Contraception

Key Highlights from the Recommended Guideline

- Ensure that patients have enough appropriate information about their contraception options and about sexually transmitted infections (STIs) to make informed choices.
- Consider progestin-only preparations for women in whom estrogen should be avoided: the postpartum period, women over the age of 35, or those who have a history of venous thromboembolic disease (VTE) or risk factors for myocardial infarction or stroke.

Scope: For physicians who are caring for patients seeking contraception

What key areas should I cover with patients when I am counseling them about contraception?

- Give patients easy to understand and timely information about a wide range of contraceptive methods so that they can make informed choices for themselves. [Level of evidence: II-2]
- Help patients of both sexes to be able to negotiate the use of contraception (e.g. anticipating sexual intercourse, discussing contraception with their partners) and to use their chosen method correctly and consistently. [Level of evidence: II-2]
- Offer women a prescription for emergency contraception in advance of need. [Level of evidence: II-2]
- Since contraceptive use and reproductive health are interdependent, ensure that you address both preventing unintended pregnancy and sexually transmitted infections (STIs). [Level of evidence: II-2]

What should I cover when discussing sexually transmitted infections (STIs) with my patients?

- Do not confine your discussion of STIs to the young or the high-risk patient. [Level of evidence: II-2]
- Ensure patients know that consistently and correctly using latex condoms will help to protect them against human immunodeficiency virus (HIV) and other STIs [Level of evidence: II-1]
- Advise women who have intercourse several times a day to avoid nonoxynol-9 products, which can cause epithelial damage and increase HIV risk. [Level of evidence: I]

What should I take into consideration when recommending contraceptive options?

- A range of hormonal contraceptives should be available to ensure that the individual receives the most suitable preparation. [Level of evidence: Not stated]
- No single low-dose combined oral contraceptive preparation has shown clinical superiority. [Level of evidence: I]
- Consider the use of an intrauterine device in women who want long-term contraception who are at low risk of acquiring STIs. [Level of evidence: II-2]
- Vasectomy is a less invasive and more cost-effective sterilization procedure than conventional tubal ligation. [Level of evidence: II-2]
Which patients on oral contraceptives are good candidates for a progestin-only method?

- Consider using a progestin-only method for women who have a history of venous thromboembolic disease (VTE) or risk factors for myocardial infarction or stroke. [Level of evidence: II-2]
  - Use progestin-only preparations with caution in women with documented thrombophilia. [Level of evidence: III]
- For postpartum women,
  - Consider progestin-only methods whether or not the woman is breastfeeding; start immediately after delivery. [Level of evidence: II-2]
  - If you select a combined oral contraceptive, start when breastfeeding is established (usually by 6 weeks postpartum), or 3-4 weeks postpartum if the woman is not breastfeeding. [Level of evidence: I]
- Avoid using combined oral contraceptives for women over age 35. [Level of evidence: II-2]

Levels of Evidence

The levels of evidence used to grade the recommendations in this guideline are as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Evidence obtained from at least one properly randomized controlled trial.</td>
</tr>
<tr>
<td>I-1</td>
<td>Evidence from well-designed controlled trials without randomization.</td>
</tr>
<tr>
<td>II-2</td>
<td>Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group.</td>
</tr>
<tr>
<td>II-3</td>
<td>Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.</td>
</tr>
<tr>
<td>III</td>
<td>Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.</td>
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The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 🍎🍎🍎🍎