



GENERAL PRINCIPLES

Safety	Efficacy	Other benefits
<ul style="list-style-type: none"> UKMEC divides into 4 groups: <ul style="list-style-type: none"> 1 – no contraindications. 2 – relative contraindication, benefits > risks. 3 – relative contraindication, risks > benefits. 4 – absolute contraindication. Clinician should use their judgment if more than one UKMEC 2 exists. 	<ul style="list-style-type: none"> For long-acting reversible contraception (LARC), perfect use ≈ typical use effectiveness. For methods which must be remembered there is a bigger gap in failure rate: <ul style="list-style-type: none"> Pills/patch/ring – perfect 0.3%, typical 9%. Male condom – perfect 2%, typical 18%. Injectable – perfect 0.2%, typical 6%. 	<ul style="list-style-type: none"> Improvements in dysmenorrhoea/menorrhagia. Use as part of the treatment of endometriosis, endometrial hyperplasia, pre-menstrual syndrome and cyclical migraines. Woman can often be amenorrhoeic if she wishes to be.

COMMON CONTRAINDICATIONS (UKMEC 4)

Combined hormonal contraception	Progestogen only contraception	Intrauterine contraception initiation
<ul style="list-style-type: none"> < 6/52 postpartum (breastfeeding). < 3/52 postpartum (not breastfeeding/VTE risk factors.) ≥ 35 and smokes ≥ 15/day. BP ≥ 160/100, AF, vascular disease, cardiomyopathy with impaired cardiac function. PMH or current VTE or known thrombogenic mutation. Migraine with aura. Current breast cancer. Severe cirrhosis, hepatocellular adenoma/carcinoma. Major surgery with prolonged immobilisation. 	<ul style="list-style-type: none"> Current breast cancer is the only UKMEC 4. UKMEC 3: <ul style="list-style-type: none"> Vascular disease or multiple risk factors (injectable only). Unexplained vaginal bleeding (implant/pill only). Past breast cancer. Severe cirrhosis, hepatocellular adenoma/carcinoma. 	<ul style="list-style-type: none"> Infections: <ul style="list-style-type: none"> Postpartum/post TOP sepsis. Current PID. Symptomatic chlamydia. Purulent cervicitis. Gonorrhoea. Pelvic TB. Trophoblastic disease – malignant or ongoing ↑ HCG. Current breast cancer (levonorgestrel IUD only). Endometrial cancer. Unexplained vaginal bleeding. Untreated cervical cancer.

CONTRACEPTION IN SPECIFIC GROUPS

Aged under 16	Aged over 40	Those who wish to conceive soon
<ul style="list-style-type: none"> Use Fraser principles to assess competence/risk; be alert for grooming and coercion. Never promise absolute confidentiality. Age <25 is a risk factor for STIs – always advise condoms as well as other contraception. No LARC method is contraindicated due to age. Consider other methods before using injectable (bone health concerns). 	<ul style="list-style-type: none"> Pregnancy is higher risk, ↑ prevalence co-morbidities affecting contraceptive risk. Use of levonorgestrel IUD as contraception and part of HRT. Can use IUD until menopause if fitted ≥ 40 (copper) or 45 (52mg levonorgestrel). No need for contraception 1y after last period (if ≥ 50) or 2y if <50 – consider checking FSH if amenorrhoea caused or masked by contraception method. 	<ul style="list-style-type: none"> Return to full fertility delayed by up to one year after last depot injection (average 5.5 months). No other method causes a delay in return to fertility or a change in cycles after the method is discontinued; if cycles are less regular after a method is stopped than they were before, this may be due to increasing age or other reasons.