Contraception Update
BISH

July 2026

www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

Overview

- Services we offer at Spectrum
- How to access Services at Spectrum
- Types of Contraception we offer
- Updates and changes in guidance, including UKMEC
- Coil removals
- Questions

CoSRH statement 26/06/2026

Highest proportion of conceptions ending in abortion since records began

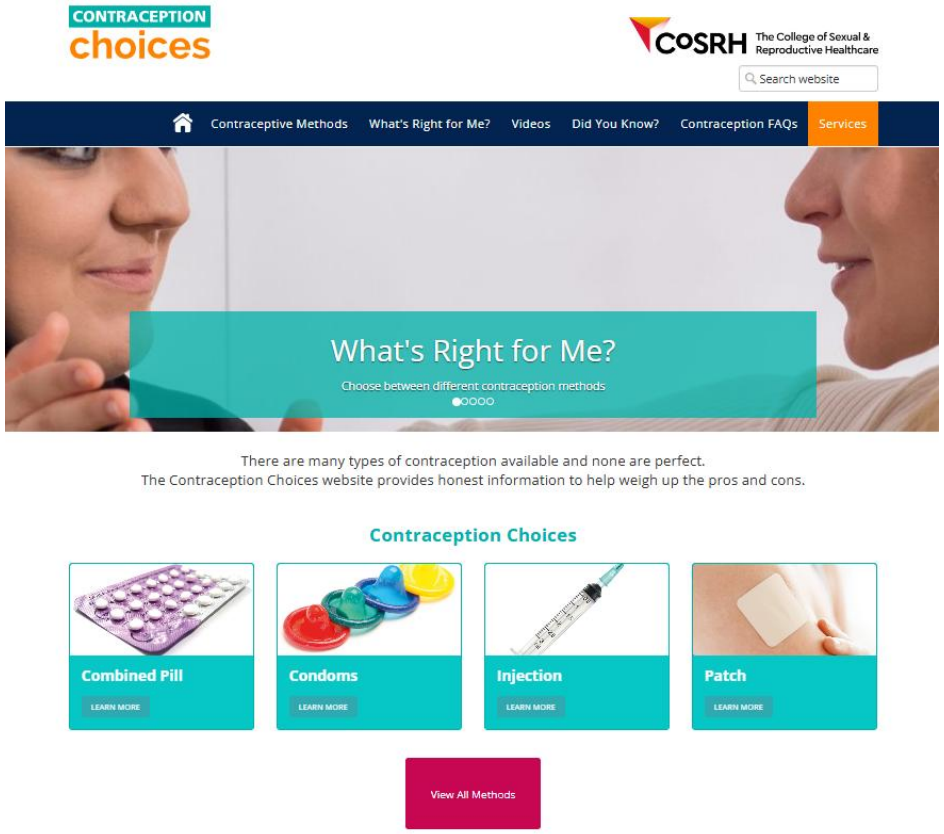
The latest conception data from the Office for National Statistics show that nearly a third (32.1%) of all conceptions in England and Wales ended in abortion in 2023.

The number of conceptions ending in abortion increased by 13% compared with 2022 and by more than a third since 2019.

Teenage conception rates remained below pre-pandemic levels, with the overall rate among people aged under 20 unchanged from 2022. While there was a small increase in conception rates among those aged under 16, the overall long-term trend remains one of historically low teenage conception rates.

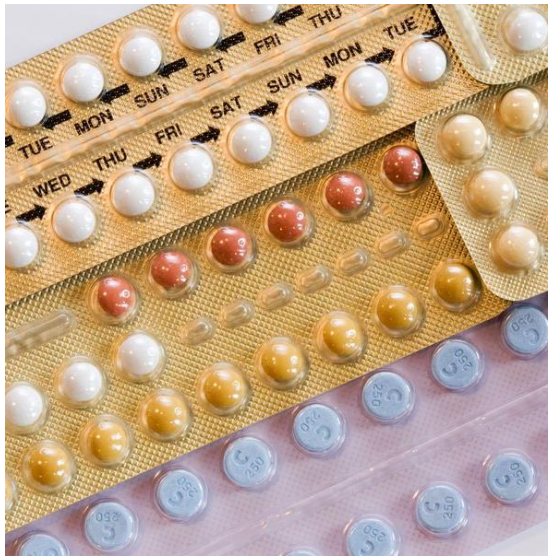
Contraception Choices

Home | Contraception Choices



Combined Contraception Methods:

