

PATHWAY FOR HORMONAL CONTRACEPTION DECISION MAKING

Woman requests contraception

Discussion of all methods, including emphasis on the efficacy of **Long acting reversible contraception (LARC)** methods. Review and offer at least annually Standard LARC

Options:

Depot Progestogen, Implant, Intrauterine System (IUS), Intrauterine Device (IUD)

All can be offered to all women regardless of parity and age, but side effects and fitting techniques may mean some women are not keen to try



LARC declined (Many women have tried LARC and have found issues or have concerns about having an IUD) and an oral contraceptive method is chosen.

Pathway for Progesterone Only Pill

Progesterone Only Pill

Would the woman prefer a **Progesterone-Only Pill (POP)?**

Or

are there any contraindications to COC?

e.g. migraine, drug interactions, personal or family history of venous or arterial thrombosis, smoker, high BMI, high BP?

Please refer to [UKMEC Summary Sheet updated 2019](#)

If so, offer choice and discuss side effects of POPs, e.g. irregular bleeding

Prescribe generically 3/12:
[HWCCG Formulary:](#)

Desogestrel 75 microgram

or

Levonorgestrel 30 microgram (LNG)

Pathway for Combined Hormonal Contraceptives

Combined Hormonal Contraceptives

- Woman chooses **Combined Oral Contraceptive (COC)** [FSRH Guidance](#) suggests use a levonorgestrel (LNG) COC first.
- Consider standard and tailored i.e. long cycle regimens. (Use less than 35 mcg Ethinylestradiol (EE) pills for tailored/ long cycle regimes)
N.B. Unlicensed use but [FSRH approved](#)
- **Is she over 40 years of age?** Consider a 20 mcg pill. Please refer to: [FSRH Clinical Guideline for Women over 40 years 2019](#)
- Combined oral contraception (COC) with LNG or norethisterone should be considered first-line COC preparations for women over 40 due to the potentially lower VTE risk compared to formulations containing other progestogens
- COC with ≤30 mcg ethinylestradiol should be considered first-line COC preparations for women over 40 due to the potentially lower risks of VTE, cardiovascular disease and stroke compared to formulations containing higher doses of oestrogen
- **Prescribe by Brand 3/12:** [HWCCG Formulary](#)
Ethinylestradiol 30micrograms/LNG 150microgram
e.g. **Rigevidon® / Levest®**
- If an everyday pill would suit better e.g. young person/ busy lifestyle?
Prescribe by Brand 3/12: [HWCCG Formulary](#)
Ethinylestradiol 30micrograms/LNG 150micrograms plus 7 placebo tablets
e.g. **Microgynon 30 ED®**



PATHWAY FOR HORMONAL CONTRACEPTION DECISION MAKING

Acne problems on previous pills?



Prescribe by Brand [HWCCG Formulary](#)

Try **ethinylestradiol 30 micrograms, desogestrel 150 micrograms e.g. Gedarel® 30/150, Cimizt®**
(Discuss slightly increased risk of venous thromboembolism VTE compared to LNG COC)

OR

ethinylestradiol 35 micrograms, norgestimate 250 micrograms e.g. Cilique®, Lizinna®

Manage any other COC problems e.g. mood problems on an individual basis. Try several COCs as different preparations suit different women.

Discussion points

Concern about concordance with COC and declines standard LARC

OR

Tried and unable to tolerate side-effects of LARC and has concordance issues with COC. Discussion about ways to help remember such e.g. mobile phone alarm setting, fixing pill taking regime to lifestyle. (Young people may be a higher risk group and fall into this category) OR



Consider **Transdermal patch**

Full discussion with woman about possibility of increased risk of venous thromboembolism (VTE) compared to LNG COC. Assess Woman's individual risks with regard to family history and BMI, as in all CHC prescribing. [HWCCG Formulary](#)



Concerns/ issues with patch

e.g. Forgets to change patch, patch falls off frequently (up to 4%), repeat discussion around LARC to encourage use. May consider ring if would like to further persist with CHC method



Consider **CH Vaginal Ring**

Explanation of possible increased vaginal symptoms, e.g. discharge. [HWCCG Formulary](#)

Please refer to www.fsrh.org for guidance on all methods and [NICE Clinical Guideline 30 long-acting reversible contraception guidance 2014](#).

References:

NICE Clinical Guideline (2019): Clinical Guideline (CG30) Long Acting Reversible Contraception
FRSH Clinical Guideline (2020): Combined Hormonal Contraception
FRSH Guideline (2019): FRSH Clinical Guideline. Contraception for Women over 40 years
FRSH Summary Sheet (2019): UK Summary Table Oral and Intrauterine Contraception