

Contraception Update for Primary Care

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GP with a special interest in Women's Health

MBChB DRCOG MRCGP DFSRH PGCert Clin Ed

FSRH Advanced Certificate Menopause Care

FSRH Faculty Registered Trainer

BMS PPMC Trainer

Besides clinical duties, revenue is generated from:

Lecturing fees, consultancy services, and travel reimbursements from the pharmaceutical sector.

Dr. Davis does not hold any shares in pharmaceutical companies.

Declarations of interest



When's coffee?

- 10:45



What's in it for you?

In the next 30 minutes you will be able to:

Understand the most up to date information on available contraception

Value the importance of delivering excellent contraceptive care

Cascade top tips in clinical practice to your Primary Care Teams

Why does contraception matter?

*“Contraceptive information
and services are
fundamental to the health
and human rights of all
individuals.”*

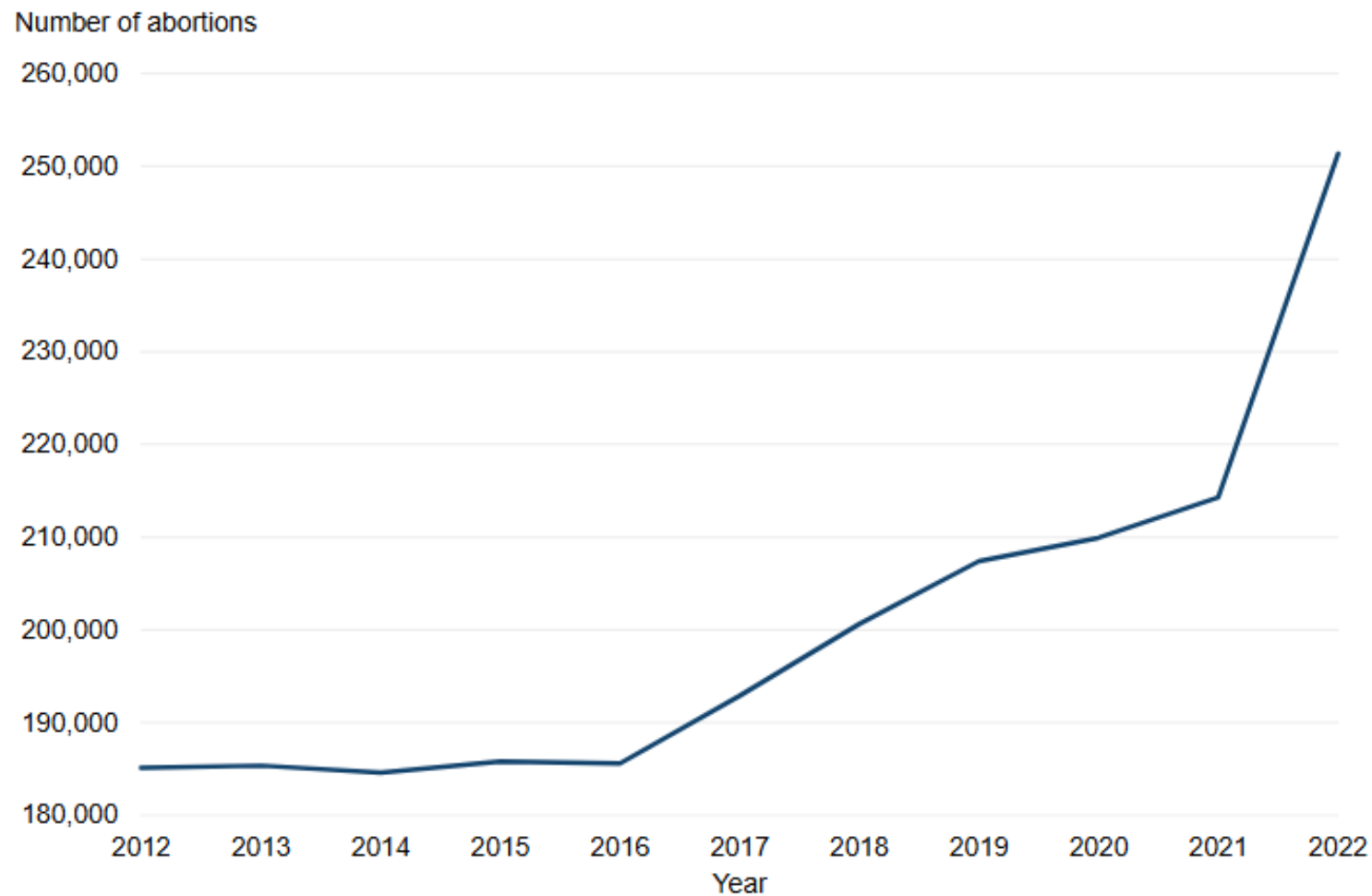


The current
situation in
the UK.