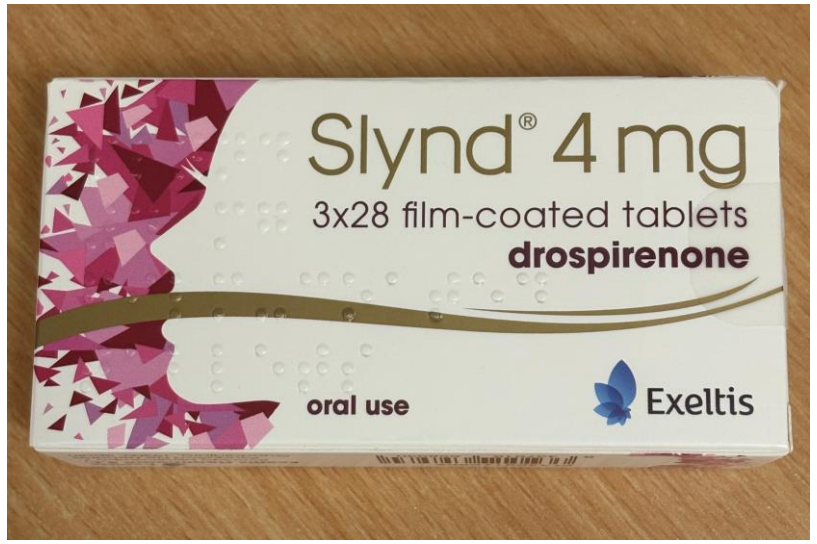
Combined Pill



Patch

Ring

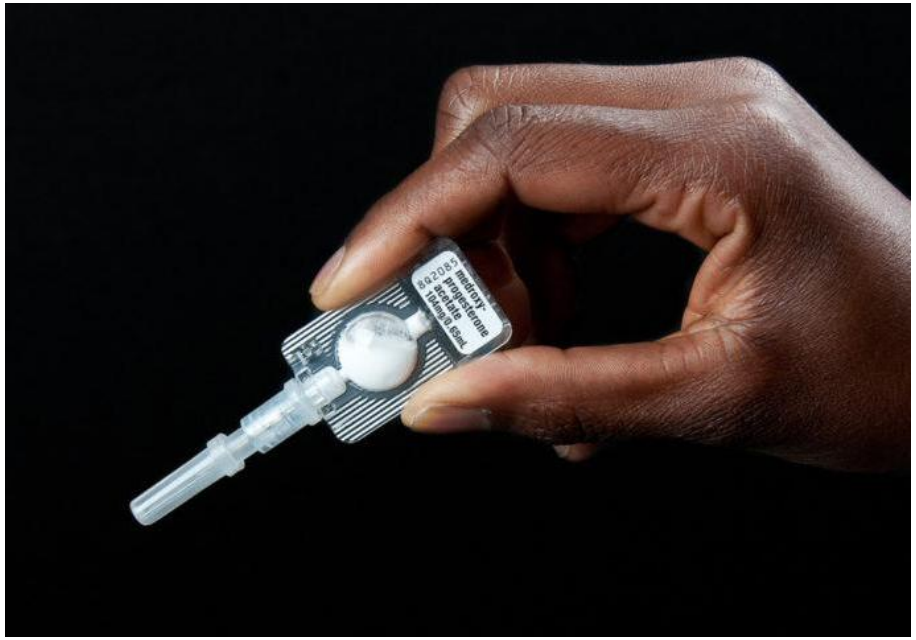
Progesterone only pills:



