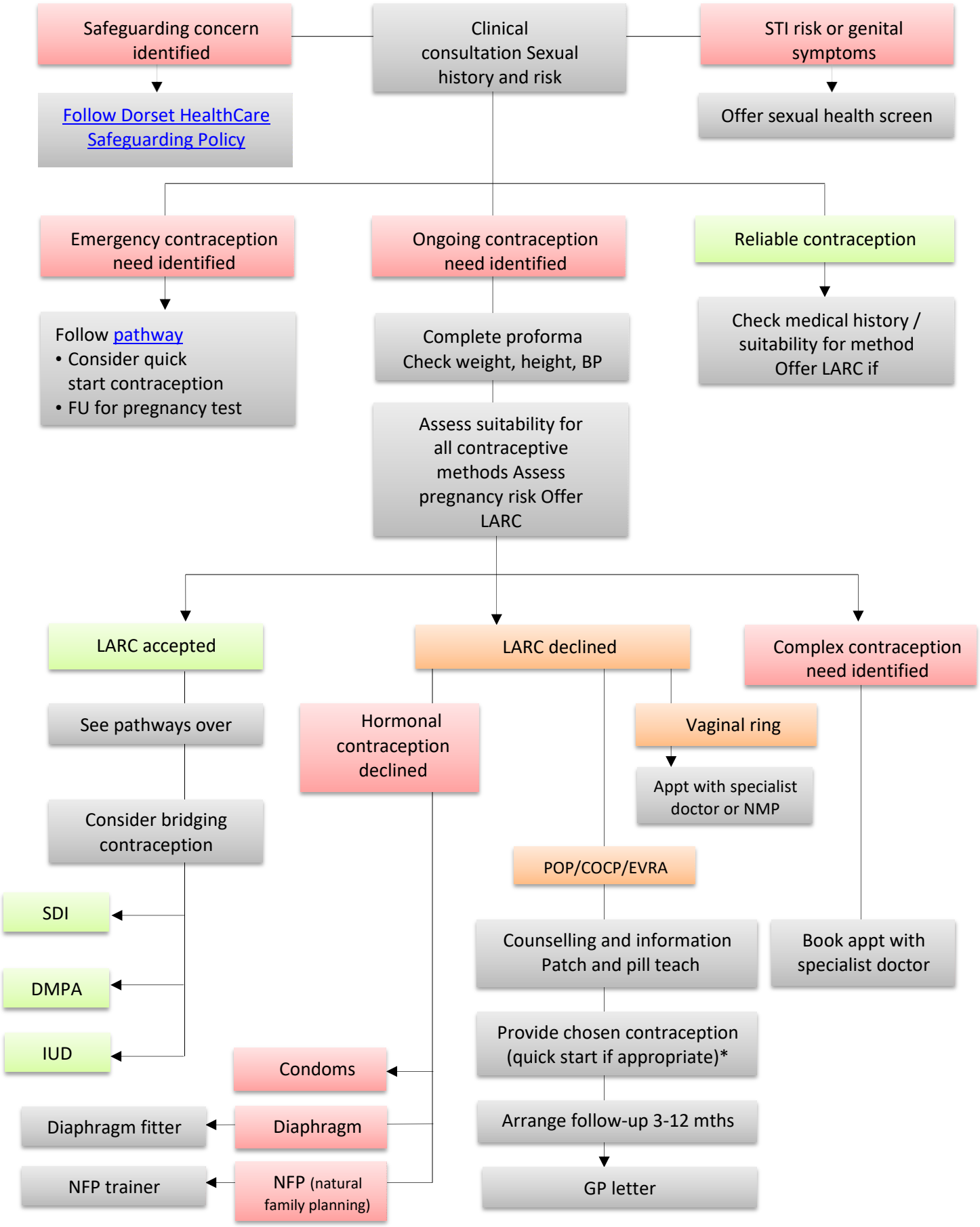
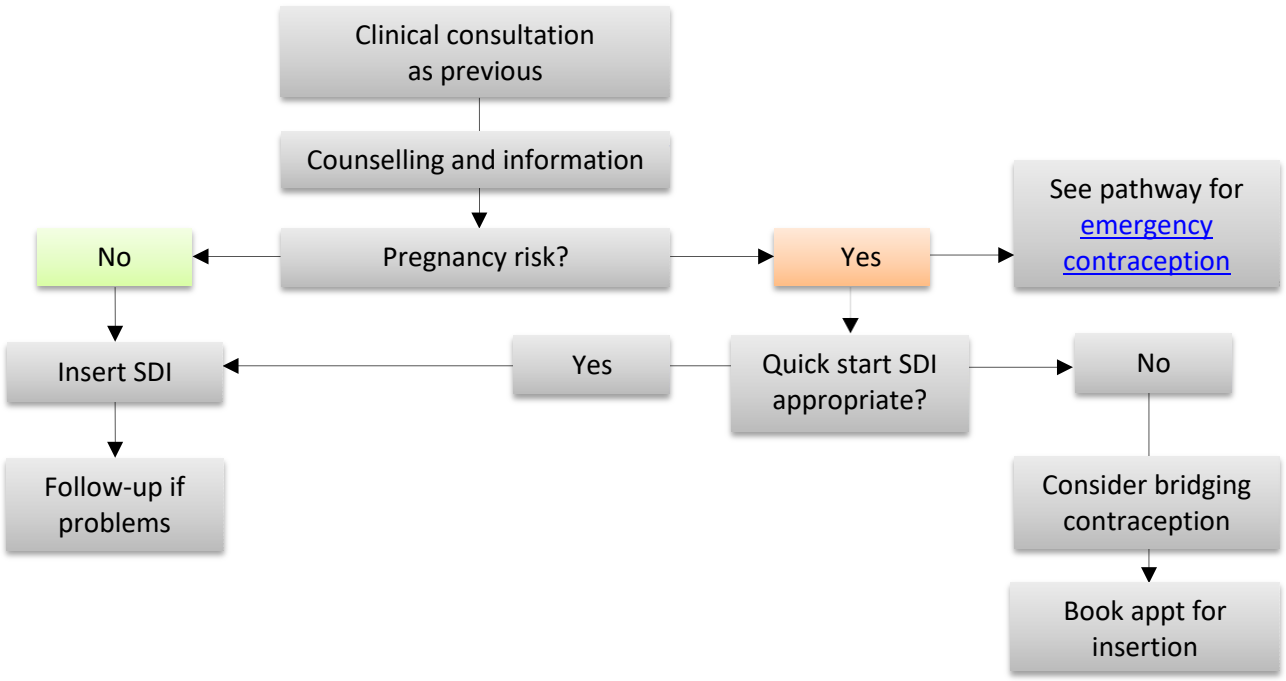
