Contraception & reproductive health

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NATIONAL HIV NURSES ASSOCIATION
support | research | education

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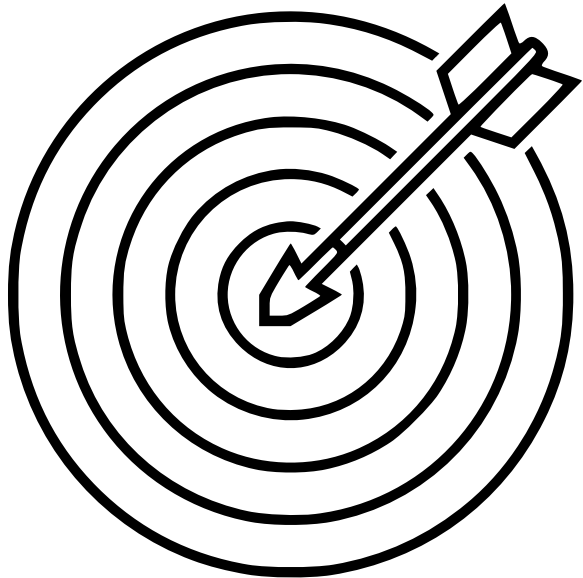
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Conflict of interest

In the last 36 months I have given talks supported by Gilead and ViiV and been on a ViiV advisory panel. I am PI on trials funded by GSK. I hold research grants from the NIHR and BHIVA. I have committee roles with BASHH, BHIVA and NICE.
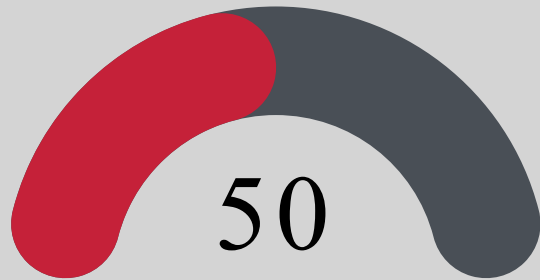
Objectives

