

# Contraception Update

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# Contraception update

- Recent changes in LARC methods.
- Updated Faculty Guidance
- Switching methods
- Case studies
- Top Tips

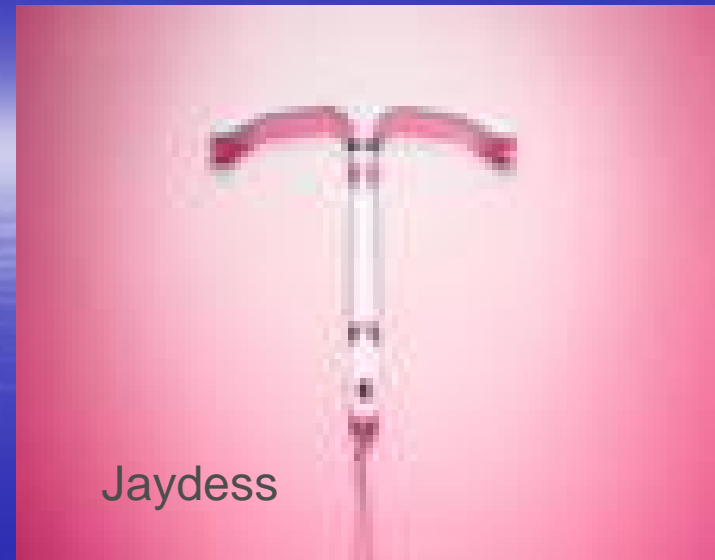
Recent Changes

# RECENT CHANGES IN LARC METHODS

# Changes in LARC

- IUS:
  - Mirena, Jaydess, Kyleena Levosert
- IUB
- Sayana press

# IUS



Jaydess



Kyleena

# Inserter comparison

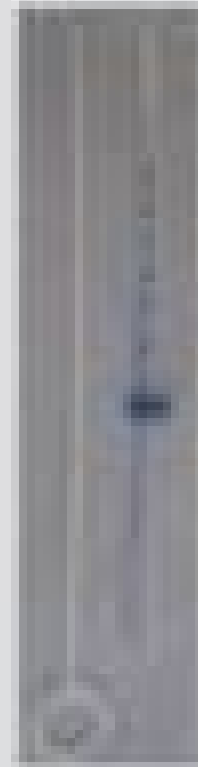
1. **Handmade**



2. **Handmade**



3. **Handmade**



# Product Characteristics

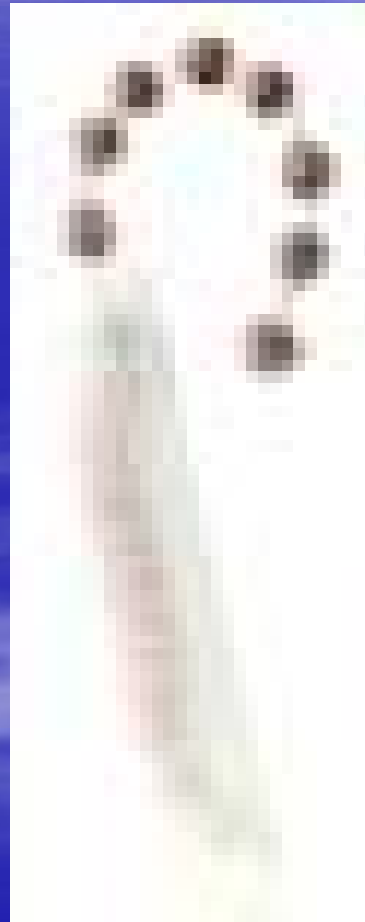
Type of IUS	Kyleena	Mirena	Levosert	Jaydess
Total LNG content (mg)	19.5	52	52	13.5
Frame size (WxH, mm)	28x30	32x32	32x32	28x30
Insertor	One handed Evo-insertor	One handed Evo-insertor	Two-handed insertor	One handed Evo-insertor
Tube diameter (mm)	3.8	4.4	4.8	3.8
Silver ring	Yes	No	No	Yes
Colour of threads	Blue	Brown	Blue	Brown

