UKMEC 2016

Reasons for having a check list

Qantas never crashes

History of UKMEC

- WHOMEC first published in 1996
- UKMEC first edition published in 2006
- UKMEC second edition published in 2009

- UKMEC 2016
  - Led by the Clinical Effectiveness Unit of the FSRH
  - Guideline development group - MDT steering group
  - Expert review
  - Revisions evidence based

UKMEC common misconceptions

Misconception #1: the UKMEC category indicates the **effectiveness** of a contraceptive method in the condition considered

Contraceptive efficacy

Table 4: Percentage of women experiencing an unintended pregnancy within the first year of use with typical use and perfect use (modified from Trussell et al.)[8]

Method	Typical use (%)	Perfect use (%)
No method	85	85
Fertility awareness-based methods	24	0.4–5
Female diaphragm	21	5
Male condom	18	2
Combined hormonal contraception (CHC)*	9	0.3
Progestogen-only pill (POP)	9	0.3
Progestogen-only injectable (DMPA)	**6**	**0.2**
Copper-bearing intrauterine device (Cu-IUD)	**0.8**	**0.6**
Levonorgestrel-releasing intrauterine system (LNG-IUS)	**0.2**	**0.2**
Progestogen-only implant (IMP)	**0.05**	**0.05**
Female sterilisation	0.5	0.5
Vasectomy	0.15	0.1

*Includes combined oral contraception (COC), transdermal patch (patch) and vaginal rings.

UKMEC common misconceptions

Misconception #2:

If UKMEC doesn't include a condition, all contraceptive methods can safely be used in that condition

UKMEC 2016

- Provides guidance on safety of contraceptive methods with regard to numerous medical conditions and patient characteristics
- It does not:
  - Address the use of contraceptives for non-contraceptive benefits
  - Consider the efficacy of a given method
  - Replace clinical judgment

Conditions that may pose a significant health risk during pregnancy

- Should use a reliable method of contraception:
  - Bariatric surgery within 2 years
  - Breast/endometrial/ovarian cancer
  - Cardiomyopathy
  - Diabetes with nephropathy/retinopathy/neuropathy/vascular disease
  - Uncontrolled hypertension
  - IHD
  - Morbid obesity (BMI > 40)
  - Epilepsy
  - HIV-related diseases
  - Rheumatoid arthritis
  - SLE
  - Thrombogenic conditions
  - Teratogenic drugs

Changes

- Longer introductory section
- Alteration in order (LARC methods first)

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					

- On line only – searchable and easy to amend/additions
- Drug interaction tools
- Lists conditions posing significant health risks during pregnancy

Emergency contraception

- Addition of Ulipristal Acetate (ellaOne)
- Presented in order of efficacy

Emergency Contraception (EC) Copper-bearing intrauterine device (Cu-IUD) Ulipristal acetate (UPA) Levonorgestrel (LNG)	EC do not protect against STI/HIV. If there is a risk of STI/HIV (including during pregnancy or postpartum), the correct and consistent use of condoms is recommended, either alone or with another contraception method. Male condoms reduce the risk of STI/HIV.			
CONDITION *See additional comments at end of section	CATEGORY			CLARIFICATION/EVIDENCE
	Cu-IUD	UPA	LNG	
Repeated use of UPA or LNG (in the same cycle)	NA	1	1	**Clarification:** Recurrent use of EC is an indication that the woman requires further discussion about other contraceptive options. UPA or LNG can be used more than once in a cycle if clinically indicated.[1] Alternatively, a Cu-IUD can be inserted if repeated UPSI occurs up to 5 days after the first episode of unprotected sex or up to 5 days after expected date of ovulation. Frequently repeated UPA and LNG use may be harmful for women with conditions classified as Category 2, 3 or 4 for CHC or POC use.

Omitted sections

- Removed:
  - Split categories (eg. 2/3)
  - Certain methods:
    - Sterilisation
    - Barrier methods
    - Lactational amenorrhoea
  - Conditions not frequently seen in the UK;
    - Malaria
    - Schistosomiasis
  - Raynaud's phenomenon

New additions

- Sections on:
  - Presence of antiphospholipid antibodies
  - h/o bariatric surgery
  - Organ transplant
  - Cardiomyopathy
  - Arrhythmias (AF and long QT syndrome)
  - Rheumatoid arthritis
  - Idiopathic intracranial hypertension
  - Radical trachelectomy

UKMEC 2: what is it there for? Jane requests COC

- Age 33
- Smoker (UKMEC 2)
- BMI 33 (UKMEC 2)
- Mother had VTE age 49 (UKMEC 2)
- Recent episode of superficial thrombophlebitis (UKMEC 2)

Would you prescribe COC for Jane?

- Yes
- No

Thrombotic risk

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Venous thromboembolism (VTE)						
a) History of VTE	1	2	2	2	2	4
b) Current VTE (on anticoagulants)	1	2	2	2	2	4
c) Family history of VTE						
(i) First-degree relative age <45 years	1	1	1	1	1	3
(ii) First-degree relative age ≥45 years	1	1	1	1	1	2

UKMEC common misconceptions

Misconception #3: "If it's UKMEC 1 or 2, I can prescribe it. If it's UKMEC 3 or 4, I can't."

