

Contraception

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Objectives

- Gillick Competencies and Fraser Guidelines
- UKMEC
- Barrier Methods
- Hormonal Methods
- LARC
- Questions and Answers

Gillick Competency

- Medical professionals need to consider Gillick competency if a young person under the age of 16 wishes to receive treatment without their parents' or carers' consent or, in some cases, knowledge
- If the parents do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent
- Professionals need to consider several things when assessing a child's capacity to consent. These include:
 - age, maturity and mental capacity
 - including advantages, disadvantages and potential long-term impact
 - understanding the risks, implications and consequences that may arise
 - alternative options, if available
 - their ability to explain a rationale around their reasoning and decision making.

Fraser Guidelines

- The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health.
- Following a legal ruling in 2006, Fraser guidelines can also be applied to advice and treatment for sexually transmitted infections and the termination of pregnancy
- Practitioners using the Fraser guidelines should be satisfied of the following:
 - the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment
 - they understand the advice being given
 - the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment
 - it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent
 - the young person is very likely to continue having sex with or without contraceptive treatment

UK Medical Eligibility Criteria (UKMEC)

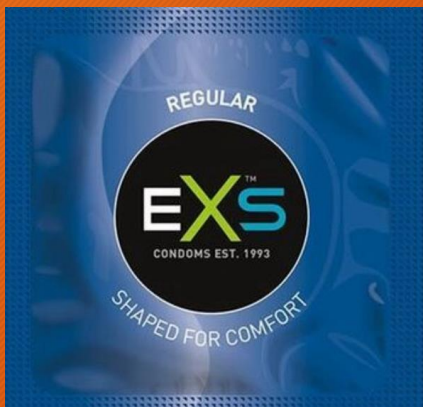
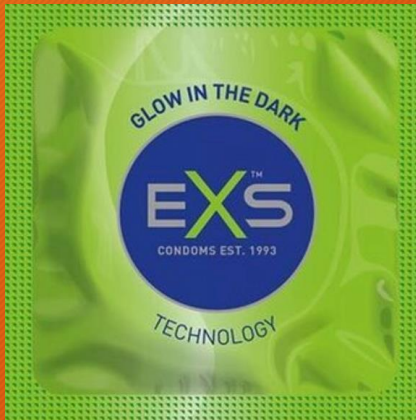
UKMEC	DEFINITION OF CATEGORY
Category 1	A condition for which there is no restriction for the use of the method
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable
Category 4	A condition which represents an unacceptable health risk if the method is used

Category 1 (UKMEC 1)	Safe to give
Category 2 (UKMEC 2)	Positives outweigh the negatives
Category 3 (UKMEC 3)	Negatives outweigh the positives
Category 4 (UKMEC 4)	Just NO



Barrier methods

External Condoms (for Penis)



External Condoms (for Penis)

82%
Typical use

**Protects against
STI's**

**No
Hormones**

**Need
to remember
before sex**

**Can slip
off during
sex**

Internal Condoms (for Vagina)



Internal Condoms (for Vagina)

82%
Typical use

**Protects against
STI's**

**No
Hormones**

**Need
to remember
before sex**

**Won't
affect
periods**

Diaphragms and Caps



Diaphragms and Caps

88%
Typical use

Does not
protect against
STI's

No
Hormones

Need
to remember
before sex

Needs to
be left in for
6 hours after sex



Hormonal methods

Combined Oral Contraception (COC)



Combined Oral Contraception (COC)

How it works

- The pill stops the ovaries from releasing an egg each month
- Thickens the mucus from your cervix; this makes it difficult for sperm to move through it and reach an egg
- Makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg

Combined Oral Contraception (COC)

**91%
Typical use**

**Reduces risk of ovary,
uterus and colon
Cancer**

**Can help with
heavy or painful
periods**

**Need
to remember
Daily**

**Does not
protect against
STI's**

Combined Oral Contraception (COC)

Table 1: Standard and tailored regimens for use of combined hormonal contraception (CHC)

Type of regimen	Period of CHC use	HFI
Standard use	21 days (21 active pills or 1 ring, or 3 patches)	7 days
Tailored use		
Shortened hormone-free interval (HFI)	21 days (21 active pills or 1 ring, or 3 patches)	4 days
Extended use (tricycling)	9 weeks (3 x 21 active pills or 3 rings, or 9 patches used consecutively)	4 or 7 days
Flexible extended use	Continuous use (≥ 21 days) of active pills, patches or rings until breakthrough bleeding occurs for 3–4 days	4 days
Continuous use	Continuous use of active pills, patches or rings	None

Progesterone Only Pill (POP)



Progesterone Only Pill (POP)

How it works

- Desogestrel based pills can stop the ovaries from releasing an egg each month
- POP main action is to thicken the mucus from your cervix; this makes it difficult for sperm to move through it and reach an egg
- Makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg

Progesterone Only Pill (POP)

**91%
Typical use**

**Safe to take at any age
and if Estrogen
contraindicated**

**May help with
heavy or painful
periods**

**Need
to remember
Daily**

**Does not
protect against
STI's**

Combined Hormonal Contraception (CHC) Patch



Combined Hormonal Contraception (CHC) Patch

How it works

- The patch stops the ovaries from releasing an egg each month
- Thickens the mucus from your cervix; this makes it difficult for sperm to move through it and reach an egg
- Makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg

Combined Hormonal Contraception (CHC) Patch

**91%
Typical use**

**Reduces risk of ovary,
uterus and colon
Cancer**

**Can help with
heavy or painful
periods**

**Apply once
per week**

**Does not
protect against
STI's**

Combined Hormonal Contraception (CHC) Ring



Combined Hormonal Contraception (CHC) Ring

How it works

- The ring stops the ovaries from releasing an egg each month
- Thickens the mucus from your cervix; this makes it difficult for sperm to move through it and reach an egg
- Makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg

Combined Hormonal Contraception (CHC) Ring

**91%
Typical use**

**Reduces risk of ovary,
uterus and colon
Cancer**

**Can help with
heavy or painful
periods**


**Apply once
per month**

**Does not
protect against
STI's**

Combined Hormonal Contraception (CHC) Ring

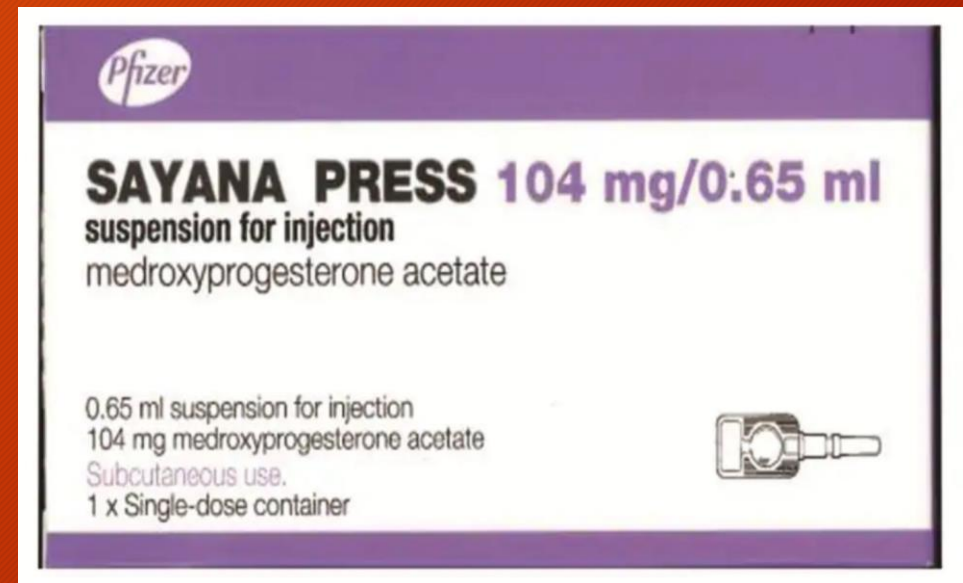


The vaginal ring can be positioned anywhere inside the vagina.



Long Acting Reversible Contraception (LARC) methods

Injectable Contraception



Injectable Contraception

How it works

- The injection stops the ovaries from releasing an egg each month
- Thickens the mucus from your cervix; this makes it difficult for sperm to move through it and reach an egg
- Makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg

Injectable Contraception

94%
Typical use

**Can affect
bone density**

**Fertility can take upto
1 year to return after
stopping**

**Last 8 – 14 weeks
(depending on
type)**

**Does not
protect against
STI's**

Implant



Implant

How it works

- The implant stops the ovaries from releasing an egg each month
- Thickens the mucus from your cervix; this makes it difficult for sperm to move through it and reach an egg
- Makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg

Implant

99.95%
Typical use

**Requires a minor
procedure to insert
and remove**

**Periods may become
irregular, lighter,
Heavier or stop**

**Lasts for 3 years and
can be removed at
any time**

**Does not
protect against
STI's**

Hormonal IntraUterine Device



8 Years



5 Years



6 Years



3 Years

Hormonal IntraUterine Device

How it works

- The IUS stops the ovaries from releasing an egg each month
- Thickens the mucus from your cervix; this makes it difficult for sperm to move through it and reach an egg
- Makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg

Hormonal IntraUterine Device

99.8%
Typical use

**Requires a minor
procedure to be
inserted**

**Periods usually
become lighter and
shorter**

**Lasts between
3 – 8
years**

**Does not
protect against
STI's**

Non Hormonal IntraUterine Device



5 Years



10 Years

Non Hormonal IntraUterine Device

How it works

- The IUD releases copper into the uterus that is toxic to sperm
- The copper also alters cervical mucus, making it more difficult for sperm to pass through
- If the sperm does fertilise the egg, the IUD can prevent the egg from implanting itself in the uterus, therefore preventing pregnancy

Non Hormonal IntraUterine Device

**99.2%
Typical use**

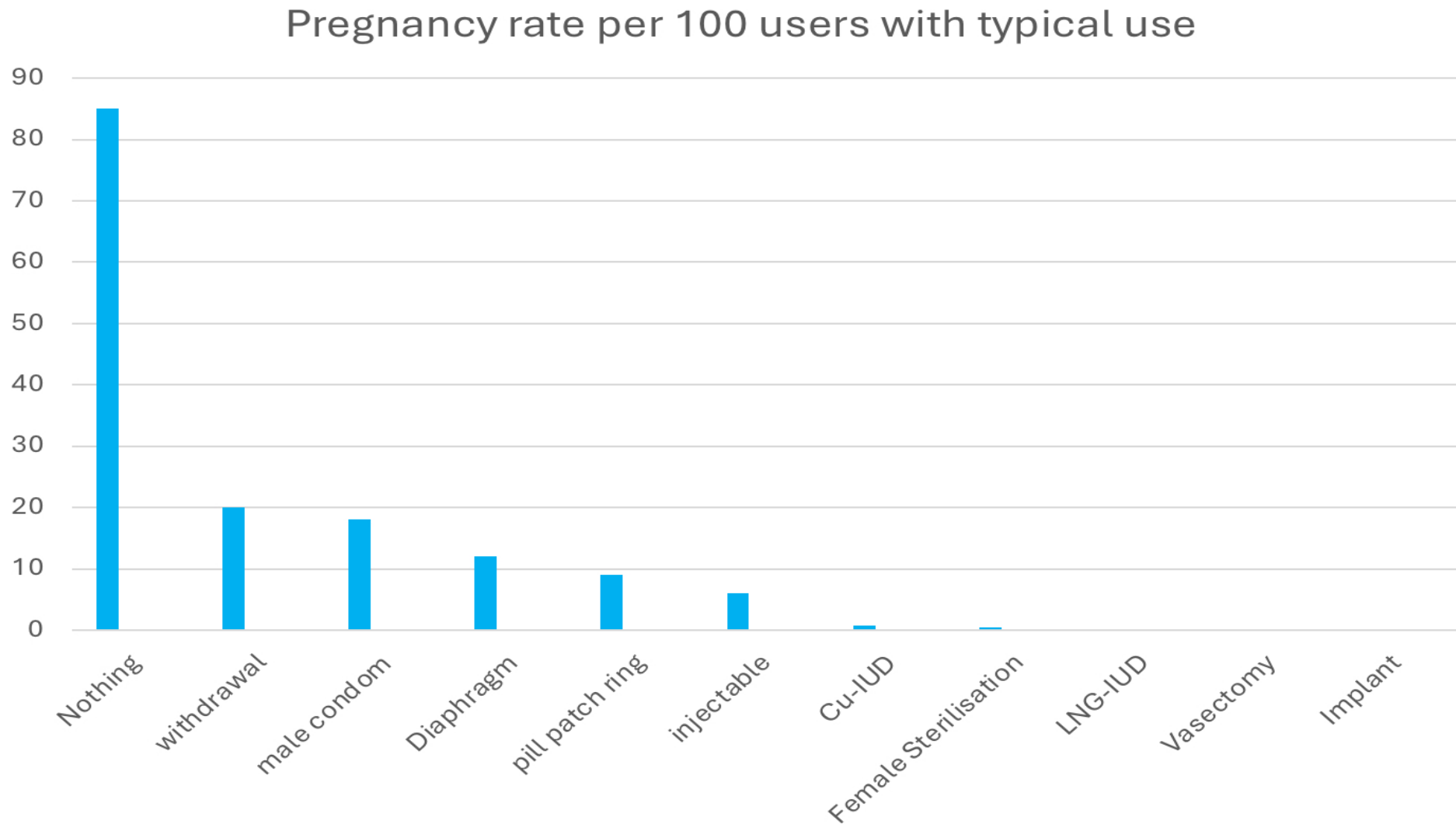
**No hormones
therefore no
Hormonal side effects**

**Can make
periods heavy
or stop**

**Lasts between
5 – 10
years**

**Does not
protect against
STI's**

Contraception Effectiveness





<https://leicestersexualhealth.nhs.uk/contraception>

Questions and Answers

Any Questions?

To End (credit to Ruth Adams)

What do you call a couple that
use the withdrawal (pull out)
method?

PARENTS!!!