

Contraception for the MBU

Dr Polly Cohen

Community Sexual and Reproductive Health ST2

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Intended Learning Outcomes

By the end of this session you will be able to:

- Explain the **relevance of contraception for MBU** patients
- Describe, using **simple terms**, different methods of **contraception**
- State which methods of contraception are most effective at preventing pregnancy
- Describe **common side effects** from contraception
- Identify **where patients can get more advice** about contraception, pregnancy decision-making, abortion and sexual health

What we won't cover

- Complex contraception
- Management of side effects
- Missed doses <https://www.sexwise.org.uk/contraception>

...This is what SRH clinics are for!

Contents

- Why is this particularly important on the MBU?
- Contraception – avoiding jargon
- Questions, questions
- Referral pathways

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Why is this particularly important on the MBU?

A short inter-pregnancy interval of <12 months increases risk of complications including –

- Preterm birth, low birth weight, stillbirth, neonatal death
- Maternal morbidity – unable to return to pre-pregnancy weight, unable to optimise pre-existing medical conditions prior to next pregnancy...

& they're in the MBU...



Why is this particularly important on the MBU?

Postpartum contraception: a missed opportunity to prevent unintended pregnancy and short inter-pregnancy intervals

Heller R, et al. *J Fam Plann Reprod Health Care* 2016;**42**:93–98. doi:10.1136/fprhc-2014-101165

Rebecca Heller,¹ Sharon Cameron,² Rosie Briggs,³ Norma Forson,⁴ Anna Glasier⁵

What actually happens to women after having a baby?

In NW London:

- 1450/year (5%) women give birth within one year of a liveborn baby*, in the same maternity unit (NB inter-pregnancy interval of ≤ 3 months)

Assumption from Heller and others:

- 556/year (2.7%) terminations of pregnancy for women have given birth within a year (NB inter-pregnancy interval of ≤ 3 months)

*Service-level activity monitoring data, NW London, 2018-19

Why is this particularly important on the MBU?

After pregnancy:

Can get pregnant again as soon as three weeks later!

(Don't have to have a period)

Postnatal ward discussion?

(Often the postnatal GP appointment is too late)

Why is this particularly important on the MBU?

When is contraception usually discussed on the MBU?

Is it a routine question?

Contents

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Contraception methods

How many methods of
contraception can you think of?

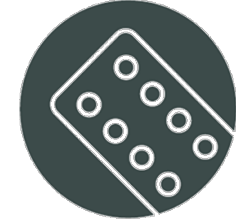
It's non-jargon quiz time!

Contraception - hormonal methods

- Easy to use, take the same time every day, different types

Contraception - hormonal methods

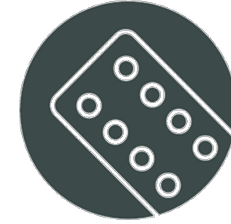
- Easy to use, take the same time every day, different types
- Small and sticky, changed once a week, releases hormones through the skin



Pill

Contraception - hormonal methods

- Easy to use, take the same time every day, different types



Pill

- Small and sticky, changed once a week, releases hormones through the skin

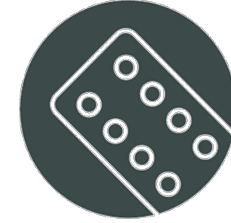


Patch

- Small, round and plastic, inserted into the vagina, releases hormones, change every 3-4 weeks

Contraception - hormonal methods

- Easy to use, take the same time every day, different types
- Small and sticky, changed once a week, releases hormones through the skin
- Small, round and plastic, inserted into the vagina, releases hormones, change every 3-4 weeks
- Given into buttocks, thigh or abdomen every 3 months by doctor, nurse or self-administered



Pill



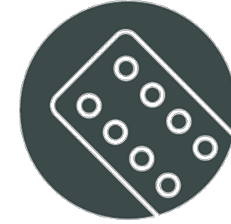
Patch



Ring

Contraception - hormonal methods

- Easy to use, take the same time every day, different types
- Small and sticky, changed once a week, releases hormones through the skin
- Small, round and plastic, inserted into the vagina, releases hormones, change every 3-4 weeks
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Pill



Patch



Ring

Injection



Methods fitted by doctor or nurse

- Small plastic rod inserted in the inside of the upper arm, releases **hormones**, lasts for 3 years

Methods fitted by doctor or nurse

- Small plastic rod inserted in the inside of the upper arm, releases **hormones**, lasts for 3 years
- Small T-shaped device inserted into the uterus, releases **hormones**, lasts for 3-5 years