LARC: Injectable Methods

Depo Provera

Sayana Press



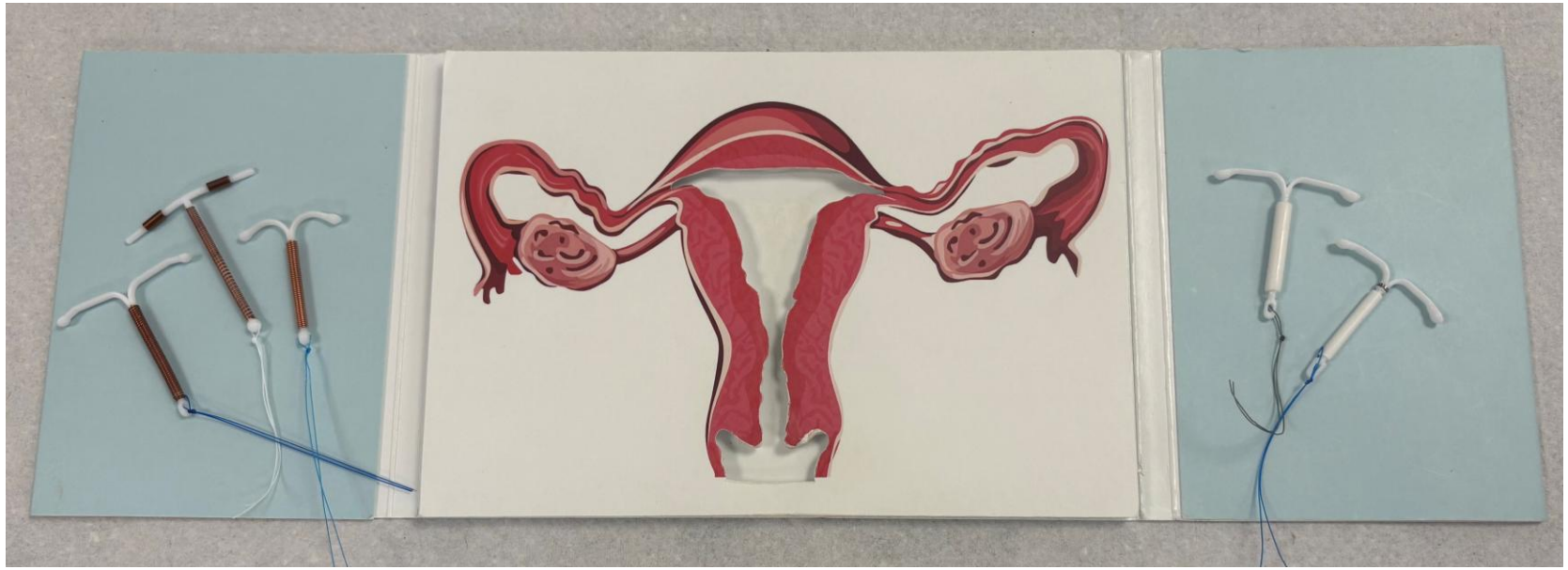
LARC: Implant

Contraceptive implant now licensed for up to 5 years in the UK | CoSRH

The updated guidance is based on findings from a Phase 3, multicentre, open-label study, which evaluated contraceptive efficacy and safety during years four and five of implant use. The study enrolled 498 participants aged 35 years and under who had already completed three years of implant use. Of these, 399 participants, with a mean age of 27 years, were included in the primary analysis.

No pregnancies were reported during years four and five of use, and the study did not identify new safety concerns, providing strong reassurance that contraceptive effectiveness is maintained through extended use.

LARC: IUDs



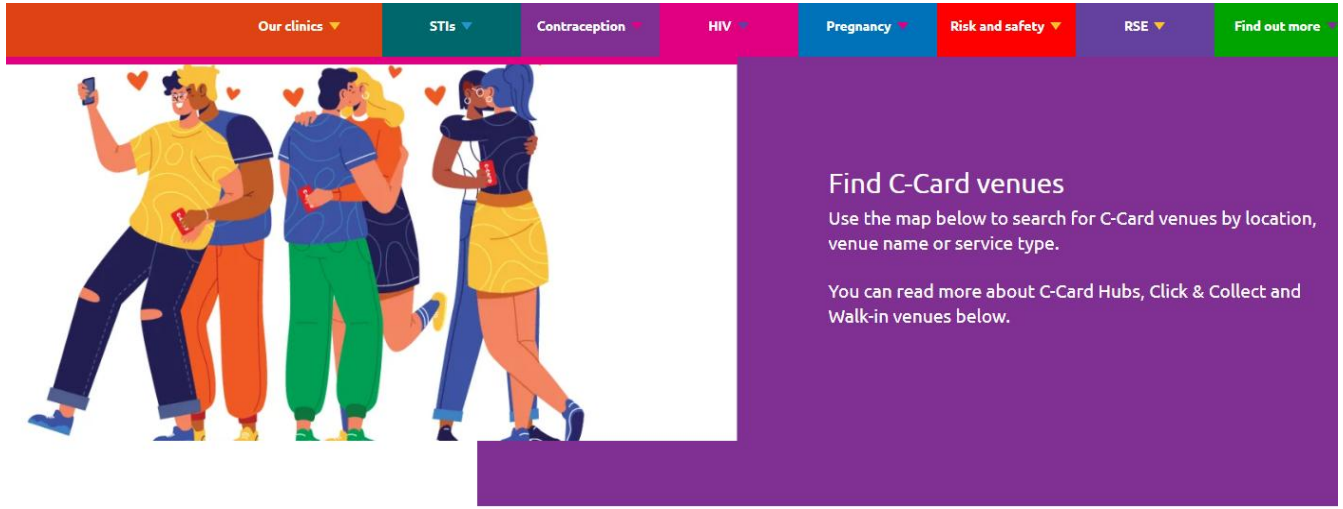
Update on LNG IUD licences

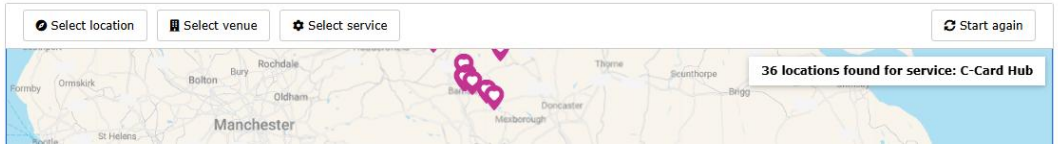
- FSRH statement: Extended use of all 52mg LNG-IUDs for up to eight years for contraception (May 2024) | CoSRH
- Only for contraception – not heavy menstrual bleeding/HRT
- Now applies to all 52mg IUDs
- Applies to all current users (device unchanged)

