Prescribing for the Family Planning Nurse Practitioner; all in a day’s work

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All in a day’s work

- Contraception: Routine, problems, special circumstances
- Routine cx smears and STI screening
- Symptoms: Pelvic pain, abnormal vaginal bleeding, itching, soreness, discharge, painful periods, lesions
- Treatment STIs
- IUD/IUS, implant insertion/removal
- Endometrial biopsy
Eligibility criteria for contraceptive use

• **WHO 1**: No restriction to use
• **WHO 2**: Advantages of using generally outweigh theoretical or proven risk
• **WHO 3**: Theoretical or proven risks generally outweigh the advantages
• **WHO 4**: Unacceptable risk
Prescribed contraception

- Barrier: Condoms, diaphragm
- Oral: COC, POP, ECP
- Vaginal ring: NuvaRing
- Injectable: Depo provera
- Implant: Jadelle
- Intrauterine: Mirena, Multiloadcu375, ChoiceTT380
Contraceptive problems

• Failure
• Bleeding problems
• Development h’aches/migraines
• Rise in B/P with COC
• VTE
• Weight increase, acne, moods, libido, chloasma
Bleeding problems with Depo provera and Jadelle

- May settle with time
- Rule out other causes: Pregnancy, STI, check cervix
- Add COC if not contraindicated
- Medroxyprogesterone (Provera) 10mg daily 21 days, 7 days off
- Ibuprofen 400mg 3-4times daily 5/7
- Mefenamic acid 500mg bd 5/7
Lactating women

- Lactational amenorrhoea
- Barrier methods
  - Condom
  - Diaphragm
- Copper IUD
- Progestogen only
  - Implant
  - Progestogen only pill
  - Depo provera
  - Mirena
Contraception in Peri-menopause

- Progestogen only pill
- Combined pill, Vaginal ring
- Implant
- Depo provera – to aged 50
- Mirena
- Copper IUD
- Sterilisation
- Barrier: Condoms, Diaphragm
- Sympto-thermal method
Some health conditions

• Migraine
• Immobility
• Diabetes
• Epilepsy
• Obesity
• smokers
• Abnormal LFTs
• Hereditary thrombophilia
• UK Medical Eligibility Criteria for Contraceptive Use 2009 FSRH
Emergency contraception

- **Postinor-1** Levonorgestrel 1.5mg
  - Contraindications:
    - Pregnancy, severe allergy, acute porphyria & severe liver disease

- **Post coital IUD** Copper only
  - Contraindications:
    - Pregnancy
Problems with periods

Menorrhagia

Endometrial ca, hyperplasia

• BMI, nulliparity, infertility, familial
• Medical, gynae, menstrual history
• PT if relevant
• View cx, cx smear/STI screen
• Bloods: CBC, Ferritin, TSH
• Pelvic USS, endometrial biopsy
Treatment menorrhagia
dysmenorrhoea

Depends on age and need for contraception.
• COC, POP, Depo provera, Mirena,
• Tranexamic acid 1g 3 times daily up to 4g in total. Up to 4 days
• Mirena (levonorgestrel)
Gynae referral
Vaginal dryness

- Some progestogen only contraception
- Ask about vaginal with routine cx smears for menopausal women
- Menopausal women with recurrent UTIs may benefit from oestrogen cream
Family planning advice
Use rear entrance
References

• bpac
• Family Planning Agreed Practice Guidelines
• Guillebaud. J. (2009). Contraception your questions answered (5th ed.)
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• NZ Sexual Health Society Guidelines 2012