Methods fitted by doctor or nurse

- Small plastic rod inserted in the inside of the upper arm, releases **hormones**, lasts for 3 years



Implant

- Small T-shaped device inserted into the uterus, releases **hormones**, lasts for 3-6 years



IUS

- Small T-shaped device, inserted into the uterus **non-hormonal**, lasts for 5-10 years

Methods fitted by doctor or nurse

- Small plastic rod inserted in the inside of the upper arm, releases **hormones**, lasts for 3 years
- Small T-shaped device inserted into the uterus, releases **hormones**, lasts for 3-6 years
- Small T-shaped device, inserted into the uterus **non-hormonal**, lasts for 5-10 years



Implant

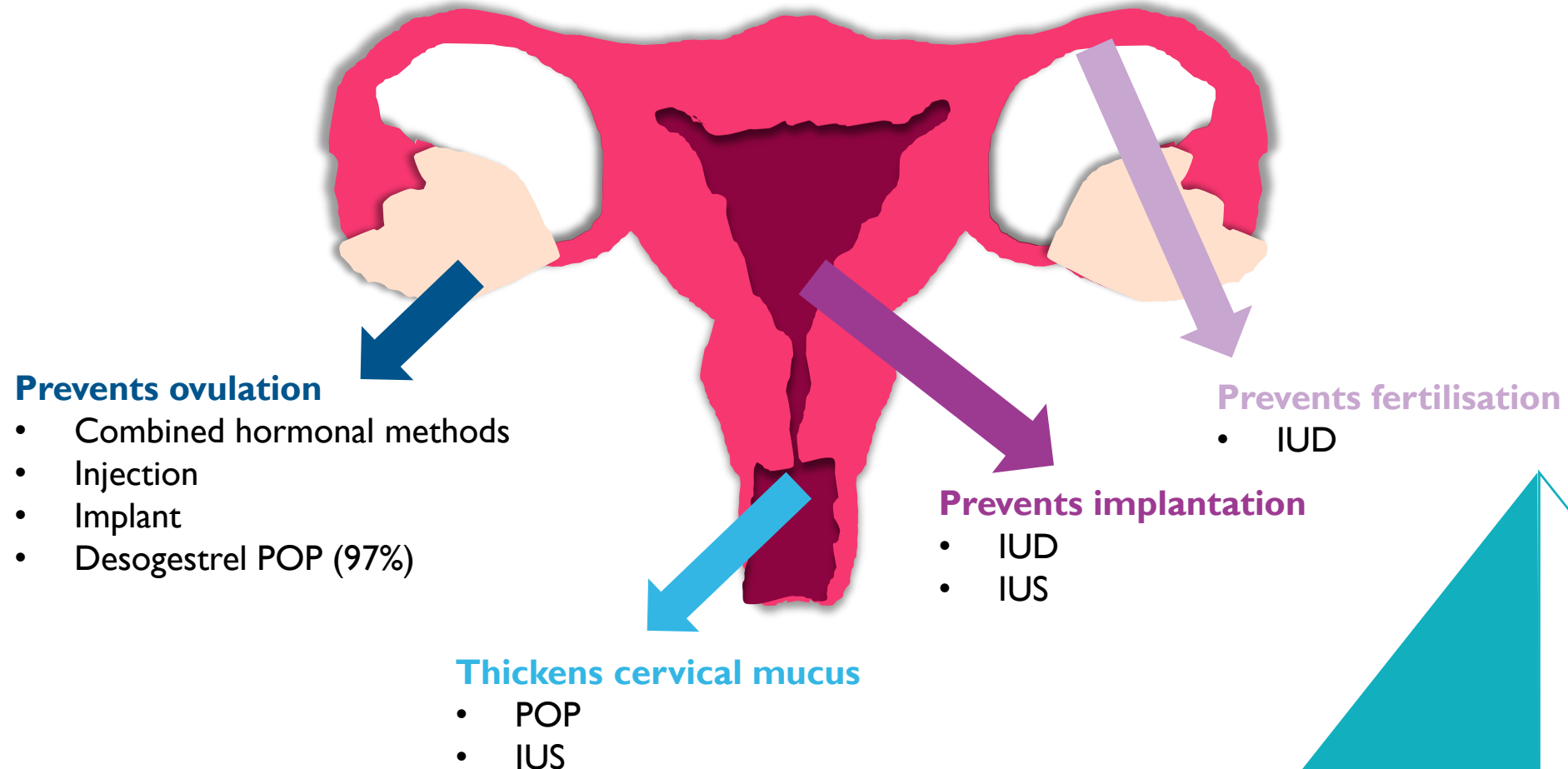


IUS



IUD

REMEMBER WE ALL HAVE HORMONES!



