



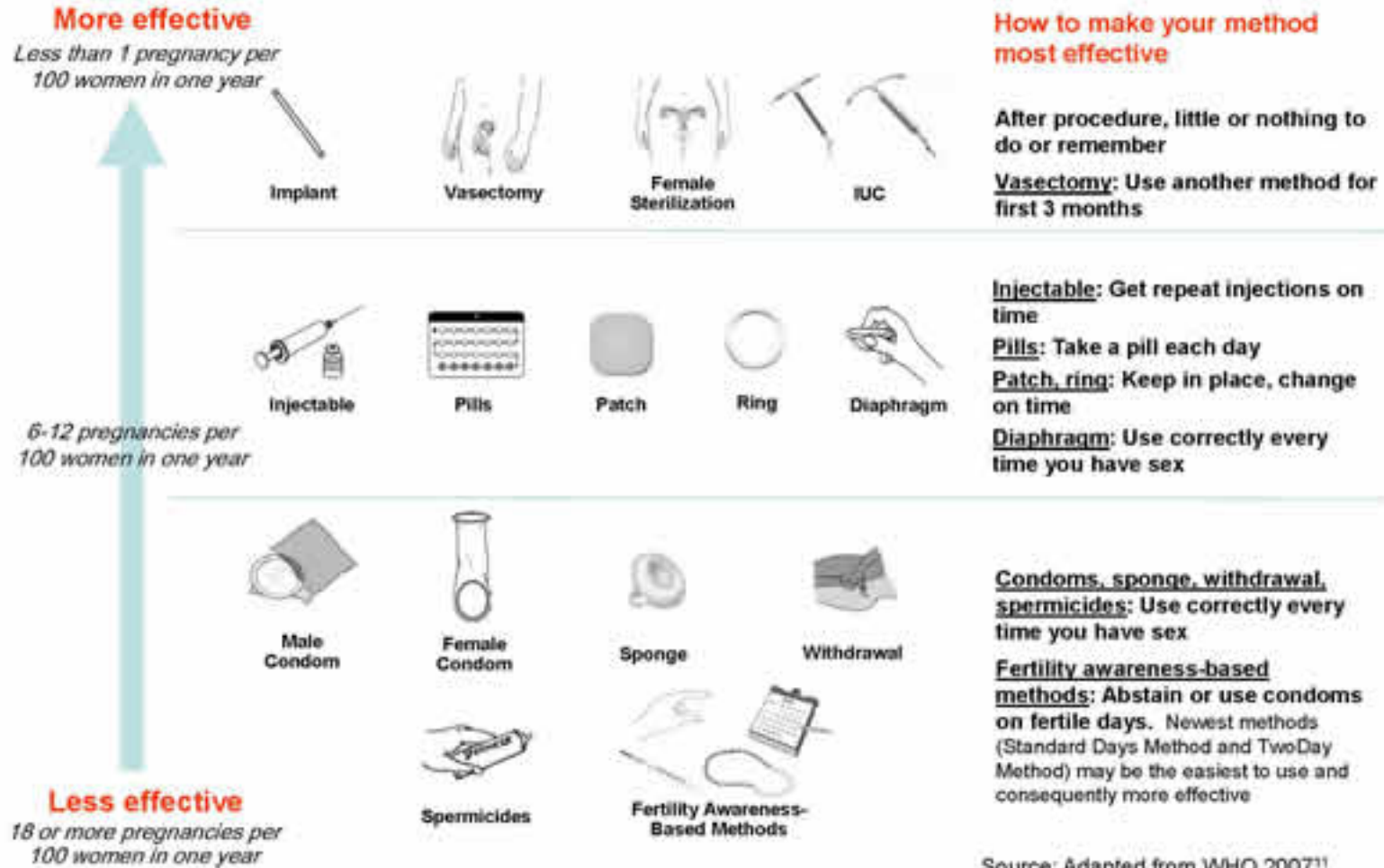
POSITIVE SEXUAL HEALTH
Family Planning

Hang ten for contraception

Whats new at the impact zone

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Figure 3-1 Comparing typical effectiveness of contraceptive methods



Source: Adapted from WHO 2007¹¹

Long Acting Contraception- why?

- Methods that require something with every act of SI or taken every day have higher failure rate
- COC failure 3% per year in every day use and 8% in first year
- First baby about 30 years
- Many years of contraceptive use needed before and after pregnancies

Benefits of LARC

Mestad R et al., Acceptance of long-acting reversible contraceptive methods by adolescent participants in the Contraceptive CHOICE Project, *Contraception*, 2011, 84(5):493–498

Sue Ricketts, Greta Klingler and Renee Schwalberg. *Perspectives on Sexual and Reproductive Health*, 2014, 46(3):XX–XX, doi: 10.1363/46e1714

In 2014 13,137 abortions were performed in New Zealand, the lowest number since 1994 (12,835).

ECP failure

- Pregnancy risk related to cycle day of IC
- Obesity increases risk of EC failure
- intercourse around ovulation
- BMI 30+ - offer a copper intrauterine device
- ECP equally effective to the 4th day
- Follow up pregnancy test
- Advise all women to start effective contraception immediately after EC.