Barrier Methods

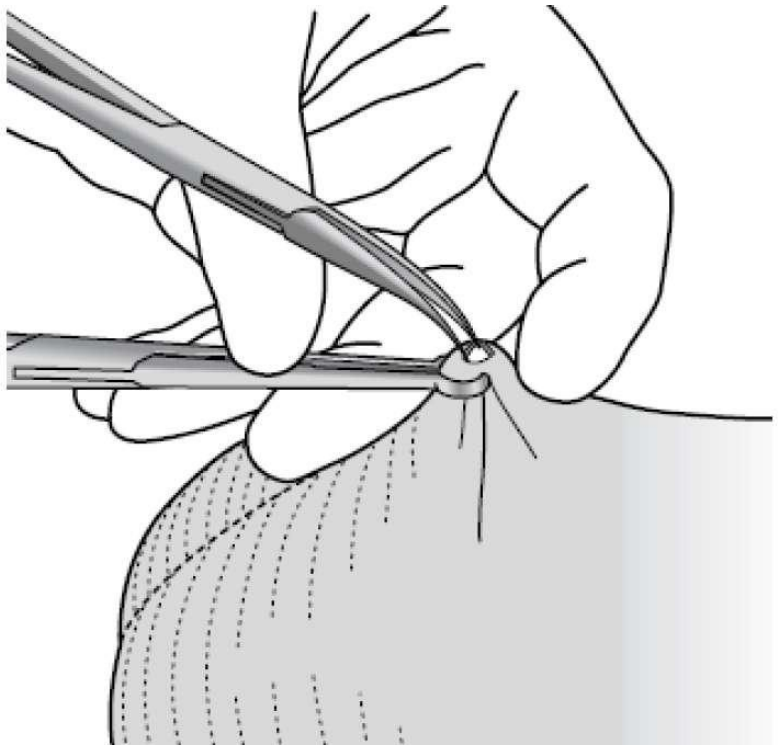
Barrier methods

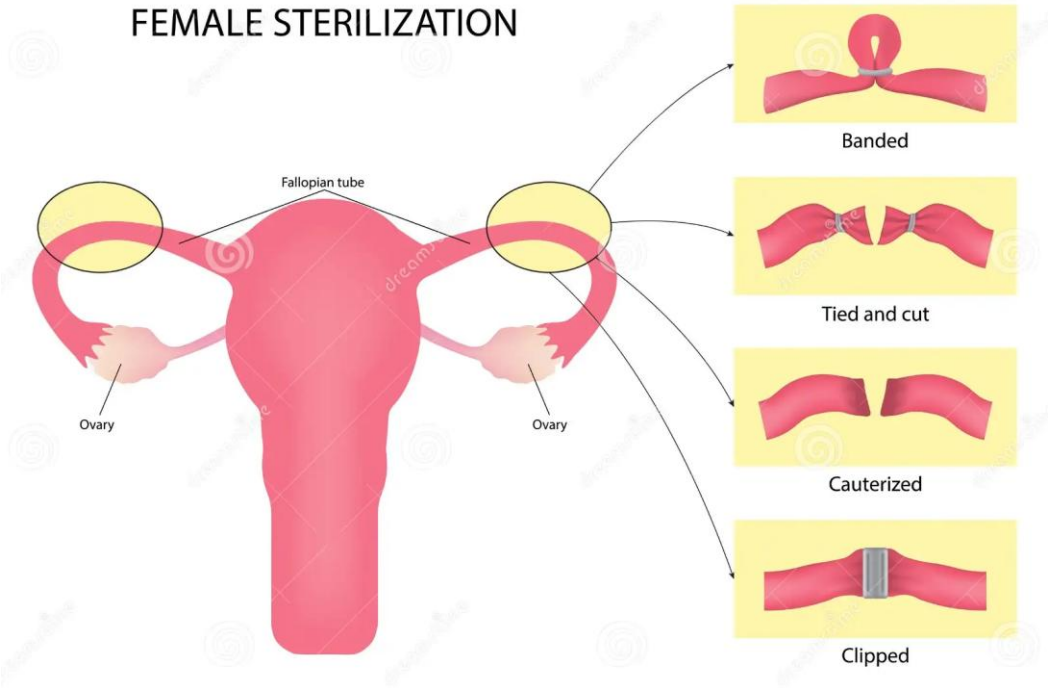
Find C-Card venues - Spectrum Sexual Health





Irreversible methods:





Fertility Awareness Methods (FAM)

Fertility awareness (natural family planning) is a way of predicting ovulation, to work out when pregnancy is more likely

The method involves recording signs of fertility such as body temperature, thickness of fluid in the vagina, and calculating fertile times from menstrual cycle dates.

Teaching from a qualified fertility awareness teacher is recommended.

