestogen dose</b>	<b>Estrogen dose</b>	<b>Brand name examples</b>
Etonogestrel 11.7 mg (120 microg/24 hours)	Ethinylestradiol 2.7 mg (15 microg/24 hours)	NuvaRing
<b>Depot medroxyprogesterone injection</b>		
<b>Progestogen dose</b>		<b>Brand name examples</b>
Medroxyprogesterone 150 mg/mL		Depo-Provera, Depo-Ralovera

## B. GENERAL REQUIREMENTS

Pharmacists must hold general registration under the Health Practitioner Regulation National Law and have successfully completed the training requirements detailed in the [NSW Health Authority](#) (dated 25 February 2026).

## C. ADVERSE EVENTS

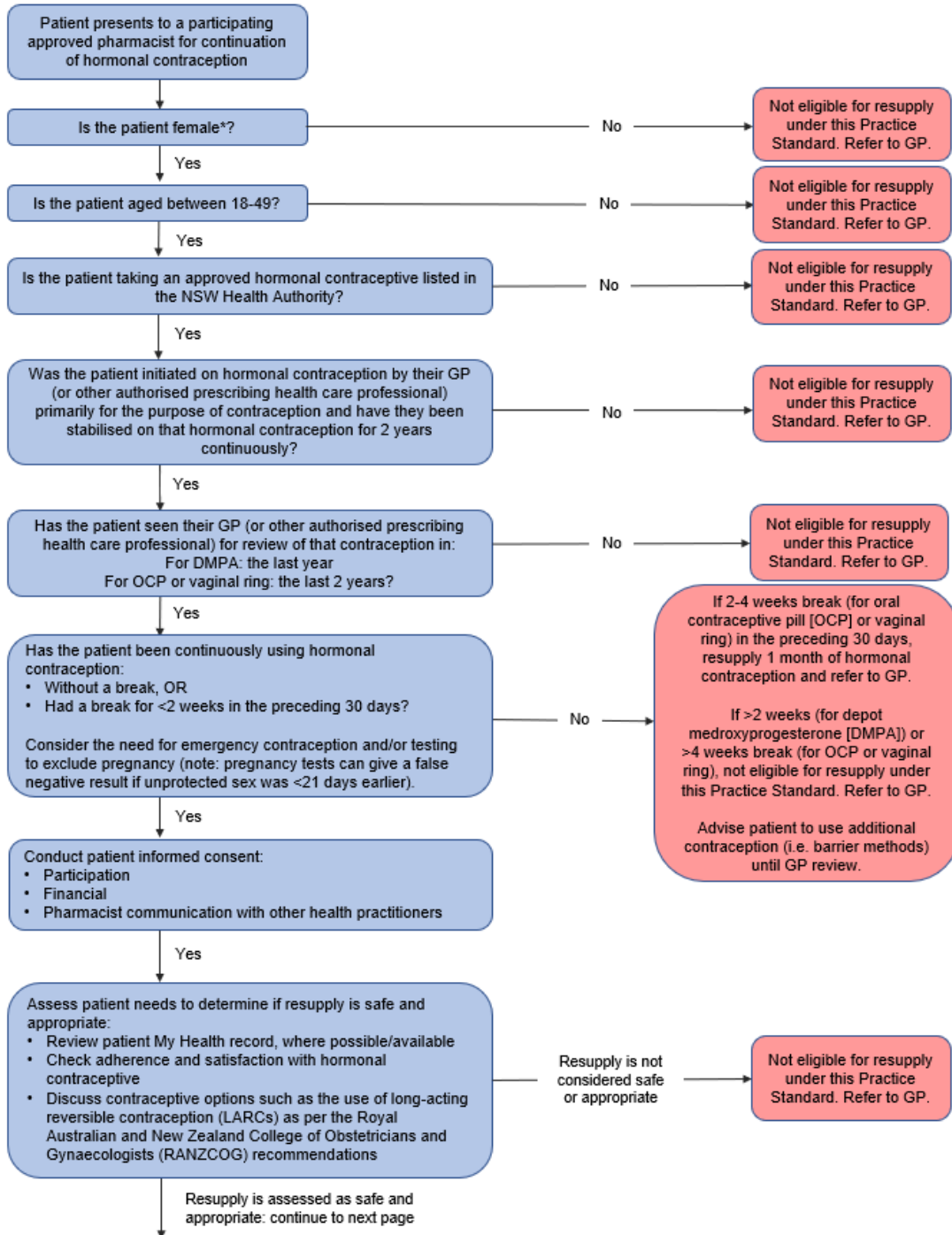
If the treating pharmacist becomes aware of an uncommon, unexpected or serious adverse event following treatment with an Approved Medicine, this should be reported to the Therapeutic Goods Administration. This should be conducted via the usual processes, by reporting online at <https://aems.tga.gov.au/>.

