Contraception (made easy ish)

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Why Contraception Still Matters in Primary Care

We are seeing:

✓ Increasingly complex medical histories

✓ More women taking multiple medications including GLP-1 injectables

✓ New contraceptive options and updated guidance

✓ Ongoing concerns about side effects and bleeding

✓ Continued need to reduce unintended pregnancy

✓ Greater emphasis on informed choice and shared decision-making

Contraceptive consultation

Sarah, aged 27

"I've come today because I'd like to start contraception."

What questions do you need to ask?

Initial questions

- **Could she be pregnant?**
- Last menstrual period ?
- UPSI in her last cycle?
- Pregnancy test?
- Need emergency contraception?

What does she want?

- reliable contraception?
- lighter periods?
- acne improvement?
- contraception until menopause?
- something she never has to remember?

Any red flags?

- Complex Medical history?
- Migraine with or without aura?
- VTE?
- breast cancer?
- hypertension?
- liver disease?

UKMEC_2025_Summary_Tables.pdf

Sarah

- Her partner works away and she has not had sex within her last cycle.
- LMP- 5 days ago. (No need for PT or EC)
- She wants reliable contraception as she works shifts and forgets. She absolutely does not children!!!
- Not fussed whether she bleeds but would prefer not to.

PMH

Fractured foot last year- and was in a cast for 8 weeks. But apart from this she is fit and healthy.

Sarah forgets to tell you she had provoked DVT and was taking Apixaban, but this has now been stopped.

Observations/ Medication

- Blood pressure- **125-79**
- Hight and weight (BMI) **28**
- Smoker- **non-smoker**
- Alcohol-**loves a glass of wine**
- Medications (incl private)– **Vit D and Wegovy**
- Allergies? **NKDA**
- Sexual history (does she need or want a screen)? **No concerns**
- Any irregular or unexplained bleeding? **No**
- Smear up to date? **September 2025- was ok**
- Safeguarding risks? **Non**

Sarah
What does UKMEC say?

CONDITION *See additional comments at end of section	Cu-IUD	LNG-IUD	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Venous thromboembolism (VTE)						
History of VTE or current VTE (on anticoagulants)	X	2	2	X	X	X

- Straight away we can rule out the combined pill (UKMEC4)
- Sarah wants something reliable (LARC), is Depo an option?
- What about POP, she's on Wegovy and but wants a LARC any way.
- Ideally would like no bleed or lighter.

So, her options are:

- LNG-IUD
- IMP

Sarah

Sarah opts for the LNG-IUD as this has the least risks associated and lighter bleeds.

You refer to Spectrum or a practitioner in your practice.
Job done!

Karen

Karen, aged 43

"I've come today because I'd like to continue my combined pill."

What questions do you need to ask?

Karen

Is she happy with her pill?
Still happy with this method?
Any side effects?
Any breakthrough bleeding?
Any missed pills?

Could she be pregnant?
Any possibility of pregnancy?
Need a pregnancy test?
Need emergency contraception?

Any changes to her health?
New migraine (especially with aura)?
Blood clot (DVT/PE)?
High blood pressure?
Breast cancer?
Liver disease?
Diabetes or heart disease?
Any planned surgery or prolonged immobility?

Karen

- She is excellent taking her pills.
- Hates the idea of an SDI or coil
- Does not have a 7 days break so no periods!
- Would like to continue the same regime.
- No changes to her medical history since her last pill check.

Observations/ Medication

- Blood pressure- **138/78**
- Hight and weight (BMI) **35 admits she has gained weight**
- Smoker- **Started again after giving up 5 years- 20 per day!!**
- Alcohol-**Very occasionally**
- Medications (incl private)– **Multi vit**
- Allergies? **NKDA**
- Sexual history (does she need or want a screen)? **No concerns**
- Any irregular or unexplained bleeding? **Light bleed now and again**
- Smear up to date? **September 2024- was ok**
- Safeguarding risks? **Non**

Karen
What does UKMEC say?

CONDITION	Cu-IUD	LNG-IUD	IMP	DMPA	POP	CHC
Smoking	UKMEC does not include use of e-cigarettes as there is insufficient evidence to establish associated risks. However, given the unknown long term cardiovascular risks with e-cigarettes alternatives to CHC should be prioritised.					
a) Age <35 years	1	1	1	1	1	2
b) Age ≥35 years						
(i) <15 cigarettes/day	1	1	1	1	1	3
(ii) ≥15 cigarettes/day	1	1	1	1	1	X
(iii) Stopped smoking <1 year	1	1	1	1	1	3
(iv) Stopped smoking ≥1 year	1	1	1	1	1	2

- Straight away we can rule out the combined pill (UKMEC4)
- She needs to change methods.
- Are there any other changes to her general health we need to consider?

CONDITION	Cu-IUD	LNG-IUD	IMP	DMPA	POP	CHC
Obesity						
a) BMI ≥30–34.9 kg/m²	1	1	1	1	1	2
b) BMI ≥35 kg/m²	1	1	1	**2**	1	3

Karen

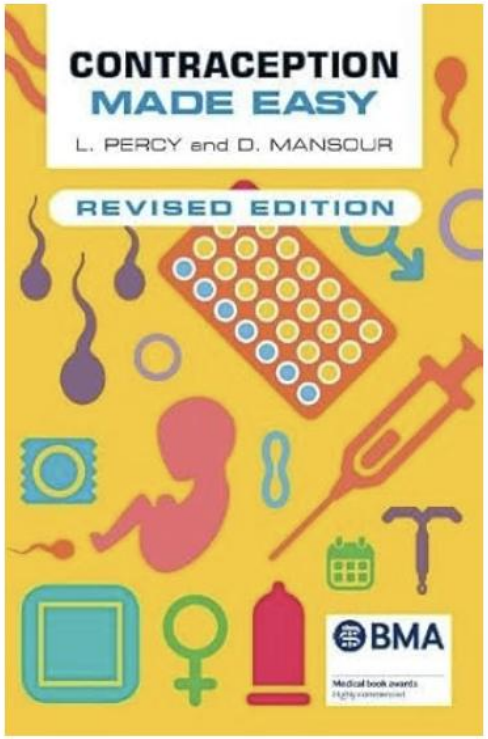
Already ruled out LARC

So, her only option is:

- POP
- Or non hormonal methods

She choses to switch to POP.

Good Books



Websites

Spectrum Community Health CIC
SEXUAL HEALTH SERVICES

CONTRACEPTION choices

The Lowdown.

Any questions?