# Licensed Indication

Type of IUS	Kyleena	Mirena	Levosert	Jaydess
Contraception	5yrs	5yrs	5yrs	3yrs
Endometrial protection	No	Yes	No	No
HMB	No	Yes	Yes	No



# Intrauterine Ball



# Sayana Press

Progestogen-only injectable—SC use

104mg of medroxyprogesterone acetate (MPA)

13 weeks (+/- 7 days)

MOA – inhibit ovulation

Unijet system – anterior thigh or anterior abdomen

License extended for self administration



# Sayana Press

## 6 months experience at Abacus

- Over 5 ½ months Jul – Dec 16
- 981 Sayana press clinician administered
- 149 self administered under observation
- 327 clinician administered continued
- 48/327 reverted to depo
- 6 women problem with injection technique

# **UPDATED FACULTY GUIDANCE**

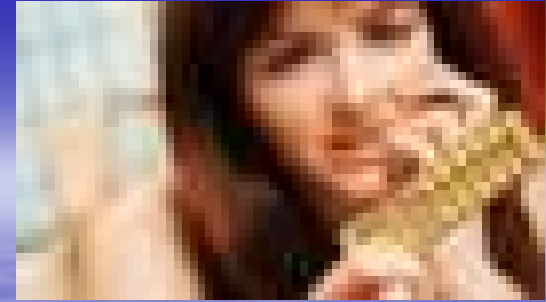
# FSRH CHC Guidance Jan 19

- Tailored regimens
- Use UKMEC2016 to assess medical eligibility
- Link to digital advice eg. FPA Sexwise website
- Duration of CHC prescription
- Missed pills, patches and rings

# Tailored regimens

- Tricycling
- Shortened interval (4/7 each month)
- Extended use
  
- Suitable for pill, patch or ring but omit any placebo pills

# Extended COC use



- Running packs together reduces bleeding days & menstrual cycle related problems<sup>1</sup>
- When used continuously for 1 year
  - 18% women amenorrhoeic by 3 months
  - 88% women amenorrhoeic by 10 months<sup>2</sup>

1.Archer DF. Contraception 2006;74:359-66

2.Miller L, Hughes JP. Obstet Gynecol 2003;101:653-61

# Interim Missed Pill Guidance

## Dec 2018

### MISSED PILLS

- Consider ECP even if 1 day late restarting COC if UPSI in PFI
- 1 missed pill/ 2 or more missed pills
- Advice unchanged



# Other combined hormonal methods

- Transdermal patch (Evra)
- 33.9mcg EE & 203mcg norelgestromin/24 hr
- Patch replaced every 7 days + 7 day PFI
- Vaginal ring (Nuvaring)
- 15mcg EE & 120mcg etonogestrel/24hr
- Ring in situ for 3 weeks + 7 day ring free interval

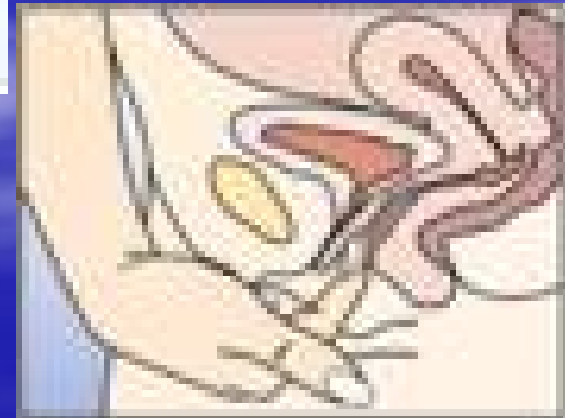




Start day 1-5 of cycle  
Later in cycle needs 7  
days condoms



Can do continuous  
CVR use but may  
get BTB



# Nuvaring

## Advantages

- High levels of acceptability in studies
- Very low systemic exposure to hormones
- Few initial hormone side effects
- Avoids GI interference with absorption
- Good cycle control
- LARC method

## Disadvantages

- Leucorrhoea
- Vaginal discomfort
- Vaginitis
- Foreign body sensation
- Coital problems
- Expulsion
- £27 for 3 months
- Cold chain supply