Additionally, you must notify the patient's usual general practitioner (if they have one).

## D. PATIENT ASSESSMENT FLOWCHART

The following guideline should be used in consultations to assess the eligibility, identity and govern supply of suitable treatments, and guide associated referral requirements.

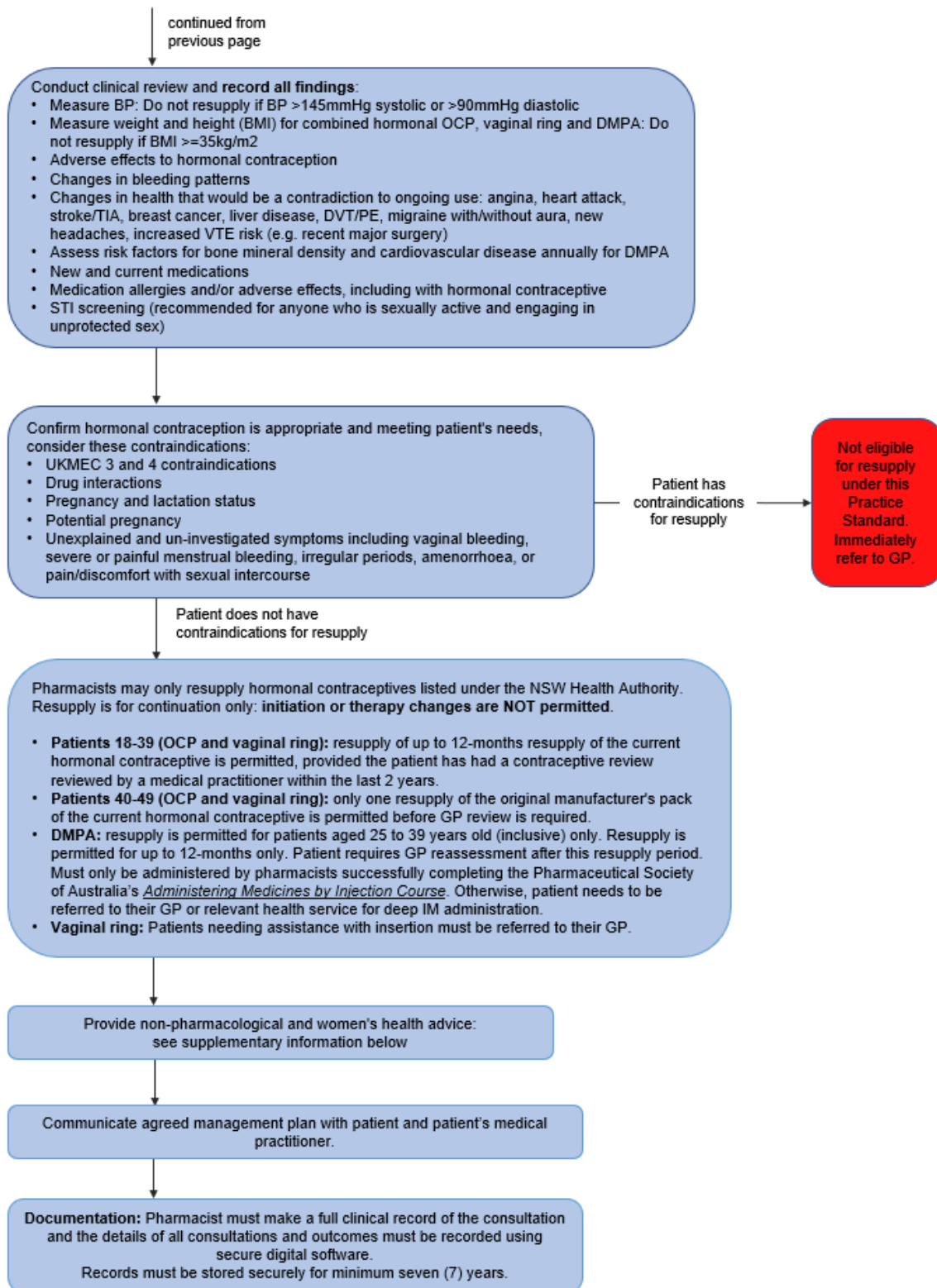
### Practice Standard: Community Pharmacy Continuation of Hormonal Contraception Service