Non-hormonal methods

- Can be worn by different genders, protects against STIs

Non-hormonal methods

- Can be worn by different genders, protects against STIs
- Circular dome inserted inside the vagina before sex, prevents sperm reaching uterus



Non-hormonal methods

- Can be worn by different genders, protects against STIs
- Circular dome inserted inside the vagina before sex, prevents sperm reaching uterus
- Permanent surgical procedure
 - Seal the tubes that carry sperm
 - Block the tubes that carry the egg



Non-hormonal methods

Barrier methods

- Can be worn by different genders, protects against STIs
- Circular dome inserted inside the vagina before sex, prevents sperm reaching uterus
- Permanent surgical procedure
 - Seal the tubes that carry sperm
 - Block the tubes that carry the egg



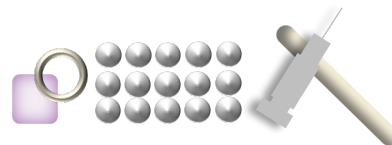
Contraception

LARC
Long-
Acting
Reversible
Contraception

1. Contraceptive Injection
2. Implant
3. Intrauterine System (IUS) 'hormonal coil'
4. Intrauterine Device (IUD) 'copper coil'
5. Female Sterilisation (tubal occlusion)
6. Male Sterilisation (vasectomy)
7. Combined vaginal Ring
8. Combined Patch
9. Combined Pill (COC / CHC)
10. Progestogen-only Pill
11. External ('male') Condom
12. Internal ('female') Condom
13. Diaphragm
14. Cervical Cap
15. Sponge
16. Spermicides
17. Natural Family Planning
18. Lactational Amenorrhea Method (LAM)

More info:

<https://www.contraceptionchoices.org/>



Contraception

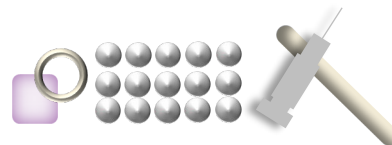
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- Less than 6 months
- NO periods
- Full-time breastfeeding

More info:

<https://www.contraceptionchoices.org/>



HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?



Really, really well

				
The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

No hormones

Works, hassle-free, for up to...



Okay

			
The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months

For it to work best, use it...

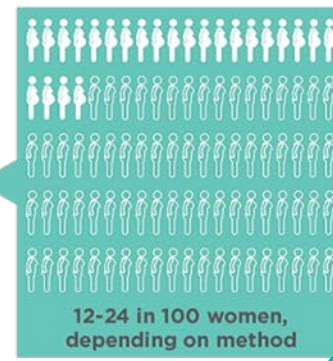


Not so well

			
Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

Needed for STI protection
Use with any other method

For each of these methods to work, you or your partner have to use it every single time you have sex.



FYI, without birth control, over 90 in 100 young women get pregnant in a year.

True or false?



The 'best' method is what is right for the individual patient.

A contraceptive choices discussion may consider:

- Effectiveness
- How methods work
- Side effects
(such as bleeding, hormonal side effects) / risks
- Contraindications
(such as heart disease, blood clots, breast cancer)

True or false?



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Common side effects of contraception

Bleeding

- No periods
- Irregular bleeding
- Lighter bleeding
- Heavier bleeding
- More painful periods
- Longer bleeding

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Pills, coils, implant,
patch, ring

What else could this be related to?

- Post-natal
- Cervix: smear test? Examination? Ectropion?
- STI: Up to date with screening?
- Lining of womb (endometrium) – need for scan?
- Pregnancy?

Every 3 years age 25-49.
From 12 weeks postpartum.



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Mood changes

Skin changes

Weight gain

Breast tenderness

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Every 3 years age 25-49.
From 12 weeks postpartum.



Mood changes

Skin changes

Weight gain

Breast tenderness

The only evidence we have is that the injection may cause weight gain (this is worse in people who have a high BMI before starting).

There is no other evidence for specific types of contraception causing specific hormonal side effects.

The same patient can use the same contraception e.g. implant and have different side effects

True or false?



