

Contraception Advice:

<p>Reason for contraceptive usage</p> <ul style="list-style-type: none"> ➤ Acne ➤ Irregular periods ➤ Pre-menstrual symptoms (e.g. fatigue, mood swings, irritable, food cravings) ➤ No Potential Pregnancy plans 	<p>Ideas</p> <ul style="list-style-type: none"> ➤ "Have you heard of the combined oral contraceptive pill?" ➤ "What do you already know about the combined oral contraceptive pill?" <p>Concerns</p> <ul style="list-style-type: none"> ➤ "Is there anything that worries you about the combined oral contraceptive pill?" <p>Expectations</p> <ul style="list-style-type: none"> ➤ "What are you hoping the combined oral contraceptive pill can do for you?" ➤ "Why do you think the combined oral contraceptive pill is the best choice for you?" 	<p>Absolute CI for contraception pills</p> <ul style="list-style-type: none"> ➤ Pregnancy, CAD, HTN, impaired liver ➤ Migraines with auras ➤ Personal Hx of clots, VTE/PE ➤ FHx or PHx of breast cancer <p>Relative CI for contraception pills</p> <ul style="list-style-type: none"> ➤ Age > 35 + smoker ➤ BMI > 35 ➤ BF ➤ DM ➤ Depression

Important things to ask: (DKA, EMPIRE FS)

Gillick's competence (13-16 yo girls)

- Diagnose
- Knowledge
- Attitude
- **Educate** → vomiting/diarrhoea + Vit C, Abx will reduce OCP effectiveness
 - **Stop pill 4 wks before major operation (i.e. lasting > 30 mins or lower limb needs immobilisation)**
- Mx (pills, LARCs, barriers)
- Px (safe sex, STI screen yearly – most are asymptomatic, CST screen every 5 years)
- Info booklets → Jean Hailes, org.au
- Re-evaluate understanding
- Follow Up - 3-4 wks time (check on A/E)
- Safety net → missed pills, ED

STERILISATION (permanent contraception)

- **Male** – vasectomy (99% effective)
(Test semen 12 wks after to check)
- **Female** = laparoscopic tubal occlusion (> 99% effective)
 - using "Filstie clips"
 - complete as elective or during LCSC

Major concerns about missed pills

Discuss after ED contraception (SAFEGUARDING)

- Reassure about confidentiality
- Sexually transmitted infections
- Future contraception plans
- Safeguarding, rape and abuse

Missed pills	What do I do?	Additional Measures
Starting the pill	<ul style="list-style-type: none"> ● Start pill at any time if you are sure you are not pregnant 	condoms for first 7 days of taking the pill
One pill missed < 24hrs e.g. > 36 hrs for last POP	<ul style="list-style-type: none"> ● Take missed pill immediately and take rest of pack normally 	None
≥ 2 pills missed or new pack started ≥ 2 day late	<ul style="list-style-type: none"> ● Take most recent pill ASAP (i.e. 2x pills on same day) ● For 28-pack – don't take placebo + finish pack normally ● For 21-pack – skip hormone free period + finish pack normally 	Condoms/abstain from sex in next 7 days ED Contraception if sex in past 7 days
Other Issues	Why important?	
Switching COCP → POP	<p><u>Can start POP immediately if:</u></p> <ul style="list-style-type: none"> ➤ Taken COCP consistently for > 7 days (week 2/3 of pack) ➤ Days 1-2 of hormone free period in full pack of COCP <p>If on day 3-7 of hormone free period OR day 1-7 of taking COCP</p> <ul style="list-style-type: none"> ➤ NO UPSI since day 3 → start POP + condoms ➤ YES UPSI since day 3 → take COCP for 7 days then switch to POP 	Condoms/abstain from sex in next 7 days
Medication interactions	<p>epilepsy medication, rifampicin (ABx), HIV medication and St John's Wort can reduce level of contraceptive hormones (preventing their effectiveness). Always check w/ doctor when starting new meds</p>	
Removing coil	<ul style="list-style-type: none"> ● Abstain from sex or use condoms for 7 days = risk of pregnancy 	
Stopping Pill ASAP for pregnancy	<ul style="list-style-type: none"> ● Advise to finish the pack + wait until 1st normal period before pregnancy ● Pre-pregnancy advice = smoking/EtOH cessation, folic acid (elevit), vit D, 150mg iodine 	
Taking pill while sick/diarrhoea	<ul style="list-style-type: none"> ● If sick within 2 hrs of taking pill → take another one once better ● If severe diarrhoea > 24 h → take pill as if they missed pill until diarrhoea no longer severe 	
Breastfeeding	<ul style="list-style-type: none"> ● BF is NOT a reliable contraceptive → Avoid having sex or inserting tampons prior to 6 wks as still fertile ● Avoid COCP post-birth → inhibits lactation (negative feedback) 	
High-risk LSCS	<ul style="list-style-type: none"> ● Consider 1 year COCP → have next baby in 18/12 ● Allow LSCS to heal to prevent uterine rupture 	

