

## Female Contraceptive GUIDELINES

### INFORMED CHOICE BY PATIENT - RISK / BENEFIT ANALYSIS "GATHER"

Greet each client warmly Ask client about self, why they've come. Tell client about all contraceptive methods & demonstrate. Help clients to choose method best suited to them. Explain how to use chosen method. Return for follow up.

Preferred form - long acting reversible methods - ORAL COC or POP

First: - Take comprehensive personal medical & family history – Assess risk factors for venous thromboembolism (VTE) , & arterial wall disease separately & carefully-consider multiple risk factors & how they affect UK medical eligibility criteria (UKMEC) check baseline BP – Check BMI. Always provide advice on safer sex - offer barrier methods where appropriate with or without other methods of contraception e.g. condoms.

### Long acting reversible contraception (LARC)

**Progesterone intra-uterine system (Levonorgestrel IUS)**  
≤ 5year life

**Mirena**  
(Cost effective)

**Intra uterine device (Cu IUD)**  
≤5year life  
**Novaplust380 Cu normal or mini**

≤10year life  
**Optima TCu 380A**  
**T safe® 380A QL**

**Progesterone Intramuscular Injection**

**Depo- Provera®**  
Every 12 weeks

Affects bone mineral density Osteoporosis risk if used long term  
Can cause transient infertility

**Subdermal progesterone implant**  
≤3year life

**Nexplanon®**  
68mg etonogestrel

### Oral contraception

#### Combined oral contraceptives (COC)

**Faculty of sexual & reproductive health, (RGOG)state that:** oestrogen 30mcg with levonorgestrel or norethisterone is a suitable first line choice (lower VTE risk progestogen)

*(Efficacy of 20 & 30 mcg oestrogen similar-unscheduled bleeding more likely with 20mcg)  
(Counsel women when prescribing a different branded COC with same constituents)*

**Ethinylestradiol with levonorgestrel Rigevidon 30mcg/150mcg (cost effective)**

*with norethisterone:-*

**Loestrin - 30mcg/1.5mg**

**Loestrin - 20mcg/1.5mg**

*With norgestimate:-*

**Lizinna - 35mcg/250mcg (cost effective)**

*with desogestrel (only consider if patient has acne- higher VTE risk)*

**Gedarel 30mcg/150mcg (cost effective)**

**Gedarel 20mcg/150mcg (cost effective)**

**No evidence to support the use of bi- or tri-phasic COCs**

**Progesterone only contraceptives (POP)**  
Patients unable to tolerate oestrogens  
*12 hour dose window*

**Cerelle (cost effective)**  
*Desogestrel 0.075mg*

### Transdermal contraception

**Transdermal patch**  
1 patch weekly for 3 weeks 1 week patch free

**Evra®**  
Ethinylestradiol 33.9mcg/  
norelgestromin 203mcg per 24 hours

#### Emergency contraception

##### Within 72 hours of intercourse

**Copper IUD** - use first line due to low documented failure rate, particularly useful if a women intends to continue to use an IUD as long term contraception

**Levonorgestrel:-Upostelle (cost effective) or Levonelle 1500**  
*You can give these even if referring to specialist IUD Clinic/local sexual Health Clinic*

**Between 72 and 120 hours (5 days) after intercourse**  
**EllaOne (Ulipristal)** unsuitable with enzyme inducing drugs.  
Can reduce efficacy of hormonal contraception

<http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf>

When deciding which method of contraception is appropriate for individual women please refer to :-

The Faculty of Sexual and Reproductive Health Care website under publications/clinical guidelines at [www.fsrh.org](http://www.fsrh.org)

This lists the United Kingdom Medical Eligibility Criteria for contraceptive use (UKMEC) for different forms of contraception. They are based on the WHO's medical eligibility criteria and are as follows:

**UKMEC 1-** a condition for which there are no restrictions for use of this method.

**UKMEC 2** – a condition where the advantages of the method outweigh the theoretical or proven risks.

**UKMEC 3** – a condition where the theoretical or proven risk usually outweighs the advantages. Provision of a method requires expert judgment and /or specialist referral since use of the method is not normally recommended unless other more appropriate methods are not available or unacceptable.

