Oral Contraception Initiation Quick Guide

Discuss LARC as 1st Line option

Signpost patient to their GP surgery or Sexual Health Service.
Consider initiating OC as bridging contraception until LARC fitted

Oral Contraception chosen

COC exclusions:

- Older women
- Heavy smokers (including vaping)
- Hypertension, valvular heart disease, diabetes and migraine

Progesterone Only Pill (POP)

1st choice: **Desogestrel 75 microgram** (Cerelle if patient has peanut/ soya bean allergy)
2nd choice: **Norethisterone 350 microgram** (Noriday®)

Combined Oral Contraceptive Pill (COC)

1st choice: Ethinylestradiol 30mcg / levonorgestrel 150mcg **(Rigevidon®, Microgynon 30®, Microgynon 30 ED®)**

If patient getting progestogen related side effects (acne, headache, depression, breast symptoms, breakthrough bleeding) **(Gedarel 30/150® ,Lucette® , Millinette 30®)**

If patient getting oestrogen excess related side effects (nausea, bloating, some cases of breast tenderness, vaginal discharge without infection, fluid retention) **(Gedarel 20/150® , Millinette 20®)**

Missed doses COC

If **ONE pill** has been missed (48 – 72 hrs since last pill in current packet or 24- 48 hrs late starting first pill in new pack)

Continuing contraceptive cover

- The missed pill should be taken as soon as it is remembered
- The remaining pills should be continued at the usual time

Minimising the risk of pregnancy

Emergency contraception (EC) is not usually required but may need to be considered if pills have been missed earlier in the packet or in the last week of the previous packet

IF **TWO or MORE pills** have been missed (>72 since last pill in current packet or >48 hrs late starting first pill in new packet)

Continuing contraceptive cover

- The last pill missed should be taken as soon as possible.
- The remaining pills should be continued at the usual time.
- Condoms should be used or sex avoided until seven consecutive active pills have been taken. This advice may be over-cautious in the second and third weeks, but the advice is a back-up in the event that further pills are missed.

Minimising the risk of pregnancy

- If pills are missed in the 1st week (Pills 1-7): EC should be considered if unprotected sex occurred in the pill-free interval or in the first week of pill taking
- If pills are missed in the second week (pills 8-14): No indication for EC if pills in the preceding 7 days have been taken consistently and correctly, provided the pills thereafter are taken correctly and additional contraceptive precautions used
- If pills are missed in the third week (pills 15-21): OMIT THE PILL-FREE INTERVAL by finishing the pills in the current pack (or discarding any placebo tablets) and starting a new pack the next day

Missed doses POP

Desogestrel POPs

>12 hours late (>36 hours since the last pill was taken)

Northisterone POPs

>3 hours late (>27 hours since the last pill was taken)

Continuing contraceptive cover/ Minimising the risk of pregnancy

- The missed pill should be taken as soon as remembered. If more than one pill has been missed, only one pill should be taken.
- The next pill should be taken at the usual time. This may mean that two pills are taken in one day.
- Additional contraceptive precautions (condoms or avoidance of sex) are advised for 2 days (48 hrs) after restarting the POP.
- Emergency contraception is indicated if unprotected sexual intercourse occurred after the missed pill and within 48 hrs of restarting the POP.

Common Side Effects (may affect up to 1 in 10 women):
Vaginitis, including vaginal candidiasis, mood swings including depression, changes in interest in sex, nervousness, dizziness, feeling sick, being sick, abdominal pain, acne, tender breast, breast pain, breast enlargement and discharge, painful menstruation, abnormality of cervix (change in cervical ectropion) and vaginal secretion, no or reduced bleeding, fluid retention/edema, changes in weight.

Common Side Effects (may affect up to 1 in 10 women):
Mood swings including depression, changes in interest in sex, headache, nausea, acne, breast pain, increased body weight

Risk of Blood Clots: Severe pain or swelling in either leg, unexplained pains in the chest, breathlessness, an unusual cough, especially if coughing up blood (possibly indicating a thrombosis) (Risk increase from about 2 out of 10,000 women to 5-7 out of 10,000 women).

Approaching Menopause
Advise Women that Hormone Replacement Therapy (HRT) does not provide contraception

Choice of Contraception: Methods that can be used without restriction

- Barrier methods
- Copper intra-uterine devices (IUD)
- Levonorgesterel releasing Intrauterine system (IUS)
- Progesterone only pill, progesterone only implant
- Progesterone only injections can be used until age of 50
- Combined hormonal contraception is not contraindicated by age alone but factors like smoking and migraine history must be considered. If suitable, a pill containing 20 mcg of ethinylestradiol is a reasonable first choice.

Non-contraceptive Benefits can influence the choice of contraceptive:

- Vasomotor symptoms (hot flushes): combined hormonal contraception may reduce symptoms.
- Osteoporosis: Combined hormonal contraception may increase bone mineral density. Depot medoxyprogesterone acetate can reduce BMD.
- Menstrual pain, bleeding, and irregularity: combined hormonal contraception may reduce symptoms. Progestogen-only methods may reduce pain
- Heavy menstrual bleeding: The LNG-IUS reduces menstrual bleeding and can cause amenorrhoea.

Stopping Contraception

If using a non-hormonal method of contraception: Continue until:
1y of amenorrhoea >50 years of age Or 2 years of amenorrhoea < 50 years of age
If a women continues to menstruate >55 years, advise contraception use until 1 year of amenorrhoea has passed.

If using a hormonal method of contraception:
If woman wishes to stop contraception aged <50 yrs, advise to switch to a non-hormonal method and wait until 2 years of amenorrhoea (3 years if switching from progestogen only injections)

Combined hormonal contraception and progestogen only injections

- Continue until aged 50, then switch to a non-hormonal method OR switch to one of the following: POP, Progestogen only implant or LNG-IUS
- Follow advice for chosen method

POP, Progestogen only implant or LNG-IUS

- Continue until aged 55
- If woman still not amenorrhoeic at the age of 55 continue until 1 year of amenorrhoea
- If amenorrhoeic and aged > 50, arrange confirmation of menopause (two FSH readings taken 6 weeks apart and results of both tests are >30) and continue contraception for another year