1 in 6 pregnancies
among women in
Britain are unplanned

Around $\frac{1}{4}$ of
conceptions lead to
abortion

Rising abortions rates UK.



Vulnerable women in the UK

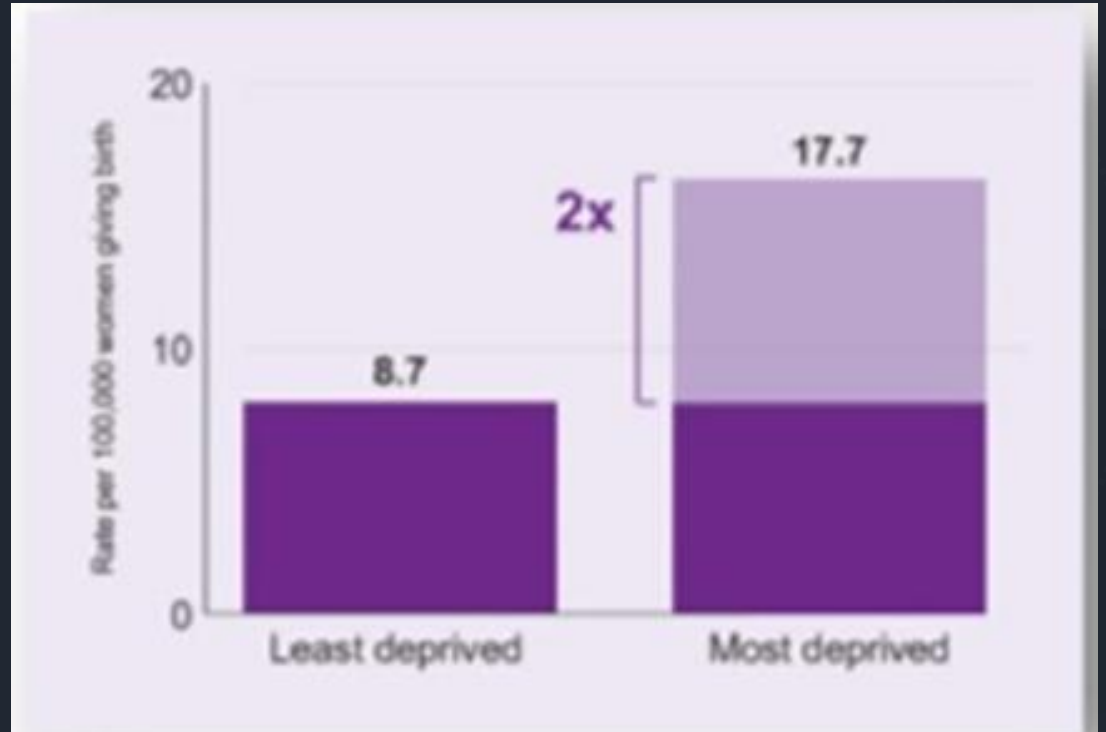
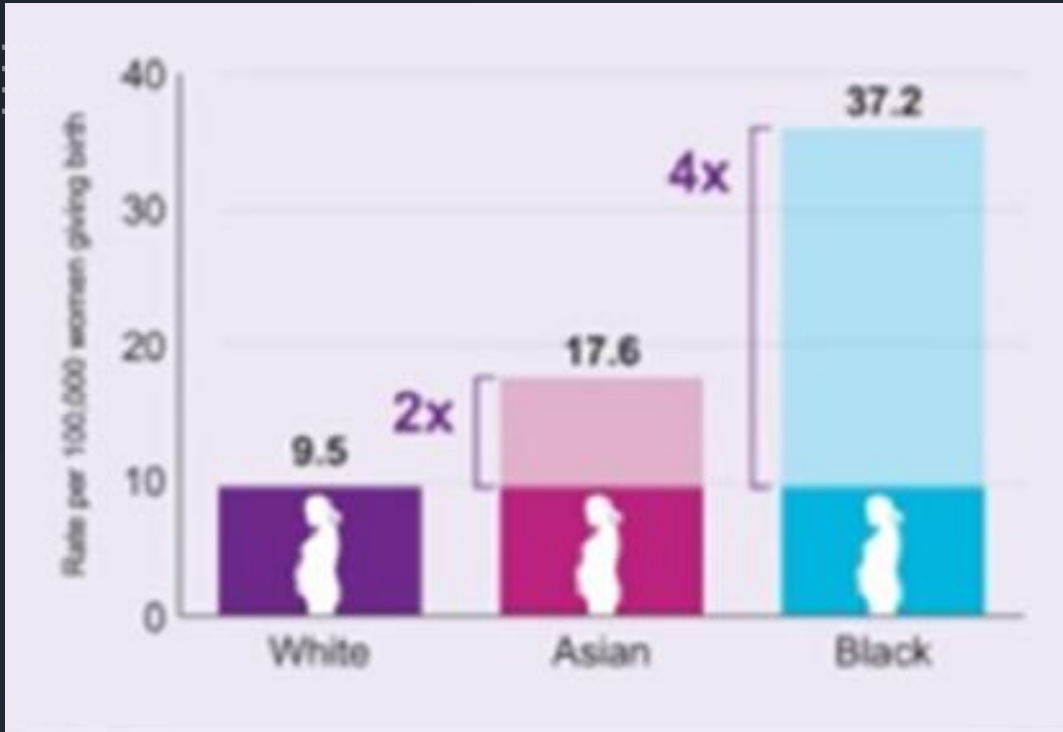
Pregnancy and postpartum period are high risk time for domestic violence