# Nuvaring

- Contraindications:
  - As for CHC - UK MEC and prolapse
- Drug interactions
  - Reduced by enzyme inducers
  - Not affected by antibiotics
  - Vaginal antifungals may increase ring breakage

# Nuvaring - storage

- Maintain cold chain 2-8C until given to woman
- Within cold chain has shelf life of 36 months
- Shelf life 4 months at room temperature once given to woman
- Supply one box (3 rings) at a time, mark with date of dispensing & use within 4 months

# Interim guidance on incorrect use of vaginal ring

- Continued use of same ring
- Up to 4 weeks still covered
- Up to 5 weeks – instant switch, extra precautions 7 days
- > 5 weeks, Consider EC, switch, EP 7/7s

# Would you prescribe COC ?

- Erin 18yrs
- Paternal grandfather DVT aged 41
- Paternal great grandmother PE in pregnancy
- Paternal aunt DVT in pregnancy this year
- Father (38) and mother (37) have had no VTE events
- 3 younger siblings: no VTE events

# FSRH CHC Guidance 2019

	VTE Risk per 10000 healthy women
Non users, not pregnant	2
CHC containing LNG, Norgestimate, NET	5-7
CHC containing ENG or norelgestromin	6-12
CHC containing GSD, DSG, Drospirenone	9-12



# Would you prescribe COC

- Julie aged 26
- Migraine without aura (UKMEC 2)
- Asymptomatic gallbladder disease (UKMEC 2)
- CIN 2 (UKMEC 2)

# Would you prescribe COC

- Jane 33 years
- Smoker (UKMEC 2)
- BMI 33 (UKMEC 2)
- Mother had a VTE event aged 49 years (UKMEC 2)
- Recent episode of superficial thrombophlebitis (UKMEC 2)

# Jane requests Nexplanon

- 33 years
- Smoker (UKMEC 1)
- BMI 33 (UKMEC 1)
- Mother had a VTE event aged 49 years (UKMEC 1)
- Recent episode of superficial thrombophlebitis (UKMEC 1)

# Drug interactions

- List of drugs have been removed
- Addition of online resource to check interactions:
- MEDSCAPE:  
<http://reference.med.scape.com/drug-interactionchecker>
- HIV drug interactions check using website:  
[www.hiv-druginteractions.org/interactions.aspx](http://www.hiv-druginteractions.org/interactions.aspx)

# Drug Interactions with hormonal contraception Jan 17

- Much easier to use
- Good signposts to reliable online resources
- Stockley's drug interactions at
  - [www.medicinescomplete.com/mc/index.htm](http://www.medicinescomplete.com/mc/index.htm)
- Webinar
  - <http://events4healthcare.com/fsrh/webinars/drug-interactions-with-hormonal-contraception/>
  - Modafanil

## Health and Safety Management System

Area	1	2	3	4	5	6	7	8
Health and Safety Management System	Red	Red	Red	Green	Green	Green	Orange	Red

Area	1	2	3	4	5	6	7	8
Health and Safety Management System	Red	Red	Red	Green	Green	Green	Orange	Red



Red



Orange



Green

Health and Safety Management System

## 2017-2018 Annual Report on the Progress of the Sustainable Development Goals

Goal	2017	2018	2019	2020	2021	2022	2023	2024
1. No Poverty	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢
2. Zero Hunger	🔴	🔴	🔴	🟢	🟢	🟢	🟡	🔴
3. Good Health and Well-being	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟡
4. Quality Education	🟡	🟡	🟢	🟢	🟢	🟢	🟡	🟡
5. Gender Equality	🟡	🟡	🟡	🟡	🟡	🟢	🟡	🟢



**Not Started**  
No progress made



**Progressing**  
Some progress made



**Completed**  
Goal achieved

Information on the progress of the Sustainable Development Goals is available on the website: [www.sustainabledevelopment.un.org](http://www.sustainabledevelopment.un.org)