**UKMEC 4** – a condition that represents an unacceptable health risk if the contraceptive method is used.

Special Cases

**Lactose intolerance**<sup>1,2</sup>

Use LARC method (IUD, IUS progesterone implant, injection) or Evra® patch

**Liver enzyme inducing drugs** (e.g. carbamazepine, phenytoin, HIV drugs,)

1. Consider LARC methods: Depo Provera, Levonorgestrel IUS or Cu IUD

2. Use two COC pills containing at least 50 µg ethinylestradiol (e.g. 20 and 30mcg COCs). Use an extended or tricycling regimen with a pill-free interval of 4 days (with rifampicin & rifabutin use 50-70mcg COC)

**Unsuitable with Lamotrigine**

<http://www.fsrh.org/pdfs/CEUGuidanceDrugInteractionsHormonal.pdf>

**Women over 40 years** – no contra indications to hormonal contraception based upon age alone BUT check other co-morbidities

[www.fsrh.org/admin/uploads/contraceptionOver40July2010.pdf](http://www.fsrh.org/admin/uploads/contraceptionOver40July2010.pdf)

**References:**

1. [www.evidence.nhs.uk/medicinesQ&A](http://www.evidence.nhs.uk/medicinesQ&A) 63.2

**NICE clinical guideline: CG30 Long term reversible contraception**  
([www.nice.org.uk](http://www.nice.org.uk))

The following recommendations have been identified as priorities for implementation.

**Contraceptive provision**

- Women requiring contraception should be given information about and offered a choice of all methods, including long-acting reversible contraception (LARC) methods.

- Contraceptive service providers should be aware that: **all currently available LARC methods (intrauterine devices, the intrauterine system, injectable contraceptives and implants) are more cost effective than the combined oral contraceptive pill even at 1 year of use**

- **IUDs, the IUS and implants are more cost effective than the injectable contraceptives**

- **Increasing the uptake of LARC methods will reduce the number of unintended pregnancies**

Informed consent for special groups

- Information should take into account the woman's needs.

- If needed, offer support with decision making such as:

- an interpreter for women who do not speak English
- an advocate for women with sensory impairments or learning disabilities

- Be aware of the law on providing contraceptives for young people and people with learning disabilities.

- Follow the Fraser guidelines when providing contraception for women younger than 16 years.

- Look at contraceptive choices in terms of the needs of the woman, rather than relieving anxieties of carers or relatives.

- If a woman is unable to understand and take responsibility for decisions about contraception, carers and others should meet to agree a care plan.

# Walk-in Clinic Times



Venue	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Gemini Centre St. Catherine's Health Centre 2nd Floor, Green Wing Church Road Birkenhead CH42 0LQ	<b>8.00am to 11.00am</b> Female only clinic Walk-in clinic		<b>5.15pm to 8.00pm</b> Walk-in clinic	<b>8.00am to 6.00pm</b> Walk-in clinic			<b>1.00pm to 3.30pm</b> Walk-in clinic
	<b>11.00am to 2.30pm</b> Walk-in clinic						
Arrowe Park Hospital 2nd Floor Upton CH49 5PE		<b>8.00am to 1.30pm</b> Walk-in clinic	<b>8.00am to 3.00pm</b> Walk-in clinic		<b>8.00am to 1.30pm</b> Walk-in clinic	<b>10.00am to 12.30pm</b> Walk-in clinic	
		<b>5.00pm to 8.00pm</b> Male only clinic Walk-in clinic					
Brook Wirral Young Person's Clinic 14 Whetstone Lane Birkenhead CH41 2QR	Young Person <b>3.00pm to 6.00pm</b> Walk-in clinic	Young Person <b>3.00pm to 6.00pm</b> Walk-in clinic	Young Person <b>3.00pm to 6.00pm</b> Walk-in clinic	Young Person <b>3.00pm to 6.00pm</b> Walk-in clinic	Young Person <b>3.00pm to 5.45pm</b> Walk-in clinic	Young Person <b>1.15pm to 3.30pm</b> Walk-in clinic	
Victoria Central Health Centre Mill Lane Wallasey CH44 5UF	Young Person <b>3.45pm to 5.00pm</b> Walk-in clinic	<b>3.00pm to 7.30pm</b> Walk-in clinic					
	<b>5.00pm to 8.00pm</b> Walk-in clinic						
Eastham Clinic Eastham Rake Eastham CH62 9AN				Young Person <b>3.45pm to 5.00pm</b> Walk-in clinic			
				<b>5.00pm to 8.00pm</b> Walk-in clinic			

Timetable may be subject to change, so please phone in advance to check clinic times.

Doctors and nurses appointments are available for some specific treatments and procedures, please call **0151 514 6464** for details or visit [www.sexualhealthwirral.nhs.uk](http://www.sexualhealthwirral.nhs.uk) to access our **online booking system**.

**Young Person clinics** - exclusively for people under 25.