The details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7) years.

\*The term 'female' is used to include all people presumed female at birth

**Note:** If no GP or hospital service is available for the patient, referral should be made for the patient to [HealthDirect](#) via 1800 022 222



The details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7) years.

**Note:** If no GP or hospital service is available for the patient, referral should be made for the patient to [HealthDirect](#) via 1800 022 222

## E. SUPPLEMENTARY INFORMATION AND NOTES

This supplementary information provides additional guidance and information for pharmacists delivering the Community Pharmacy Hormonal Contraception Continuation (Resupply) Service. It is to be used together with the flowchart and training modules and other resources provided by education providers.

### Key points

- The Community Pharmacy Hormonal Contraception Continuation (Resupply) Service Practice Standard provides a framework for appropriately trained authorised pharmacists to provide continuation of hormonal contraception to eligible patients as part of the [NSW Health Authority](#) (dated 25 February 2026).
- To receive a continuation of hormonal contraception, the patient must fulfill the eligibility requirements of the Practice Standard. Patients who have requested the service but are not eligible for continuation should be referred to their regular medical practitioner or health service.
- Pharmacists can provide continuation up to 12-months<sup>1</sup> of the patient's current hormonal contraception that has been prescribed primarily for the purpose of contraception provided that the patient has been reviewed by their treating medical practitioner or health service for the purposes of contraception within the last 2 years for the OCP and vaginal ring, or the last year for DMPA (i.e., pharmacists are not permitted to initiate or change therapy).
- Pharmacists must only provide continuation of formulations listed in the Authority.
- Patients must be physically present in the pharmacy to be eligible for continuation of hormonal contraception.
- Patients are required to have a pharmacist consultation, including blood pressure monitoring, before a hormonal contraceptive method may be resupplied.
- DMPA: Continuation is permitted for patients aged 25 to 39 years old (inclusive) only. Continuation is permitted for up to 12-months only. Patient requires GP reassessment after this period. Must only be administered by pharmacists successfully completing the Pharmaceutical Society of Australia (PSA) [Administering Medicines by Injection Course](#). Otherwise refer the patient to their GP or relevant health service for deep IM administration.
- Vaginal ring: Patients needing assistance with insertion must be referred to a medical practitioner or health service.
- Pharmacists must make a full clinical record of the consultation and the details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7)

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<sup>1</sup> For patients aged 40-49; pharmacists can only provide one original manufacturer's pack (only one resupply is allowed before the patient will need to be reviewed by their GP or other authorising prescribing healthcare practitioner).

years.

## **F. PATIENT CONSENT**

Informed clinical and financial consent must be obtained from the patient prior to providing care under these Practice Standards.

The pharmacist must seek the patient's consent to share a record of the consultation and any subsequent consultations (including adverse events) with the patient's usual treating medical practitioner or medical practice, where the patient has one. If the patient consents to the disclosure, the record must be shared within a week following the consultation.

## **G. PATIENT ASSESSMENT**

A patient history and examination that is tailored to the patient's presentation is required to inform the management approach, including appropriate referral. The prompts provided below are not exhaustive, pharmacists should maintain an open mind and be aware of cognitive bias.

