

Contraceptive case studies

Dr Christine Roke
National Medical Advisor
Family Planning
June 2015

Case 1

- Mary is a 47 year old who has come in for a routine cervical smear. She asks when her Multiload IUD should be changed as it has been in for 6 years now. She is P2G3.



Case 1

Do you:

- Advise her it needs changing as soon as convenient
- Discuss that it can remain until after menopause
- Take out her IUD now and advise her she needs to use condoms until another can be inserted





Insert Web Page

This app allows you to insert secure web pages starting with `https://` into the slide deck. Non-secure web pages are not supported for security reasons.

Please enter the URL below.

Note: Many popular websites (e.g. Youtube, Wikipedia) allow secure access. Please click on the preview button to ensure the web page is accessible.

Case 1 – Correct Answer

Do you:

- Advise her it needs changing as soon as convenient
- Discuss that it can remain until after menopause
- Take out her IUD now and advise her she needs to use condoms until another can be inserted



Case 1 – Correct Answer

Do you:

- Advise her it needs changing as soon as convenient
- Discuss that it can remain until after menopause
- Take out her IUD now and advise her she needs to use condoms until another can be inserted



Extended IUD timeframes

- Accepted that copper IUDs inserted when 40 years old or more can remain until postmenopausal - 1 year after periods cease if 50 or older, 2 years if under 50
- Same for Mirenas inserted when 45 or older



Extended IUD timeframes

Review by Wu & Pickle,
Contraception, 2014

- Outside license – need to discuss this with client
- Criteria for extension:
- Client is multiparous
- IUD inserted when 25 years old or more
- No evidence for younger nullips so cannot recommend it

Extended IUD timeframes not recommended by UK Faculty of SRH

- Multiload 10 years
- T380 12 years including standard TT380
(but not short TT380 = 5 years)
- Mirena 7 years
(but not Jaydess = 3 years)



Tips for inserting TT380 IUD

- If the plastic sound is quite tight against the cervical canal and internal os while sounding the uterus, the gentle use of a metal sound may make insertion easier
- The IUD stem should be protruding beyond the inserter during the procedure
- To stop it slipping back into the inserter so that the leading edge becomes the rougher, wider inserter tube, hold the plunger firmly against the inserter with the inserting hand while advancing the inserter through the cervical canal into the uterus

Case 1


- What if Mary was using a Mirena for heavy bleeding and her husband has had a vasectomy?



Case 1

- Mirena can stay in situ as long as it is controlling heavy bleeding
- However Mirenas used for endometrial protection should be changed 5 yearly

Case 2

- 
- Jo comes to talk to you about an IUD. She is a 20 year old P0G0 in a long term relationship. She likes the idea of having a contraceptive method that doesn't contain hormones but her periods are already quite heavy and painful.

Case 2

You advise:

- that copper IUDs have no hormones but may worsen heavy, painful periods especially initially
- Hormone releasing IUSs don't usually cause hormonal side effects and will help her heavy, painful periods
- Jaydess has less hormone than Mirena and has a smaller frame
- All of the above



Insert Web Page

This app allows you to insert secure web pages starting with `https://` into the slide deck. Non-secure web pages are not supported for security reasons.

Please enter the URL below.

`https://`

Note: Many popular websites (e.g. Youtube, Wikipedia) allow secure access. Please click on the preview button to ensure the web page is accessible.

Case 2 – Correct Answer

You advise:

- that copper IUDs have no hormones but may worsen heavy, painful periods especially initially
- Hormone releasing IUSs don't usually cause hormonal side effects and will help her heavy, painful periods
- Jaydess has less hormone than Mirena and has a smaller frame
- All of the above

Case 2 – Correct Answer


You advise:

- that copper IUDs have no hormones but may worsen heavy, painful periods especially initially
- Hormone releasing IUSs don't usually cause hormonal side effects and will help her heavy, painful periods
- Jaydess has less hormone than Mirena and has a smaller frame
- All of the above

Jaydess vs Mirena

- Contains 13.5mg LNG
 - Contraception for 3 years
 - Length 30mm
 - Width 28mm
 - Not registered as treatment for heavy, painful periods
- Contains 52mg LNG
 - Contraception for 5 years
 - Length 32 mm
 - Width 32mm
 - Registered as treatment for heavy, painful periods

Case 3



Kate comes in for a repeat of Ava 30 ED. When you ask about her LMP she says it was 3 months ago – she is tricycling her pills.