**EMERGENCY  
CONTRACEPTION MAR 2017**



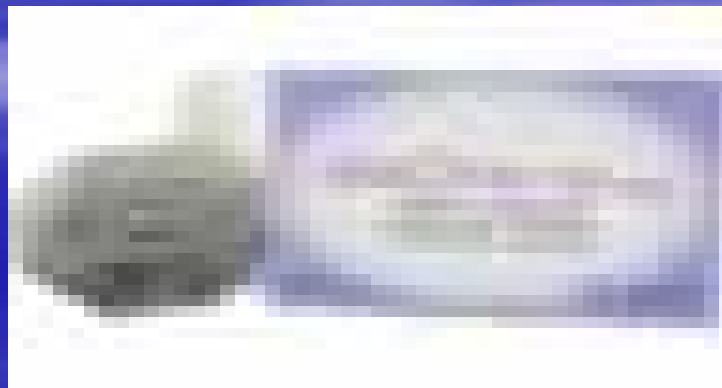
# Emergency contraception

- IUD is most effective
- Levonorgestrel 1500mg
- Ulipristal acetate 30mg



# ULIPRISTAL ACETATE (ELLAONE)

- SPRM licensed for EC up to 120 hours
- Primary mechanism delay ovulation
- Even after start of LH surge
- UPA prevents more pregnancies than LNG
- Avoid breastfeeding for 7days post UPA



# Emergency Contraception 2017

- Includes two decision-making algorithms
- UPA EC more effective than LNG EC
- LNG EC ineffective after 96hrs
- Oral EC given after ovulation is ineffective
- Give UPA first line for UPSI in the 5 days leading up to ovulation
- Majority go onto ovulate after taking UPA

# EC 2017

- No progestogen containing medication in preceding 7 days or for 5 days after
- Can give UPA or LNG EC if earlier UPSI in cycle
- Can give UPA or LNG EC more than once in a cycle

# Factors affecting efficacy of oral EC

- Liver enzyme inducers
  - Give 3mg LNG
  
- **Weight >70kg or BMI > 26**
  - **Give 3mg LNG**

## Regarding oral EC which is false

A: Start regular contraception ASAP after EC because of risk of pregnancy due to delayed ovulation in same cycle

B: Can offer oral EC if there has been UPSI / oral EC earlier in the same cycle

C: Consider LNG-EC rather than UPA-EC if any progestogen taken in the week prior to EC

D: If LNG-EC used cannot restart progestogen containing drugs for 5 days afterwards

Louise is 5 weeks postnatal (NVD) and  
condom accident 114 hours ago  
She is breast feeding. What do you  
advise?

- a). Levonelle and quick start POP
- b). ellaOne and quick start POP
- c). Pregnancy test in 3 weeks
- d). Emergency IUD
- e). Start POP immediately

# Contraceptive Choices: Transgender and Non-binary People

- Transgender : gender identity not congruent with sex assigned at birth
- Transgender woman: assigned sex of male, but identifies as a woman
- Transgender man: assigned sex of female but identifies as a man
- Non-binary: any gender identity which does not fit with male and female binary



# Transgender and Non-binary People

- General Advice
- Contraceptive eligibility
- Safer sex
- Cervical screening
- HPV vaccination
- Hep A & B according to sexual activity
- PrEP and PEPSE

# Contraception Choices for Trans Men

- Recommended if still have uterus and ovaries
- Testosterone therapy is not contraceptive
- GnRH Analogues are not contraceptive
- Pregnancy is an absolute contraindication to testosterone therapy

# Contraception Choices for Trans Men

- Cu-IUDs safe to use .....but
- PO methods do not interfere with hormone regimens
- Injectables and IUS likely to result in amenorrhoea
- CHC not recommended if on testosterone treatment
- All methods of EC can be used

# Contraception for Transwomen

- Contraception needed if not undergone orchidectomy or vasectomy
- Oestradiol therapy not contraceptive
- GnRH analogues not contraceptive

# SWITCHING METHODS

# Switching Methods

CURRENT METHOD	Switching to:					
	CBC	POP	CHPA	Implant	LNG-IUS	Cu-IUD
<b>Combined hormonal contraception (CHC) (started normally)</b> week 2 or 3 on day 1 of M1					 If day 2 start, follow advice for day 3 of advice	
<b>CHC</b> week 1 on day 1 of M1 OR on 1st active start of M1						
<b>CHC</b> week 1 on day 1 of M1 or 1st active start of M1	Continue CHC until taken for 7 consecutive days then advice as for weeks 2 or 3					



