

# Contraception Advice:

## Reason for contraceptive usage

- **Acne**
- **Irregular periods**
- **Pre-menstrual symptoms** (e.g. fatigue, mood swings, irritable, food cravings)
- **No Potential Pregnancy plans**

## Ideas

- "Have you heard of the combined oral contraceptive pill?"
- "What do you already know about the combined oral contraceptive pill?"

## Concerns

- "Is there anything that worries you about the combined oral contraceptive pill?"

## Expectations

- "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?"

## Absolute CI for contraception pills

- Pregnancy, CAD, HTN, impaired liver
- Migraines with auras
- Personal Hx of clots, VTE/PE
- FHx or PHx of breast cancer

## Relative CI for contraception pills

- 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 reduced 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 "Filshie clips"  
→ complete as **elective** or **during LCSC**

## Discuss after ED contraception (SAFEGUARDING)

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

## Major concerns about missed pills

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

## CONTRACEPTION TYPES

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

\*Nb: Signs of diarrhoea or vomiting = managed as "missed POP pill" → **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	<b>within 72 hours</b> of UPSI	<b>within 120 hours</b> of UPSI	<b>within 5 days of UPSI</b> or within 5 day window of ovulation (whichever comes first)
Benefits	<ul style="list-style-type: none"> <li><b>NO insertion procedure is required</b></li> <li><b>Can be used more than once in the same cycle</b></li> <li><b>Easily accessible for patients</b></li> <li>Can be taken if patient has recently taken a POP</li> <li>Can start ongoing hormonal contraception on the same day</li> <li>Less contra-indications than ellaOne®</li> </ul>	<ul style="list-style-type: none"> <li><b>Most effective</b> if taken after the start of the LH surge (i.e. ovulation)</li> <li><b>NO insertion procedure is required</b></li> <li><b>Can be used &gt; once in the same cycle</b></li> <li><b>Easily accessible for patients</b></li> <li>Effectiveness remains the same throughout the 120-hour window after UPSI</li> </ul>	<ul style="list-style-type: none"> <li><b>ONLY emergency contraception options that can</b> remain effective after ovulation (up to 10 years)</li> <li><b>Cheap</b></li> <li><b>Not affected by BMI, enzyme induced drugs or malabsorption</b></li> </ul>
Disadv.	<ul style="list-style-type: none"> <li><b>May be affected by enzyme-inducing meds or pt's weight</b></li> <li>More effective at the start of the 72-hour window than at the end</li> </ul>	<ul style="list-style-type: none"> <li><b>Same as Levonelle PLUS</b></li> <li>Avoid in severe asthma</li> </ul>	<ul style="list-style-type: none"> <li><b>Qualified practitioner</b> needed → small risks of perforation and infection.</li> <li>Less convenient than oral emergency contraception</li> </ul>
Risks /CI	Does not provide any ongoing contraception	Does not provide any ongoing contraception <ul style="list-style-type: none"> <li>CI: severe asthma, hepatic dysfunction, or taking PPIs/antacids</li> <li>Avoid BF 1 week after taking ulipristal (express but discard the milk)</li> </ul>	<ul style="list-style-type: none"> <li>PID risk</li> <li>Absolute CI to insert &gt;5 days after ovulation</li> <li><b>Non-visible threads</b> → need to exclude expulsion, pregnancy or uterine perforation</li> <li>➢ Check w/ USS, pelvic XR +/- hysteroscopy</li> </ul>
A/E	N/V, breast tenderness, dizzy, low mood		Heavy bleeding

