

Contraception

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Intended Learning Outcomes

- Review different methods of contraception
- Improve knowledge and understanding of use of COCP, Implant and IUCDs (Mirena and Copper IUD)
- Consider particular issues that might arise when providing contraception for under 16s and women in the perimenopause

- How many methods of contraception can you name?

COCP

POP

IUS (Mirena)

Copper IUD

Implant

Depo-
provera

Male
condoms

Female
condoms

Patch

Vaginal Ring

Diaphragm/
Cap

Natural
Family
Planning

Male
Sterilisation

Female
Sterilisation





COCP, Implant and IUCDs

- Why?

COCP, Implant and IUCDs

- 63% of women in the UK choose CHC as their preferred method of contraception¹
- LARC
 - = Long Acting Reversible Contraception
 - Removes the potential for user error
 - One study found that, if appropriately counselled 68% of women will choose LARC and 86% of them will choose to continue at 1 year²

1 IMS Disease Analyzer. September 2011

2 Peipert JF, Zhao Q, Allsworth JE, Petrosky E, Madden T, Eisenberg D, et al. Continuation and satisfaction of reversible contraception. *Obstet Gynecol* 2011;117:1105–13.

COCP, Implant and IUCDs

- In your groups:
 - Come up with top 4 facts/need-to-knows for your assigned method

COCP



COCP

Is it for me?

- Need to be able to take a pill everyday – there is no ‘halfway house’
- With perfect use – failure rate is 0.3%
- **BUT** note with typical use - failure rate is 9%³

- Cycle control
- Acne
- Absolute Contraindications

COCP

Contraindications

- UKMEC
= UK Medical Eligibility Criteria for Contraception Use
- VTE
 - Personal history UKMEC 4
 - 1st degree relative aged 45 or younger UKMEC 3
- Smoking
 - Age 35 or under UKMEC 2
 - Age 35 or over UKMEC 3

COCP

Contraindications

- Migraine
 - Focal/with aura UKMEC 4
- BMI
 - Over 35 UKMEC 3
- Hypertension
 - UKMEC 3/4

COCP

Contraindications

- Enzyme inducing drugs (UKMEC 3)
 - Epilepsy, HIV, TB
 - St John's Wort
- Any medical condition past or present – look it up!

COCP

Risks and Side Effects

- VTE
 - Risk highest in first 3 months of starting
 - Including when switching between pills
- Weight gain
- Acne
- Mood changes, headaches (not migraines), breast tenderness
- Cancer

COCP

‘Pill Teach’

- How does the pill work?
- “7 days of pill taking to send your ovaries to sleep, 7 pillfree days and they will start to wake up”
- Use additional contraception 1st 7 days
- Take a pill at the same time of day every day for 21 days then stop for 7 days
- If you forget you have 12 hours to remember
- Missed pills?

If **one pill** is missed

Take the last pill you missed now
Continue taking the rest as usual
No additional contraception needed

If you miss pills and have also missed pills earlier in the pack or in previous packs speak to your doctor or nurse as you may need additional contraception

If **two or more** pills missed
(>72 hrs since last pill or >48hrs late starting new packet)

Take the last pill you missed now
Continue taking the rest of the pack as usual
Leave any earlier missed pills

Use additional contraception for the next seven days

How many pills are left in the pack?

Seven or more – finish pack as usual

Less than seven – finish pack and begin new one the next day (miss your pillfree week or placebo tablets)

If in doubt **ASK**

COCP

‘Pill Teach’

- Additional precautions no longer required when antibiotics are used (other than enzyme inducers)

COCP

Pill Choice and Review

- Microgynon/Ovranette 1st choice for most women
- Review - BP, Side effects, taking correctly
- SEs – consider a change of pill
- Pill ladders
- BNF

Implant



Implant

Is it for me?

- No need to remember to take a pill every day
- Reliable contraception for 3 years
- **Manage expectations**
 - Procedure itself
 - Effects on bleeding pattern

Implant

Managing Expectations

- Effects on bleeding pattern
 - 20% amenorrhoea
 - 60% some form of bleeding
 - 20% irregular/heavy bleeding
- Be prepared to keep implant in for at least 6 months
 - Often can be managed with COCP/POP

Implant Risks and Side Effects

- UKMEC4 Breast Cancer
- Mood changes, breast tenderness, acne
- 'Lost' implant

Implant Insertion

- Timing of insertion – **stress importance**
- If any doubt – pregnancy test 3 weeks after insertion

Implant

Management of Irregular Bleeding

- Don't forget chlamydia
- COCP off license (explain what this means to patient)
- Check for CIs to COCP (if exist can try cerazette although tends not to work as well)
- Run 3 packets together, review if bleeding recurs on stopping

IUCDs



IUCDs

Is it for me?