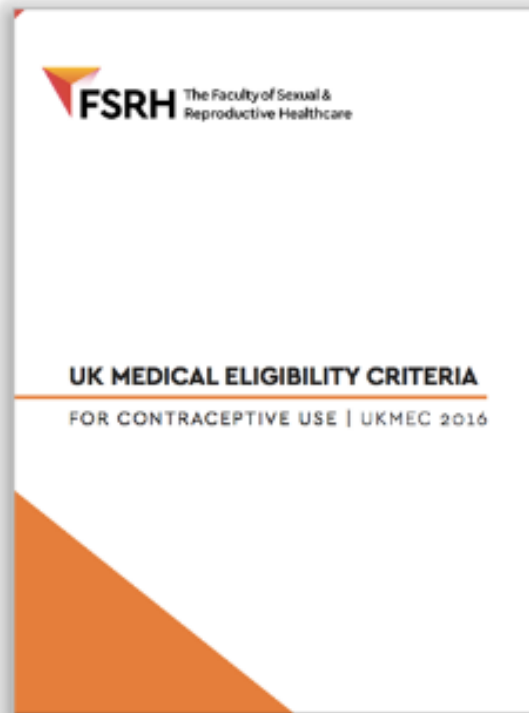
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(such as bleeding, hormonal side effects) / risks
- **Contraindications**
(such as heart disease, blood clots, breast cancer)

UK medical eligibility criteria (UK MEC)

Evidence-based guidelines on safety of methods with co-existing conditions



Medical eligibility criteria categories

1	No restrictions	Can use the method
2	Advantages generally outweigh risks	Can use the method
3	Theoretical or proven risks generally outweigh advantages	Should not use method unless no other method is appropriate
4	Unacceptable health risk	Should not use method

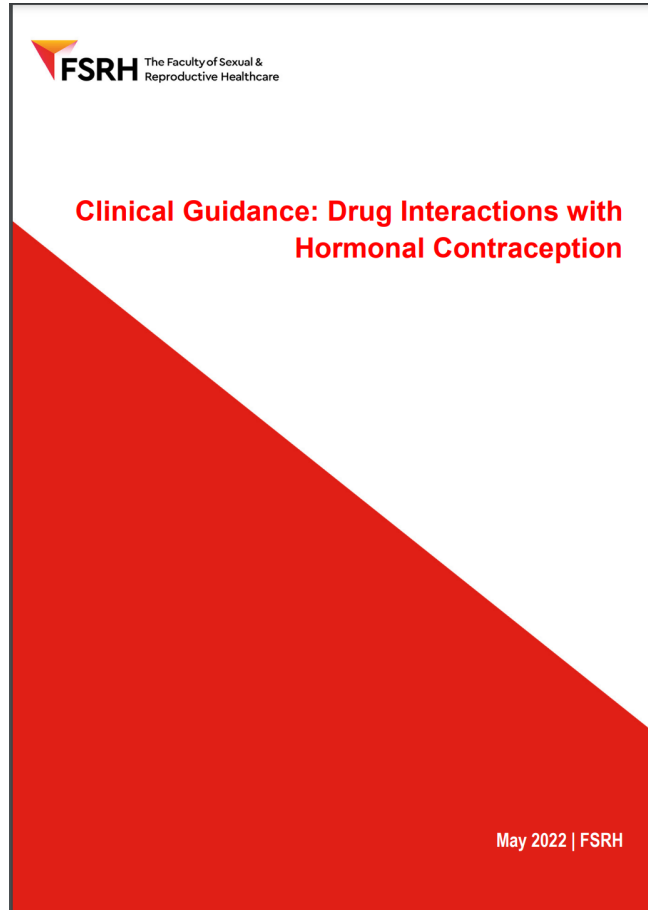
UK MEC example: Post-partum

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Postpartum (in non-breastfeeding women)						
a) 0 to <3 weeks						
(i) With other risk factors for VTE	See below		1	2	1	4
(ii) Without other risk factors			1	2	1	3
b) 3 to <6 weeks						
(i) With other risk factors for VTE	See below		1	2	1	3
(ii) Without other risk factors			1	1	1	2
c) ≥6 weeks			1	1	1	1
Postpartum (in breastfeeding or non-breastfeeding women, including post-caesarean section)						
a) 0 to <48 hours	1	1				
b) 48 hours to <4 weeks	3	3				
c) ≥4 weeks	1	1				
d) Postpartum sepsis	4	4				

UK MEC example: Smoking

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Smoking						
a) Age <35 years	1	1	1	1	1	2
b) Age ≥35 years						
(i) <15 cigarettes/day	1	1	1	1	1	3
(ii) ≥15 cigarettes/day	1	1	1	1	1	4
(iii) Stopped smoking <1 year	1	1	1	1	1	3
(iv) Stopped smoking ≥1 year	1	1	1	1	1	2

Drug interactions



- Clozapine → studies show concentrations increase when combined with CHC
- Lamotrigine (studies in context of epilepsy) → avoid CHC, possibly avoid POP.
- Topiramate → recommend coils or injection

Paper with further info:

<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.20020154>

Key information

Enzyme-inducing drugs could reduce contraceptive effectiveness of all combined hormonal contraception, all progestogen-only pills, the etonogestrel implant and oral emergency contraception.