Fertility awareness can be very effective (with daily monitoring)

Emergency Contraception

- Take a systematic history
- Any hormonal contraception at the moment (or have they taken anything hormonal in the past week)?
- Any potential drug interactions/medical conditions/GI tract issues/breastfeeding?
- When did they have sex? Multiple episodes? Likely to have further UPSI?
- LMP? Likely date of ovulation?
- How much do they weigh?
- Is a copper coil appropriate?
- Is quickstarting a new method appropriate?
- STI risk?
- Ongoing contraception? When will new method be effective? When to do pregnancy test?

Learning Points

- May be fertile for longer in cycle than normal after oral EC (ovulation delayed)
- If vomit within 3 hours need repeat dose
- Can still return for IUD if changes mind (and give oral EC if coil fit deferred)
- Pregnancy test in 3 weeks
- Don’t take any other hormonal contraception for next 5 days after ulipristal
- Can give repeat doses in same cycle
- Offer information leaflets about contraception choices
- Don’t forget STI screening

UKMEC Update 2025

- UK Medical Eligibility Criteria for Contraceptive use
- Used to help HCPs determine the safety of contraceptive methods based on patient's personal characteristics and medical conditions
- Based on safety, rather than effectiveness
- For use in contraception (rather than other medical indications)
- Evidence-based, expert reviewed

UKMEC topics reviewed

Multiple Sclerosis	Chronic Kidney Disease	Sickle cell disease/trait	Multiple risk factors for VTE	Drospirenone (DRSP)
Estetrol (E4)	Conditions with increased risk of thrombosis	Stroke	Depression	High risk HPV
E-cigarettes	Hypertension	Breast cancer	HIV	STIs
Ovarian cancer	PID	Liver disease	Osteoporosis	Postpartum IUC

UKMEC : UKMEC Categories

UKMEC	DEFINITION OF CATEGORY
Category 1	A condition for which there is no restriction for the use of the method.
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable.
Category 4	A condition which represents an unacceptable health risk if the method is used.

Using the UKMEC:

- Multiple UKMEC 2 categories indicate a cumulative risk IF the characteristics / conditions present all relate to the same risk category. Clinical judgement should be used.
- Multiple UKMEC 3s may pose an unacceptable risk, especially if they relate to the same risk category. Clinical judgement should be used.
- Multiple means more than 1 risk factor
- If condition not included may be due to lack of evidence
- Doesn't include drug interactions

Multiple UKMEC 2 Categories (cumulative risk)

A 34 yr old with **inflammatory bowel disease** and a body mass index **(BMI) of 32kg/m2** requests combined hormonal contraception.

- BMI: UKMEC 2 for CHC (VTE risk)
- Inflammatory bowel disease: UKMEC 2 (VTE risk)

These are **both risk factors for venous thromboembolism** so the risks of using CHC may outweigh the benefit in this case

Multiple UKMEC 2 Categories: (different risk categories)

A 34 yr old with **asymptomatic gallbladder disease** and a body mass index **(BMI) of 32kg/m2** requests combined hormonal contraception.

- BMI: UKMEC 2 = risk factor for VTE
- gallbladder disease: UKMEC 2 = risk factor for worsening gallstones

These risk factors relate to **different risk categories** so the benefits of CHC may outweigh the risks in this case

Table 2: Percentage of women experiencing an unintended pregnancy within the first year of use with typical use and perfect use[5,6]

Method	Typical use (%)	Perfect use (%)
No method	85	85
Fertility awareness-based methods	2 – 23	0.4–5
Female diaphragm with spermicide	17	16
Male condom	13	2
Combined hormonal contraception (CHC)*	7	0.3
Progestogen-only pill (POP)	7	0.3
Progestogen-only injectable (DMPA)	**4**	**0.2**
Copper-bearing intrauterine device (Cu-IUD)	**0.8**	**0.6**
Levonorgestrel-releasing intrauterine device (LNG-IUD)	**0.1 – 0.4**	**0.3**
Progestogen-only implant (IMP)	**0.1**	**0.1**
Female sterilisation	0.5	0.5
Vasectomy	0.15	0.1

*Including combined oral contraception (COC), transdermal patch (patch) and vaginal rings.

Significant changes for depo

- Some UKMEC categories for injectable POC changed
- This may affect the balance of risk vs benefit and eligibility.

Evidence of VTE with DMPA

- Overall 2-3 x increased risk of VTE with DMPA
- 3-3.5 x increased risk of VTE with CHC
- May be a dose response with higher doses of progesterone and VTE, ? changes in coagulation – more work needed.
- Known increased risk VTE with higher dose of NET

Conditions with increased risk of VTE

- Change in UKMEC categories

Condition	DMPA 2016	DMPA 2025
Postpartum with other risk factors for VTE	2	3
BMI > 35	1	2
Superficial venous thrombosis	1	2
Known thrombogenic mutations	2	3
Ovarian cancer	1	2
Endometrial cancer	1	2
Inflammatory bowel disease	1	2
Sickle cell disease	1	2
Positive antiphospholipid antibodies	2	3

Postnatal use of DMPA

- UKMEC 1/2 if no additional risk factors for VTE
- If any risk factors for VTE are present, DMPA becomes UKMEC 3 until 6w post partum
- RCOG has guidance on VTE risk factors in the postnatal period https://www.rcog.org.uk/media/qejfhcaj/gtg-37a.pdf
- If need to use thromboprophylaxis, probably shouldn't be using DMPA

Why is smoking still UKMEC1 for DMPA?