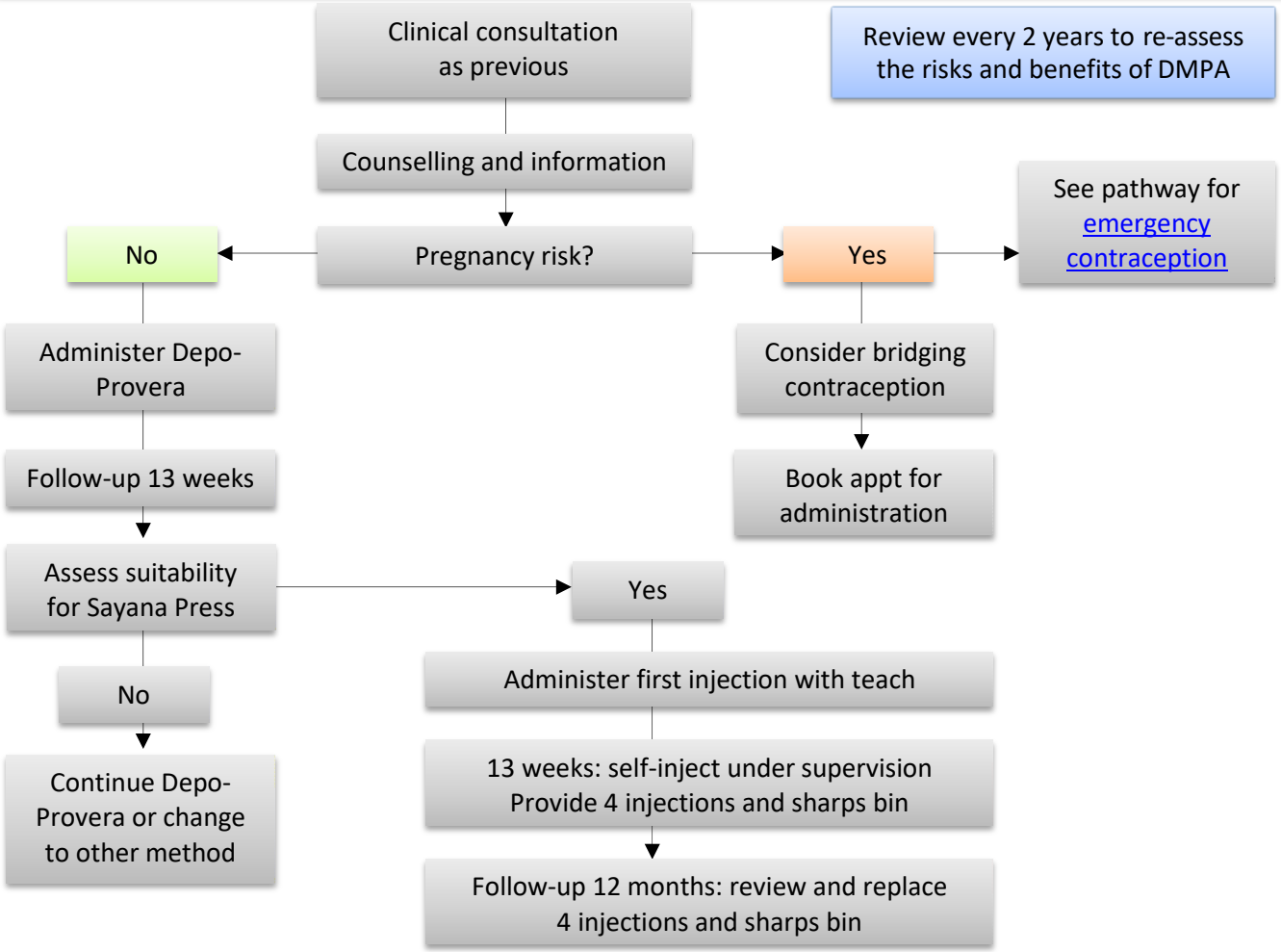
Pathway for Contraception