### ***PATIENT HISTORY***

- Sufficient information must be obtained from the patient to assess the safety and appropriateness of continuation of the hormonal contraception. The My Health Record should be reviewed where appropriate and available.
- The patient history should include:
  - Age
  - Pregnancy and breastfeeding status
  - Underlying medical conditions, including new or recently diagnosed medical conditions (see UK Medical Eligibility Criteria [UKMEC] 3 and 4), which may:
    - Be a contraindication to hormonal contraception e.g. migraine with aura (patients with a UKMEC category 3 or 4 condition are not eligible for continuation and require a referral)
    - Impact on contraceptive effectiveness and choice
  - Current medications, including adherence and satisfaction with hormonal contraception
    - Pharmacists must ascertain whether use of hormonal contraception has been continuous and can provide continuation according to the Practice Standard.
    - If a patient frequently takes pill breaks, pharmacists should use professional judgement and consider referring the patient to explore alternative contraception options e.g. long-acting reversible contraception (LARCs).
  - Drug allergies/adverse effects, including any adverse effects of hormonal contraception
  - Prior use of contraceptives, tolerability, and adverse effects

- Smoking status, including vaping
  - There is an increased risk of using combined hormonal contraception (combined OCP and vaginal ring) in smokers over 35 years or those who have quit smoking over the last year.<sup>2</sup>
- Any unexplained and un-investigated vaginal bleeding or acute, severe menstrual bleeding
- Any headaches indicative of migraines
- Last Cervical Screening Test<sup>3</sup> and Breast check
- HPV vaccination status

### **Sexual and social history**

- In addition to the standard patient history, pharmacists should also consider taking a brief sexual history to inform shared decision making and assess the appropriateness of hormonal contraception continuation.
- Issues that may be relevant include previous use and experiences with contraception, current relationship status, and risk factors for STIs, including any known STI history of current and/or recent partner (if applicable). Guidance and information on how to take a sexual history is available at: <https://sti.guidelines.org.au/sexual-history/>.
- Pharmacists should provide sexual health promotion advice, including:
  - Condoms, when used correctly and consistently, are safe and highly effective in preventing transmission of most STIs (including HIV) and in reducing the risk of unplanned pregnancy.
  - Condoms are safe, inexpensive, and widely available.
  - If the patient may be at increased risk of HIV and other STIs, pharmacists should advise them to seek review from their GP or a sexual health service for further assessment, testing, and discussion of HIV and STI prevention options.

### **Sexually transmitted infection (STI) screening**

- STI screening is recommended for anyone who is sexually active and engaging in unprotected sex, has a new partner since their last STI test, or thinks they may be at risk.
- Pharmacists should recommend STI testing for individuals who may be at risk even if the individual does not report any symptoms.
- Presence of genitourinary symptoms that might suggest a STI: changes in vaginal or urethral discharge; vulval, genital skin problems or symptoms; lower abdominal pain; dysuria.

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<sup>2</sup> [Family Planning Alliance Australia](#) recommends: 'Until further evidence is available, vaping with nicotine is considered equivalent to cigarette smoking in relation to the MEC for contraceptive use. As it is not possible to determine equivalency of exposure between vaping and smoking, any vaping in those aged 35 years and older will be MEC 4 (i.e. absolutely contraindicated) for use of combined hormonal contraception.'

<sup>3</sup> All patients seeking contraception who have not had a cervical screening test (CST) in the previous 5 years should be advised to see a medical practitioner for a CST, and a referral provided if the patient consents. They are still eligible for the Community Pharmacy Hormonal Contraception Continuation service.

- Guidance and information on how to take a sexual history is available at: <https://sti.guidelines.org.au/sexual-history/>
- Aboriginal and Torres Strait Islander People are disproportionately affected by STIs. Consider the [STI Testing Guideline for Aboriginal and Torres Strait Islander People](#) for priority populations testing and frequency or recommendations on STI screening.

### **Bleeding pattern and menstrual history**

- Any changes in vaginal bleeding and the development or accompaniment of other symptoms may indicate underlying pathology. This requires referral to a medical practitioner or health service for further investigation and management.
- Changes in bleeding pattern may include abnormalities in frequency (e.g. heavy bleeding), irregular bleeding, prolonged menstrual bleeding, abnormalities in volume, intermenstrual bleeding, and post-coital bleeding.
- Development or accompaniment of other symptoms may include dysmenorrhea (pain and cramping with bleeding), vaginal discharge, dyspareunia (pain with intercourse), changes in bladder or bowel function, weight gain or loss, headaches, visual disturbances, hirsutism, and acne.

