

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

Sandie Halligan

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
- http://www.fsrh.org/pages/clinical_guidance.asp

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 vg with routine cx smears for menopausal women
- Menopausal women with recurrent UTIs may benefit from oestrogen cream



References

- bpac
- Family Planning Agreed Practice Guidelines
- Guillebaud. J. (2009). Contraception your questions answered (5th ed.)
- Faculty Sexual and Reproductive Health UK:
http://www.fsrh.org/pages/clinical_guidance.asp
- CDHB Healthpathways: <http://healthpathways.org.nz/>
- NZ Formulary: http://nzf.org.nz/nzf_1.html
- www.medsafe.govt.nz/profs/Datasheet/dsform.asp
- NZ Sexual Health Society Guidelines 2012