Higher maternal mortality rates amongst multiply disadvantaged women

Significant disparities in perinatal outcomes based on ethnicity and deprivation.

There are higher maternal mortality rates amongst UK women:

- who are multiply disadvantaged
- from Black and Asian ethnic backgrounds compared to White
- living in the most deprived areas



Key points

Unplanned pregnancy is common

Pregnancy and postpartum period is a vulnerable time.

Providing contraceptive advice in your role could make a vital difference to the women you care for.



Cervical screening



Ten Top Tips for Contraception Care



TIP #1

The key question

- How important is it for you not to be pregnant?

No Contraception

Implant

Hormonal Coil / IUS

Copper Coil / IUD

Injection

Combined Pill

Mini Pill

Patch

The Vaginal Ring

Diaphragm

Condoms

Fertility Awareness

Withdrawal

Using no contraception, typically 85 in 100 will get pregnant in one year.



TIP # 2

LARC is the most
reliable form of
contraception

LARC

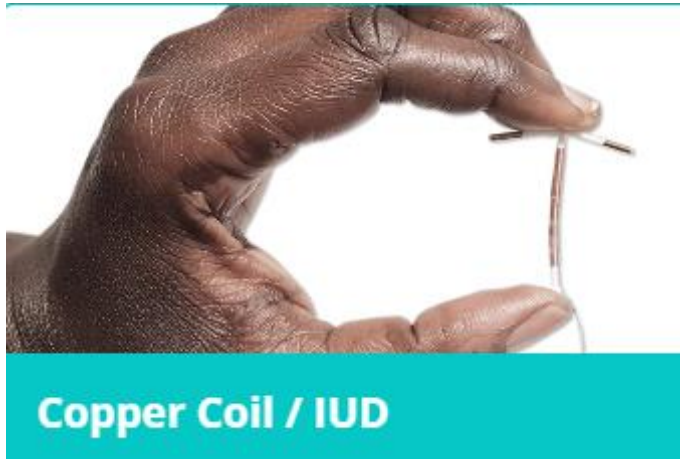
Long

Acting

Reversible

Contraception

Highly effective





Using implant, hormone, or copper coils typically fewer than
1 in 100 will get pregnant in one year



Effective



Combined Pill



Injection



Mini Pill

- Using combined pills or mini pills, typically 9 in 100 will get pregnant in a year
- Using depo injections, typically 3 in 100 will get pregnant each year



Using combined pills, patches, vaginal rings or mini pill typically
9 in 100 will get pregnant in one year.



TIP # 3

Desogestrel 75mg
progesterone only pill
is usually suitable for
most people.