### **Women over 40**

- Despite a natural decline in fertility, women over 40 require ongoing contraception until they reach menopause if they wish to avoid unplanned pregnancy.
- As per the College of Sexual and Reproductive Health (CoSRH), women over 40 have an age-related increased background risk of cardiovascular disease, obesity, breast cancer and most gynaecological cancers. As a result, choice of contraceptive method needs to be reviewed with their medical practitioner or health service.
- Women over 35 who smoke should be advised to stop combined hormonal contraception as the risk of mortality associated with smoking becomes clinically significant at this point.
- Women over 40 using DMPA injections should be regularly asked about additional risk factors for osteoporosis or osteopenia and referred to their healthcare provider if these risks are present.
- Women over 50, should be advised to no longer use combined hormonal contraception as there are safer methods of contraception at this stage.

### **EXAMINATION**

- The pharmacist should measure blood pressure (BP) for all patients, and the patient's height and weight to calculate BMI (for patients requesting continuation of the combined hormonal OCP, vaginal ring and DMPA) to determine the patient's suitability for continuing their hormonal contraceptive and record this information in their clinical software program.

- Note that a single elevated BP reading is not enough to classify an individual as hypertensive (note that activity immediately prior to consultation should also be taken into consideration) and a second BP reading should be taken at the end of the consultation. If BP remains elevated, the patient should be referred to a medical practitioner or health service for further assessment and selection of an appropriate contraceptive method.
- BP should be monitored and recorded every 12 months.
- BMI should be calculated on the first presentation, and professional judgement exercised regarding whether BMI needs to be recalculated on subsequent presentations (i.e., consider length of time between presentations, changes in body weight).

## **SEXUAL AND REPRODUCTIVE HEALTH COUNSELLING**

### **Sexual and domestic abuse**

- Pharmacists must be aware of the possibility that a woman seeking contraception may be and/or has been subjected to sexual violence or abuse (assault or sexual coercion), either within a relationship or outside of a relationship.
- If the pharmacist becomes aware of this during the consultation, they should provide appropriate support and assistance, including referral to support options depending on the patient circumstances:
  - Referral options include to the local hospital, sexual health clinic and/or community-based sexual violence support services. A list of family violence statewide support services including confidential crisis support, information and counselling in NSW is available at [NSW Government domestic, family and sexual violence](#)
- If required, emergency contraception may be supplied as per standard pharmacy care, or the person may be referred to an appropriate medical practitioner or health service for another method of emergency contraception e.g. insertion of a copper intrauterine device.

### **Transgender, gender diverse and non-binary people**

- These services are inclusive of transgender, gender diverse, intersex or non-binary people assigned and/or presumed female at birth - current gender identity does not impose any restrictions on methods of contraception that may be used; the same considerations apply for choosing safe and effective contraception, including personal characteristics, existing medical conditions and current medicines.
- Pharmacists may refer individuals assigned and/or presumed female at birth who are at risk of pregnancy to a general practitioner or specialist sexual health services, if not already engaging with these services, to ensure that they receive comprehensive and culturally safe sexual healthcare that is tailored to their individual needs.

## **Aboriginal and Torres Strait Islander people**

- Sexual health is often not openly discussed in Aboriginal and Torres Strait Islander cultures and 'shame' (a deeply internalised feeling of inadequacy, self-doubt or ostracism) may be a strong barrier to First Nations people seeking sexual health care or contraception, especially in the community pharmacy setting in smaller communities.
- All health care providers must be cognisant of causing additional 'shame' to Aboriginal and Torres Strait Islander people while providing reproductive counselling or advice.
- It may be necessary (but not always) and beneficial to refer Aboriginal and Torres Strait Islander people seeking contraception to a medical practitioner or health service where the person has an existing relationship (if the person consents).

