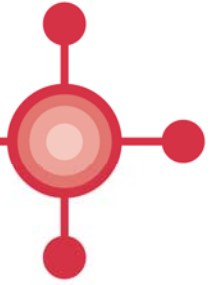


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



All Wales Prescribing Guidelines:

Initiating Contraception in Primary Care

November 2012

BACKGROUND

The Welsh Government is committed to improving the sexual health of people in Wales, as described in “The Sexual Health and Wellbeing Action Plan for Wales 2010–2015” (2010)¹. In response, Public Health Wales published “Providing seamless services for the sexual health needs of people living in Wales” (2011)², which proposes national care pathways and service specifications for sexual health services, including some outcome indicators.

Population policy is still an important public health consideration and patterns of fertility and age at first conception are factors that impact on NHS and Social Care resources. Teenage conception rates in Wales remain amongst the highest in Western Europe, and reducing rates of teenage pregnancies is a clear goal of the Welsh Government’s “Our Healthy Future” initiative³. Healthcare professionals must give consideration not only to individuals, but also to public health concerns in making their prescribing choices, and should be guided by the most up to date evidence.

A variety of contraceptive methods are available which, influenced by their correct and consistent usage, have varying success rates at preventing pregnancy (see Table 1). The prescribing decision is usually a combination of clinical judgement and personal choice, but should be informed by the “UK medical eligibility criteria for contraceptive use”⁴.

Table 1. Failure rates with existing methods of contraception in first year of use⁵.

Method	Failure rate (%)	
	Perfect use	Typical use
Three-year implant	0.05	0.05
Vasectomy	0.10	0.15
Levonorgestrel intrauterine system	0.2	0.2
Three-month injection	0.3	3
Oral contraception (COC and POP)	0.3	8
Combined hormonal patch	0.3	8
Combined hormonal ring	0.3	8
Female sterilisation	0.5	0.5
Copper intrauterine device	0.6	0.8
Male condom	2	15
Fertility awareness methods	3–5	25
Withdrawal	4	27
Female condom	5	21
Diaphragm	6	16
Sponge	Nulliparous	9
	Parous	20
Spermicides	18	29
None	85	85

COC = combined oral contraceptive; POP = progestogen-only pill

The formularies of individual Welsh health boards impact on primary and secondary care contraceptive prescribing, as do guidelines developed by professional organisations such as the Royal College of Obstetricians and Gynaecologists, or agencies such as NICE. There is currently no All Wales Medicines Formulary, but there is a degree of consistency between existing health board formularies.

Prescribing guidelines for contraception initiation in primary care have been developed by the All Wales Prescribing Advisory Group based on work by NHS Greater Glasgow and Clyde in order to reduce variation across the health boards and increase patient safety.

ALL WALES PRESCRIBING GUIDELINES: INITIATING CONTRACEPTION IN PRIMARY CARE

Women requiring contraception should be given information about and offered a choice of contraceptive methods, including long-acting reversible contraception (LARC). Please see [NICE CG30](#), which offers guidance on prescribing LARCs. The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists have produced eligibility criteria for contraceptive use. The full guidance can be accessed [here](#) and a summary can be accessed [here](#).

PATIENT REQUESTS CONTRACEPTION

1. Take full medical and sexual history
2. Check blood pressure and smear status
3. Consider STI screening if appropriate
4. Discuss contraceptive choices, taking into account the above and patient preference

Consider **LARC** as a **first-line** option since this is the most effective way to avoid pregnancy

- Where LARC can not immediately be provided, please discuss interim contraception. The Faculty of Sexual & Reproductive Healthcare clinical guidance states that if reasonably sure that a woman is not pregnant, COC or POP can be used as a bridging method.
- Where a practice does not offer LARC, signpost to the relevant health board LARC service provider.

