

Improving health together



www.northyorkshireandYork.nhs.uk/stayinghealthy

Public Health Factsheet

Welcome to this edition of Improving Health Together, which focuses on Contraception.

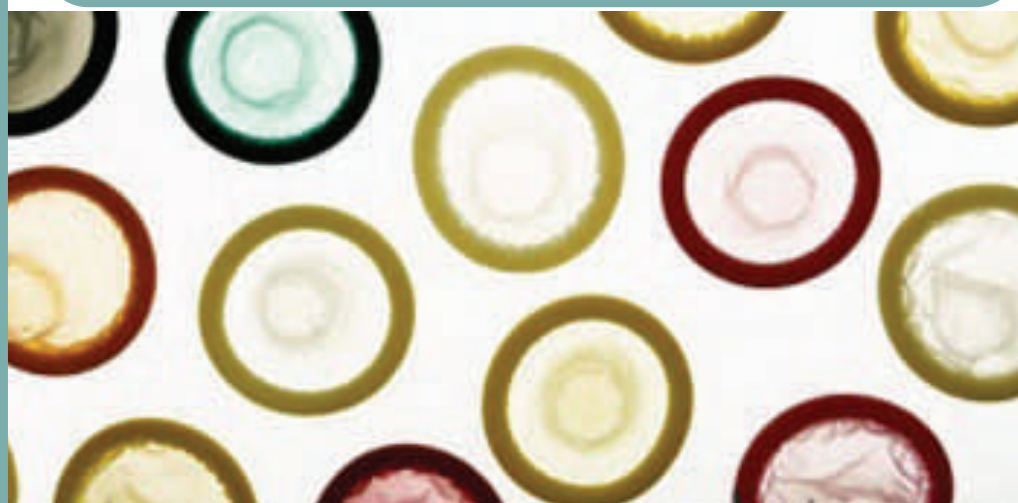
Contraception is used to help prevent unintended pregnancies. Some methods also help to prevent sexually transmitted infections. Supporting individuals to find the method of contraception to best suit them will help to achieve these aims.

There are many different methods of contraception available; the majority of which are free of charge through the NHS. NICE guidelines published in October 2005 suggest that Long Acting Reversible Contraception (LARC) methods may have a wider role in contraception, and their increased uptake could help to reduce unintended pregnancy.

When a woman is sexually active contraception needs to be used from the first menstrual period until menopause. That is, until a woman has not had a period or any bleeding for two years if aged under 50, and for one year if aged over 50.

Sexual Health— Contraception

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Key Facts

- ◆ In 2009 the total number of abortions were 189,100 compared with 195,296 in 2008, a fall of 3.2%¹.
- ◆ In 2009 the under 16 abortion rate was 4.0 and the under 18 rate was 17.6 per 1,000 women, both lower than 2008¹.
- ◆ In 2009 the abortion rate was highest at 33 per 1,000 for women aged 19, 20 and 21, each lower than in 2008¹.
- ◆ Condoms have now caught up with the pill as women's usual method of contraception².
- ◆ Condoms are used by 25% of women under 50 and an equal percentage use the pill².
- ◆ The majority of women under 50 (75%) use contraception².
- ◆ There are 15 methods of contraception—details included in this factsheet (www.fpa.org.uk/helpandadvice/contraception)
- ◆ There are 2 methods of emergency contraception (www.fpa.org.uk)
 - Hormonal emergency contraception (known as the emergency contraceptive pill or emergency pill).
 - The copper intrauterine device (IUD).

Contraception

Contraception can be divided into two types:

◆ Methods with no user failure: these do not depend on the patient remembering to take or use them.

◆ Methods with user failure: these are methods that patients have to think about regularly or each time you have sex. They must be used according to instructions.

The 15 Methods of Contraception—for full details see www.fpa.org.uk/helpandadvice/contraception

Methods with no user failure

- ◆ **IUD Intrauterine device. Copper Coil (LARC):** A small plastic and copper device put into the uterus. It stops sperm reaching an egg and may also stop a fertilised egg implanting in the uterus. It works as soon as it is put in and can stay in place for 5-10 years but can be taken out at any time.
- ◆ **IUS Intrauterine system. Hormone coil (LARC):** A small T-shaped plastic device which slowly releases the hormone progesterone is put into the uterus. It thickens cervical mucus to prevent sperm reaching an egg, thins the lining of the uterus to prevent a fertilised egg implanting and may stop ovulation. Works for 5 years but can be taken out.
- ◆ **Implant (LARC):** Small flexible rod put under the skin of the upper arm. It releases the hormone progesterone. It stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, thins the lining of the uterus to prevent a fertilised egg implanting. It works for 3 years.
- ◆ **Contraceptive Injection (LARC):** Releases the hormone progesterone which stops ovulation and thickens cervical mucus to prevent sperm reaching an egg, it also thins the lining of the uterus to prevent a fertilised egg implanting. It works for 3 months.
- ◆ **Female Sterilisation:** The fallopian tubes are cut, sealed or blocked by an operation. This stops the egg and sperm meeting.
- ◆ **Male Sterilisation:** The tubes (vas deferens) that carry sperm from the testicles to the penis are cut, sealed or blocked.

