


Using the UKMEC and accessing resources


- Overview of different types of contraception
- History taking – what do we need to know?
- Case scenarios
- Helpful things






How can we categorise methods?

- Hormonal
 - Non-hormonal
 - Long-acting reversible contraception (includes hormonal and non-hormonal methods)
 - Emergency / ongoing contraception
- 



The user is the chooser

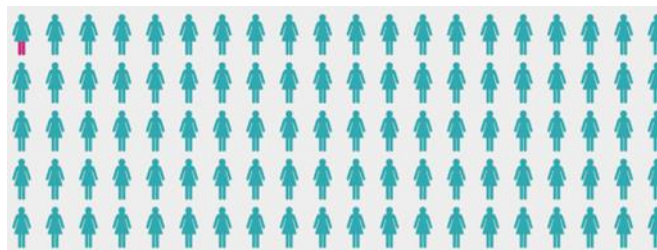
- Beliefs about how my body works
 - Cultural/religious beliefs – potential to influence acceptance and use
 - Age
 - Lifestyle
 - Relationships
 - Knowledge
 - Medical conditions
 - Medication
 - Future fertility requirements
 - Lactation
- 

History-taking

- CVS disease or neurological conditions
- Medical co-morbidities
- Personal characteristics
- Medical / surgical history
- Medication
- Obstetric and gynaecological history
- Social, sexual history
- Baseline observations

LARC – implant

- Doesn't interrupt sex
- V effective
- Bleeding can be lighter, less frequent
- Can help with dysmenorrhea
- Any age
- Bleeding can be problematic
- Requires fitting procedure
- Potential for hormonal side effects
- No STI protection
- Consider drug interactions



Fewer than 1 in 100

LARC - injection

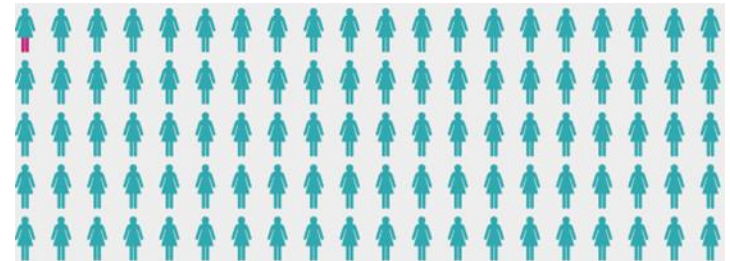
- Doesn't interrupt sex
- V effective
- Bleeding can be lighter, less frequent / periods stop (4 in 10)
- Can help with dysmenorrhea, endometriosis
- May protect against uterine and ovarian Ca
- Bleeding can be problematic
- Potential for hormonal side effects
- No STI protection
- Consider drug interactions
- Possible weight gain
- Potential delayed return to fertility
- Temporary decrease in BMD



3 in 100

LARC - Intrauterine methods

- **Cu-IUD**
 - non-hormonal
 - 5-10 yrs
 - Any age
 - Periods may be heavier / more painful
- **IUS**
 - Up to 8 yrs for 52mg LNG-IUS
 - Bleeding usually lighter less painful
 - Low level of hormone
 - Any age
- **Cu-IUD and IUS**
 - Requires fitting – can be painful
 - Expulsion (1 in 20), perforation (<2 in 1000), ectopic (v rare)
 - STI check needed – no STI protection



Fewer than 1 in 100

Progestogen-only pill

- Doesn't interrupt sex
- Under the user's control
 - Bleeding may stop (temporarily)
 - Can help with dysmenorrhea
 - Can be used when breastfeeding
 - £ from pharmacy
- Can be difficult to remember
- No STI protection
- Possible side effects – irregular bleeding, headaches, sore breasts, changes in mood, changes in sex drive
- Need to take a roughly the same time every day
- D&V
- Potential for drug interactions



9 in 100

Combined pill (COCP), CHC ring and patch



- Doesn't interrupt sex
- Bleeding usually lighter
- Can help with dysmenorrhea and bleeding pattern
- Can help with acne and skin
- Can help symptoms of endometriosis, PCOS, menopause
- Protection against uterine, ovarian and bowel cancer
- Can be difficult to remember
- No STI protection
- Ongoing surgery / clinic visits
- Temporary / longer term side effects
- Extremely rare – VTE (5-12 per 10,000 users)
- D&V
- Drug interaction consideration



9 in 100

Hormonal contraception - risks and protective factors

- VTE – rare; 5-12 per 10 000 users
- Breast, cervical cancers – slight increased risk (returns to 'normal' around 5 yrs after stopping)
- Protection against uterine, ovarian and colorectal cancers – associated with duration of use
- Prevents pregnancy-associated risks – VTE, ectopic pregnancy

Condoms



- Non-hormonal
- (?) easy to obtain
- STI protection
- Control
- Can interrupt sex
- Require negotiation and skill – breaks, slips



15 in 100

Diaphragm

- Hormone-free
- Can be inserted up to 3 hours before sex
- Offer some protection against STIs
- Can have sex more than once with a diaphragm or cap in place (with extra spermicide)
- Technique needs a bit of practice
- Needs to be put in before sex
- They need to be left in 6 hours after sex
- The spermicide can be messy
- Some spermicides can increase the risk of HIV transmission



12 in 100

Fertility awareness

- Non-hormonal – no side effects
- Requires skill and commitment
- Acceptable in most cultures and religions
- Can be useful when trying to become pregnant
- Daily monitoring (temperature, vaginal discharge)
- Illness, stress, travel can impact
- No STI protection
- Most effective when supported with qualified fertility awareness teaching
- Not all apps record appropriate data



24 in 100

Emergency contraception

- **Oral EC**
 - Levonogestrel 1500mcg (levonelle 1500) LNG
 - Ulipristal Acetate 30mg (Ella One) UPA
 - Main mode action is prevention of ovulation
- **Intrauterine. PCIUD**
 - Copper IUD
 - Works by preventing fertilisation and implantation

Valuable resources

- FSRH website – includes UK MEC calculator
- PIL in a range of languages

Community Languages - Contraception Leaflet (sandyford.scot)

- E-resource – choices, decision making tool

Contraception Choices

