

Blackburn with Darwen all-age Sexual Health Service has moved

► New location:

Brook Blackburn
54-56 Darwen Street,
Blackburn
BB2 2BL

► Tel: 01254 268 700

► Website:

<https://www.sexualhealthblackburn.co.uk/>



Contraceptive Dilemmas

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Blackburn with Darwen

Case 1- Chelsea

Case 1

- Chelsea is 20 years old.
- She has had 3 depo-provera (DMPA) injections and has returned 9 weeks after her 3rd injection as she has been bleeding constantly for the last 3 weeks
- Her periods were regular prior to commencing DMPA
- She finds she has no bleeding for the first 6-8 weeks after the injection and then gets irregular bleeding until her next injection
- She is otherwise well except for simple migraines which she gets infrequently, and has normal BMI and BP
- She has been with the same male partner for the last 10 months

What investigations do you do?

- Pregnancy Test
- Chlamydia and Gonorrhoea tests
- Consider examination of cervix

How would you manage her symptoms?

Can offer:

- First line COC for 3 months if eligible (outside product license)
Longer term COC use is a matter of judgement
- Mefenamic acid 500mg BD (or TDS) for 5 days or Tranexamic acid 1gm QDS for 5 days
- No evidence that reducing injection interval for DMPA improves bleeding. However, DMPA may be given after a 10-week interval.

Case 2 - Noreen

Case 2- Noreen

- 38 year old woman
- 10 year copper IUD fitted 2 years ago
- Periods have been heavier since having IUD fitted but for the last 2 months she has been getting spotting between periods and low pelvic discomfort which is coming and going
- She split up with a long term partner 1 year ago and has been with a new partner for the last 6 months
- Her last period was 2 weeks ago. It was very heavy. Bleeding has now stopped and she has no pain on the day you see her

What is the likely cause?

- Pregnancy related?
- Infection?
- IUD displacement?
- Something else?

Tests and Examination

- Pregnancy test
- Chlamydia and gonorrhoea test
- Clinical Examination including speculum and bimanual
- Pelvic ultrasound scan

Your findings

- Pregnancy test negative
- Speculum examination- cervix seen clearly and threads not visible
- Non- tender uterus and adnexae
- Chlamydia and gonorrhoea tests sent to the lab
- Referred for an ultrasound scan

Management

- What is the likely diagnosis?
 - Expulsion likely but need scan result and if empty uterus plain abdominal X-Ray
- What else do you need to do?
 - Find out if she has had UPSI since her LMP, and if needed offer Emergency contraception
 - Advise use alternative contraception until device located

Outcome

- Chlamydia and gonorrhoea tests negative
- Scan showed empty uterus
- No device seen on X Ray
- Pain and bleeding settled
- Diagnosis- Expulsion
- Options discussed including IUS but decided to have new IUD fitted for future contraception

Case 3- Jennifer

Background- In response to Covid the FSRH issued guidance in March 2020 stating that women could keep contraceptive Implants in situ for 4 years, as the available evidence suggested that the risk of pregnancy in the 4th year of use of the etonogestrel implant (ENG-IMP) is likely to be very low. Unfortunately studies are too small to allow an accurate evidence-based estimate of contraceptive effectiveness to be made.

April 2021: Updated Implant guidance issued stating that extended use beyond 3 years should not be routinely recommended due to limited evidence

Case 3- Jennifer

- 25 year old has had implant in situ 3.5 years
- Amenorrhoeic
- Attends for Implant change
- She has a regular partner and had sex last night

Questions

- Do we need to do a pregnancy test (PT) before fitting a new Implant?
 - Yes
- Can you change the implant now?
 - Yes- if PT negative
- Should you give her emergency contraception?
 - Not required but could consider LNG –EC
- Are additional precautions required after fitting new Implant?
 - Yes- for 7 days
- Is any follow up required?
 - Yes- PT in 21 days

Case 4- Maria

Case 4- Maria

- Is now 53 years old. Had an IUS fitted at 45 for contraception and heavy periods. She was told she could keep until 55 for contraception. She has been amenorrhoeic since fitting
- Wishes to start HRT for severe hot flushes, foggy head, low mood

What are her options to combine HRT and contraception?

Options

Option 1

- Change IUS for new device (Mirena)
- Start estrogen only HRT

Option 2

- Keep IUS until age 55
- Start continuous combined HRT

HRT and contraception

When can you stop contraception if having natural cycles:

- Over 50: LMP 1 year ago
- Under 50: LMP 2 years ago

On HRT:

- On SEQUENTIAL HRT – till age 55
- On Continuous combined HRT – post menopausal to continue with contraception for another 1-2 years

What contraceptive methods can be used with HRT?

OPTIONS :

- IUS will often be the most suitable option
- Progestogen only pill
- Nexplanon™
- Barrier Methods
- Depo Provera™ – to preferably avoid
- COC cannot be combined with HRT

**As part of HRT x 5
years only**

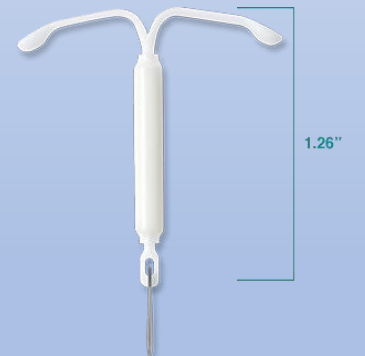


Table 8: Recommendations regarding stopping contraception

Contraceptive method	Age 40–50 years	Age >50 years
Non-hormonal	Stop contraception after 2 years of amenorrhoea	Stop contraception after 1 year of amenorrhoea.
Combined hormonal contraception	Can be continued	Stop at age 50 and switch to a non-hormonal method or IMP/POP/LNG-IUS, then follow appropriate advice.
Progestogen-only injectable	Can be continued	Women ≥50 should be counselled regarding switching to alternative methods, then follow appropriate advice.
Progestogen-only implant (IMP)	Can be continued to age 50 and beyond	<p>Stop at age 55 when natural loss of fertility can be assumed for most women.</p> <ul style="list-style-type: none"> ▶ If a woman over 50 with amenorrhoea wishes to stop before age 55, FSH level can be checked. ▶ If FSH level is >30 IU/L the IMP/POP/LNG-IUS can be discontinued after 1 more year. ▶ If FSH level is in premenopausal range then method should be continued and FSH level checked again 1 year later.
Progestogen-only pill (POP)		
Levonorgestrel intrauterine system (LNG-IUS)		<p>A Mirena® LNG-IUS inserted ≥45 can remain <i>in situ</i> until age 55 if used for contraception or heavy menstrual bleeding.</p>

FSH, follicle-stimulating hormone; IU, international unit.