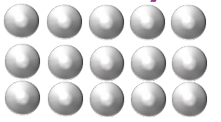
What do we ask in clinic?

Questions you might ask

- Have you used any contraceptive method(s) in the past?
- What did you like about the method(s)? ✓
- What did you dislike about the method(s)? ✗
- Why did you stop this method(s)? 🚫
- What's important to you in a contraceptive method? !
- Is there a method you were thinking of using? ?
- Are there two or three methods you're interested in?

2 or 3

Questions you might ask

- Are there any side-effects you're particularly worried about?
- Are you planning to have a child in the next few years? 
- What are your periods like? 
- Have you had experience taking a pill every day? How did that go for you? 
- Would you like to discuss any non-contraceptive benefits of methods?

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Questions from staff

“?”

How **do you ask patients** about contraception?

How confident do you feel in these discussions?

Questions from staff

“?”

How **do you ask patients** about contraception?

How confident do you feel in these discussions?

**3 minutes for discussion or reflection.
(at least) 2 staff members to feedback please.**

Questions from patients

“?”

What questions, if any, do patients **ask you** about contraception?

How confident do you feel answering these questions?

Questions from patients

“?”

What questions, if any, do patients **ask you** about contraception?

How confident do you feel answering these questions?

Let's talk about this now!

Burning questions for me!

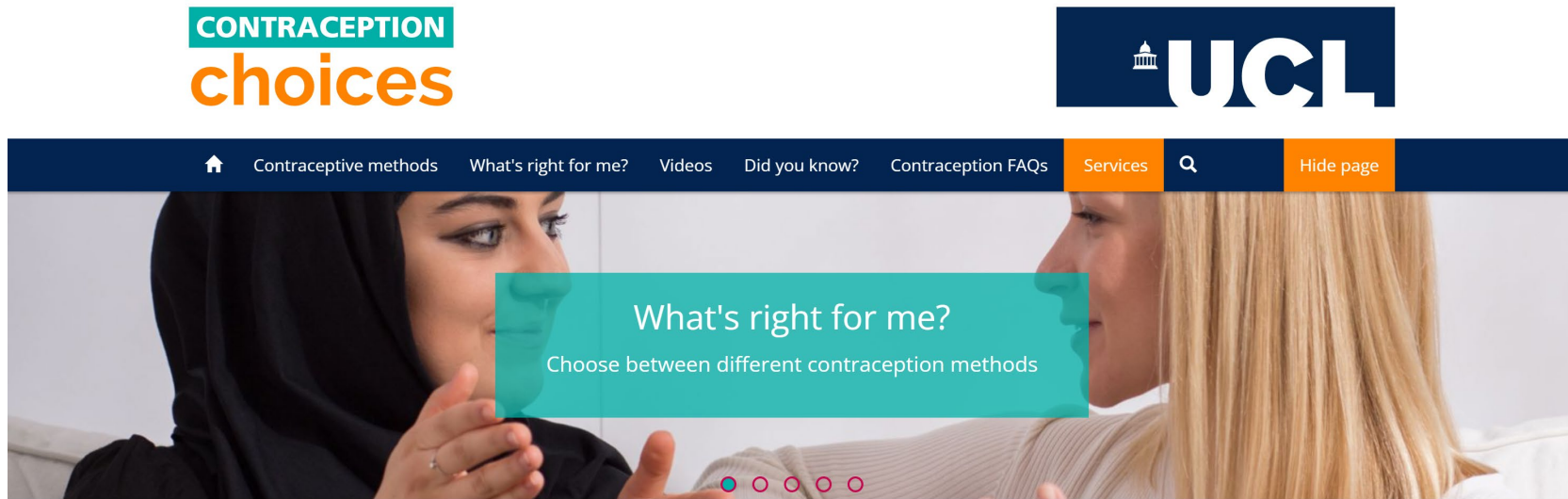
“?”