CONTRACEPTION TYPES

	Oral	Oral	LARC -	LARC -	LARC	Injection	Barrier	Barrier
	COCP (Yasmin, Levlen)	POP Cerelle® Feanolla	Nuvaring	Implanon	IUD (mirena, copper)	Depo-Provera	Condom	Diaphragm / cervical caps
Efficacy	90%	90%	94%	99.5%	99%	94%	60-80% (high unintended pregnancy)	
MoA	Ethyneostriadiol E2 = stops ovulation PG = thickens cervical mucus + thins endometrium to stop implantation	0.35mg norethindrone Systemic PG → 1) stop ovulation + 2) thickens cervical mucus (48 hrs) 3) thin endometrium 4) reduce ciliary action in fallopian tube	Small plastic ring secretes oestrogen and progestogen to prevent ovulation.	Etonogestrel 4cm small plastic rod Slow PG release → 1) stop ovulation + 2) thickens cervical mucus 3) thin endometrium	<ul style="list-style-type: none"> Mirena = T-shaped plastic secretes PG locally Copper IUD = Cu is toxic to ovum and sperm 	Depot Medroxyprogesterone acetate (DMPA) (SAME AS POP) If missed <12-14 wks: <ul style="list-style-type: none"> Inject ASAP If missed >14 wks: <ul style="list-style-type: none"> B-HCG ED COCP INJECT ASAP 	Male condoms = latex → covers penis to stop sperm release into vagina Female condoms Polyurethane material to prevent sperm entering cervix	flat silicone cup ➤ placed over the cervix as a barrier to sperm. ➤ Spermicide must be used with these methods.
Admin advice	Active pills (21) Inactive pills (7) – allow for periods	No inactive pills Must take at correct time within 3 hrs Slinda (4mg) within 24 hrs	Inserted into vagina for 21 days then removed for 7 days	Specialist GP or gynae placed under skin in upper arm 'Barium sulphate seen on XR'	Specialist GP or gynae insertion ➤ Must exc. pregnancy if inserted after day 7 of cycle	IM buttock injection out every 12 weeks (3 months)	Self-applied	Self-applied
CI	<ul style="list-style-type: none"> Migraine w/ aura VTE Uncontrolled HTN (> 160/100) Breast cancer Unexplained PV bleed – STI, cancer, pregnant 	Unexplained PV bleed – STI, cancer, pregnant	Unexplained PV bleed – STI, cancer, pregnant	Unexplained PV bleed – STI, cancer, pregnant	<ul style="list-style-type: none"> Anatomically weird uterus (e.g. fibroids, bicornuate – hard to insert) PID or active STI /cancer Wilson's disease (copper IUD) 	<ul style="list-style-type: none"> Breast ca IHD, stroke Liver cancer / cirrhosis 	Polyurethane – for latex allergy	
Benefits	<ul style="list-style-type: none"> Cheap Regular light and less painful periods Improves acne Improve PMS Undisrupted sex ↓ PID, ↓ THYROID ↓ endometrial, ovarian, colon ca. 	<ul style="list-style-type: none"> Cheap LESS A/E than COCP E2 contraind. Undisrupted sex Can be stopped at short notice if not tolerated Starting pill on day 1-5 on menses = immediate protect 	<ul style="list-style-type: none"> Undisrupted sex E2 contraind. No need to remember Can be stopped at short notice if not tolerated ↓ risk of ovarian, endo and colon cancer 	<ul style="list-style-type: none"> lasts for 3 years Undisrupted sex E2 contraind. No need to remember MOST EFFECTIVE (+ Sterilisation) Improves dysmenorrhea 	Reliable!!! <ul style="list-style-type: none"> Lasts for 3 (kyleena) or 5 years (mirena) Undisrupted sex E2 contraind. No need to remember menorrhagia 	Undisrupted sex <ul style="list-style-type: none"> E2 contraind. No need to remember Improves dysmenorrhea Endometriosis ↓ risk of ovarian, endometrial and sickle cell crisis 	<ul style="list-style-type: none"> Only used during intercourse STOPs STI transmission Side effects are rare Dental dams = for oral sex <ul style="list-style-type: none"> C+G HSV1/2 HPV E. coli HIV, syphilis 	
Disadv.	<ul style="list-style-type: none"> vomiting/diarrhoea + Vit C, Abx (rifampicin) reduces OCP effectiveness 40% Unscheduled breakthrough bleeds (for long-use) 	<ul style="list-style-type: none"> Added contraception needed for 2-7 days (time for mucus to thicken) Take same time each day 	Drug-interactions anti-epileptic drugs	<ul style="list-style-type: none"> Bleed, infection + perforation w/ insertion 	Irregular menses in first 6/12 <ul style="list-style-type: none"> Vasovagal Bleed + perf w/ insertion PID (first 20 days) 	Injections!!! <ul style="list-style-type: none"> Fertility can take months to return after ceasing use 	<ul style="list-style-type: none"> Can break, split or tear during use Disrupts intercourse mood Need to know the correct technique for using condoms 	
A/E	<ul style="list-style-type: none"> Headache – N/V Acne ↑ weight Breast tenderness Mood swings 	COCP A/E plus <ul style="list-style-type: none"> 40% Irregular PV bleeds (unpredictable) Hirsutism 	<ul style="list-style-type: none"> headaches, nausea, breast tender mood swings 	<ul style="list-style-type: none"> 1/3RD irregular bleeding 1/4TH prolonged bleed worsen acne 	MIRENA : Acne, headaches and breast tender <ul style="list-style-type: none"> COPPER: HMB + dysmenorrhea 	<ul style="list-style-type: none"> irregular or more freq. bleeding, amenorrhoea alopecia reduced libido 	Pregnancy Irritation - allergy	Pregnancy Irritation - allergy
Risks	<ul style="list-style-type: none"> No STI protection +++ risk of VTE +++ stroke +++ BC risk 	<ul style="list-style-type: none"> No STI protection +++ risk of VTE +++ stroke Ectopic Ovarian cysts 	<ul style="list-style-type: none"> No STI protection +++ risk of VTE and stroke +++ BC risk 	<ul style="list-style-type: none"> No STI protection +++ risk of VTE and stroke 	<ul style="list-style-type: none"> No STI protection +++ risk of ectopics + ovarian cysts 	<ul style="list-style-type: none"> No STI protection OP risk (long-term) 		