Case 3

You respond:

- You should have a break each month so that you have a withdrawal bleed
- We are encouraging running packets together now as it is more effective contraception
- It's OK to run 3 packets of hormone pills together but not more





Insert Web Page

This app allows you to insert secure web pages starting with `https://` into the slide deck. Non-secure web pages are not supported for security reasons.

Please enter the URL below.

`https://`

Note: Many popular websites (e.g. Youtube, Wikipedia) allow secure access. Please click on the preview button to ensure the web page is accessible.

Case 3 – Correct Answer

You respond:

- You should have a break each month so that you have a withdrawal bleed
- We are encouraging running packets together now as it is more effective contraception
- It's OK to run 3 packets of hormone pills together but not more

Case 3 – Correct Answer

You respond:

- You should have a break each month so that you have a withdrawal bleed
- We are encouraging running packets together now as it is more effective contraception
- It's OK to run 3 packets of hormone pills together but not more



Tricycling or continuous pill taking

Advantages

- Less risk of contraceptive failure - have to miss more than 8 pills in a row rather than just 2 (4.4% failure rate vs 7.3%, B Howard et al, Contraception 2014)
- Avoid problems experienced in pill free interval such as migraines, dysmenorrhoea
- No known medical concerns

Tricycling or continuous pill taking

Disadvantage

- Some women experience breakthrough bleeding - take 7 day break

Case 4

- Angie comes in to get emergency contraception. The condom broke last night. Her LMP started 12 days ago and she has a regular monthly cycle. She doesn't take any medications. Her BMI is 32



Case 4

You advise her:

- To take Postinor-1 straight away
- To take a double dose of Postinor-1 straight away
- That a postcoital copper IUD would be more effective and you refer her for this
- Give her Postinor-1 now but advise her she needs a postcoital IUD and arrange this for her





Insert Web Page

This app allows you to insert secure web pages starting with `https://` into the slide deck. Non-secure web pages are not supported for security reasons.

Please enter the URL below.

`https://`

Note: Many popular websites (e.g. Youtube, Wikipedia) allow secure access. Please click on the preview button to ensure the web page is accessible.

Case 4 – Correct Answer

You advise her:

- To take Postinor-1 straight away
- To take a double dose of Postinor-1 straight away
- That a postcoital copper IUD would be more effective and you refer her for this
- Give her Postinor-1 now but advise her she needs a postcoital IUD and arrange this for her



Case 4 – Correct Answer

You advise her:

- To take Postinor-1 straight away
- To take a double dose of Postinor-1 straight away
- That a postcoital copper IUD would be more effective and you refer her for this
- Give her Postinor-1 now but advise her she needs a postcoital IUD and arrange this for her



ECP failure

- High fertility risk e.g. few days before ovulation, missed pills 1st week of COC
- Subsequent UPSI within that cycle
- BMI 30 or more
 - Slower to reach adequate hormone levels so may be less effective

Glasier A et al. Contraception 2011

- Taken post fertilisation (LNG ECP doesn't work after fertilisation)

BMI and LNG ECP failure rates

BMI	% failure rate	Confidence intervals
<25	1.3	0.8 – 2.2
25 – 29.9	2.5	1.3 – 4.6
30 or more	5.8	3.5 – 9.5
	No ECP 5.6	Glasier A et al, Contraception 2011

Postcoital IUD

- Copper IUD inserted
 - within 5 days of fertilisation
(by day 19 of 28 day cycle)
 - or within 5 days of single unprotected sexual intercourse
- Always more effective than LNG ECP
- Highly recommended when high risk of failure e.g. BMI 30 or more

Discussion of emergency contraception with high BMI

- Discuss LNG ECP may be ineffective
- Assess whether time of high risk and still within 5 days of ovulation or single UPSI
- Discuss postcoital IUD
- If client is at high risk, is within 5 days of above and interested in postcoital IUD, arrange PCIUD appointment
- Provide LNG ECP in case unable to obtain PC IUD or decides not to go ahead

Case 5

- Belinda had Jadelle inserted 2 months ago. She has had runs of light bleeding lasting 10-14 days and starting up again after only a week or so without bleeding. You check that there is no other cause for the irregular bleeding.



