

## Contraception

Contraception must be discussed at annual review and DSN assessments with all women of childbearing age. Condom use is encouraged to help prevent sexually transmitted infection

There are no contraceptive methods specifically contraindicated in women with diabetes; however, methods with proven high degrees of effectiveness are preferable.

It is advisable to plan ahead for pregnancy and contraception is a key factor in the planning process.

Type of contraception	Advantages
Combined Hormonal Contraceptives (CHC)	Generally safe in younger patients with type 1 Diabetes. Alternative methods should be considered in patients with 2 or more risk factors (i.e. diabetes plus other e.g. vascular disease, neuropathy and retinopathy).
Progestogen only pill (POP)	Safe and effective if reliable in taking medication. Pill needs to be taken at same time every day (unprotected if more >12 hrs overdue with Cerazette, >3 hrs with remainder). Useful for patients with risk factors
Injectable progestogen (Depo)	Suitable for patients with diabetes (except those with risk factors [ie diabetes plus other eg vascular disease, neuropathy and retinopathy]). Injection administered every 12 weeks. Non-contraceptive effects (eg bleeding disturbance) can last for up to 18 months, but contraception only lasts for maximum of 14 weeks after last injection. May also affect dose of diabetes medications.
Nexplanon (Implant)	Small, flexible rod, which is inserted under the skin on the inside of the upper arm. A small amount of progestogen is released each day. It lasts for 3 years, and is more effective than sterilisation. Suitable for women with diabetes.
Intrauterine device (progesterone) (IUS, Mirena) and IUD (copper)	IUS/IUDs are safe to use in women with diabetes. The IUS is helpful for women suffering from menorrhagia
Diaphragm/condom	These methods provide a lower degree of effectiveness Emergency contraception may be required if the methods have not been used consistently or the method has failed (e.g. condom split).
Sterilisation	This may be appropriate for the male partner, if the female partner has diabetes as surgery poses potential risks for people with diabetes. Male sterilisation (vasectomy) is very effective, female sterilisation is not as effective. Sterilisation or IUCD methods of choice if over 35 years and family complete.

### UK Medical Eligibility Criteria for Contraceptive Methods 2009

	COC	POP	Depo	Implant	IUS	IUD
History of gestational disease	1	1	1	1	1	1
Type 2 Diabetes, non vascular disease	2	2	2	2	2	1
Type 1 Diabetes, non vascular disease	2	2	2	2	2	1
Nephropathy/retinopathy/neuropathy	3/4	2	3	2	2	1
Other vascular disease	3/4	2	3	2	2	1

**Category 1** – a condition for which there is no restriction for the use of the contraceptive 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

**Category 4** - a condition which represents an unacceptable health risk if the contraceptive method is used