

COVID-19 Postpartum Contraception Cheat Sheet

During the COVID-19 Pandemic women will have limited access to contraception and we should aim to provide **EVERYONE** with an effective method prior to discharge

<p>Contraception Counselling Points</p>	<ul style="list-style-type: none"> • Contraception is required from Day 21 postpartum and many unplanned pregnancies occur within the first few months after childbirth • Breastfeeding is not a reliable method of contraception unless all 3 of the following apply: Less than 6 months postpartum, amenorrhoeic, exclusively breastfeeding (no intervals >4hrs during day/>6hrs at night) • Barrier methods (condoms) are only 82% effective* • Document contraception discussion outcome on BadgerNet and ensure accurately documented on IDL • All methods (except CHC) listed below are safe to start any time after childbirth, including immediately after delivery and safe in breastfeeding
<p>Progestogen Only Implant (Nexplanon)</p>	<ul style="list-style-type: none"> • Very Effective • Last for <u>3 years</u> • Effective immediately if started before day 21. If started after day 21 takes <u>7 days</u> until effective. • Small plastic rod placed under the skin of upper arm. Requires small procedure (with numbing injections) for insertion and removal • Advantages: Can reduce bleeding, can be removed at any time (fertility returns immediately) • Side effects: Possible irregular bleeding, possible hormonal side effects (breast tenderness, headaches, mood and skin changes) • Contraindications: Current or past breast cancer, severe liver disease <p style="text-align: right;">99.95% Effective*</p>
<p>Progestogen Only Injection ('Depo')</p>	<ul style="list-style-type: none"> • Very Effective • IM injection lasting <u>3 months</u>- Repeat injection from GP or sexual health clinic • Effective immediately if started before day 21. If started after day 21 takes <u>7 days</u> until effective. • Advantages: Reduces bleeding, often no bleeding at all • Side effects: Irregular bleeding, possible hormonal side effects (breast tenderness, headaches, mood and skin changes) possible weight gain, can delay return in fertility by up to one year. Risks of reduced bone density (no increased fracture risk) • Contraindications: Current or past breast cancer, severe liver disease, vascular disease/stroke/ischaemic heart disease <p style="text-align: right;">94% Effective*</p>
<p>Progestogen Only Pill (Cerelle)</p>	<ul style="list-style-type: none"> • Effective • Effective immediately if started before day 21. If started after day 21 takes <u>48hrs</u> until effective. • One pill taken daily, <u>no</u> breaks (28 pills in pack) • Missed pill rules <ul style="list-style-type: none"> • If <12hrs late, take missed pill immediately. No need for additional precautions • If >12hrs late or more than 1 pill missed, take the last missed pill ASAP. This may mean taking 2 pills in the same day. <u>48hrs</u> until effective • If vomiting within 2 hours taking pill or severe diarrhoea, count as missed pill • Side effects: irregular/lighter bleeding, possible hormonal side effects (breast tenderness, headache, mood, skin changes) • Contraindications: Current or past breast cancer, severe liver disease <p style="text-align: right;">91% Effective*</p>
<p>Combined Oral Contraceptive Pill (not available for discharge)</p>	<ul style="list-style-type: none"> • Effective • Should not be started until day 21 at earliest (if not breastfeeding and low risk VTE). If breastfeeding or VTE risk factors then should not be started until week 6 • Traditionally taken 21 days out of 28 days however, tailored regimes available and should be discussed with patients (eg: tricycling, extended use) • Side effects: lighter bleeding, possible hormonal side effects (breast tenderness, headache, mood, skin changes) • Advantages: good bleeding control, can help with PMS • Contraindications: BMI>35, VTE, focal migraine, breast cancer, smoking and >35yrs. Please check UKMEC. <p style="text-align: right;">91% Effective*</p>

Important: If you are unsure about safety please check UKMEC (UK Medical Eligibility Criteria) before prescribing <https://www.fsrh.org/ukmec/>

*Efficacy based on typical use, Faculty of Sexual and Reproductive Healthcare 2019