

15.0 HORMONAL CONTRACEPTION

Oral contraceptives (oestrogen – progestogen combinations) are used primarily for prevention of conception. It may also be used in treatment of dysfunctional uterine bleeding, dysmenorrhea or endometriosis.

The goal of therapy in the use of these products for contraception is to provide optional prevention of pregnancy while minimizing the symptoms and long term risks associated with excess or deficiency of the oestrogen and progestogen components. The eligibility for hormonal contraception can be obtained from nearest family planning clinic or unit.

15.1 Oral Contraceptives

They fall into two major categories:

Combined oral contraceptives) COCs)

A: Oestrogen 30 – 35 micrograms (as ethinylloestradiol)

“Low Dose”

A: Oestrogen 50 micrograms + progestogen

“ High Dose”

“Triphasic pills” – contain phased levels which closely mimic normal cyclical hormonal activity

- Lower oestrogen dose pills cause fewer side effects than higher dose pills
- Mid-cycle spotting in patients on 30 microgram COCs can be managed by changing to 50 microgram COCs
- Menstruation on COCs will be regular, light and short

Progestogen Only Pills (POPs)

These contain norethisterone, or norethindrone or levonorgestrel. This type is suitable for lactating mothers or women with mild or moderate hypertension. Menstrual irregularity is a more common side effect.

Management

Follow up:

- Instruct women always to inform the doctor or nurse that they are on contraceptives while attending clinic or hospital.
- Women on Oral Contraceptives need regular physical check-ups including blood pressure measurement every six months e.g. if women develop depression after starting OC.

Need to Withdraw COCs or POPs

- Pregnancy
- Severe headaches especially associated with visual disturbances
- Numbness or paresis of extremities
- Unexplained chest pain or shortness of breath
- Severe leg pains
- Development of any of the absolute contra-indication conditions

Medicines Reducing the Effect of Oral Contraceptives

The following drugs are likely to reduce the effectiveness of OCs and woman may become pregnant so the woman should be advised to use additional prevention method such as condom.

- **Hypnotic/sedatives** anti-migraine medication, barbiturates, chloral hydrate, diazepam
- **Antacid:** Aluminium hydroxide, magnesium hydroxide, magnesium trisilicate
- **Anti TB as rifampicin**
- **Antiretroviral** as Nevirapine and Retonavir
- **Certain antibiotics** as Ampicillin and other Penicillins and Tetracyclines.

Note

- For long term use of these drug "High Dose" COCs – 50 micrograms should be used or other method of contraception

Drug made less effective by Oral Contraceptives

Prescribers might consider increasing the doses of the following drugs, known with careful monitoring

- Anticonvulsant
- Ant diabetic agents
- Anticoagulants
- Antihypertensive agents (methyldopa)
- Corticosteroid
- Hypnotics, sedatives or other CNS depressants

Post Coital Contraception ("morning-after pill")

The method is applicable mostly after rape and unprotected sexual intercourse where pregnancy is not desired. Within 3 days (72 hours) of unprotected sexual intercourse, give

A: Combined oral Contraceptive ethinylloestradiol 100 mcg and levonorgestrel 500 mcg (2 high dose COC tablets)

OR

A: Ethinylloestradiol 30-35 mcg and levonorgestrel 150-250 mcg -3 tablets (3 low dose COC tablets).

- Repeat this dose after twelve hours
- Advice to return to physician if menstruation does not occur within 3 weeks
- Give advice on contraceptive use
- Rape victims should also be given Erythromycin (O) 250 mg every 6 hours for 5 days
- Offer counseling

Long Term Hormonal Contraceptives

These contraceptives should be prescribed by Medical Doctors only or trained family planning staff.

Injectable Contraceptive:

A: Medroxyprogesterone acetate IM 150 mg every three months

CAUTION!! Avoid use in for severe hypertension and in women without proven fertility

Implant Contraceptive (see FP manual for current implants in use)

“Norplant” Containing levonorgestrel in six silastic capsules is implanted in the left upper arm made local anesthesia.

“Norplant” Is effective for five years and is recommended for women who have completed their family or nor ready for sterilization or those not able to take oestrogen containing contraceptives.

Contraindications for Norplant

- Severe hypertension
- Thromboembolism
- Active liver disease
- Sickle cell anaemia
- Undiagnosed genital bleeding
- Severe headaches