CONTRACEPTION MADE EASY

L. PERCY and D. MANSOUR

2nd EDITION

BMA

Medical book awards
Highly commended

CONTRACEPTION
MADE EASY

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SECOND EDITION

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Contents

Foreword to the second edition

I was delighted to be asked to write this Foreword, because in the author team there is such an excellent combination of clinical acumen and experience of writing and publishing. I have always appreciated Diana's understanding of the evidence and research behind her management. Laura was the first winner of the Anne Szarewski Journal Memorial Award for clinical innovation.

Diana and Laura have brought together current FSRH guidance, NICE guidelines and clinical practice in a concise form for easy reference. I was particularly impressed by the coverage of contraception for special groups (*Chapter 3*) and unplanned pregnancy (*Chapter 15*). A summary of the UK Medical Eligibility Criteria (UKMEC) as an Appendix is very useful. This book genuinely is 'contraception made easy'.

Concise and practical, this book is ideal to have at hand wherever contraceptive care is being provided: in primary or community care, or in a secondary care setting. Alternatively you may wish simply to update your knowledge. Enjoy!

Dr Asha Kasliwal, President FSRH

About the authors

Dr Laura Percy qualified as a Consultant in Community Sexual and Reproductive Healthcare, and is currently an Associate Editor of *BMJ Sexual & Reproductive Health*. She was the winner of the inaugural Anne Szarewski Journal Memorial Award, and has published several articles on Contraception and Women's Health. She completed her MBBS from the University of Newcastle upon Tyne in 2006, began working in contraception in 2008. She has an MSc in Health Education and Health Promotion, and a BSc in Human Biology from King's College, London. Laura is a qualified psychosexual therapist and has a special interest in this area. She is also very interested in the provision of medical information to the public and professionals, with a particular emphasis on sexual health. Information provision and dissemination is currently the main focus of her work.

Dr Diana Mansour is a Consultant in Community Gynaecology and Reproductive Healthcare in Newcastle upon Tyne, UK. She has been an Associate Clinical Lecturer at Newcastle University since 1997. In addition Dr Mansour is Senior Vice President at the Faculty of Sexual and Reproductive Healthcare in the UK. Diana is the Lead Officer for FSRH Clinical Effectiveness Committee, the Clinical Standards Committee, the Clinical Studies Group and FSRH Journal (*BMJ Sexual & Reproductive Health*).

Dr Mansour was the first accredited subspecialty trainee in Community Gynaecology and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists.

She is first author to over 90 peer-reviewed publications. Her areas of expertise include acceptability of contraceptive methods, non-contraceptive benefits of contraception, development of long-term methods of contraception, changes in health service provision, medical management of heavy menstrual bleeding and management of the menopause.

Abbreviations

ART	antiretroviral therapy
BMD	bone mineral density
BMI	body mass index
CHC	combined hormonal contraception
CIN	cervical intraepithelial neoplasia
COC	combined oral contraceptive
CTP	combined transdermal patch
CVE	cardiovascular event
CVR	combined vaginal ring
DMPA	depot medroxyprogesterone acetate
DVT	deep vein thrombosis
EC	emergency contraception
EVA	electronic vacuum aspiration
FPA	Family Planning Association
FSH	follicle-stimulating hormone
hCG	human chorionic gonadotrophin
HFI	hormone-free interval
HMB	heavy menstrual bleeding
IBD	inflammatory bowel disease
IMB	intermenstrual bleeding
IMP	implant
IUC	intrauterine contraceptive