1. Overview of contraception

2. Contraceptive methods

3. Contraception & reproductive life
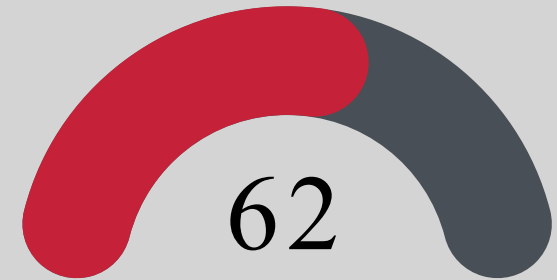
4. Cervical screening

5. Sexual dysfunction

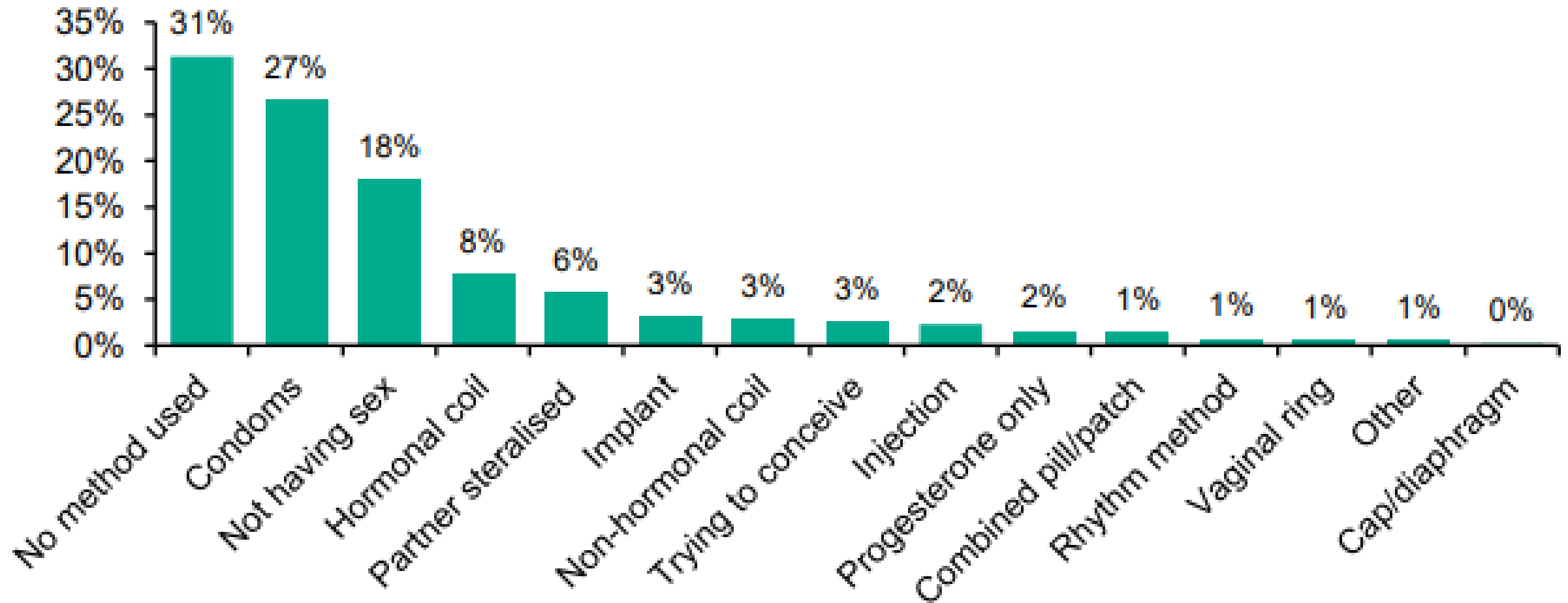# Unplanned pregnancy

50
%
UK unplanned pregnancies

Risk for Black women dying in pregnancy & childbirth

62
%
Black African women

Method of contraception

UKMEC

CONDITION		Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
		I = Initiation, C = Continuation					

| HIV INFECTION							
HIV infection							
a) High risk of HIV infection		1	1	1	1	1	1
b) HIV infected							
(i) CD4 count ≥200 cells/mm^3		2	2	1	1	C1	1
(ii) CD4 count <200 cells/mm^3		I 3 C 2	I 3 C 2	1	1	1	1
c) Taking antiretroviral (ARV) drugs		Certain ARV drugs have the potential to affect the bioavailability of steroid hormones in hormonal contraception. For up-to-date information on the potential drug interactions between hormonal contraception and ARV drugs, please refer to the online HIV drugs interaction checker (www.hiv-druginteractions.org/Interactions.aspx).					