- No need to remember to take a pill every day
- Not just for multiparous women
- Reliable contraception for 5 years (mirena) 10 years (copper coil)
- Copper coil can be used as emergency contraception and remain in-situ

IUCDs

Is it for me?

- Effects on bleeding pattern
 - Copper IUD
 - Tends to make periods heavier
 - Mirena
 - Most women amenorrhoeic/very light periods by 1 year
 - May have months of irregular bleeding first
 - The heavier periods are to start with the longer they usually take to stop

IUCDs

Is it for me?

- How do they work?
 - Copper IUCD
 1. Copper inhibits fertilisation
 2. May also prevent implantation
 - Mirena
 1. Thins endometrium
 2. Thickens cervical mucus
 3. May prevent ovulation

IUCDs

Contraindications

- **Unexplained vaginal bleeding**
- Uterine abnormalities
- Breast cancer (Mirena only)

IUCDs

Risks and Side Effects

- Uterine perforation
 - Up to 1 in 500
- Cervical Shock
- Ectopic pregnancy
- Infection
 - Increased risk first 20 days after insertion
- Expulsion

IUCDs

Timing of Insertion and Removal

- Abstinence or ‘consistent method use’
 - If already using IUCD check carefully date is due to be changed – if past this date will need to assume not working
- Very important to emphasize, **DO NOT FIT** if any doubt
- Ideal time for insertion is Day 3-5 of cycle
- Copper coil starts working immediately

IUCDs

Timing of Insertion and Removal

- Mirena – takes 7 days to start working
- Removal – advise patients to avoid intercourse for 7 days prior to removal (unless planning a pregnancy) including when device is to be replaced

IUCDs

Follow Up

- 6 week check – teach to feel for threads
- ‘Lost’ threads?
- Suspected pregnancy??
 - Any IMB with Copper IUCD assume is ectopic until proved otherwise

Case 1

- A 15 year old girl comes to you and asks for contraception
 - How will you decide whether to give her contraception?
 - What further information do you need?
 - What are the 'Fraser Guidelines'? Can you name all of the components?

Fraser Guidelines

- A set of criteria which must apply when medical practitioners are offering contraceptive services to under 16s without parental knowledge or permission

Fraser Guidelines

- You must be satisfied that the young person...
 - Can understand your advice
 - Able to understand, retain and make an informed choice
 - Cannot be persuaded to inform their parents
 - Try to involve an older relative if possible

Fraser Guidelines

- The young person is likely to begin, or to continue having, sexual intercourse with or without contraception
- Unless the young person receives contraception their physical or mental health is likely to suffer
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent

Case 1

- She tells you her partner is 19 – does this change anything?
- Her younger sister who is 13 also comes to see you and asks for contraception – is your approach any different?

Protecting Young People

- If in doubt discuss with others
- Important to ask about
 - Partner – age
 - Are your parents aware? Are his? Any other family members aware? (Sister/Brother/Auntie)
 - If not, why not?
 - Coercion?
 - Alcohol?
 - Drugs?
 - Are they aware of the law?

Protecting Young People

- Very rare that you will need to break confidentiality
 - Always discuss with the young person first

Case 2

- A 46 year old lady comes to see you for advice about contraception as she has just started a new relationship. What options are available to her?

Contraception in Women Over 40 Years

- Potentially all options
- COCP
 - There is no upper age limit according to UKMEC
 - **BUT** FSRH states use is not recommended **over the age of 50**

Contraception in Women Over 40 Years

- Copper IUD inserted at or over the age of 40 years can be retained until the menopause
 - Advise them to return to have the device removed
- Mirena inserted at or over the age of 45 can use the device for 7 years (off license) or if amenorrhoeic until the menopause

Contraception in Women Over 40 Years

- Discuss STIs and Emergency Contraception

Case 2

- When can her contraception be safely stopped?
- How does the guidance differ for hormonal and non-hormonal methods?

Stopping Contraception

- Non-hormonal methods
 - Aged over 50 – stop after 1 year of amenorrhoea
 - Aged under 50 – stop after 2 years of amenorrhoea
- Amenorrhoea is not a reliable indicator if using hormonal methods
- In general contraception may be stopped at the age of 55
 - This advice may need to be tailored to the individual

Stopping Contraception

- FSH levels can be used to help diagnose menopause
 - ONLY in women over 50 using progesterone-only methods
- FSH is unreliable in women using CHC even in hormone-free interval

Stopping Contraception

- FSH levels
 - If level is 30IU/L or greater repeat in 6 weeks
 - If second level is 30IU/L or greater contraception can be stopped after 1 year

More Information...

- www.fsrh.org
- FPA leaflets



Any Questions?