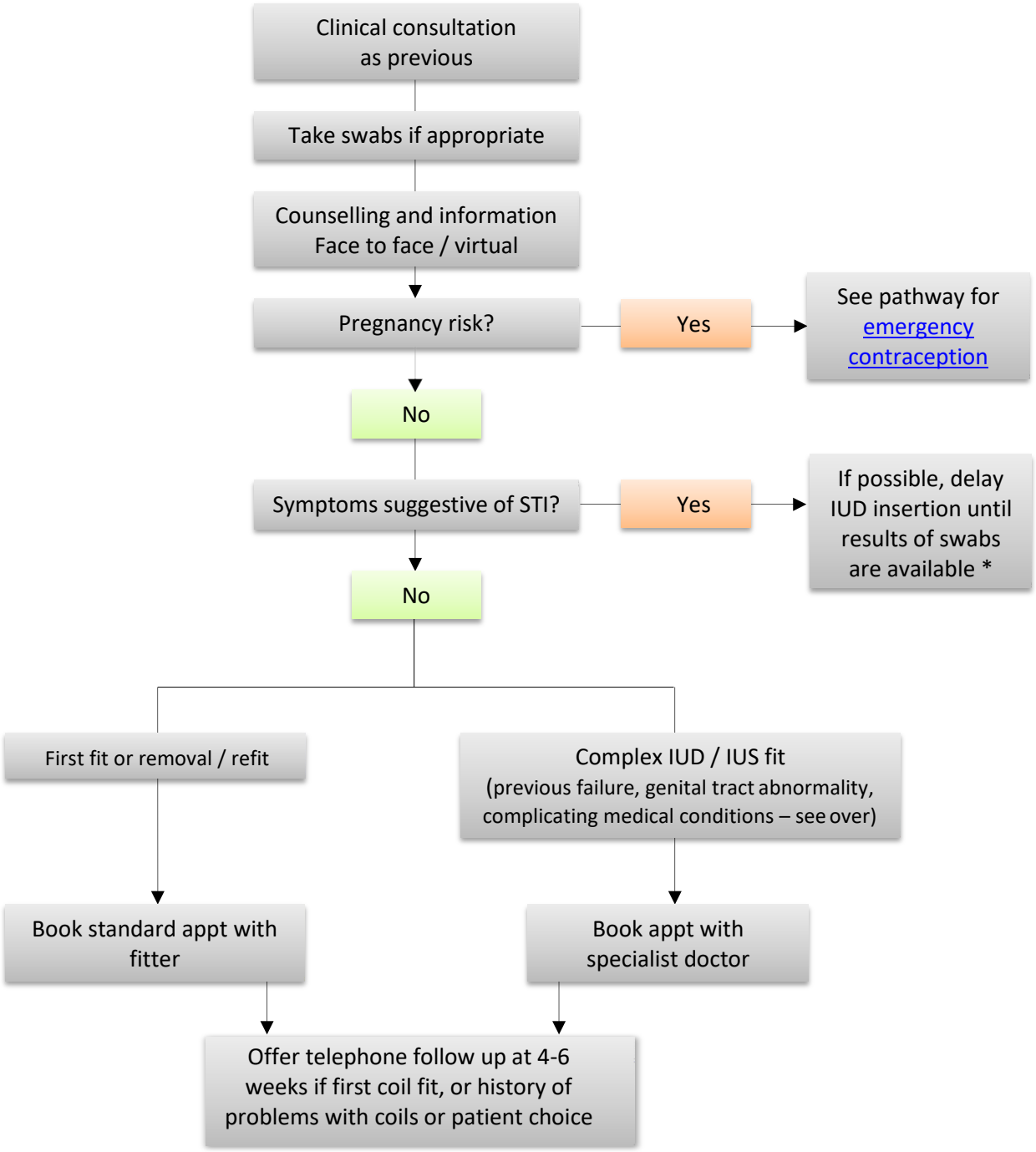
Pathway for Sub Dermal Implant (SDI) Insertion