- Based on expert advice and lack of evidence in smokers who use depo
- Smoking is a risk factor for VTE, but not one of the biggest as smoking is a more significant risk for arterial thrombosis (CVD/CVA)
- However, we should still consider it as a risk factor when assessing additive VTE risk (e.g. smoker, plus raised BMI, plus inflammatory bowel disease)
- On its own smoking is a 1 but consider it as an additional risk if other risks are present.

Changes to DMPA UKMEC categories in practice

A 28 yr old with a BMI of 36 and a family history of VTE

2016 UKMEC:

- BMI 36 UKMEC 1
- FH VTE UKMEC 1

2025 UKMEC:

- BMI 36 UKMEC 2
- FH VTE UKMEC 2

= Multiple UKMEC 2 risk factors for VTE

Stroke and LNG IUD: Change in UKMEC category

- NO increased risk of stroke in LNG IUD users
- LNG IUD is now UKMEC 2 for initiation AND continuation (previously I2C3)
- Can continue LNG IUD after having a stroke
- Evidence is mixed for implant/pop so these stay the same I2,C3

Further reading

UKMEC 2025

https://www.cosrh.org/Common/Uploaded%20files/documents/UKMEC_2025.pdf

FAQs: UKMEC 2025

https://cosrh.org/Public/Standards-and-Guidance/ukmec-faqs.aspx?WebsiteKey=f858b086-d221-4a83-9688-824162920b1b

Supplementary evidence table

https://www.cosrh.org/Common/Uploaded%20files/documents/UKMEC_2025_Supplementary_Evidence.pdf

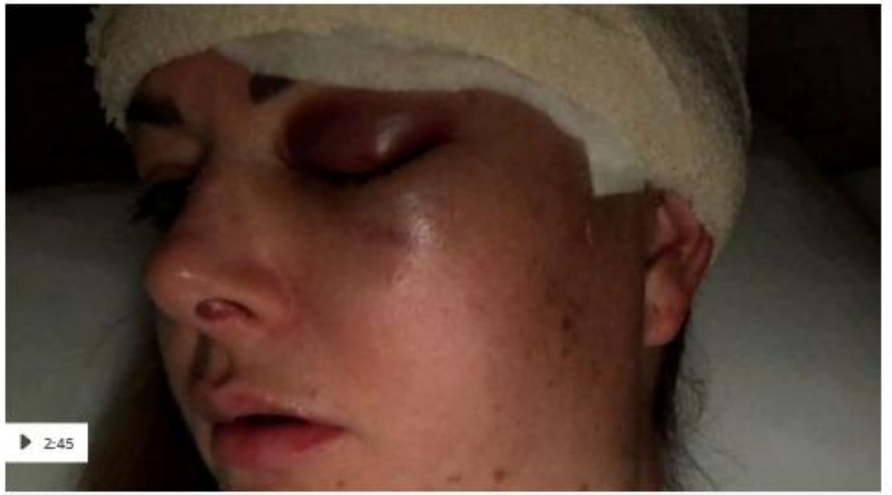
Women suing Pfizer over 'brain tumour link to contraceptive injection' | UK News | Sky News

A group of women who took a contraceptive injection called Depo-Provera are suing the pharmaceutical giant Pfizer after suffering serious health issues.

Connor Gillies
Scotland correspondent @ConnorGillies

Monday 1 June 2026 08:16 UK

Pfizer | Scotland



Pfizer said: "We conduct rigorous and continuous monitoring of all our medicines, including assessments of reported adverse events, in collaboration with health authorities around the globe."

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🚨🧠PFIZER A DÉTRUIT LE CERVEAU DE PLUS DE 13 000 FEMMES

Le Depo-Provera, leur injection de contraception utilisée par 25 % des femmes, provoque des tumeurs au cerveau (méningiomes).

Une étude massive sur 61 MILLIONS de femmes révèle

Use of progestogens and the risk of intracranial meningioma: national case-control study | The BMJ

- Meningioma uncommon
- Mean age at diagnosis 66 yrs
- More common in women
- Incidence over 40 is 18.69/100,000
- Incidence under 19 is 0.16/100,000
- 2020 MHRA advised individuals with meningioma to avoid cyproterone
- 2023 FSRH advised individuals with or with hx of meningioma to avoid Zoely (nomogestrel)
- 9/18,061 women with meningioma had been exposed to depo compared to 11/90,305 in control group, significant excess risk with depo exposure

fsrh-ceu-statement-progresterogens-and-meningioma-roland-et-al-2024.pdf

The FSRH CEU recommends no significant change to practice currently but does suggest that this information is included in individual discussions with patients regarding risks and benefits of various contraceptive methods.