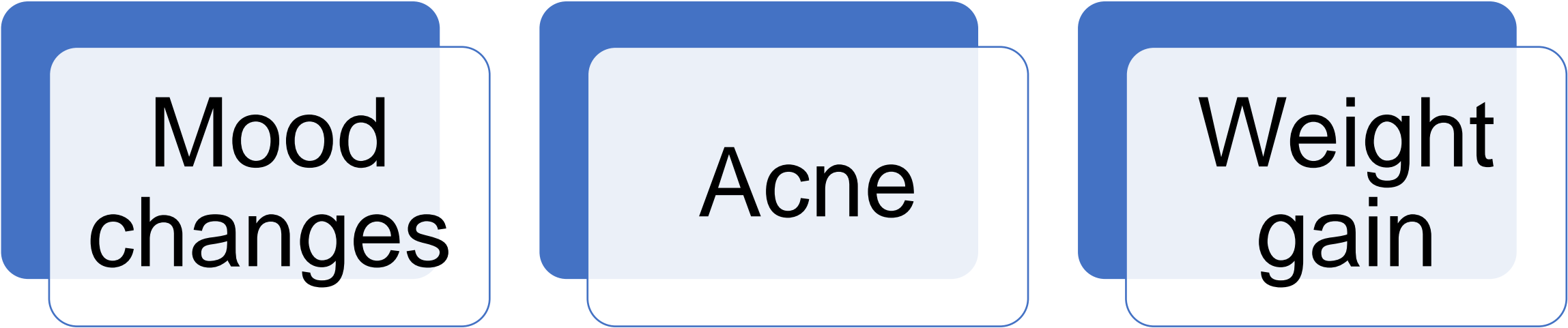
always check BNF for contraindications and drug interactions

TIP # 4

Basic hacks for oral
contraception side effects

always check BNF for contraindications and drug interactions

Oral contraception side effects hacks



Mood
changes

Acne

Weight
gain

A 'pill ladder'

Oestradiol (mcg)	Levenorgestrel	Norgestimate	Gestodene	Desogestrel	Drosperinone
35		Cilique 250/35 Lizinna			
30	Microgynon 30 Rigevidon		Femodene Millinette 30/75	Marvelon Gedarel 20/150	Yasmin Lucette
20			Femodette Millinette 20/75	Mercilon Gedarel 20/150	

TIP # 5

LARC side effects hacks

always check BNF for contraindications and drug interactions

Hacks for LARC side effects

Unscheduled
bleeding on
implant

Unscheduled
bleeding on
LNG-IUD

TIP # 6

It is usually possible to offer a more suitable contraceptive than Depo.

always check BNF for contraindications and drug interactions

Depoprovera

Medroxyprogesterone acetate

Consider alternative options in under 18's

Re-evaluate 2 yearly

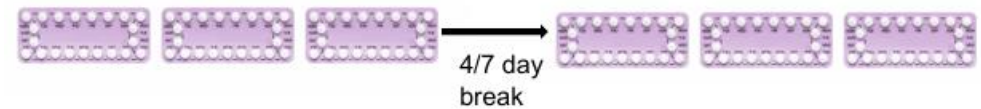
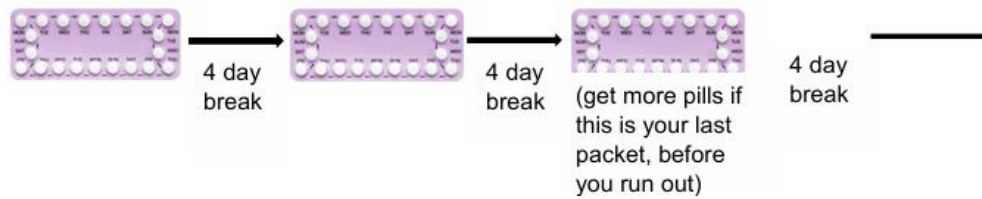
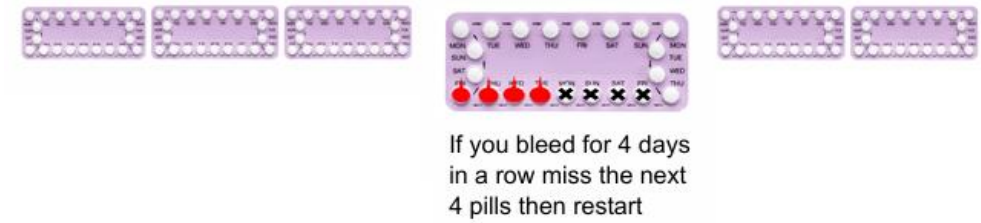
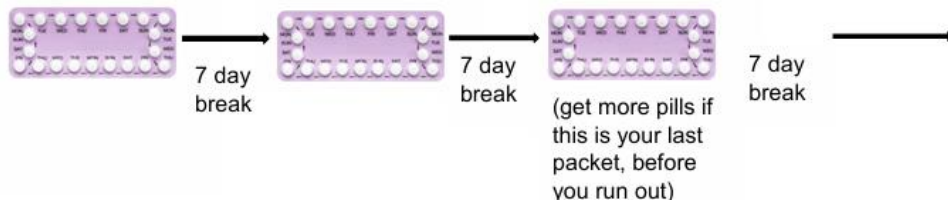
Late if > 14 weeks