Extra-uterine conception:	CNC	POP	DMPA	Implant	LNG-IUS	Cu-IUD
LNG-IUS (in situ) if on MPB in last 7 days	 for 7 days	 for 2 days	 for 7 days	 for 7 days		
LNG-IUS (in situ) MPB in last 7 days	Return LNG-IUS for 7 days after starting	Return LNG-IUS for 2 days after starting	Return LNG-IUS for 7 days after starting	Return LNG-IUS for 7 days after starting	Immediately abstain for 7 days prior to change in case new device can't be inserted	
Cu-IUD (in situ)						
Cu-IUD after day 1 (on MPB in last 7 days)	 for 7 days	 for 2 days	 for 7 days	 for 7 days	 for 7 days	
Cu-IUD after day 1 (not on MPB in last 7 days)	Return Cu-IUD for 7 days after starting	Return Cu-IUD for 7 days after starting	Return Cu-IUD for 7 days after starting	Return Cu-IUD for 7 days after starting	Abstain for 7 days prior to change, then  for 7 days	Immediately abstain for 7 days prior to change in case new device can't be inserted then 



CURRENT SITUATION	CNC	POP	DMPA	Implant	LHC-RUD	Co-RUD
<p>Incorrect use of existing hormonal method or method has expired</p> <p>If all OPAs in 1 week and FT negative</p>	 for 7 days	 for 3 days	 for 7 days	 for 7 days	 for 7 days	
<p>Incorrect use of existing hormonal method or method has expired</p> <p>If OPAs in last 3 weeks and FT negative</p> <p>consider the need for EC</p>	<p>OS</p>  for 7 days FT at 3 weeks	<p>OS</p>  for 3 days FT at 3 weeks	<p>OS</p> <p>or other bridging method</p> <p>or</p> <p>OS</p>  for 7 days FT at 3 weeks	<p>OS</p>  for 7 days FT at 3 weeks	<p><del>X</del></p> <p><del>OS</del></p> <p><del>for 7 days</del></p>	<p>If all OPAs in last 3 days or if within 7 days of method expiry consider:</p>  <p><del>X</del></p> <p>OS</p> <p>or other bridging method</p>

# Case Scenario

- 24 yr old woman
- Attended for repeat COC
- Recent new onset migraine with aura
- Agrees to switch to POP
- What do you need to know ?

# Switching from COC to POP

- She finished her pill 8 days ago
- One episode UPSI 48hrs ago
- Declines emergency IUD
- Keen to be covered ASAP
- LNG x 1, (wt 58kg BMI 21)
- Quick start POP
- Extra precautions 48 hrs
- Follow up PT 3 weeks

# Case Scenario

- 38 yr old woman
- Requests removal of in date IUS
- Wants to switch to implant
- What do you need to know ?
- When did she last have sex
- Options: Insert implant. Remove IUS in 7/7s
- If no SI in last 7/7s remove IUS , insert implant EP 7/7s.

**TOP TIPS**

# 10 TOP TIPS

1. Remember all CHC options including vaginal ring and tailored use
2. PO Injection interval is 13 weeks
3. Consider option of sayana press
4. IUD most effective option for emergency contraception
5. If having LNG check weight and BMI

# 10 TOP TIPS

6. Cannot give ulipristal acetate + QS  
Hormonal contraception

7. Consider QS ongoing contraception at every opportunity :

8. POP useful bridging method with follow up PT in 3weeks

9. IUS can be replaced without need for extra precautions or excluding pregnancy between 5-7 years.

# 10 TOP TIPS

- 10. Faculty website best resource for individual guidelines and new product reviews : [www.fsrh.org](http://www.fsrh.org)
- Members section has resources including CEU database evidence based answers to clinical scenarios, FSRH Switching document, FSRH CHC Quick reference summary



Thank you for listening

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To refer a patient for USS for lost threads/  
position of IUC or for impalpable implants  
phone 01512476555