Statement Response Lundstrom et al Progestogens and meningioma study (July 2026).pdf

Study reports associations between meningioma and COCs containing cyproterone, drospirenone, gestodene and levonorgestrel, but found no association with COCs containing norethisterone or norgestimate, or with the norethisterone POP.

It also reports an association between the 52 mg LNG-IUD and meningioma that was not observed in the previous studies by Roland et al. The association with the 52 mg LNG-IUD increased with duration of use; however, the absolute risk remained low and was substantially lower than that observed with DMPA.

Evidence of increased risk with current use*	Odds ratio (95% Confidence Interval)
Cyproterone COC	2.15 (1.05 – 4.41)
Desogestrel COC	2.07 (1.41 – 3.04)
Drospirenone COC	2.53 (1.45 – 4.42)
Gestodene COC	2.01 (1.47 – 2.74)
Levorgestrel COC	1.80 (1.33 – 2.46)
Desogestrel POP	1.96 (1.26 – 3.08)
Medroxyprogesterone injection	9.70 (3.85 – 24.42)
LNG-IUD – high dose	1.62 (1.29 – 2.04)
Evidence showing no increased risk of meningioma	
Norethisterone COC	1.38 (0.77 – 2.47) *
Norgestimate COC	0.81 (0.32 – 2.01)
Norethisterone POP	1.01 (0.43 – 2.33)
LNG-IUD – low dose	1.35 (0.70 – 2.62)

Current use was defined as less than one year since initial exposure to end of use.

***Table 2**: Numbers Needed to Harm (NNH) in women age 45-49years for all forms of contraception showing increased risk of meningioma reported in Lundstrøm et al. (2026)[2]*

Progestogen	Number needed to harm - women age 45-49 years
Cyproterone COC	25,091
Desogestrel COC	23,324
Drospirenone COC	26,464
Gestodene COC	35,040
Levorgestrel COC	38,067
Desogestrel POP	20,964
Medroxyprogesterone injection	4,337
LNG-IUD – high dose	26,558

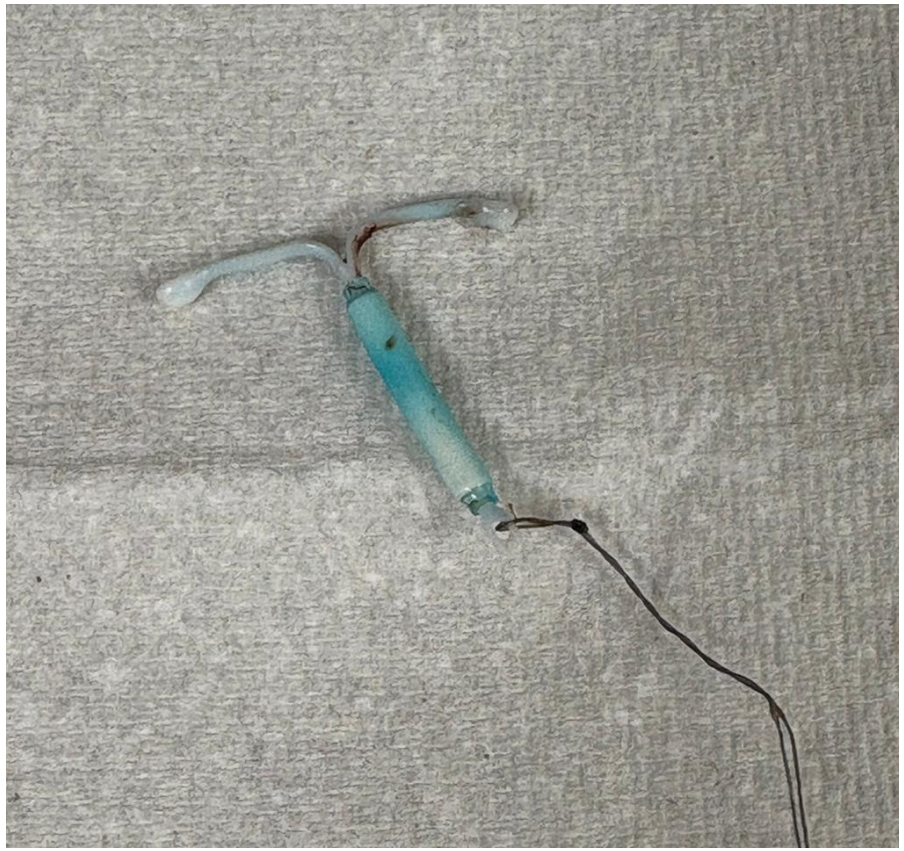
	Number needed to harm by age group (years)								
Progestogen	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40-49**	**45-49**	**50-54**	**55-59**
Medroxyprogesterone injection	448,937	99,064	44,270	24,238	10,303	5,968	4,337	4,542	5,372
LNG-IUD – high dose	2,749,683	606,748	271,143	148,452	63,099	36,547	26,558	27,815	32,898

