



COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA

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UPDATE ON CONTRACEPTIVES

by

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Family Planning (FP) an Answer to Preventing the Occurrence of Unplanned Pregnancies:

Easy Guide to Contraceptive Methods:

Choice of Contraceptives:

- **Modern**
Temporary – Intra Uterine Device (IUD), Barrier (Condoms) and Hormonal (Oral Contraceptive Pill (OCP), Injectables, Implants – Jadelle/ Implanon
Permanent – Male, Female Sterilization
- **Natural**
Standard Day Method (SDM)
Basal Body Temperature method (BBT)
Cervical mucus method (Billings)
Lactational Amenorrhoea Method (LAM)
Sympto-thermal
- **Traditional**
Coitus interruptus (Withdrawal)
Abstinence

Postpone First Pregnancy:

- **Reliable methods**
Oral contraceptive pill
Implants
Condoms

Spacing:

- **Reliable methods**
OCP
IUD
Implants
Injectables - DMPA
Condoms

Limiting:

- **Reliable methods**
- Male / female sterilization
- IUD
- Injectables - DMPA
- Implants
- OCP

- **Less reliable methods**
Natural and Traditional methods

Combined Oral Contraceptive Pill (OCP)

- Contains derivatives of Oestrogen and Progesterone
- Route – oral
- One tablet acts for 24 hours
- Failure rate: Typical use - 8% Ideal use - 0.03%
- Return to fertility: immediate
- Works primarily by preventing the release of eggs from the ovaries (ovulation)

Starting:

- **Menstruation**
Within first 5 days of menses but preferably first day of menses
- **Amenorrhoea**
Make sure she is not pregnant and start at anytime of cycle. Use condoms for next 7 days
- **Post partum**
Breast feeding – after 6 months
Not breast feeding – 3 weeks after child birth
- **Post abortion/ miscarriage**
Within the first 7 days of 1st and 2nd Trimester abortion

Continuity:

- Go according to arrows
- Take one pill at the same time every day
- Must take every day whether or not a woman has sex that day
- Start new packet after completing the whole packet (28 tablets) – after finishing the last iron tablet

Side Effects:

(Minimal and only lasts for few months)

- Nausea, Vomiting
- Headache
- Vertigo
- Breast tenderness
- Weight gain – due to the increased appetite
- Changes in the bleeding pattern (Lighter bleeding and fewer days of bleeding, Irregular bleeding – intermenstrual spotting, Infrequent bleeding, No monthly bleeding – due to the thinning of endometrium)
- Mood changes – rarely

Managing Problems:

Irregular Bleeding

Reassurance that it is common among women on OCP's

Explain about other causes – Missed pills, taking pills at different times, vomiting or diarrhoea, taking anticonvulsants and Rifampicin

Tell not to miss pills, if missed pills take according to the regime of missed pills, take at the same time and try any anti inflammatory drug for about 5 days.

If on pills for more than 6 months and having the problem change to another brand and see

No bleeding at all:

Reassure her that some women experience this, but if she is sure she did not miss a pill and took it every day at the same time not to worry.

Also if she skipped the 7 day break between packs then also this could happen

Headache:

Take Paracetamol, Panadene or an NSAID

But persistent Migraine like headaches then may need to stop taking pills and change to another method (POP)

Nausea and vomiting:

Take at bedtime and after meals

If symptoms persist suggest anti emetic like Domperidone or Maxalone.

Breast tenderness:

Wear supportive bra

Try hot or cold compresses

Suggest Paracetamol, Panadene or a NSAID

Weight Gain:

Review diet and counsell on exercise and diet

Injectables – Depo Medroxy Progesterone Acetate (DMPA):

- Dose – 150 mg of Medroxy Progesterone acetate taken every 90 days
- Route – IM
- Can inject to hip, upper arm or buttocks
- Failure rate – 0.3%
- Return to fertility (can take some time) – 9 -12 months
- Works primarily by preventing the release of eggs from the ovaries (ovulation)

Starting:

- ▶ **Menstruation**
Within first 7 days of menses
- ▶ **Amenorrhoea**
Make sure she is not pregnant and start at anytime of cycle. Use condoms for next 7 days
- ▶ **Post partum**
Fully or partially Breast feeding – after 6 weeks
Not breast feeding – Immediately after child birth
- ▶ **Post abortion**
Within the first 7 days

Continuity:

Repeat the injection every 90 days

- If 14 days before or 28 days after , give injection (within 76 – 118 days)
- > 118 days exclude pregnancy and give injection (use condoms for 7 days)

Side Effects:

- ▶ Menstrual disturbances
 - Amenorrhoea
 - Spotting
 - Irregular bleeding per vaginal
 - Menorrhagia – rarely

Weight gain(1 – 2 kg per year) – due to increased appetite

- ▶ Headaches
- ▶ Dizziness

Management of problems:**No monthly Bleed:**

Reassure her that most women on Progestin only injections stop having bleeding over time and it is not harmful. There is no need to lose blood every month. It is more beneficial in the long run – protection from cancer and anaemia.

