Key practice points

Advising women on contraceptive options

Woman requests contraception

Provide information tailored to the woman's needs and offer a choice of all methods, including LARC methods

INFORMATION
- Give verbal and written information on:
  - failure rate
  - mode and duration of action
  - side-effects and risks
  - benefits
  - use of method
  - when to seek advice
  (See Table 2, overleaf)
- Advise on safer sex

ASSESSMENT
- Take medical, family, reproductive, sexual and contraceptive history
- Identify any contraindications
  (See Table 1, right)

Woman makes informed choice

INITIATING THE LARC METHOD
- By trained healthcare professional, on site or by referral
- Exclude pregnancy by menstrual and sexual history
- Supply interim method if needed

ROUTINE FOLLOW-UP
- IUD/IUS:
  - at 3-6 weeks to check threads and exclude perforation
  - no further follow-up needed until removal unless problems occur
- Injectable contraceptives:
  - every 12 weeks for repeat injection of DMPA; every 8 weeks for NET-EN
- Implants:
  - no routine follow-up needed until removal unless problems occur

INVESTIGATION AND MANAGEMENT OF PROBLEMS
- By trained professionals

ADDITIONAL FOLLOW-UP
- Encourage woman to return if problems occur or for reassurance

Table 1
LARC choices for specific groups of women

ALL LARC METHODS ARE SUITABLE FOR:
- nulliparous women; women who are breastfeeding; women who have had an abortion; women with BMI >30; women with HIV (but encourage safer sex); women with diabetes; women with migraine with or without aura (all progestogen-only methods may be used); women with contraindication to oestrogen

ADOLESCENTS:
- IUD, IUS, implants: no specific restrictions to use
- DMPA: care needed; use only if other methods unacceptable or unsuitable (see CSM advice, Nov 2004)
- Fraser guidelines on informed consent apply if <16; consider child protection

WOMEN OVER 40:
- IUD, IUS, implants: no specific restrictions to use
- DMPA: care needed, but benefits generally outweigh risks (see CSM advice, Nov 2004)

POST-PARTUM, INCLUDING BREASTFEEDING WOMEN:
- IUD, IUS: can be inserted from 4 weeks after childbirth
- DMPA, implants: any time after childbirth

WOMEN WITH EPILEPSY:
- IUD, IUS, DMPA: no specific contraindications; DMPA use may be associated with reduced seizure frequency
- Implants: not recommended for women taking enzyme-inducing drugs

WOMEN AT RISK OF STIs:
- IUD, IUS: tests may be needed before insertion
- DMPA, implants: no specific contraindications
- Advise on safer sex