## **Provision of non-pharmacological and women's health advice**

- Offering comprehensive counselling that covers adverse effects, instructions for use and patient expectations where this is required assists to promote effective and ongoing contraceptive use.
- Comprehensive advice and counselling (including supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook, UKMEC, and other relevant resources, should be provided to the patient:
  - Consumer Medicines Information and/or other resources/handouts endorsed by relevant organisations.
  - Appropriate counselling on the hormonal contraception supplied, (i.e., how to take, side effects to expect/how to manage side effects, when the hormonal contraceptive is less effective, what to do in the event of a missed pill/late injection/late insertion of next vaginal ring, reiterate the importance of adherence and avoiding breaks in contraceptive use to avoid risk of pregnancy)
  - Educate patients on the importance of getting regular women's health and sexual/reproductive health checks
- If patients have a concern with the type of hormonal contraception they are using, encourage them to speak with their medical practitioner or health service and make appropriate referrals.
- Presentations to the community pharmacy for continuation of hormonal contraceptive provide an important opportunity to engage patients in preventative healthcare, such as screening, education, vaccination, and referral to a medical practitioner or health service where appropriate. Patients should be provided information about and be encouraged to make an appointment for the following screening:
  - Cervical screening – routine screening is available for people from the age of 25 and is recommended every five years
  - Breast checks – people who have a personal or family history of breast cancer, should be advised to see their medical practitioner or health

service for advice regarding frequency and type of screening. Breast screening is available for all women from age 40 years (women are actively invited from age 50 years).

- STI screening – recommended for anyone who is sexually active and engaging in unprotected sex, has a new partner since their last STI test, or thinks they may be at risk.
- Pharmacists should provide sexual health promotion advice, including:
  - Condoms, when used correctly and consistently, are safe and highly effective in preventing transmission of most STIs (including HIV) and in reducing the risk of unplanned pregnancy.
  - Condoms are safe, inexpensive, and widely available.
  - If the patient may be at increased risk of HIV and other STIs, pharmacists should advise them to seek review from their GP or a sexual health service for further assessment, testing, and discussion of HIV and STI prevention options.
- Pharmacists may also discuss the use of LARCs with patients when appropriate, as per the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) recommendations. See [Long Acting Reversible Contraception \(LARC\) - Consensus Statement](#) for further information.

### **Excluding pregnancy**

- If the patient has been using the hormonal contraception consistently and reliably, they can be reasonably assumed not to be pregnant.
- However, if the patient has not been using the method reliably and consistently and has had unprotected sex, then there is a risk of pregnancy. Pharmacists should take all reasonable steps and assessment to exclude pregnancy before continuation of hormonal contraception. Otherwise, the patient should be referred to a medical practitioner (or other authorised prescribing health practitioner) for assessment, pregnancy testing, and advice regarding ongoing contraception.
- Note that pregnancy tests can give a false negative result if unprotected sex was less than 21 days earlier.

### **Depot medroxyprogesterone acetate (DMPA) injection**

- Continuation of DMPA under this service is permitted for patients aged 25 to 39 years old (inclusive) only.
- Continuation of DMPA under this service is permitted for up to 12-months only. Patients require GP reassessment after this period.
- DMPA is associated with a reduction in bone mineral density (BMD) during use, which usually recovers after discontinuation.
- As per RANZCOG, women using DMPA should be reviewed every 2 years by their medical practitioner or health service to assess individual situations and to discuss the benefits and potential risks. The Therapeutic Guidelines recommend review for osteoporosis and cardiovascular risk factors annually.

For women with multiple lifestyle and/or medical risk factors for osteopenia, osteoporosis, CV disease or VTE, other methods of contraception may be more appropriate.

- Use of DMPA by perimenopausal women needs to be reviewed by a medical practitioner or health service.
- The Royal Australian and New Zealand College of Obstetrics and Gynaecology best practice clinical guideline on DMPA is available [here](#).
- DMPA injection must only be administered by pharmacists successfully completing the PSA [Administering Medicines by Injection Course](#). Otherwise, the patient needs to be referred to their GP or relevant health service for deep IM administration. Pharmacists performing this function should be familiar with, and practice in accordance to the [PSA Guidelines for pharmacists administering medicines by injection](#). It is advisable pharmacists contact their professional indemnity insurer to confirm they are covered to administer medicines by injection under their policy.

