



Contraception

Discussion about contraception is a common reason for encounter in general practice, but such consultations are often lengthy and complex. It is important that registrars feel comfortable discussing the breadth of contraceptive options with their patients and negotiating the best approach. Registrars will have different experiences of contraception, both personal and professional, which is likely to influence their approach to prescribing.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> Range of contraceptive options available and effectiveness WHO Medical Eligibility Criteria for Contraceptive Use How to conduct the 'contraception consultation' - history (medical, smoking, FHx, medication, risk of current pregnancy), examination (BP, CST), discuss options (efficacy, pros and cons, risks and benefits), safe prescribing, follow-up Managing common issues associated with OCPs and other contraceptives Other elements of the contraception discussion – STI prevention and screening, cervical screening etc. Use of emergency contraception Contraception at extremes of reproductive age (adolescents, perimenopausal women) Local pathways for referral for IUD and Implanon insertion
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> Read 2016 NPS MedicineWise article Choosing non-oral, long-acting reversible contraception Read 2015 NPS MedicineWise article Choosing a combined oral contraceptive pill Registrar to review the files of a couple of recent encounters for contraception discussion
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> The contraception consultation provides an excellent opportunity to discuss other preventive health issues e.g. drugs and alcohol, screening, STI prevention Confidentiality is a critical issue, especially for adolescents Choose a few pills and become familiar with them Check the blood pressure before starting the pill, and consider CV risk in older patients Never assume that the previous prescriber has comprehensively discussed side effects, use, absolute and relative contraindications, risks etc. Long acting reversible contraception (LARC) is the most effective form of contraception but is often not considered Practice using the Family Planning Alliance ‘Efficacy of contraceptive methods’ tool to discuss contraceptive options Discuss common myths of contraception: <ul style="list-style-type: none"> <i>IUDs can only be used in women who have had children</i> <i>IUDs and implants make it harder to get pregnant after they are removed</i> <i>Antibiotics stop the pill from working</i> <i>Breastfeeding prevents pregnancy</i> Don't assume irregular bleeding is contraceptive-related until pregnancy, STIs and malignancy are considered/excluded Discuss a tailored pill regime with reduced or no hormone-free interval as a routine part of prescribing the OCP Overweight/obesity and malabsorption/ past bariatric surgery may reduce efficacy of emergency contraception Consider risk of harm and mandatory reporting requirements in consultations with minors and consent
RESOURCES	<p>Read</p> <ul style="list-style-type: none"> Therapeutic Guidelines: Sexual & Reproductive Health Family Planning NSW Resources RANZCOG Overviews: LARC's, COC, Mirena NPS MedicineWise Combined oral contraceptive pills: supporting an informed choice
FOLLOW UP/ EXTENSION ACTIVITIES	<ul style="list-style-type: none"> Registrar to spend a session at the local Family Planning Clinic if available Undertake further training through state-based Family Planning organisation including IUD and Implanon insertion Review the FSRH guidelines and statements Registrar to undertake role play with their supervisor, with the supervisor playing the role of the patient

Contraception

Role play

INSTRUCTIONS FOR SUPERVISOR

You are Katie, a 25-year-old receptionist, who presents for a repeat OCP script. You have not been to the practice before.

Story

- You are visiting the region from interstate and realise that you have nearly run out of your pill.
- You have been taking Levlen for about 5 years, with no problems
- Your periods are regular with no IMB/PCB
- You have a regular partner of 6 years and have no concerns about STIs
- You had a cervical screen test 7 months ago which was normal
- You have a history of infrequent migraine, but the last couple were associated with an aura and visual disturbance – **ONLY TO BE MENTIONED IF THE REGISTRAR ASKS SPECIFICALLY ABOUT MIGRAINE**
- You did not seek help for this at the time and have no idea that it is of concern in relation to the pill
- Otherwise you have no significant medical problems
- You don't smoke or drink alcohol
- You use no illicit drugs

Assess

- Communication skills – patient centredness, rapport

- History taking – OCP side effects, use, contraindications, risks

- Management – cease pill, alternative contraception

- Follow-up and safety netting

Role play

Katie is a 25-year-old woman who has never attended your practice. She has seen the practice nurse and some basic information has been collected.

- take a focused history
- outline management plan.

- Receptionist
- Nil alcohol
- Non-smoker
- No allergies