

## First ask a Few Questions

“First, I need to ask a few questions about your health and relationships to decide which methods are most appropriate...”

- Age
- Relationship (regular partner/multiple partners)
- Menstrual history (dysmenorrhoea/menorrhagia, cycle length, regular)  
*Note if menopausal, need cover for 1 year after periods stop, or 2 years after if <50 years old*
- Recent pregnancy/breastfeeding
- Previous contraception
- **PMHx:** current, past, STIs
- **DHx** and allergies
- **SHx:** smoking
- **FHx:** breast/cervical cancer, VTE history, migraine with aura
- BP, weight and height

## What They Like and What They Know

- Ask them what they are hoping to get out of the consultation and what they know so far (let the patient lead the consultation)
- Try to determine which type of method will be most appropriate e.g.
  - Any preferences
  - Preferred delivery
  - Ability to remember to take pills
  - Would they tolerate injections

## Describe a Method in More Detail

**[SEE CONTRACEPTIVE METHODS BELOW]**

- How it works
- Treatment course
- Side effects/risks (and effects on menstrual cycles)
- Positives vs. negatives

## Briefly Discuss Other Options

- Mention alternatives, in particular long acting reversible contraceptives and give written information on these

## Ending

- Let think about it and advise them they can return again if they wish to discuss other options. If starting the pill then review at 3 months
- Summarise
- Leaflets and websites