### **Combined Hormonal Vaginal Ring**

- Pharmacists must not assist with physical insertion of a combined hormonal vaginal ring.
- Patients requiring assistance with insertion, reinsertion, troubleshooting of placement, or clinical assessment related to discomfort, expulsion, pain, abnormal bleeding, suspected infection, or any concern about correct placement must be referred to their GP or another appropriate health provider.
- The combined hormonal vaginal ring works in the same way as combined oral hormonal contraception and is treated similarly in terms of contraindications, complications, side effects and most drug interactions. It may be a useful option when a combined hormonal contraceptive is desired but non-oral option is preferred (e.g. malabsorptive conditions).

### **CONTRAINDICATIONS TO HORMONAL CONTRACEPTION**

- To determine whether continuation of hormonal contraception is safe and appropriate, pharmacists must understand the contraindications and precautions of the different hormonal contraceptives.
- Pharmacists can find further information in the [Therapeutic Guidelines - Contraception](#) and the current versions of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the College of Sexual and Reproductive Healthcare (CoSRH) (previously known as FSRH) documentation.
  - [CoSRH: UK Medical Eligibility Criteria for Contraceptive Use](#)
  - [FSRH Guideline Combined Hormonal Contraception](#)
  - [FSRH Clinical Guideline: Progestogen-only Pills](#)
  - [FSRH Progestogen-only Injectable Contraception](#)
  - [RANZCOG Contraception Clinical Guideline](#)

- Pharmacists must consult these resources and remain up to date with revisions to safely undertake this service.

## H. CLINICAL DOCUMENTATION AND COMMUNICATION

- The pharmacist must make an electronic clinical record, and a record in a pharmacy dispensing system regarding the supply of any medications under these services, in accordance with the Authority.
- Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.
- The pharmacist must share a copy of the record of the service with the patient and, if the patient consents, with the patient's usual treating medical practitioner or medical practice, where the patient has one, within a week following the consultation<sup>4</sup>.

## I. RESOURCES

- It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources provided to patients.

Patient information and resources:

- Family Planning Hub: [Combined Hormonal Contraceptive Pill Clinical Fact Sheet](#)
- Family Planning Hub: [Combined Hormonal Contraceptive Pill Troubleshooting Clinical Fact Sheet](#)
- Family Planning Hub: Factsheet: [Progestogen-only Pills \(Drospirenone\) Clinical Fact Sheet](#)
- Family Planning Hub: [Progestogen-only pill \(POP or MINI-PILL\) Clinical Fact Sheet](#)
- Family Planning Hub: [Vaginal Ring \(Nuvaring\) Clinical Fact Sheet](#)
- Family Planning Hub: [Vaginal Ring Troubleshooting Clinical Fact Sheet](#)
- Family Planning Hub: [Contraceptive Injection Clinical Fact Sheet](#)
- Family Planning Hub: [LARC Clinical Fact Sheet](#)
- Family planning: Factsheet: [Long acting reversible contraception](#)
- Family Planning Hub: [Contraception Clinical Fact Sheet](#)
- Family violence support services including confidential crisis support, information and counselling is available at [Australian Institute of Health and Welfare](#), [Australian Institute of Family Studies](#) and [NSW Government Communities and Justice](#).

Pharmacist resources:

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<sup>4</sup> Communication with the patient's usual treating medical practitioner or medical practice should ensure patient confidentiality. Use of a secure digital messaging platform is considered best practice.

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) [Contraception Clinical Guideline](#)
- CoSRH: [Standards and Guidance](#)
- [FSRH Guideline Combined Hormonal Contraception](#)
- [FSRH Guideline Progestogen-only Pills](#)
- [CoSRH UK Medical Eligibility Criteria for Contraceptive Use](#)
- [FSRH Progestogen-only Injectable Contraception](#)
- [The Therapeutic Guidelines - Contraception](#)
- [National cervical screening program](#)
- [Cervical Cancer Screening Guidelines | Cancer Council](#)
- [Cancer Council guide to breast screening](#)
- [STI management guidelines, how to take a sexual history](#)
- Aboriginal and Torres Strait Islander People are disproportionately affected by STIs. Consider the [STI Testing Guideline for Aboriginal and Torres Strait Islander People](#) for priority populations testing and frequency or recommendations on STI screening.

## J. REFERENCES

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Approved

A handwritten signature in black ink, appearing to read 'K Chant'.

**Dr Kerry Chant AO PSM**

**Chief Health Officer and Deputy Secretary  
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25 February 2026