

DIAGNOSTIC RECOMMENDATIONS**History****General**

- ★ Reason for use of contraception.
- ★ Experiences with previous contraception.
- ★ Request for assistance, expectations of the desired method, ideas about possible side effects.
- ★ Start date of the last menstruation, regularity, duration and painfulness of the menstruation, extent of blood loss, breakthrough bleeding, desire to maintain menstruation.
- ★ If applicable: date of preceding birth, breastfeeding.

In the case of a preference for hormonal contraception

- ★ History: myocardial infarction, ischaemic cerebrovascular accident, venous thrombo-embolism, thrombophilia, breast cancer or uterine/cervical cancer, severe liver function abnormalities.
- ★ Risk factors for cardiovascular diseases: smoking, hypertension, hypercholesterolaemia, diabetes mellitus, cardiovascular disease in parents, brothers or sisters under the age of 60 years, obesity.
- ★ Migraine with aura.
- ★ Venous thrombo-emboli in family members.
- ★ Use of medication (anti-epileptic medication, rifampicin, St. John's Wort).

In the case of a preference for an IUD

- ★ Risk of possible pregnancy.
- ★ Symptoms that indicate PID (abnormal discharge, abdominal pain).
- ★ Risk of STD (unprotected sexual contact with varying partners, partner with varying contacts, symptoms of urethritis).

In the case of a preference for a definitive method

- ★ Current family composition and the possibility of unforeseen changes in the future.

Physical examination

- ★ If risk factors for cardiovascular diseases are present: blood pressure and weight in the case of obesity.
- ★ Prior to IUD insertion: gynaecological examination (position, size and consistency of uterus) and STD tests in the event of abnormal discharge and if indicated.

THERAPEUTIC RECOMMENDATIONS

Reliable methods without relevant diseases and risk (see *history*):

- ★ hormonal contraception: combined contraceptive (pill, vaginal ring, patch), progestogen-only methods (pill, depot injection, contraceptive implant, levonorgestrel-releasing IUD);
- ★ IUD (copper or hormone);
- ★ sterilisation (man or woman).

Combined contraceptives

- ★ Discourage use of combined contraceptives in women ≥ 35 years who continue to smoke, with previous cardiovascular disease or venous thrombo-emboli, migraine with aura in combination with smoking, hormone-dependent tumours, certain medicines (see *history*).
- ★ Weigh benefits and disadvantages if there are risk factors for cardiovascular disease, positive family history of venous thrombo-emboli.
- ★ If opting for a combined oral contraceptive: preference for pill with 30 micrograms of oestrogen and 150 micrograms of levonorgestrel.
- ★ Start on the first day of the menstruation for immediate optimum reliability.
- ★ Take the *combined pill* routinely at the same time each day; if pill is forgotten: see table.
- ★ The *vaginal ring* can be left in position for three weeks; *the patch* must be replaced every week.
- ★ The method can be used continuously if there are symptoms during the stop week or if the woman prefers so.

Progestogen-only method

- ★ Discourage the use of progestogen-only methods in the event of a current thrombo-embolic condition, unexplained vaginal blood loss, progestogen-dependent tumours or severe liver function abnormalities.
- ★ Use the *progestogen-only pill* continuously (without a stop week).
- ★ *The contraceptive implant* is inserted subcutaneously in the upper arm and can be left in place for 3 years, or 2 years if the woman is overweight (BMI > 25).
- ★ *The depot injection* is administered intramuscularly every 12 weeks.

IUD

- ★ Discourage the use of an IUD in women with unexplained vaginal blood loss, pregnancy, STD or anatomical abnormalities of the uterus.
- ★ Discourage the use of a *copper IUD* in the event of severe, prolonged or painful menstruation; discourage the use of a *levonorgestrel-releasing IUD* in the event of (treated) breast cancer or a current venous thrombo-embolism.
- ★ A *copper IUD* usually results in heavier menstrual flow and prolonged menstruation.
- ★ A *levonorgestrel-releasing IUD* often causes irregular bleeding, particularly in the first three months, after which the menstruation involves little or no bleeding.
- ★ Discuss the procedure of inserting an IUD and explain that brief abdominal pain can be experienced during the procedure and for several hours thereafter.

Sterilisation (male of female)

- ★ Provide a general explanation of the procedure and explain that the procedure is permanent.
- ★ In the case of *sterilisation of the man*, explain that a semen analysis must be performed three months after the procedure to determine that there are no live sperm cells present.
- ★ In the case of *sterilisation of the woman*, explain that the cycle will continue as normal.

The menopause and contraception

- ★ Advise the woman to use contraceptive measures for 1 year after the last menstruation.
- ★ In general, contraception can be discontinued at the age of 52 years.

Post-partum

- ★ When opting for the *pill with breastfeeding*: start with a progestogen-only pill after 6 weeks.
- ★ When opting for the *pill with bottle-feeding*: start with a combined contraceptive after 3 weeks or a progestogen-only pill after 2 weeks.
- ★ When opting for an *IUD*: insertion after 4 to 6 weeks.

Forgetting the (single phase combination) pill and emergency contraception

A pill is only considered forgotten if the woman is more than 12 hours late in taking it. Refer to the table for the recommendations.

Period	Number	Advice
All weeks	1	• Take pill anyway, no additional advice
Week 1	2-7	<ul style="list-style-type: none"> • Take last forgotten pill anyway and finish strip • levonorgestrel 1.5 mg orally, preferably within 12 hours, no later than 72 hours after unprotected intercourse, take tablet again if vomiting occurs within 3 hours. • or: copper IUD (within 120 hours) • additional contraception, until pill has been taken consecutively for 7 days
Week 2	2-3	<ul style="list-style-type: none"> • Take last forgotten pill anyway and finish strip • In general, no extra measures (provided continuity is guaranteed)
	4-7	<ul style="list-style-type: none"> • Take last forgotten pill anyway and finish strip • additional contraception, until pill has been taken consecutively for 7 days
Week 3	2-7	<ul style="list-style-type: none"> • Take last forgotten pill anyway and continue with next strip without stop week • or: start of stop week from first forgotten pill
If contraception has not been used and unprotected intercourse has taken place		<i>emergency contraception:</i> <ul style="list-style-type: none"> • levonorgestrel 1.5 mg orally • or: copper IUD up to 5 days after unprotected intercourse