IUD	intrauterine device
IUS	intrauterine system
IVF	*in vitro* fertilization
LAM	lactational amenorrhoea method
LARC	long-acting reversible contraception
LH	luteinizing hormone
LNG	levonorgestrel
MI	myocardial infarction
MIV	minimally invasive vasectomy
MVA	manual vacuum aspiration
NET-EN	norethisterone enanthate
NICE	National Institute for Health and Care Excellence
NSAID	non-steroidal anti-inflammatory drug
NSV	no-scalpel vasectomy
PCB	post-coital bleeding
PE	pulmonary embolism
PEPSE	post-exposure prophylaxis following sexual exposure
PID	pelvic inflammatory disease
POP	progestogen-only pill
PrEP	Pre-exposure prophylaxis
RCOG	Royal College of Obstetricians and Gynaecologists
STI	sexually transmitted infection
UKMEC	UK Medical Eligibility Criteria
UPA	ulipristal acetate
UPSI	unprotected sexual intercourse
VTE	venous thromboembolism

Chapter 1

Introduction

1.1 Introduction

This short book provides up-to-date information, often in note form, about the commonly used contraceptive methods available in high resource countries and is aimed at healthcare professionals working in primary, community and secondary services. The book's content is based on guidance from the Faculty of Sexual and Reproductive Healthcare's Clinical Effectiveness Unit and the National Institute for Health and Care Excellence. References will appear at the end of each chapter when specific studies or reviews are mentioned.

Chapter 2, covering the consultation, explores the necessary points to discuss when seeing couples about contraception, including their ideas, concerns and expectations. *Chapter 3* looks in more detail at the provision of contraception to special groups such as young people and those with learning difficulties. Each method will then be examined in turn, with information identifying potential users of the method, how it works, its efficacy, the advantages and disadvantages, how to start and stop the methods (where appropriate) plus the management of troublesome side-effects. The book concludes with two chapters on screening women for asymptomatic sexually transmitted infections (STI) and managing unplanned pregnancies.

1.2 Unplanned pregnancy

Keeping up to date in this field is difficult, especially when contraception is not your special interest. Yet men and women will seek advice from approachable healthcare staff who are non-judgemental and can give non-directional support. Hopefully being better prepared will help couples plan their pregnancies. However, at the current time it is estimated that almost 50% of pregnancies worldwide are unplanned. One in three women from high resource countries experiences an abortion during their lifetime, with a third requiring a repeat procedure.

Over 80% of abortions take place in women aged 20 or over, not the teenagers that are so often vilified. Free provision of contraception has had little effect on the abortion rate in England and Wales (*Figures 1.1–1.3*), with at least 60% of women using a contraceptive method at the time of the abortion. However, the most commonly cited methods are oral contraceptives or condoms, which require correct and consistent use. This high number of unplanned pregnancies may reflect poor contraceptive knowledge in the population. There may be issues related to funding of contraceptive services in primary and community care which limit access to and availability of contraceptive choice. Time pressures during consultations reduce the ability to explore fears and concerns surrounding some methods. This can result in couples choosing a contraceptive that fails to fit their lifestyle, for example an inability to adhere to daily regimens, leading to high typical failure rates for pills, condoms and natural methods when compared with perfect use (*Table 1.1*).