Any questions about contraception you'd like clarified?



NCCMH

Contraception Choices



There are many types of contraception available and none are perfect. The Contraception Choices website provides honest information to help weigh up the pros and cons.

Contraception choices



More info:

<https://www.contraceptionchoices.org/>

Contraception Choices

CONTRACEPTION choices

Black Voices on Sexual Health Services - Messages for doctors and nurses



Messages for health service staff - Black Voices on Sexual Health Services

Contraception Choices 4 subscribers [Subscribe](#) [3](#) [Share](#) [Download](#) [Clip](#) [...](#)

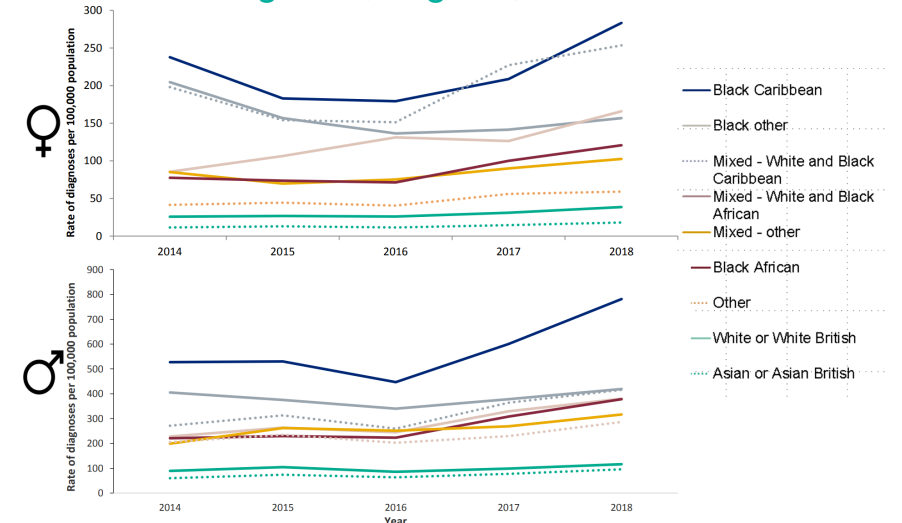
https://www.youtube.com/watch?v=-r3sA-XXn6c&t=182s&ab_channel=ContraceptionChoices



Are black women getting enough support for mental health?

<https://www.bbc.co.uk/news/av/uk-56765171>

Public Health England Gonorrhoea diagnosis rates, by ethnic group and gender, England, 2014-2018



Data source: specialist sexual health services' returns to GUMCAD (April 2019). Note: different scales used on y-axes

More info:

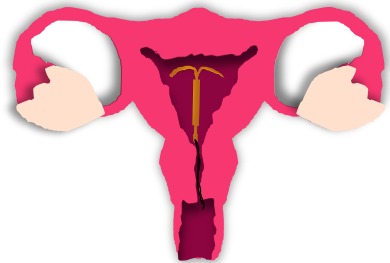
<https://www.contraceptionchoices.org/>

Emergency contraception

The sooner the better
(more effective)!

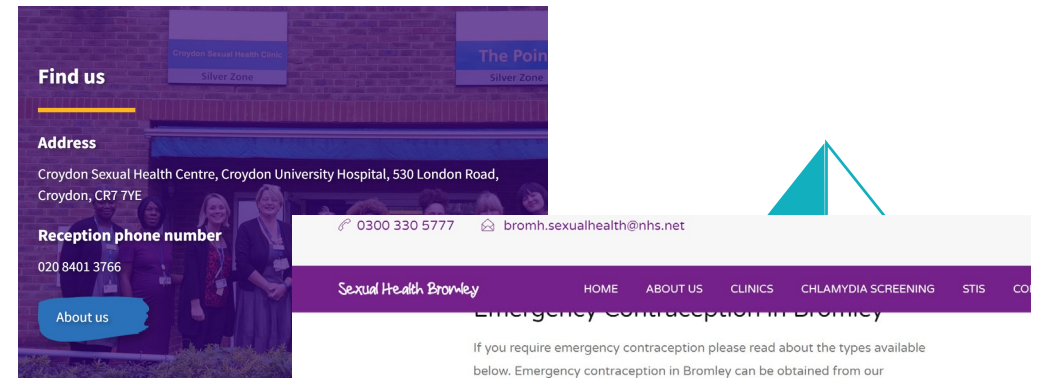
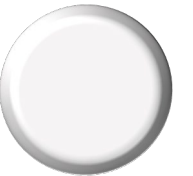
IUD (copper coil)