Caution delayed return to fertility on stopping

TIP # 7

How to explain tailored
combined oral
contraceptive pill
regimes

always check BNF for contraindications and drug interactions



TIP # 8

Slynd is a new
progesterone only pill,
watch this space.

always check BNF for contraindications and drug interactions

Slynd[®]
(drospirenone) tablets, 4mg

- 24/4 regime
- Missed pill advice if 24 hours late
- UKMEC as with POP
- Additional risks with hyperkalaemia
- Contraindicated with severe renal disease
- Unpredictable bleeding comparable to desogestrel

TIP # 9

All 52mg LNG IUD's are now endorsed by FSRH for up to 8 years for contraception.

LNG – IUS guidance

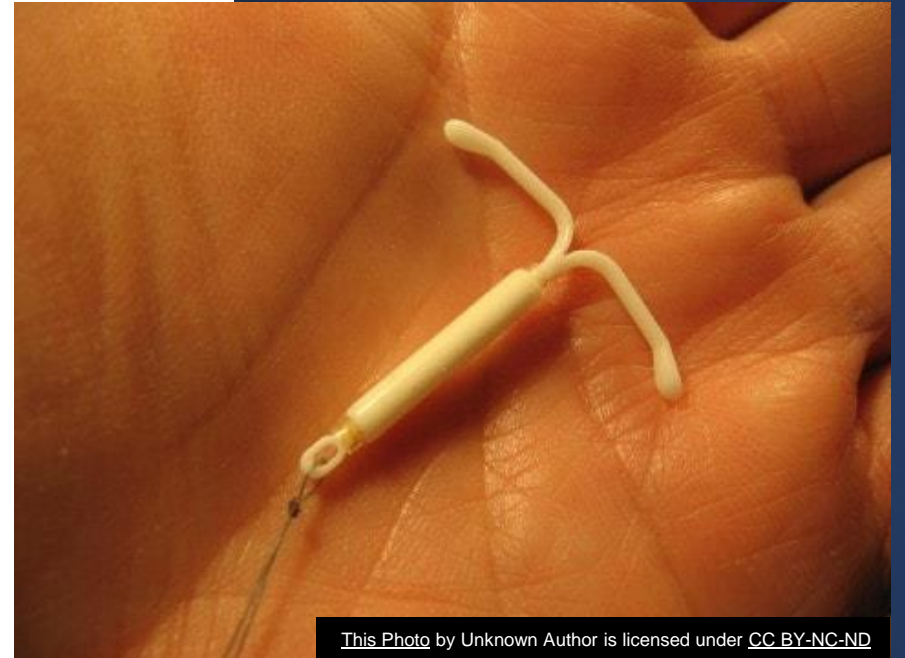
Low pregnancy rate 6-8 years (Pearl Index < 0.4)

No increase bleeding

No change to guidance for HMB or endometrial protection

If LNG inserted over 45 years, then it can be used for contraception until 55 years

Mirena is the only one with the license for ERT



TIP # 10

Contraception should be continued until the age of 55 years unless a woman has been advised otherwise.

Contraception for Women Aged Over 40 Years

In general, all women can cease contraception at age 55.

If needed, women over 50 using progestogen-only contraception, including DMPA, can have serum follicle-stimulating hormone (FSH)

Further training

SRH e-learning
for healthcare

FSRH
SRH Essentials
Diploma –
DFSRH

FSRH Letter of
Competence
(LoC)

- Contraceptive implants
- Intrauterine Contraception

Some
Pharmaceutical
companies offer
support for
training e.g. IUD
fitting

Summary

Unplanned pregnancy is common



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graph TD; A[Unplanned pregnancy is common] --> B[LARC is the most effective form of contraception]; B --> C[Offering contraceptive advice in your role could make a vital difference to the women you care for.];
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LARC is the most effective form of contraception

Offering contraceptive advice in your role could make a vital difference to the women you care for.

Thank you
for listening