|	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	MVC	BIC/F/TAF	CAB oral	CAB/RPV	DTG	EVG/c/F/TAF	EVG/c/F/TDF	RAL	FTC/TAF	FTC/TDF	TDF
Estrogens																						
Ethinylestradiol	↑1% a	↓19% b	↓30% c	↓44% c	↓42% c	↓2%	↔↓ d	↑22%	↓20%	↑14%	↑40% e	↓<1%	↑4%	↑2%	↔	↑3%	↓25% f	↓25% f	↓2%	↔	↔	↔
Progestins (Combined Oral Contraceptive, COC)																						
Chlormadinone	↑a	↑b	↑c	↑g	↑g	↔	↓h	↓	↓	↔	↑e,i	↔	↔	↔	↔	↔	↑j	↑j	↔	↔	↔	↔
Desogestrel	↑a,k	↑b,k	↑c,k	↑g,k	↑g,k	↔	↓h	↓	↓	↔	↑e,i	↔	↔	↔	↔	↔	↑j	↑j	↔	↔	↔	↔
Drospirenone	↑130% l	↑b	↑58% c	↑g	↑g	↔	↓h	↓	↓	↔	↑e,i	↔	↔	↔	↔	↔	↑j	↑j	↔	↔	↔	↔
Gestodene	↑a	↑b	↑c	↑g	↑g	↔	↓h	↓	↓	↔	↑e,i	↔	↔	↔	↔	↔	↑j	↑j	↔	↔	↔	↔
Levonorgestrel	↓8% a	↑b	↑c	↑g	↑g	↑21%	↓h	↓	↑	↔	↑e,i	↓2%	↔	↑12%	↔	↔	↑	↑	↔	↔	↔	↔
Norethisterone (Norethindrone)	↑a	↑b,n	↑c	↓14% g	↓17% g	↔	↓h	↓5%	↓19%	↓11%	↑8% e	↔	↔	↔	↔	↔	↑j	↑j	↔	↔	↔	↔
Norgestimate	↑a	↑85%b	↑c	↑g	↑g	↔	↓64%h	↓	↓	↔	↑e,i	↔	↔	↑8%	↔	↓2%	↑126%j	↑126%j	↑14%	↔	↔	↔
Norgestrel	↑a	↑b	↑c	↑g	↑g	↔	↓h	↓	↑29%	↔	↑e,i	↔	↔	↔	↔	↔	↑j	↑j	↔	↔	↔	↔
Progestins (Progestin only pill, POP)																						
Desogestrel	↑k	↑k	↑k	↑k	↑	↔	↓h	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Drospirenone	↑l	↑	↑m	↑m	↑	↔	↓h	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑m	↑m	↔	↔	↔	↔
Levonorgestrel	↑	↑	↑	↑	↑	↔	↓h	↓	↑	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Norethisterone (Norethindrone)	↔c	↑50% n	↔c	↑50%	↑50%	↔	↓h	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Progestins (Non-oral)																						
Etonogestrel (implant)	↑	↑	↑	↑	↑52%	↔	↓63% o	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Etonogestrel (CVR)	↑	↑71%p	↑p	↑p	↑p	↔	↓~79%o	↓	↓	↔	↑q	↔	↔	↔	↔	↔	↑p	↑p	↔	↔	↔	↔
Levonorgestrel (implant)	↑	↑	↑	↑	↑	↔	↓57% o	↓	↑14%	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Levonorgestrel (IUD)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↔	↔	↔	↔
Medroxy-progesterone (depot)	↔	↔	↔	↔	↑70%	↔	↔r	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norelgestromin (patch)	↑c	↑s	↑c	↑t	↑83% t	↔	↓H	↓	↓	↔	↑e,i	↔	↔	↔	↔	↔	↑j	↑j	↔	↔	↔	↔
Norethisterone (Norethindrone) (depot)	↔	↔	↔	↔	↔	↔	↓H	↓	↓	↓	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔

Condoms
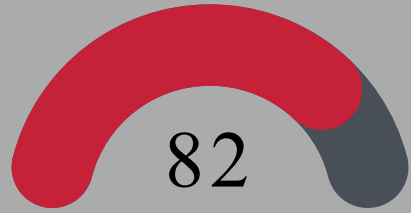
82 %
Real life efficacy
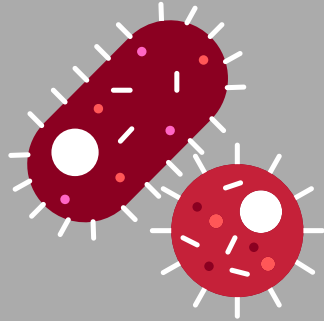
STI risk reduction
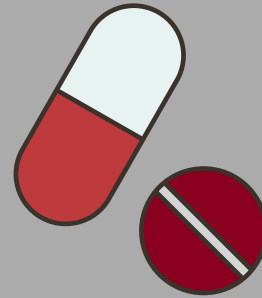
No DDIs

Negotiation

Intra-uterine contraception
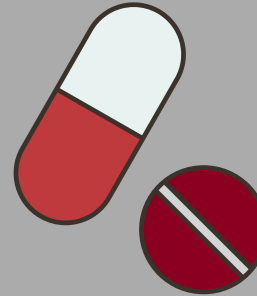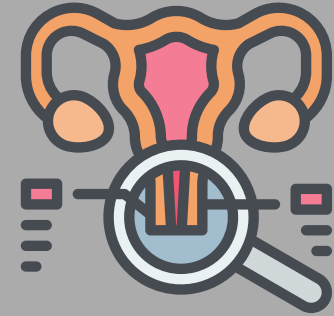
99 %
Real life efficacy