Methods with user failure

- ◆ **Combined contraceptive vaginal ring:** A small flexible, plastic ring put into the vagina releases estrogen and progesterone. This stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, thins the lining of the uterus to prevent a fertilised egg implanting. Must be used for 3 weeks out of 4.
- ◆ **Combined contraceptive patch:** A small patch stuck on to the skin which releases two hormones, estrogen and progesterone. This stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting. New patch has to be used each week for 3 weeks out of 4.
- ◆ **Combined oral contraceptive Pill (COC):** Contains two hormones – estrogen and progesterone. It stops ovulation thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting. To be taken daily as per instructions.
- ◆ **Progesterone only oral contraceptive pill (POP):** Contains the hormone progesterone which thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent fertilised egg implanting. In some cycles it stops ovulation. To be taken daily as per instructions.
- ◆ **Diaphragm/cap with spermicide:** A flexible latex or silicone device used with spermicide which is put into the vagina to cover the cervix. This stops sperm from entering the uterus and meeting an egg. To be used before and during intercourse.
- ◆ **Male Condom:** Made of very thin latex (rubber) or polyurethane (plastic) it is put over the erect penis and stops sperm from entering the vagina. To be used before and during intercourse.
- ◆ **Female Condom:** A soft thin polyurethane sheath loosely lines the vagina and covers the area just outside and stops sperm from entering the vagina. To be used before and during intercourse.
- ◆ **Natural family planning:** The fertile and infertile times of the menstrual cycle are identified by noting the different fertility indicators. This shows when you can have sex without risking pregnancy.
- ◆ **Lactational Amenorrhoea method (LAM):** Breastfeeding can be up to 98% effective in preventing pregnancy if, the mother is fully breastfeeding – this means not giving baby any other liquid or solid food or the mother is nearly fully breastfeeding – this means mainly breastfeeding baby and infrequently giving the baby other liquids and the baby is less than six months old and the mother has no periods.
(www.fsrh.org/admin/uploads/CEUGuidancepostnatal/09.pdf)

Stopping Contraception, Age Guidelines and Quick Start Regime

More detailed information about age guidelines for different contraceptive methods and advice about stopping contraceptive use can be found on our website www.northyorkshireandYork.nhs.uk/sexualhealth/contraception. For prescribers there is also guidance on the quick starting regime.

Emergency Contraception

If a woman has had unprotected sex, that is sex without using contraception, or thinks that the contraception might have failed they can use emergency contraception.

There are two methods of emergency contraception:

Hormonal emergency contraception or emergency pill:

- ◆ Levonelle which has to be used within 72 hours
- ◆ EllaOne which has to be used within 120 hours

The copper intrauterine device (IUD) which has to be used within 120 hours of single episode of unprotected sex or before 5 days after earliest predicated ovulation if multiple episodes of unprotected sex.

To access Emergency Contraception women can contact their Local Family Planning Clinics, over 70 Pharmacies across North Yorkshire and York, or their GP. The York Walk-In centre can also provide Emergency Contraception. Please see the Local Services section.

When Contraception Fails

Women have three options:

- 1 Continue pregnancy and keep the baby**
 - ◆ give advice regarding folic acid and healthy eating, and to seek medical advice promptly if experiencing pain or bleeding whilst pregnant
 - ◆ signpost to GP/practice midwife for antenatal care.
- 2 Continue pregnancy (advice as above) and allow baby to be adopted**
 - ◆ may need signposting to services to assist.
- 3 Consider termination of the pregnancy**
 - ◆ explore need for counselling based on individual need
 - ◆ signpost to relevant service promptly or refer directly
 - ◆ give patient the direct referral option to bpas or Marie Stopes if registered with an NYY GP Practice
 - ◆ advise re future contraception methods, preferably LARC.

Local Services

Information on the range of sexual health services available throughout North Yorkshire and York, including contraception and the location and contact details for family planning clinics, is available on the YorSexualHealth website (www.yorsexualhealth.org.uk/) and also through NHS Choices (www.nhs.uk Find Services—Sexual Health).

There are over 70 pharmacies across North Yorkshire and York which can dispense emergency oral contraception, also known as “the morning after pill”, free of charge and without a prescription to women up to 24 years of age. A full list of participating pharmacies is available on our website at—www.northyorkshireandYork.nhs.uk/StayingHealthy/SexualHealth/docs/ParticipatingPharmacies_Sept10.pdf

North Yorkshire and York Condom Distribution Scheme

Condoms can be expensive and, when buying them, young people are often embarrassed to ask for advice. The distribution of free condoms by trained staff to young people, is an effective and practical way of preventing further unplanned pregnancies and sexual infections, providing useful opportunities for sexual health promotion in safe and informal settings.