Definition of categories

Table 1: Definition of UKMEC categories

UKMEC	DEFINITION OF CATEGORY
Category 1	A condition for which there is no restriction for the use of the 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. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable
Category 4	A condition which represents an unacceptable health risk if the method is used

UKMEC 2: what is it there for? Jenny requests COC

- Age 33
- Migraine without aura (UKMEC 2)
- Asymptomatic gallbladder disease (UKMEC 2)
- CIN 2 (UKMEC 2)

Would you prescribe COC for Jenny?

- Yes
- No

UKMEC common misconceptions

Misconception #4:

UKMEC2 + UKMEC2 = UKMEC4

Chardonnay, age 19

- 2 children born by normal delivery, baby 4 months old
- Forgetting her pill
- Hormones make her “go mad” and cause her to gain weight
- Chlamydia positive in last pregnancy
- Can she have a CuIUD fitted?
- How would you make a risk assessment?

STIs and HIV

- Changes to IUC insertion with asymptomatic chlamydia
- HIV advice – incorporates CD4 counts

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION

CONDITION	Cu-IUD		LNG-IUS		IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation							
Sexually transmitted infections (STIs)								
a) Chlamydial infection (current)	I	C	I	C				
(i) Symptomatic	4	2	4	2	1	1	1	1
(ii) Asymptomatic	3	2	3	2	1	1	1	1
b) Purulent cervicitis or gonorrhoea (current)	4	2	4	2	1	1	1	1
c) Other current STIs (excluding HIV & hepatitis)	2		2		1	1	1	1
d) Vaginitis (including Trichomonas vaginalis and bacterial vaginosis) (current)	2		2		1	1	1	1
e) Increased risk for STIs	2		2		1	1	1	1
HIV INFECTION								
HIV infection								
a) High risk of HIV infection	2		2		1	1	1	1
b) HIV infected								
(i) CD4 count ≥200 cells/mm³	2		2		1	1	1	1
(ii) CD4 count <200 cells/mm³	I	C	I	C	1	1	1	1
	3	2	3	2				
c) Taking antiretroviral (ARV) drugs	Certain ARV drugs have the potential to affect the bioavailability of steroid hormones in hormonal contraception. For up-to-date information on the potential drug interactions between hormonal contraception and ARV drugs, please refer to the online HIV drugs interaction checker (www.hiv-druginteractions.org/hiv_articles_asp).							

What about fitting a CuIUD if she was known to have a prolonged QT interval?

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION

CONDITION	Cu-IUD		LNG-IUS		IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation							
Cardiac arrhythmias								
a) Atrial fibrillation	1		2		2	2	2	4
b) Known long QT syndrome	I	C	I	C	1	2	1	2
	3	1	3	1				

What if she had a post partum cardiomyopathy?

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Cardiomyopathy						
a) Normal cardiac function	1	1	1	1	1	2
b) Impaired cardiac function	2	2	2	2	2	4

Aysha, age 25

- She attends for her postnatal examination and asks to re-start her “pill”
- Baby is 6 weeks old, breast-feeding with a bottle at night
- She has not had sex since delivery
- Can she re-start her combined oral contraception again?

Post-partum Contraception

Is combined hormonal contraception in a healthy 6 week post-natal breast-feeding woman:

- UKMEC 1
- UKMEC 2
- UKMEC 3
- UKMEC 4

Post-partum contraception

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY						
Breastfeeding						
a) 0 to <6 weeks	See below		1	2	1	4
b) ≥6 weeks to <6 months (primarily breastfeeding)			1	1	1	2
c) ≥6 months			1	1	1	1
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	See above			
b) 48 hours to <4 weeks	3	3				
c) ≥4 weeks	1	1				
d) Postpartum sepsis	4	4				

Lizzie, age 20

- Epileptic - well controlled on Lamotrigine
- Unplanned pregnancy in the past in association with the use of the combined pill and carbamazepine
  - Ended in TOP
- What methods of contraception will offer reliable fertility control?

Epilepsy

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Epilepsy	1	1	1	1	1	1
Taking anti-epileptic drugs	Certain anti-epileptic drugs have the potential to affect the bioavailability of steroid hormones in hormonal contraception. In addition, hormonal contraception may affect the levels of certain antic-epileptic drugs with potential adverse effects. For up-to-date information on the potential drug interactions between hormonal contraception and anti-epileptic drugs, please refer to the online drug interaction checker available on the Medscape website.[1]					

Drug checker

- On-line drug interaction checker - http://reference.medscape.com/drug-interactionchecker
- HIV medications – www.hiv-druginteractions.org/interactions.aspx

Joanne, age 42

- HMB
- Tried Mirena®, POP without success
- Desperate to stop bleeding
- Recent gastric band – has lost 5 stone
- Non-smoker
- BMI 29
- BP within normal limits

Would you prescribe Combined Hormonal Contraception for Joanne?