Long-acting

No DDIs

Procedure to fit

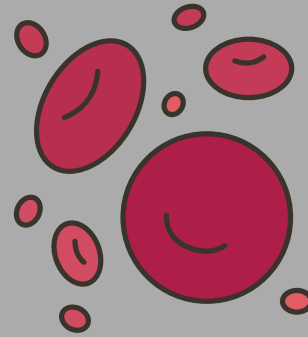# Progestogen-only implant

99 %
Real life efficacy

Long-acting

Irregular bleeding

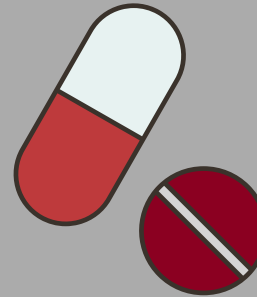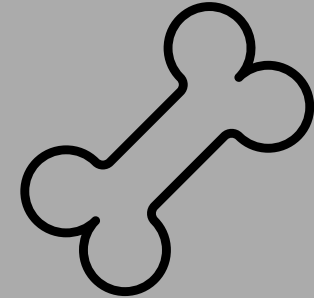Procedure to fit

Progestogen-only injection
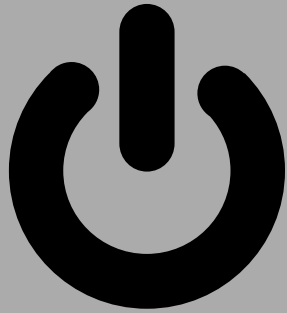
94 %
Real life efficacy

Not needed daily

No DDIs

Impact on BMD

Progestogen-only pills
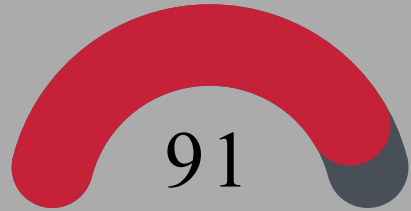
91% Real life efficacy
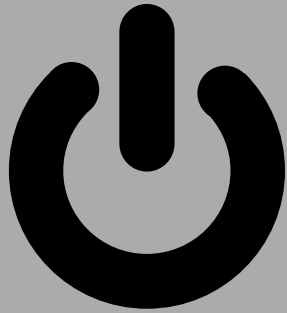
Control

Few contra-indications

Change in bleeding

Combined hormonal contraception

91% Real life efficacy

Control

Multiple contra-indications

Cycle control

Emergency contraception

- Reliable regular contraception

- Making every contact count

- Time critical

- DDIs

- Access

	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	MVC	BIC/ F/TAF	CAB oral	CAB/ RPV	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC/ TAF	FTC/ TDF	TDF
Levonorgestrel (EC)	↑u	↑u	↑u	↑u	↑u	↔	↓58%v	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑u	↑u	↔	↔	↔	↔
Mifepristone	↑u	↑u	↑u	↑u	↑u	⇑u	↓	↓	↓	⇑u	↔	⇑u	⇑u	↔	↔	↔	↑u	↑u	↔	↔	↔	↔
Ulipristal	↑u	↑u	↑u	↑u	↑u	↔	↓w	↓w	↓w	↔	↔	↔	↔	↔	↔	↔	↑u	↑u	↔	↔	↔	↔

Post-partum contraception
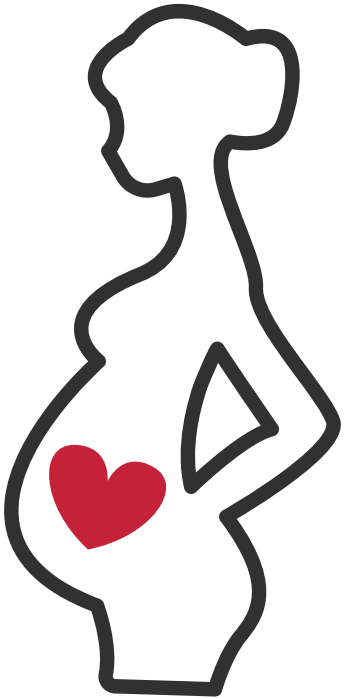
1/13 access abortion services within 1 year of childbirth

Risks of inter-pregnancy interval <12 months

50% having sex by 6 week check

Making every contact count

Stopping contraception at menopause

Contraception	40-50 years	>50 years
Non-hormonal	2 years amenorrhoea	1 year amenorrhoea
CHC, injection	continue	switch at 50 years
IMP, POP, IUS	continue	stop at 55 years >50 years for FSH & stop at 1 year