Glasier A. Contraception 2011;84;363

Depo Provera- cover for 14 (16) weeks

In April 2008, the WHO Expert Working Group recommended that the interval to provide repeat injections of DMPA is every 3 months and repeat

If a woman is late for a repeat injection:
the injection of DMPA may be given up to
2 (4) weeks late without providing
additional contraceptive protection

Contraception 80 (2009) 391–408

Faculty of Sexual and reproductive Health care

Bone Density

Position statements from
WHO

Society of Adolescent medicine

Canadian and American Colleges of Obstetrics and
Gynecology

Faculty of sexual and Reproductive health Care

None of these organisations recommend bone density
testing or restricting initiation or continuation of Depo
because of skeletal health concerns



No Interaction between pill and commonly used antibiotics

Clinical Effectiveness Unit Guidance.

Faculty of Sexual and Reproductive Health Care

Precautions when using the COC are not needed when taking antibiotics which are not enzyme inducers (e.g. rifampicin and rifabutin)

Nocebo effect

- The nocebo phenomenon (the inverse of a placebo)
- If women are told to expect side effects, these complaints occur because of the power of suggestion
- Side effects of combined oral contraceptives are the **most common reason** why women discontinue them.

Mythology about these side effects has evolved

Acne, low libido, breast pain, weight gain, nausea and vomiting

Placebo-controlled randomized trials document that nonspecific side effects are not significantly more common with combined oral contraceptives than with inert pills.

Grimes David et al. Contraception 2011;83:5–9

Colloca L, Finniss D. JAMA 2012 ;307:567-8



Different women /different effects
Listen, empathise and offer choice

Good information for women

No important increase in nonspecific side effects with oral contraceptives is reported on good research

Counselling about these side effects or including them in package labelling is possibly unethical

So -Unless established by randomized placebo-controlled trials, nonspecific side effects should not be mentioned

CONTINUOUS PILL USE

Continuous versus cyclic use of combined oral contraceptives for contraception: systematic Cochrane review of randomized controlled trials A. *Edelman* et al [Human Reproduction](#).Oxford:2006;21:573

Five out of the six studies found that bleeding patterns were either equivalent or improved with continuous-dosing regimens.

The continuous-dosing group had greater improvement of menstrual-associated symptoms (headaches, genital irritation, tiredness, bloating, and menstrual pain).

Improving pill efficacy- Continuous hormones

Continuous use-

Much less likely to have escape ovulation with missed pills –need to miss **9** pills

Similar episodes of break though bleeding

If break through bleeding- take 3-4 day

Break

Zoely (Nomogestrel 2.5mg +estradiol 1.5mg) 24+4

Cerazette 75mcg desogestrel

- Works by preventing ovulation
- Helps heavy periods and period pain
- Irregular bleeding still a problem

If problem on other POP not likely to be better with Cerazette

- 50% amenorrhoea/infrequent bleed at 1 year
- Can use where estrogen contraindicated
- Not effective if using enzyme inducers
- **Cost \$14 + per month**

NuvaRing

- Ethinyl estradiol/etonogestrol
- 0.015mg / 0.120 mg/day
- Ring in for 3 weeks (with one week out or not)
- Then new ring
- **If NuvaRing is out for less than 3 hours:** Rinse with cool-to-lukewarm (not hot) water and reinsert it as soon as possible, at the latest within 3 hours. You should still be protected from pregnancy.



NuvaRing

Systemic ethinylestradiol exposure is 50% of that of a 30 mcg coc

- .
- Comparative studies suggest cycle control superior to that of COC
- Metabolic and coagulation effects mostly consistent with other combined hormonal methods
- **Storage**-Rings must be stored in a refrigerator at 2–8° C prior to dispensing to patient
- After dispensing, rings should be stored at room temperature and used within 4 months



- **Depo SubQ in the Uniject device**



- **Depo SubQ**

30% lower dose /3 monthly

- IM is 150 mg/mL of DMPA versus SubQ which is 104 mg/0.65 mL of DMPA

- Given subcutaneously

- The entire device is enclosed in a peel-back foil pouch. The device is activated by pushing together the needle shield and the port and the dose is delivered by squeezing the reservoir until it collapses

- Advantage –potential for self administration

IUDs don't cause infection

“It has become quite clear that the IUD does not facilitate STIs or increase the risk of infertility. Bacteria are the culprits in the development of PID and infertility, while an IUD (if present) is an innocent bystander”

Rivera. Contraception 2002;65:385-388

IUDs ok for teens

- Adolescents and IUDs – an under utilised opportunity for pregnancy prevention

- Journal of Pediatric and Adolescent Gynecology

Volume 23, Issue 3, June 2010, Pages 123–12

POST COITAL IUD

1. Up to 5 days after expected ovulation
2. Within 5 days after one episode of UPSI any time in cycle
3. Super opportunity to get LARC

Jadelle

If persistent bleeding can use COC or provera through life of device
Exclude other causes of bleeding
Chlamydia, polyp, ectropian, cancer, pregnancy

Ava 30 ED – take one hormonal tablet daily
Works after a few days. WD bleed at end of pack expected

Or

If oestrogen is contraindicated, Provera 10mg daily for 3 weeks followed by a gap of 1 week. This can be repeated twice on the same prescription.

Jadelle bleeding pattern

Spotting and irregular bleeding common
14% clients discontinue for this reason

5% for prolonged bleeding episodes

4% for irreg bleeding

3% for heavy bleeding

Settles to long term pattern after approx 3 months

If unacceptable bleeding persists doesn't usually get better
Consider alternative or manage with hormones