Pathway for Depo-Medroxyprogesterone Acetate (DMPA)



Pathway for Intra-Uterine Device (IUD) Insertion



* see FSRH CEU statement on antibiotic cover for urgent insertion of intrauterine contraception in women at high risk of STI (May 2019)

Factors Influencing the Choice of Contraception

1. Relative and absolute contra-indications to contraceptive methods:

UKMEC - medical eligibility criteria for contraceptive use

2. Other factors:

• Risk of poor adherence	⇒ LARC; Microgynon ED if COCP an option; also consider patch or ring
• Age < 20	⇒ Caution with DMPA – risk of loss of bone density
• Underweight (BMI <18)	⇒ Avoid DMPA – risk of loss of bone density
• Heavy or painful periods	⇒ DMPA, IUS or sub-dermal implant; COCP with Sulak regime if suitable for COCP
• Previous breakthrough bleeding with COCP	⇒ Norgestimate containing COC or Desogestral containing COC less likely to cause breakthrough bleeding than Ovranette
• Intolerance of irregular bleeding	⇒ COCP preferable to progestogen-only methods if irregular bleeding is unacceptable
• Acne	⇒ Desogestral or Drospirenone containing COC
• Depression	⇒ Easily reversible methods preferable; Desogestral or Drospirenone containing COC
• Reversibility	⇒ Easily reversible methods preferable if considering conceiving soon (avoid DMPA)

3. Complex contraception to be referred to specialist SRH doctor:

- Assessment of women with co-existent UKMEC 3 or 4 conditions requiring specialist input
- Management of complications or side-effects due to contraception that are not responding to simple measures
- Complex IUD / IUS insertion (previous failure / genital tract abnormality / complicating medical conditions)
- Complex IUD / IUS removal (missing threads / previous failure) (See pathway for absence of threads)
- Women using contraception for medical reasons
- Fitting of diaphragms or contraceptive vaginal rings (unless trained)

4. Quick starting contraception:

FSRH clinical guidance on quick starting contraception April 2017

- COCP (excluding co-cyprindol), POP, and SDI can be quick started if pregnancy cannot be excluded but the patient
  - ⇒ prefers not to delay starting contraception
  - ⇒ is likely to continue to be at risk of pregnancy
  - ⇒ is judged unlikely to return at a time when pregnancy can confidently be excluded
- Women should be informed that
  - ⇒ this is an unlicensed use of contraception, but quick starting is supported by national clinical guidelines (FSRH)
  - ⇒ contraceptive hormones are not thought to cause harm to the foetus
- Additional contraceptive precautions are required until the quick start method becomes effective
- Document discussion and bring back 3 weeks after last risk for a pregnancy test

5. Young people:

- See young people's SOP
- Complete CSE proforma for all under 18s
- Note that a young person may be not competent to consent to sex, but competent to consent to provision of contraception
- Even if assessed as not competent, contraception (preferably LARC) may be provided (following discussion with safeguarding team and other agencies) to prevent pregnancy in a vulnerable child