*Nb: **Signs of diarrhoea or vomiting = managed as "missed POP pills"** → EXTRA contraception needed FOR NEXT 48 hrs after diarrhoea and vomiting settle

TYPES OF EMERGENCY CONTRACEPTION – “Morning after pill, post-coital”

Progestogen levonorgestrel			Ulipristal acetate (UPA)	Copper coil (IUD)
Levonelle			EllaOne®	Paragard IUD (no hormones)
Efficacy	98%		98.5%	99.9%
MoA	1.5mg synthetic PG (levonorgestrel) or 3mg (if obese) → delaying ovulation, to make sperm non-viable.		SPRM – (selective progesterone receptor modulator) → delays or stop ovulation.	Barrier to prevent sperm entering uterus
Admin advice	within 72 hours of UPSI		within 120 hours of UPSI	within 5 days of UPSI or within 5 day window of ovulation (whichever comes first)
Benefits	<ul style="list-style-type: none"> NO insertion procedure is required Can be used more than once in the same cycle Easily accessible for patients Can be taken if patient has recently taken a POP Can start ongoing hormonal contraception on the same day Less contra-indications than ellaOne® 		<ul style="list-style-type: none"> Most effective if taken after the start of the LH surge (i.e. ovulation) NO insertion procedure is required Can be used > once in the same cycle Easily accessible for patients Effectiveness remains the same throughout the 120-hour window after UPSI 	<ul style="list-style-type: none"> ONLY emergency contraception options that can remain effective after ovulation (up to 10 years) Cheap Not affected by BMI, enzyme induced drugs or malabsorption
Disadv.	<ul style="list-style-type: none"> May be affected by enzyme-inducing meds or pt's weight More effective at the start of the 72-hour window than at the end 		<ul style="list-style-type: none"> Same as Levonelle PLUS Avoid in severe asthma 	<ul style="list-style-type: none"> Qualified practitioner needed → small risks of perforation and infection. Less convenient than oral emergency contraception PID risk Absolute CI to insert >5 days after ovulation
Risks /CI	Does not provide any ongoing contraception		Does not provide any ongoing contraception <ul style="list-style-type: none"> Cl: severe asthma, hepatic dysfunction, or taking PPIs/antacids Avoid BF 1 week after taking ulipristal (express but discard the milk) 	Non-visible threads → need to exclude expulsion, pregnancy or uterine perforation ➤ Check w/ USS, pelvic XR +/- hysteroscopy
A/E	N/V, breast tenderness, dizzy, low mood			Heavy bleeding