**CONTRACEPTIVE METHODS**

Method	Contraindications	How it works	Treatment course	Side effects / Risks / Effect on cycle	Positives vs negatives	Comments
<b>Combined oral contraceptive pill</b> 2 <sup>nd</sup> gen ( <i>Microgynon, Rigevidon</i> ), 3 <sup>rd</sup> gen ( <i>Marvelon, Yasmin, Cilest</i> ), 4 <sup>th</sup> gen ( <i>Glaira</i> ) <b>Combined contraceptive patch</b> <i>Evra</i> <b>Combined contraceptive vaginal ring</b> <i>NuvaRing</i> 99% effectiveness	<b>Absolute:</b> Smoker >35 years, <6/52 postpartum, breast feeding, hypertensive, current or past VTE Hx, migraine with aura, CVD, current breast ca, liver cirrhosis <b>Relative:</b> adequately controlled hypertension, migraine >35, BMI>35, enzyme inducing medications	<ul style="list-style-type: none"> <li>Stops ovulation</li> <li>↑cervical mucus (i.e. a mechanical barrier to sperm)</li> <li>Thins endothelium (i.e. reduces change of implantation)</li> </ul>	<b>Pill:</b> take daily (3 weeks on, 1 week pill-free) <b>Patch:</b> change weekly (one patch-free week per month) <b>Ring:</b> leave in for 3 weeks then one ring-free week	Hormonal SEs* Blood clots (especially for higher generation COCPs) Increased risk of breast/ cervical cancer Periods may become lighter Local irritation from the patch Pain from the ring during intercourse- can be removed if uncomfortable but only for a maximum 3 hours	+ controls periods, bleeding and pain	<ul style="list-style-type: none"> <li>Start on day 1 of cycle</li> <li>Reduced risk of endometrial and ovarian cancer</li> <li>MISSED PILL → take ASAP (even with next one). If next on time, it's fine. If miss two, take one pill immediately use a condom for 7 days. Further management depends on week:                              1<sup>st</sup> week of packet: will need emergency contraception if had sex in pill-free interval or 1<sup>st</sup> week of pill packet                              2<sup>nd</sup> week: no action                              3<sup>rd</sup> week: omit the pill-free week                              -7 day (condom) rule for: D&amp;V, enzyme inducing drugs</li> </ul>
<b>Progesterone only pill</b> <i>Cerazette</i> 99% effectiveness	Forgetfulness; breast cancer; undiagnosed PV bleeding; liver disease	<ul style="list-style-type: none"> <li>↑cervical mucus</li> <li>Thins endothelium</li> </ul>	Take daily at same time (no breaks)	Hormonal SEs* Periods → stop/irregular/lighter/more frequent	- must remember to take at an exact time	<ul style="list-style-type: none"> <li>Start on day 1 of cycle</li> <li>Must be taken at same time each day</li> <li>MISSED PILL → take ASAP (even with next one). But if &gt;3 hours late (or &gt;12hours late for Cerazette), use condom for 2 days, and consider emergency contraception if had sex in the 2-3 days before missed pill or had sex since the missed pill.</li> </ul>
<b>Intra-uterine device</b> <i>Copper coil</i> 99% effectiveness	Pelvic infection; PID <3months ago; gynae cancer; small uterine cavity; undiagnosed PV bleeding; copper allergy (for IUD)	Copper acts as spermicide and also causes intra-uterine inflammation	Lasts for 5 years (3years for the jaydess)	Coil insertion risks* Periods may be heavier	+ can forget about it - heavy periods	<ul style="list-style-type: none"> <li>Check for string monthly</li> <li>STI check before inserting</li> <li>Put in anytime if not had sex since period, or within first 5 days of start of period</li> <li>If fitted &gt;40y (IUD)/ &gt;45y (IUS), can stay in place until menopause</li> </ul>
<b>Intra-uterine system</b> <i>Mirena or Jaydess for younger women</i> 99+% (best)		<ul style="list-style-type: none"> <li>Stops ovulation</li> <li>↑cervical mucus</li> <li>Thins endothelium</li> </ul>		Coil insertion risks* Spotting in first 6months then periods → light/stop in some women	+ can forget about it + reduces dysmenorrhoea/ menorrhagia - Some continue to have unpredictable spotting	
<b>Progesterone implant</b> <i>Implanon</i> 99% effectiveness	Liver/genital/breast cancer; liver disease; undiagnosed PV bleeding; on enzyme inducers		Lasts for 3 years	Hormonal SEs* Insertion risks (bruising, infection, scarring, expulsion) Periods → stop/irregular/longer	+ can forget about it - Some continue to have unpredictable spotting	<ul style="list-style-type: none"> <li>Placed under skin of inner upper arm (4cm long) under local anaesthetic</li> <li>Can feel it</li> </ul>
<b>Progesterone injection</b> <i>Depo-Provera</i> 99% effectiveness			Lasts for 3 months	Hormonal SEs* Periods → stop/irregular/longer Weight gain Time for fertility to return Osteoporosis (>2y consider, >5y stop)	- must remember to come back every 3 months - time for fertility to return - once given cannot remove, so side effects may last 3 months	
<b>Vasectomy</b> 1 in 2000 fail	May consider children in future	Vas deferens cut and tied via forceps through skin or 2x 1cm cuts in scrotum. Local anaesthetic. Takes 20 mins.	Single operation	Failure (1 in 2000), bleeding/bruising, infection  Swollen scrotum for a few days Sperm granulomas may form if leaks Chronic testicular pain (1-3%)	+ long term - consider as irreversible (50%) - surgical risks	<ul style="list-style-type: none"> <li>Can take up to 3 months for remaining sperm to be used up</li> <li>Sperm sample at 8 weeks, then 2-4 weeks later (both must be -ve)</li> <li>Can have sex (with condom) whenever feel ready</li> </ul>
<b>Tubal ligation</b> 1 in 200 fail		Fallopian tubes clipped laproscopically under general anaesthetic	Single operation	Anaesthetic risk, failure (1 in 200), bleeding/bruising, infection		
<b>Condom</b> 98% effectiveness	Allergy to ingredients (latex-free are available)	Physical barrier	New condom each time have sex	Small risk of allergy May slip off/break	+ stops STI transmission - interrupts sex	<ul style="list-style-type: none"> <li>Only method which stops STI transmission</li> <li>Oil based products damage latex</li> </ul>

\*Hormonal SEs = Weight gain, acne, mood changes, headache \*Coil insertion risks = infection in first 3 weeks, bleeding, perforation 1in1000, expulsion 5%, vasovagal 1in10