If it really bothers her switch to another method.

Irregular bleeding pattern:

Reassure her that most women on Progestin only injections have irregular bleeding and it is not harmful.

For modest short term relief, take an NSAID after meals for 5 days.

Weight gain:

Review diet and counsel on diet and exercise.

Heavy or prolonged bleeding:

Reassure her that most women on Progestin only injections can have heavy prolonged bleeding and that it settles after few months and it is not harmful.

For modest short-term relief,

500 mg of Mefenemic Acid twice daily after meals for 5 days

30 micrograms of ethinyl estradiol (or OCP hormone tablets) for 21 days

To help prevent anaemia suggest she takes iron tablets and food containing iron

If bleeding becomes a health issue help her choose another method

Headache:

Ordinary headache take Paracetamol, Panadene or NSAID.

Any headache that gets worse or is occurring more often, use of method should be evaluated.

Breast tenderness:

Wear supportive bra

Try hot or cold compresses

Suggest Paracetamol, Panadene or a NSAID

Implants:

- Preventing the release of eggs from the ovaries (ovulation)
- Affects cervical mucus, thus reducing sperm penetration and transport
- Failure rate – 0.05%
- Return to fertility: Immediate after removal of implant

Starting:

- **If having periods (monthly bleeding) -**
Within first 7 days of the period
- **If no periods -**
Anytime during the cycle when a pregnancy has been excluded
Use a condom or avoid sexual intercourse for next 7 days
- **After childbirth -**
If fully or partially breast feeding – 6 weeks after child birth
Not breast feeding – Immediately or within 6 weeks after child birth
- **After abortion –**
Immediately or within the first week of abortion

Side Effects:

- Menstrual disturbances (no periods, spotting, irregular bleeding or abdominal pain during period– rarely)
- Weight gain – due to increased appetite
- Headaches
- Dizziness
- Breast pain

Management of problems:

No monthly Bleed:

Reassure her that most women on Progestin only injections stop having bleeding over time and it is not harmful. There is no need to lose blood every month. It is more beneficial in the long run – protection from cancer and anaemia.

If it really bothers her switch to another method.

Irregular bleeding pattern:

Reassure her that most women on Progestin only injections have irregular bleeding and it is not harmful.

For modest short term relief, take NSAID after meals for 5 days.

Weight gain:

Review diet and counsel on diet and exercise.

Heavy or prolonged bleeding:

Reassure her that most women on Progestin only methods can have heavy prolonged bleeding and that it settles after few months and it is not harmful.

For modest short-term relief,

500 mg of Mefenemic Acid twice daily after meals for 5 days

30 micrograms of ethinyl estradiol (or OCP hormone tablets) for 21 days

To help prevent anaemia suggest she takes iron tablets and food containing iron

If bleeding becomes a health issue help her choose another method

Headache:

Ordinary headache take Paracetamol, Panadene or NSAID.

Any headache that gets worse or is occurring more often during use of method should be evaluated.

Breast tenderness:

Wear supportive bra

Try hot or cold compresses

Suggest Paracetamol, Panadene or a NSAID

Intra Uterine Device (IUD):

Copper bearing – Cu T 380A

Reversible

Long acting – 10 years (WHO 12 yrs)

Safe, fewer side effects

Small (3.6 x 3.2 cm)

No effect on BF

Return to fertility: Immediate after removal

Works primarily by causing a chemical change that damages sperm n eggs before they can meet

Failure Rate: 0.3 – 3%

Insertion:**If having periods (monthly bleeding) -**

Within first 12 days of the period

If no periods –

Anytime during the cycle when a pregnancy has been excluded

After child birth –

Within 48 hours after child birth or **after 4 – 6 weeks later.**

(If inserted between 48 hours to 4 weeks, risk of expulsion or perforation high)

After abortion –

Within the first **48 hours or 4 -6 weeks** after abortion

Who can use IUD's?

- Women needing space between children
- Suitable for women who do not like regular follow up
- For women who have completed the family
- Women who do not like hormonal contraception

Side Effects:

Changes in her bleeding pattern:

Prolonged and heavy monthly bleeding

Irregular bleeding

More cramps and pain during monthly bleeding

Managing Problems:**Heavy or prolonged Bleeding:**

Reassure her that many women on the IUD do experience heavy or prolonged periods. It is generally harmful and resolves without treatment after few months.

Provide Iron tablets and advise to eat foods containing iron.

NSAIDs after meals for 5 days

Cramping and pain:

Reassure this is common the first few months (3 – 6) after insertion, especially during periods.

Suggest Paracetamol, Panadene or a NSAID

Sterilization:**Eligibility Criteria:**

Woman should be more than 26 years

Should have at least 2 kids

The youngest should be 2 years old

(This is only a guideline and the consulting VOG can decide in special situations)

Female Sterilization (LRT):

Permanent contraception for women who will not want to have any more kids

There are 2 surgical procedures which are both done under local anaesthesia

Mini Laparotomy

Laparoscopic

As the fallopian tubes are cut or blocked the released eggs from the ovaries cannot move down the tubes, and so they do not sperms.