Coil removal

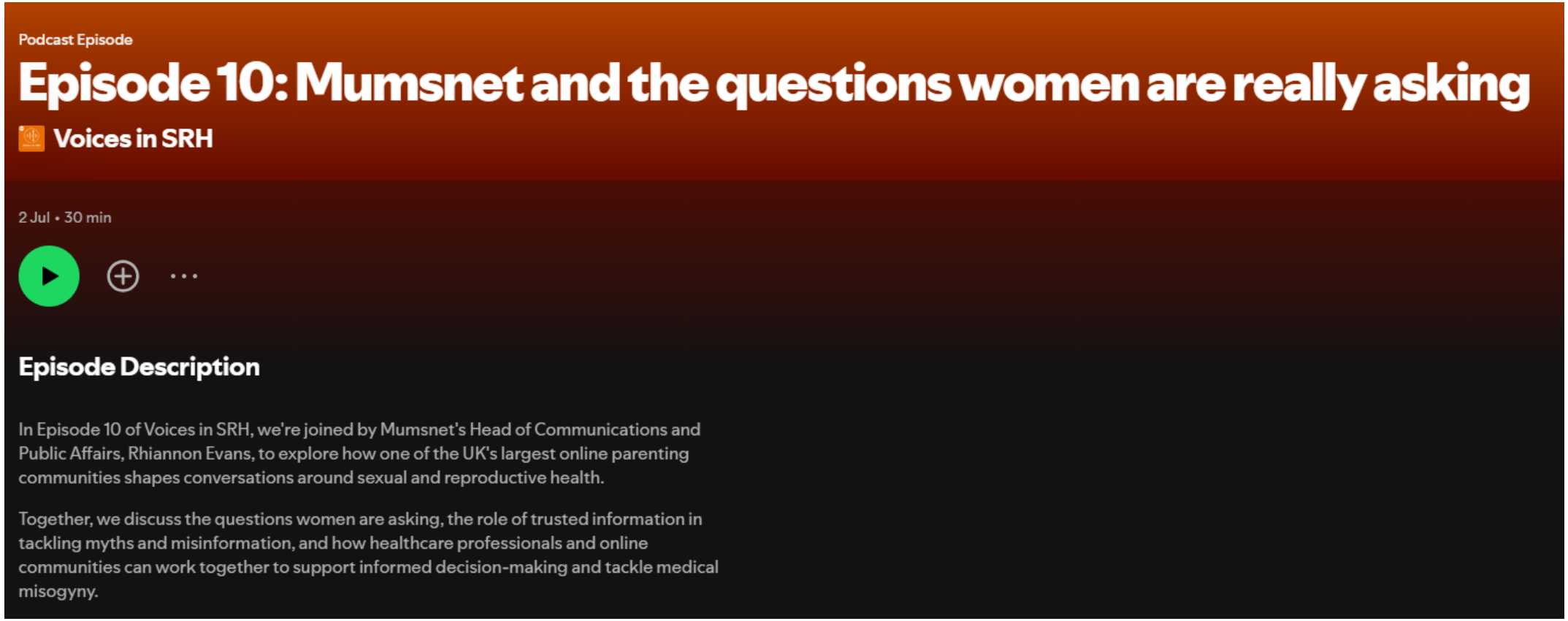
IUC removal – consultation

IUC removal

[CoSRH Bitesize: Intrauterine contraception (IUC) removal | CoSRH]



CoSRH Podcasts (via CoSRH website/Spotify)



Yorkshire Regional Family Planning and Reproductive Healthcare Update 07/10/2026 (nicky.hey@yrfpupdate.co.uk)

Putting UKMEC 2025 Into Practice
Dr Rebecca Strauss, Associate Specialist and Chair of Contraception Leeds Group, Locala Sexual Health

Pelvic organ prolapse: Assessment, management & pessary use in primary care
Dr Fiona Marsh, Consultant Urogynaecologist, Leeds Teaching Hospitals Trust

Identifying and Managing PMS and PMDD in primary care
Dr Amy Tatham, GPwSI Gynaecology, The Ridge Medical Practice, Bradford

HRT Troubleshooting: What to do when it's not working
Dr Lindsey Thomas, GP & Menopause Specialist, Porterbrook Medical Centre, Sheffield

Fifty Shades of 'Actually it Depends': Sexual desire in women
Dr Naomi Sutton, Consultant Physician, Rotherham Sexual Health Services

Meeting Chair - Dr Manisha Singh, Consultant, Leeds Sexual Health and Leeds Community Gynaecology Service

Tea & coffee and hot lunch included. This meeting will be, in part, supported by pharmaceutical companies and health charities.

Contact

- schcic.bishadmin@nhs.net for general enquiries

- Please email us if you would like to be added to the mailing list for our LARC fitters' forums meetings