If LARC unacceptable

Consider appropriateness of prescribing either progestogen-only pill (**POP**) or combined oral contraceptive (**COC**), taking into account age, medical history, risk factors and preference

POP APPROPRIATE

Consider a first-line POP from the health board-approved formulary [[Health board to insert link](#)]

Desogestrel (Cerazette®) should be considered second-line. It may have advantages in women with a history of poor compliance.

COC APPROPRIATE

Consider first-line a standard strength, 2nd generation COC from the health board-approved formulary [[Health board to insert link](#)]

The risk of VTE for drospirenone-containing COCs, including Yasmin, is higher than for levonorgestrel-containing COCs and may be similar to the risk for COCs that contain desogestrel or gestodene

If patient suffers from acne, consider desogestrel-containing COCs

Co-cyprindiol (Dianette®) is licensed for the treatment of severe acne and hirsutism, but not as a contraceptive. It is occasionally used as a contraceptive (unlicensed) when acne is present. CSM advice relating to Dianette® and the risk of VTE can be found [here](#) (also BNF).

LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)

- Progesterone-only implant, e.g. Nexplanon® – lasts three years
- Copper IUD, e.g. TT380 Slimline® – lasts ten years
- Progestogen-only IUS, e.g. Mirena® – lasts five years (useful if menorrhagia present)
- Progestogen-only depo, e.g. Depo-Provera® – given every 12 weeks

Note: The effectiveness of LARC preparations containing hormones, such as Nexplanon®, may be affected by interacting medicines. Refer to individual SPCs or BNF for guidance.

Contraindications and risks of commencing combined hormonal contraceptives (UK Medical Eligibility Criteria)

Contraindications

UKMEC Category 4 (unacceptable health risk)

- Severe or multiple risk factors for arterial disease
- VTE (current or history of)
- Migraine with aura
- Smoker ≥ 15 cigarettes/day and ≥ 35 years

Risk factors

UKMEC Category 3 (risks outweigh benefits)

- 1st degree relative < 45 years with a history of VTE
- BMI ≥ 35
- Smoker < 15 cigarettes/day or stopped in last year and ≥ 35 years
- Symptomatic gall bladder disease
- Adequately controlled hypertension
- Diabetes with nephropathy/retinopathy/neuropathy
- Breastfeeding between six weeks and six months post partum

This list is not exhaustive – see BNF, UKMEC and individual product SPCs

HEALTHCARE PROFESSIONALS SHOULD OFFER AN INTERIM METHOD OF CONTRACEPTION AT THE FIRST APPOINTMENT IF THE PREFERRED OPTION CANNOT BE INITIATED IMMEDIATELY

CONDOM USE SHOULD ALWAYS BE PROMOTED IN ADDITION TO THE CHOSEN METHOD OF CONTRACEPTION TO HELP PREVENT THE SPREAD OF SEXUALLY TRANSMITTED INFECTIONS

References

- 1 Welsh Government. Sexual health and wellbeing action plan for Wales, 2010-2015. 2010. Available at: <http://wales.gov.uk/docs/phhs/publications/101110sexualhealthen.pdf>. Accessed Jan 2012.
- 2 Public Health Wales. Providing seamless services for the sexual health needs of people living in Wales. 2011. Available at: <http://www.shnwales.org.uk/Documents/485/Providing%20for%20the%20sexual%20health%20needs%20of%20the%20people%20resident%20in%20Wales%20for%20Consultation.pdf>. Accessed Jan 2011.
- 3 Welsh Government. Our Healthy Future. 2010. Available at: <http://wales.gov.uk/docs/phhs/publications/100521healthyfutureen.pdf>. Accessed Jan 2012.
- 4 Faculty of Sexual and Reproductive Health. UK medical eligibility criteria for contraceptive use. 2009. Available at: <http://www.fsrh.org/pdfs/UKMECSummarySheets2009.pdf>. Accessed Jan 2012.
- 5 Trussell J. Understanding contraceptive failure. *Best Practice & Research Clinical Obstetrics & Gynaecology* 2009; 23 (2): 199-209.