Condom distribution through greater access to free condoms is designed to meet the following aims:

- ◆ Promote condom use to the target audience—young people 24 years of age and under (with emphasis on boys and young men), gay and bisexual men, known injecting drug users, GUM clinic attendees, sex workers, homeless people, people travelling abroad or on holiday and any other group based on local need;
- ◆ Provide opportunities to discuss sexual health with clients;
- ◆ Contribute to the reduction of unintended teenage pregnancy and parenthood;
- ◆ Contribute to the reduction of the risk of transmission sexually transmitted infections (STIs), including HIV;
- ◆ Promote the double Dutch method of using hormonal contraception combined with the use of barrier method (male or female condoms) against pregnancy and STIs.

It is a mandatory requirement that all staff (and volunteers) participating in the condom distribution scheme are CRB checked, attend basic sexual health awareness training and have completed the condom distribution training before they are able to distribute condoms. Update CDS training to take place every 3 years.

Contact Jacqui.fox@nyypct.nhs.uk for further information, or to be placed on the waiting list for training.

Policy Context/References

- 1 DH National Statistics for England and Wales 2010
- 2 Office for National Statistics 2009
- 3 Long-acting reversible contraception. The effective and appropriate use of long-acting reversible contraception. CG30
National Institute for Health and Clinical Excellence, October 2005
www.nice.org.uk/CG030
- 4 Quick Starting Contraception
Faculty of Sexual and Reproductive Healthcare, September 2010 www.fsrh.org/admin/uploads/678_CEUGuidanceQuickStartingContraception.pdf
- 5 UK Medical Eligibility Criteria for Contraceptive Use
Faculty of Sexual and Reproductive Healthcare, 2009
www.fsrh.org/admin/uploads/UKMEC2009.pdf
- 6 Contraceptive choices for young people
Faculty of Sexual and Reproductive Healthcare, March 2010
www.fsrh.org/admin/uploads/ceuGuidanceYoungPeople2010.pdf
- 7 Contraception for Women aged over 40 years
Faculty of Sexual and Reproductive Healthcare, July 2010 www.fsrh.org/admin/uploads/ContraceptionOver40July10.pdf
- 8 Postnatal Sexual and Reproductive Health
Faculty of Sexual and Reproductive Healthcare, September 2009 www.fsrh.org/admin/uploads/CEUGuidancePostnatal09.pdf

Contraceptive services for socially disadvantaged young people is due to be published by NICE at the end of 2010 <http://guidance.nice.org.uk/PHG/Wave18/50>.

Resources

fpa

FPA contraception booklets and [sexually transmitted infection booklets](#) are available **free** to general practices in **England**. To order, email allocations@fpa.org.uk stating how many booklets you want, remembering to order them in multiples of 50 copies. Please include the delivery address where you want the booklets to be sent. Large print versions also available.

Copies for Pharmacies are available through the Emergency Hormonal Contraception scheme.

Sex worth talking about

Contraception worth talking about—variety of posters available to order free of charge from the Department of Health orderline
Tel: 0300 123 1002 or www.orderline.dh.gov.uk/ - type contraception in keyword search. Z-card sized leaflets for young people (302616) and A5 leaflets for healthcare professionals (302154). Check www.nhs.uk/sexualhealthprofessional/ for updates and to download campaign materials.

Websites

Faculty of Sexual Health and Reproductive Healthcare

www.fsrh.org/

Maintain and develop standards of care and education to ensure high quality care.



British Association for Sexual Health and HIV

www.bashh.org

Professional representative body for those practicing sexual health.



NHS Choices—Sexual Health Professionals

 **NHS choices**

www.nhs.uk/sexualhealthprofessional/Pages/index.aspx

Sex worth talking about—campaign materials and examples of relevant work.

NHS Choices—Contraception

www.nhs.uk/Livewell/contraception/Pages/Contraception-hub.aspx

Advice on the different types of contraception and where to get them.

YorSexualHealth

www.yorsexualhealth.org.uk/

YorSexualHealth
Your Sexual health is our business

Information about sexual health and local services available within North Yorkshire and York.

fpa

www.fpa.org.uk

Information, advice and support on all aspects of sexual health, sex and relationships.



bpas

www.bpas.org

Charity supporting reproductive choice and health.



Marie Stopes

www.mariestopes.org.uk/

Provider of sexual and reproductive healthcare services



Brook

www.brook.org.uk/contraception

Information and advice on contraception for under 25s.



Production Team:

Dr Myra Holbrook, Associate Specialist Sexual and Reproductive Healthcare, Clinical Lead Family Planning, Sexual Health Service

York Teaching Hospital NHS Foundation Trust 01904 725444

Teena Smith, Health Improvement Practitioner Specialist 01904 601597

Georgina Wilkinson, Health Improvement Manager 01845 573882

Philippa Press, Health Improvement Manager 01904 601604

Jacqui Fox, Public Health Information Specialist 01756 701765

NHS North Yorkshire and York
Skipton Hospital

Skipton | North Yorkshire | BD23 2RJ

Tel: 01756 701765 | Fax: 01756 709913

www.northyorkshireandyork.nhs.uk