Case 5

- You tell her it will soon settle down and she should wait until it does so
- You offer her medication straight away for the next 3 months until her periods become regular
- You offer her medication straight away and say that she can use it throughout the life of the implant if she wishes
- You advise that the bleeding is unlikely to settle and she should have the implant removed



Insert Web Page

This app allows you to insert secure web pages starting with `https://` into the slide deck. Non-secure web pages are not supported for security reasons.

Please enter the URL below.

`https://`

Note: Many popular websites (e.g. Youtube, Wikipedia) allow secure access. Please click on the preview button to ensure the web page is accessible.

Case 5 – Correct Answer

- You tell her it will soon settle down and she should wait until it does so
- You offer her medication straight away for the next 3 months until her periods become regular
- You offer her medication straight away and say that she can use it throughout the life of the implant if she wishes
- You advise that the bleeding is unlikely to settle and she should have the implant removed

Case 5 – Correct Answer

- You tell her it will soon settle down and she should wait until it does so
- You offer her medication straight away for the next 3 months until her periods become regular
- You offer her medication straight away and say that she can use it throughout the life of the implant if she wishes
- You advise that the bleeding is unlikely to settle and she should have the implant removed

Causes of irregular bleeding on contraception

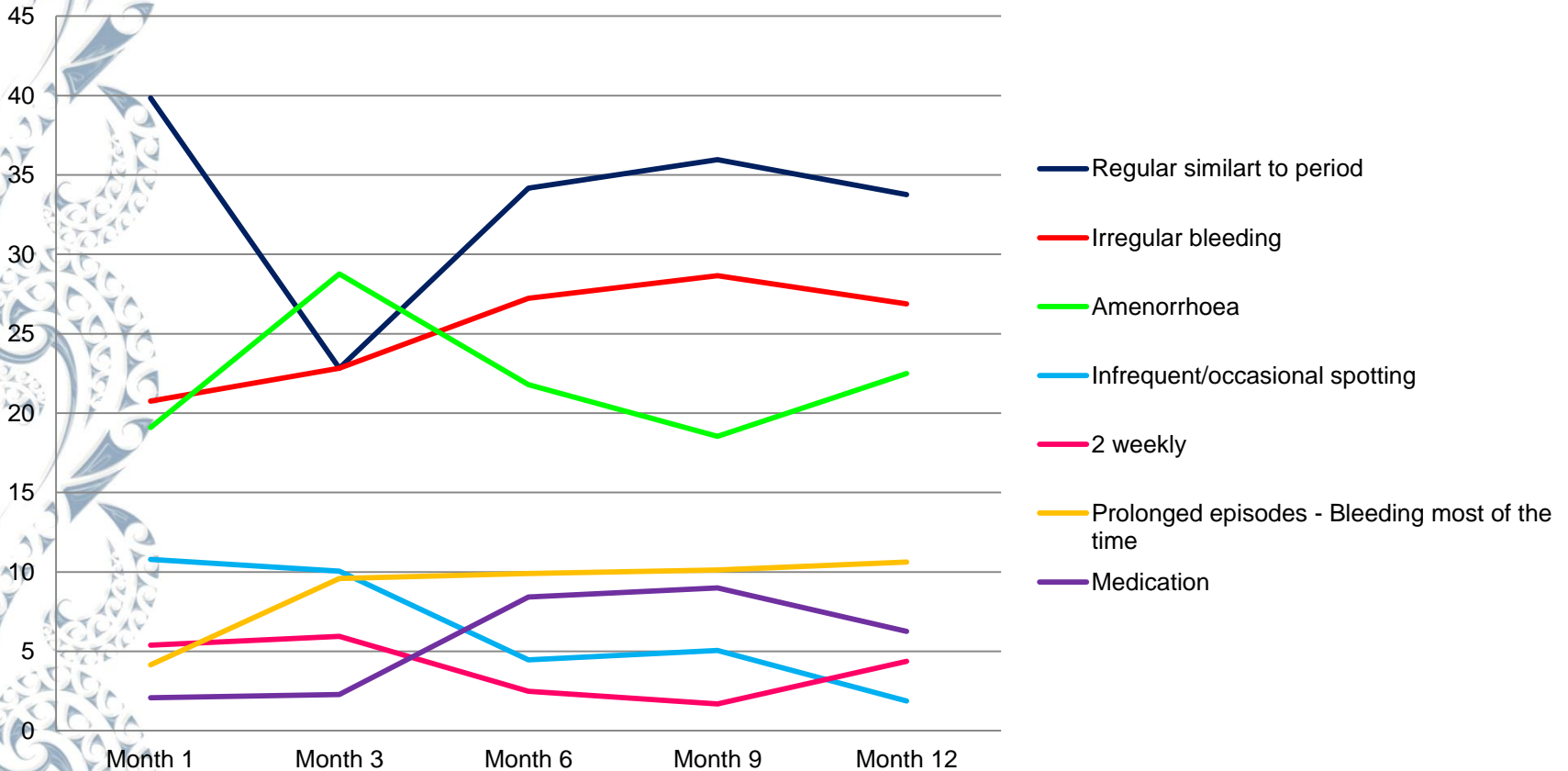
- Progestogen only contraception
- Initiation of hormonal contraception
- Infection – STIs
- Medications – interactions, enzyme inducers
- Abnormal cervix – ectropion, cancer