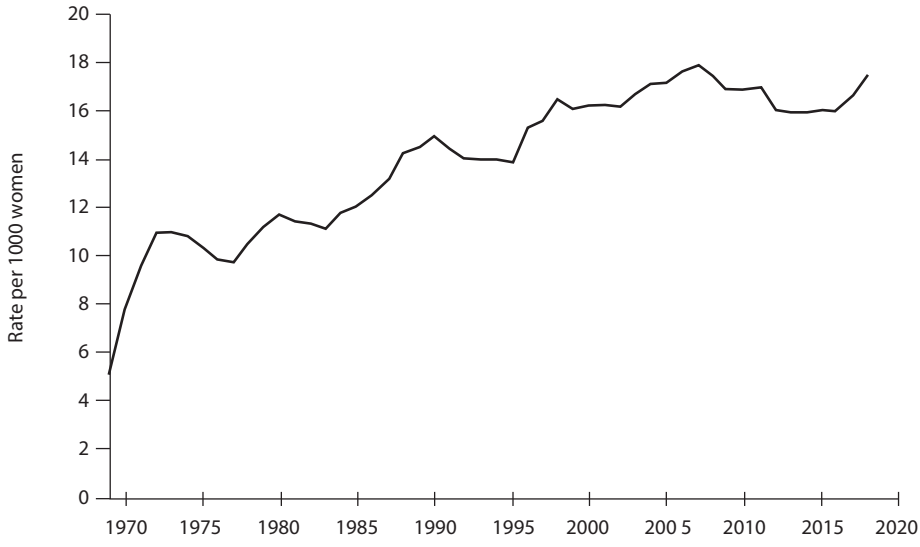

Figure 1.1 Age-standardized abortion rate per 1000 women aged 15–44, England and Wales 1970 to 2018.

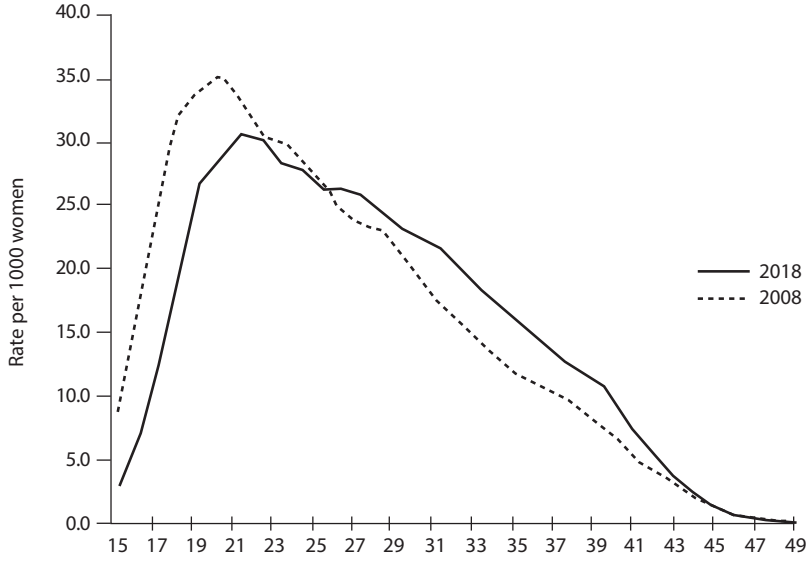

Figure 1.2 Abortion rate per 1000 women by single year of age, England and Wales, 2008 and 2018.

Table 1.1 Summary table of contraceptive efficacy – percentage of women experiencing an unintended pregnancy during the first year of typical and perfect use of contraception, and the percentage continuing use of that contraceptive at the end of the first year of use

Contraceptive method	Women experiencing an unintended pregnancy within the first year of use (%)		Women continuing use at 1 year (%)
	Typical use	Perfect use	
No method	85	85	
Spermicides	28	18	42
Fertility awareness-based methods	24		47
Simplified calendar method		5	
Two day method		4	
Ovulation method		3	
Symptothermal method		0.4	
Withdrawal	22	4	46
Sponge			36
Parous women	24	20	
Nulliparous women	12	9	
Condom			
Female	21	5	41
Male	18	2	43
Diaphragm	12	6	57
Combined pill and progestogen-only pill	9	0.3	67
Evra patch	9	0.3	67
NuvaRing	9	0.3	67
Depo-Provera	6	0.2	56
IUDs			
ParaGard (copper T)	0.8	0.6	78
Mirena (LNG)	0.2	0.2	80
Implanon	0.05	0.05	84
Female sterilization	0.5	0.5	100
Male sterilization	0.15	0.10	100
Adapted from Trussell (2012) Contraceptive failure in the United States. *Contraception,* **83**: 397.			

