

# Contraception Awareness

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# This talk we are going to cover :

- 1) Hormonal contraception
  - a) Progestogen Only method ( L A R C)
  - b) Combined hormonal method
- 2) Barrier method
- 3) Emergency contraception

# L A R C

a) Pro gestrogen Only Pill (POP)

b) Intra uterine Devices

c) Injection methods

d) Sub dermal Implant

# POP

- 2<sup>nd</sup> generation POP ( 3 hours window periods)

Noriday, Norgeston, micronor

- 3rd generation POP (12 Hours window periods)
- Cerazette, Cerelle

# Intra Uterine devices

- IUS (Mirena /Jaydess, kyleena)
- IUCD ( Copper)
- Levorset
- T Ball

# IUS

- Mirena last for 5 years
- Kyleena last for 5 years
- Jaydess last for 3 years
- Levosert last for 5 years

# IUCD (Copper )

- Neo safe T380 last for 5 years
- T safe last for 5 years
- TT380 last for 10 years
- CU380 T safe QL last for 10 years
- Multiload last for 3 years

# Injection methods

a) Deep Intra muscular method (Depo Provera)

Depo medroxyprogestrone acetate

150mg/1ml

b) Subcutaneous method (Sayana Press)

Depo medroxy progesterone acetate

104mg/1ml





# Facts

- It is LARC non user dependent
- Improve heavy painful periods
- Decrease risk of developing endometrial & ovarian cancer.
- Decrease formation of ovarian cyst/ fibriod formation and growth
- Amenorrhoea
- To young women and age over 45 is UK MEC 2
- Delay regain fertility /period back
- Can use to women with HIV risk Is UK MEC 1
- Weight gain obvious if starting at BMI is 30kg/m<sup>2</sup>
- No suitable for women with current breast cancer./strokeCVA risk factors

## Overdue DMPA

- More than 14 weeks if UPSI Injection given with 7 days precaution
- More than 14 weeks Plus 2 days if UPSI need EC and injection and 7 days precaution ( reminder TOP)
- 14 weeks and up to 5 days if UPSI UPA (ulipristal acetate) 30mg MUST wait to restart injection up to 5 days. And give injection with 7 days precaution
- 14 weeks and more than 5 days must exclude pregnancy , quick start with Pill repeat PT till pregnancy is excluded. Donot give Injection.

# Subdermal Implant

a) Norplant

b) Implanon

c) Nexplanon

# Nexplanon

- It is coated with barium sulphate so you can be located by X ray as well as Scan
  - It is the Modification of Implanon
  - It is LARC, non user dependent
  - Safe with breast feeding/does not affect with BMD
  - No breast cancer risk
  - Erratic bleeding
- slight hormonal side effects: acne, mood swings ,  
appetite stimulant, headaches
- Efficacy 3 years (not 5 years)

# After procedure

- Bruises that can localise with pressure bandage rather than spreading whole arm .
- Infection at site if it is not done proper aseptic technique.
- Small white scarring .
- Deep insertion
- Bendy /broken Implant
- Adhesion if inserted in same hole repeatedly.

I

# Combined Hormonal

a) Oral (COC pill)

b) Patch

c) Vaginal Ring



## Combined Pill

The combined Pill is a combination of two hormones and mostly contain ethinyl estradiol and some new pills contain less than 35 microgram of estradiol and due to less metabolic effect less oestrogenic side effects and low risk of CVA

some combined with various progestogen

### **Mode Of Action**

- 1) Inhibit ovulation
- 2) Thickening cervical mucus
- 3) Causing endometrial atrophy
- 4) Altering Tubal mobility and secretion

# Combined Oral Contraception COC

They are group depending on Progestogen

## First Generation Pill

Progestogen

Trade names

a) Norethisterone

Loestrin

## Second Generation Pill

b) Levonorgestrel

Microgynon

Norgestimate

Cilest



## Third Generation Pill

Progesterone	Trade name
a) Desogestrel	Marvelon/Mercilon Gaderal
b) Gestodene	femodette

## Fourth Generation Pill

a) Cyproterone acetate	Dianette
b) Drospirinone	Yasmin

# Advantages

- Regular bleed ,lighter, less painful
- Women can control their bleeding when she want by using Pills, Patch, Ring back to back to bleed
- Decreased risk of ovarian, endometrial and colorectal cancer
- Improve Acne with specific preparation
- Improve PMT with drospirenone preparation

# Disadvantages

- Slight breast tenderness as start nausea /bloating with pills , Vaginal ring can cause vaginal discharges, 10% experiences skin reaction with patches.
- Pill free week withdraw headaches, migraine
- Small increase rate of myocardial Infarct/ stroke
- In the first 3 Months There is a double risk of VTE absolute risk is low esp restarting the new packet
- After 5 years of use there is a risk of cervical cancer but after 10 years risk is same with non user
- Small risk of breast cancer depends on dosage of oestrogen and type of Progestrogen.

# Contra indications

We use the guidance of UK MEC

UK MEC 1 No restriction

UK MEC 2 Advantages of using the method out weigh the theoretical or proven risk

UK MEC 3 The theoretical or proven risk out weigh the advantages of the method

It Is clinician decision there is no other method suitable risk of pregnancy will endanger patient life

UK MEC 4 Not to use at all

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# Missed Pills Rules

## **First week 1 to 7 day**

Missed pills or Has UPSI in pill free week follow by first week restart pills Need EC.

## **8 Day to 14 days.**

As long as pills are taken correctly first 7 days of Packet EC is not needed.

## **15 day to 21 day**

Omit the Pill free and started the new packet straight away .

# Diarrhoea and Vomiting

- Vomiting after 2 hours of Intake take another pill and usual pill at same time .
- Severe Diarrhoea more 24 hours continued with extra precaution for 7 days
- Pill free week omit pill free week and take pills back to back .
- Vaginal Ring /patches do not affected.

# Barrier Method

a) Cervical Cap

b) Diaphragm Flat spring

c) CAYA



# CAYA

- It is new diaphragm modified to shape with the Uterus.
- Easy for patient to use /universal size
- Do not need to teach how to fit
- Save patient as well as clinician time
- No hormonal side effects
- Reusable .
- Some use with spermicidal jel



**Caya**  
*contoured  
diaphragm*

# Emergency Contraception

- IUCD (copper coil)
- Ella One (Ulipristal Acetate 30mg)
- Levonella (Levonorgestral 1.5mg)

# IUCD

- Effectiveness is 99%
- Can offer up to 5 days from UPSI
- Or 5 days after the earlier expected date of ovulation
- 120 hours from UPSI before 19 days of cycle

# Ella One UPA

- Can only offer if they missed pills 7 days after .
- Can offer up to 120 hrs from UPSI
- Can offer more than one in same cycle
- Cannot offer to women with liver problem, severe asthma or using liver enzyme inducers
- UPA will not work after LH surge due to stops delay ovulation
- 95% can affective by hormones.
- Cannot offer to breast feeding mums.till7days after UPA

# To start method after UPA

- Must wait 5 days after UPA to start any hormonal method with 7 days precaution
- With POP after UPA 5 days wait to start and 2 days precaution.
- COC wait 5 days to start and 7 days precaution

# Levonorgestrel

- 1.5 mg up to 72 hrs from UPSI /risk
- Can offer multiple times in one cycle
- If women using liver enzyme inducing drugs or BMI more than 35 needs double dose 3 mg
- Needs UPT after 3 weeks taking EC
- Contraception can quick start straight away with 7 days precaution
- Out of licence give beyond better than none

THANK YOU

ANY QUESTION