- Yes
- No

Bariatric surgery

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION						
CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
History of bariatric surgery						
a) With BMI <30 kg/m²	1	1	1	1	1	1
b) With BMI ≥30–34 kg/m²	1	1	1	1	1	2
c) With BMI ≥35 kg/m²	1	1	1	1	1	3

Alice, age 33

- Nulliparous
- Rheumatoid arthritis
- Taking Methotrexate weekly
- Using NSAIDs occasionally
- New relationship
- What contraceptive choices are available to her?

Alison, age 33

- Systemic Lupus Erythematosis (SLE)
  - Antiphospholipid antibody positive
- Wants to have Sayana Press®
  - Can she?

Positive Antiphospholipid antibody

Which UKMEC category is Sayana Press?

- UKMEC 1
- UKMEC 2
- UKMEC 3
- UKMEC 4

Rheumatic diseases

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION						
CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
RHEUMATIC DISEASES						
Rheumatoid arthritis	1	2	2	2	2	2
Systemic lupus erythematosus (SLE)						
a) No antiphospholipid antibodies	1	2	2	2	2	2
b) Positive antiphospholipid antibodies	1	2	2	2	2	4
Positive antiphospholipid antibodies	1	2	2	2	2	4

Jess, age 21

- She is a student studying for exams
- She wants to start the “pill”
- Her Mum had migraines with flashing lights and couldn’t take the pill
- Jess often gets headaches
- She remembers vomiting with her headaches when she was still at school

Migraine

- Addition of a useful resource on the diagnosis of migraine
- Includes a list of diagnostic criteria to help assist with making diagnostic decisions regarding the nature of headaches and whether any contraceptive options should be restricted

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC	
	I = Initiation, C = Continuation						
NEUROLOGICAL CONDITIONS							
Headaches							
a) Non-migrainous (mild or severe)	1	1	1	1	1	I: 1 C: 2	
b) Migraine without aura, at any age	1	2	2	2	I: 1 C: 2	I: 2 C: 3	
c) Migraine with aura, at any age	1	2	2	2	2	4	
d) History (≥5 years ago) of migraine with aura, any age	1	2	2	2	2	3	

Is it migraine or just a bad headache?

Defining aura

- One or more of the following fully reversible aura symptoms:
  - Visual/Retinal
  - Sensory
  - Speech/language
  - Motor
  - Brainstem

Defining Aura

- At least 2 of the following 4 characteristics:
  - At least 1 aura symptom spreads gradually over >5 minutes, and/or 2 or more symptoms occur in succession
  - Each individual aura symptom lasts 5-60 minutes
  - At least 1 aura symptom is unilateral
  - The aura is accompanied by or followed within 60 minutes by headache

Emily, age 38

- She has well controlled non-insulin dependent diabetes and hypertension
- Wants a repeat of her depo-provera
- Smokes 15/day (UKMEC 1)
- BMI is 32 (UKMEC 1)
- BP controlled on medication 130/85 (UKMEC 2)
- Non insulin dependent diabetes (UKMEC 2)

Would you prescribe Depo-Provera for Emily?

- Yes
- No

Cardio-vascular disease

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
CARDIOVASCULAR DISEASE (CVD)						
Multiple risk factors for CVD (such as smoking, diabetes, hypertension, obesity and dyslipidaemias)	1	2	2	3	2	3
Hypertension						
a) Adequately controlled hypertension	1	1	1	2	1	3
b) Consistently elevated BP levels (properly taken measurements)						
(i) Systolic >140–159 mmHg or diastolic >90–99 mmHg	1	1	1	1	1	3
(ii) Systolic ≥160 mmHg or diastolic ≥100 mmHg	1	1	1	2	1	4
c) Vascular disease	1	2	2	3	2	4

Debbie, age 32

- Poorly controlled diabetic
- Insulin and metformin
- Renal impairment and diabetic retinopathy
- What contraceptive choices can be considered?
- She is currently using withdrawal and recently had an unplanned pregnancy ending in TOP

Diabetes with vascular complications

- Which UKMEC category is Combined Hormonal Contraception?
- UKMEC 1
- UKMEC 2
- UKMEC 3
- UKMEC 4

Complicated diabetes

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION

CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Diabetes						
a) History of gestational disease	1	1	1	1	1	1
b) Non-vascular disease						
(i) Non-insulin dependent	1	2	2	2	2	2
(ii) Insulin dependent	1	2	2	2	2	2
c) Nephropathy/retinopathy/neuropathy	1	2	2	2	2	3
d) Other vascular disease	1	2	2	2	2	3

Gestational trophoblastic disease

- What type of contraception is/is not suitable?
- What is important when determining suitability to use a specific method of contraception?

Gestational trophoblastic disease

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION						
CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
	I = Initiation, C = Continuation					
Gestational trophoblastic disease (GTD)						
a) Undetectable hCG levels	1	1	1	1	1	1
b) Decreasing hCG levels	3	3	1	1	1	1
c) Persistently elevated hCG levels or malignant disease	4	4	1	1	1	1

UKMEC 2016 Discussion points