Jadelle bleeding pattern

- Irregular bleeding and amenorrhoea common
- Settles to long term pattern over first 3 - 6 months
- Bleeding less likely to settle with time than Depo Provera or Mirena
- Bleeding problems are commonest reason for discontinuation
- Spotting and irregular bleeding common – 14% (1 in 7) discontinue for this reason:
 - 5% for prolonged episodes of vaginal bleeding and spotting
 - 4% for irregular bleeding
 - 3% for heavy bleeding

Family Planning Jadelle audit

Bleeding Pattern - percentage of sample



Management of irregular bleeding

- Exclude other causes if relevant – history, STI check, view cervix
- Offer treatment as soon as client complains – otherwise they are likely to reach “tipping point” when no longer prepared to try treatment, just want removal
- COC as long as estrogen not contraindicated – Ava 30.
Can use COC long term for bleeding control while implant provides effective contraception
or NSAIDs 5 -10 days
Limited success with progestogens

Case 6

- Penny wants to “go on the pill” and would like to try Yasmin as her friend likes it. You check her personal and family history and her BP and BMI. All straightforward.



Case 6

- You recommend she start with a second generation pill
- You agree that Yasmin is a good pill for her to start on





Insert Web Page

This app allows you to insert secure web pages starting with `https://` into the slide deck. Non-secure web pages are not supported for security reasons.

Please enter the URL below.

`https://`

Note: Many popular websites (e.g. Youtube, Wikipedia) allow secure access. Please click on the preview button to ensure the web page is accessible.

Case 6 – Correct Answer

- You recommend she start with a second generation pill
- You agree that Yasmin is a good pill for her to start on



Case 6 – Correct Answer

- You recommend she start with a second generation pill
- You agree that Yasmin is a good pill for her to start on



Risk factors for COC

- Arterial – PH arterial disease, age over 40, smoking, diabetes, obesity, hypertension, migraines with aura, hyperlipidaemia
- Venous – PH DVT/PE, FH DVT/PE, obesity, immobility, smoking

VTE risk

- All COCs increase risk of DVT/PE, particularly in first months of use
- 2nd generation pills containing levonorgestrel or norethisterone have lowest increased risk
- Other COCs and ring have higher risk (Vinogradova, BMJ May 2016)
- NZ MOH recommend women start on 2nd generation pill as higher VTE risk initially