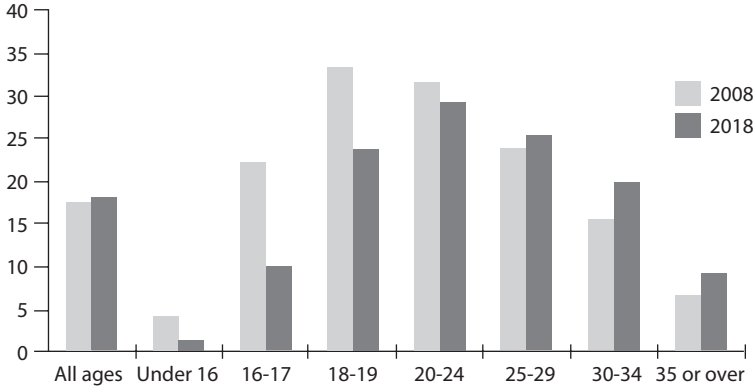

Figure 1.3 Abortion rate per 1000 women by age, England and Wales, 2008 and 2018.

1.3 Provision of contraceptive services

Political commitment to invest in contraceptive choice and easily accessible services is essential. Effective provision of, and access to, contraception improves the health of women and children. Investing in this area of healthcare is cost-effective; over a ten-year period, for every £1 spent on providing contraception in the UK, £9 from the public purse is saved.

1.4 UK Medical Eligibility Criteria for contraception

Sixteen contraceptive methods are available free at the point of access in the UK and these include:

- emergency contraception
- combined oral contraceptives (COCs), patches, and vaginal rings
- progestogen-only pills (POPs)
- progestogen-only injectables and implants (DMPA and IMP)
- copper intrauterine contraceptives (IUDs)
- levonorgestrel intrauterine systems (IUSs)
- diaphragms, cervical caps
- male and female condoms
- natural fertility awareness advice/kits/apps
- male and female sterilization.

Healthcare professionals may be fully aware of the contraceptive options available to couples but have concerns if certain medical conditions are present. This could deny women at greatest risk of maternal morbidity and mortality highly effective birth control methods. The UK Medical Eligibility Criteria (UKMEC) for contraceptive use is based on guidance from the World Health Organization and has been modified for use in the UK, guiding health professionals towards safer prescribing. The role of the UKMEC is to consider the safety of a method of contraception but not its efficacy with

regard to medical conditions and patient characteristics. (See *Appendix* for full details of the UKMEC).

The UKMEC is a comprehensive reference tool for those prescribing contraception. The recommendations within it are based on current research, evidence and expert opinion. It includes four categories of risk applicable to contraceptive methods and these are shown in *Table 1.2*, but can be simply viewed as follows:

- UK Category 1 – no restriction for use
- UK Category 2 – can generally be used but with careful follow-up
- UK Category 3 – not usually recommended but may be used after expert clinical judgement and/or referral to a contraceptive specialist
- UK Category 4 – use poses an unacceptable health risk.

In certain cases, initiation (I) of a contraceptive method is classified differently from continuation (C) of a method:

- initiation – starting a method of contraception by a woman with a specific medical condition
- continuation – continuing with the method already being used by a woman who develops a new medical condition.

In this table, the numbers always refer to the UK Category of risk and in some instances the risk level is different at initiation (I) and continuation (C). The UKMEC should be used as a guide but should not replace clinical judgement. For a summary of the UKMEC see *Appendix*.

Table 1.2 Four categories of risk applicable to contraceptive methods

UK category	Hormonal contraception, IUDs and barrier methods
1	A condition for which there is no restriction for the use of the contraceptive method.
2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method. Provision of this method requires expert clinical judgement and/or referral to a specialist contraceptive provider because use of the method is not usually recommended unless other methods are not available or not acceptable.
4	A condition which represents an unacceptable health risk if the contraceptive method is used.

Adapted from the Faculty of Sexual and Reproductive Healthcare's UKMEC for contraception, with kind permission.

References

Department of Health (2019) *Abortion Statistics, England and Wales: 2018* [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808556/Abortion_Statistics__England_and_Wales_2018__1_.pdf – accessed October 2019]