Failure Rate: 1%

No known side effects

Contraception immediate after surgery

Does not cause hormonal imbalances or women weak

When can you get it done?

With Menses:

Any time within 7 days of bleeding

If not having menses:

Anytime if a pregnancy is excluded and need to use a condom for another 7 days

After child birth:

Immediately or within 7 days of delivery or 6 weeks after delivery

After abortion:

48 hours after uncomplicated abortion

Vasectomy:

Permanent contraception for men who do not want any more kids.

Works by closing off each vas deferens, keeping sperm out of semen. Semen is ejaculated but it does not contain any sperms.

Failure Rate: 0.01%

It is not immediately effective. Normally takes around 3 months for the stored sperms to be ejaculated. Best to do a SFA to see if it is sterile. If so no need of a back up method after that.

When can you do it?

Any time the couple has decided they do not want any more kids

Emergency Contraceptive Pill (ECP):

Pills that contain either Progestin alone or a Progestin and an Oestrogen together

Work primarily by preventing or delaying ovulation

Failure Rate: 1%

When should you take it?

When no contraception has been used

When contraception accident or misuse has occurred

- Condom rupture, slippage, tear or wrong use
- Failed coitus interruptus (withdrawal)
- Miscalculation of safe period
- IUD expulsion
- Forgetting or missed oral contraception pill

Cases of rape and sexual assault

Side Effects:

Changes in bleeding pattern

Slight irregular bleeding for 1 – 2 days after taking ECP

Monthly bleeding that starts earlier or later than expected

Nausea

Headache

Breast tenderness

Dizziness

Vomiting

When to take them?

As soon as possible after unprotected sex. The sooner you take the pills the better they prevent pregnancy.

Can prevent pregnancy when taken anytime up to 5 days (120 hours)

Can either take both pills together or 12 hours apart.

Condoms:

Sheaths or coverings that fit over a man’s erect penis

Most made of thin latex rubber

Many varieties of condoms available to increase pleasure

Only method that protects against STI/HIV infections

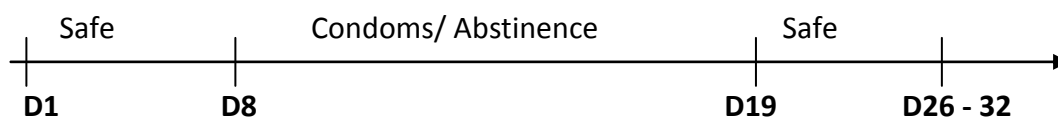
Work by forming a barrier that keeps sperm out of the vagina, preventing pregnancy.

Failure Rate: Ideal use- 2% Typical use – 15%

Standard Day Method (SDM):

Can be effective if used consistently and correctly

A woman can use this method if most of her cycles are 26 – 32 days long. If she has more than 2 longer or shorter cycles within a year, SDM will be less effective.



Important:

First day of monthly bleed is taken as day 1
From Day 8 to Day 19 are considered as not safe

Withdrawal Method:

Man withdraws his penis from vagina and ejaculates outside.
Works by keeping sperm out of the vagina.
Failure Rate: Typical Use – 27% Ideal Use – 4%
The pre ejaculatory fluid may contain millions of sperms.

Lactational Amenorrhoea Method (LAM):

The LAM requires 3 conditions and all 3 must be met.
The mother's monthly bleeding has not returned
The baby is fully breast fed
The baby is less than 6 months
Failure Rate: Ideal Use – 0.9% Typical Use – 2%

Serving Special Groups:

Adolescents:

All contraceptive methods are Safe for young people

Menopause:

- OCP/ DMPA not suitable after 50 yrs
- IUD/ IUS/ Implants can keep till 55 yrs
- If < 50yrs – 2 yrs of amenorrhoea
- If > 50yrs – 1 yr of amenorrhoea

Confirm with 2 FSH levels 6 weeks apart >30 IU/L

Post Partum Contraception at a glance:

FP method	Fully or Nearly fully BF	Partially or not BF
LAM	Immediately	N/A
IUD	Within 48 hours of delivery, otherwise wait 4 – 6 weeks	
OCP	6 months after child birth	3 weeks after child birth if not BF 6 weeks after CB if partially BF
DMPA and Implants	6 weeks after CB	Immediately if not BF 6 weeks after CB if partially BF
Female sterilization	Within 7 days, otherwise wait 6 weeks	
Vasectomy	Immediately or during partners pregnancy	
Condoms	Immediately	

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NOTE

If you are interested to learn more on family planning provision to clients there will be two workshops organised jointly by the FPA and the CGPSL either on a Sunday afternoon or Wednesday Morning.

Please contact the College office and book a place before the 15th of September 2014 for us to do the needful (contact 2698894 or 2688775 – contact Dimuthu, Angelo or Hassan)

Thank you

Dr. Pushpa Weerasinghe
Chair person (CPD committee)