- Up to 5 days after sex or up to 5 days after earliest predicted ovulation
- Camberwell Sexual health clinic
- Most effective
- Can use as ongoing contraception



Emergency Contraceptive Pill

- Up to 3 days or 5 days after sex (if no contraindication)
- Liaise with Bethlem Pharmacy



If you require emergency contraception please read about the types available below. Emergency contraception in Bromley can be obtained from our Contraception clinics, GPs and a selection of pharmacies. For a full list go to our Find a Service page and select 'Emergency Contraception' from the services list. You can call Sexual Health Bromley on 0300 330 5777 or email bromh.askfp@nhs.net to book an appointment. You will always be seen if your visit is for emergency contraception. If you're coming to the clinic for emergency contraception please let the receptionist know.

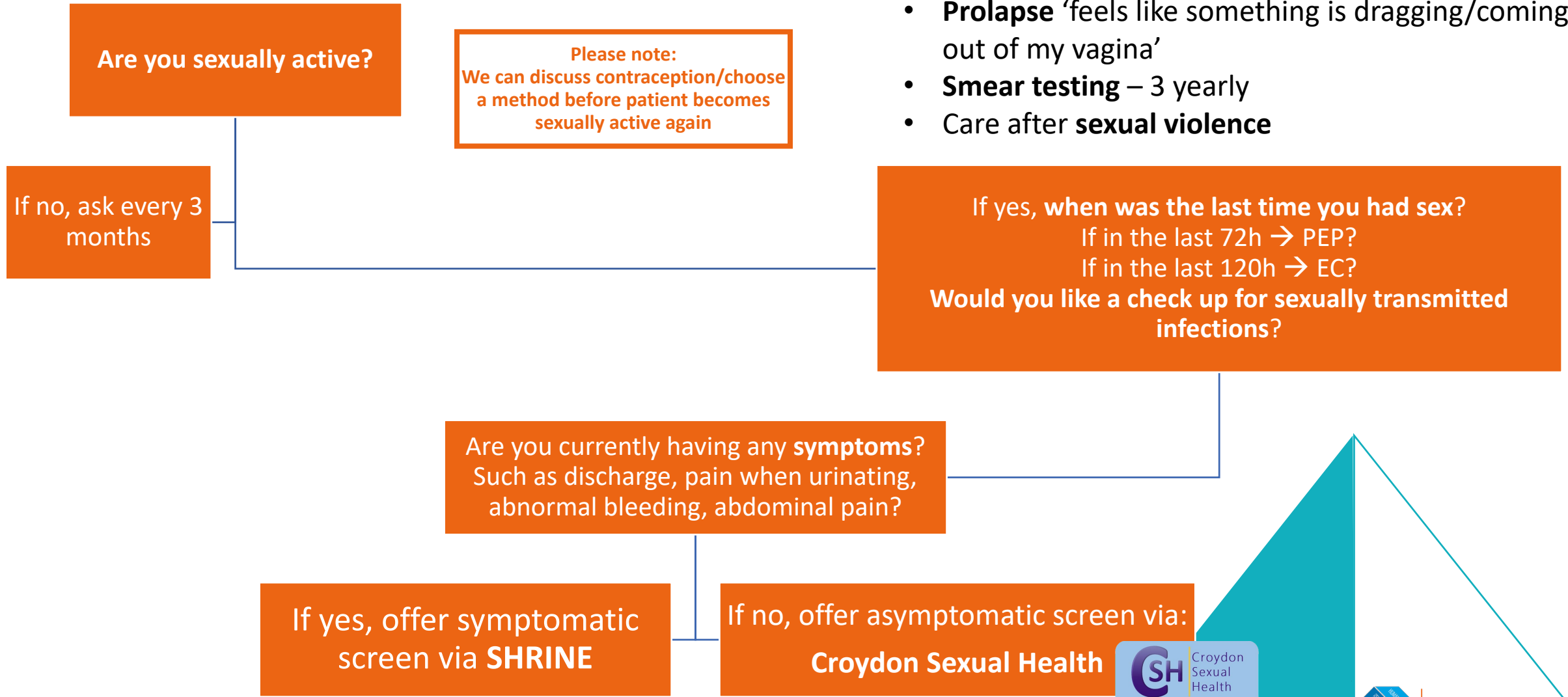
More info:

<https://www.sexwise.org.uk/contraception/emergency-contraception>

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Referral pathways



- **Difficulties with sex** – erectile dysfunction, pain with penetration
- **Non-specific genital symptoms** e.g. itch, discharge, skin problems
- **Prolapse** ‘feels like something is dragging/coming out of my vagina’
- **Smear testing** – 3 yearly
- Care after **sexual violence**



Referral to SHRINE



SHRINE Referral Form From Bethlem Hospital

REFERRER DETAILS

Date of Referral:			
Staff Name:		Staff Job Title	
Ward Name and Contact Details		Phone:	
		Email:	

PATIENT DETAILS

Does the person consent to being contacted by:			
Letter:	YES / NO	Phone:	YES / NO
		Text Message:	YES / NO
Person's Name:			
Date of Birth:	[DD/MM/YEAR]		
Person's Contact Details: Address incl postcode/Contact No.:			
NHS Number		ICD-10 code	
Gender		Sexual Orientation	
Ethnicity		Interpreter required? Language?	

Reason for Referral (tick/highlight more than one concern if required)

STI testing	<input type="checkbox"/>	Contraception	<input type="checkbox"/>	Hormones and mood	<input type="checkbox"/>
Fertility issues	<input type="checkbox"/>	Pain in the pelvis	<input type="checkbox"/>	Pain with sex	<input type="checkbox"/>
Period Problems	<input type="checkbox"/>	Pregnancy planning	<input type="checkbox"/>	Prolapse	<input type="checkbox"/>
Sexual dysfunction	<input type="checkbox"/>	Skin problems around the vagina	<input type="checkbox"/>	Smear testing	<input type="checkbox"/>
STI treatment	<input type="checkbox"/>	Vaginal Discharge	<input type="checkbox"/>	Post-sexual violence care	<input type="checkbox"/>
Urinary issues	<input type="checkbox"/>				

DETAILS OF VULNERABILITY)

List of Current Medication:

Allergies:

What does the person expect from this referral?

Consent to contact in the future (i.e. 3, 6, 9 or 12 months) to ask how they are getting on with their chosen method of contraception? YES/NO



Croydon Sexual Health self-test kit

<https://www.croydonsexualhealth.nhs.uk/order-a-self-test-kit/>



Maternity services

Most self-referral, local unit, safeguarding team

The screenshot shows the NHS website search results for 'Maternity services' in the 'BR3 3BX' area. The page includes the NHS logo, a search bar, and navigation links for 'Health A-Z', 'Live Well', 'Mental health', 'Care and support', 'Pregnancy', and 'NHS services'. The search results are for 'Maternity services' in 'BR3 3BX'. It shows 'Showing 1-10 of 42 results' and 'Results per page 10'. There is a message: 'Please check travel times before starting your journey. Distances are given in a straight line and may not be the quickest to travel to'. Below this, there are filters for 'Topics' (Care during labour, Skin to skin contact with baby, Being left alone when worried, Involvement in decisions) and 'Sort by' (Nearest). An 'Update results' button is present. The results list includes 'Croydon University Hospital' with contact details: Tel: 020 8401 3000, 530 London Road, Thornton Heath, Surrey, CR7 7YE, 3.5 miles away. It also shows performance metrics: 'Worse than expected - 8.45 out of 10' for skin-to-skin contact, and 'As expected - 6.75 in patient survey' and 'As expected - 8.32 in patient survey' for being left alone and involvement in decisions respectively. There are also icons for accessibility (P, wheelchair, NHS) and an 'Add to shortlist' option.

Maternity Triage

CROYDON
www.croydon.gov.uk

Telephone: 020 8401 3853

Monday to Sunday, 8am to 6pm

slm-tr.croydonperinatalteam@nhs.net

Abortion services

Decision-making should be in conjunction with the psychiatry team.
BPAS, MSI or NUPAS are the main independent providers (NHS funded).



03457 30 40 30
Bpas.org



0333 004 6666
Nupas.co.uk



0345 300 8090
MSIchoices.org.uk

Contraception - key points

- ✓ Many methods other than the pill and condoms
- ✓ All methods are safe, some are more reliable than others
- ✓ Some methods you need to remember to take and others you can forget about once they are in (LARCs)
- ✓ The most effective methods are implants and IUDs (coils) and you can have them taken out at any time
- ✓ Give it a try, if you don't like it you can easily change!
- ✓ Side effects are common but we must make sure we are not missing something else

Thank you!
Feedback link in the chat or
QR below



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Community Sexual and Reproductive Health ST2

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