Lower CD4 count increases risks at cervical screening

- Cytological abnormality
- Multi-focal intraepithelial neoplasia
- Persistent HR-HPV
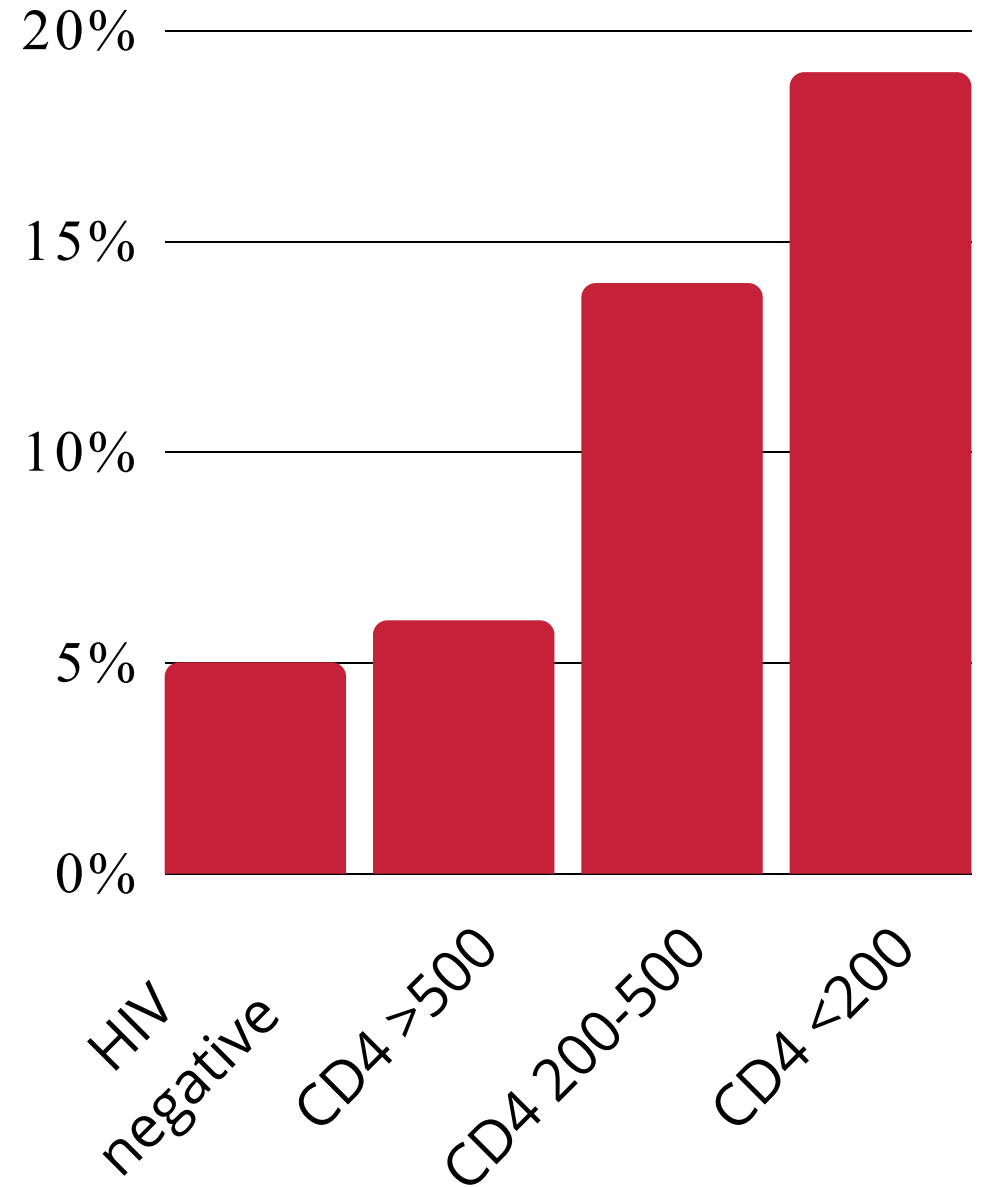
Cervical screening
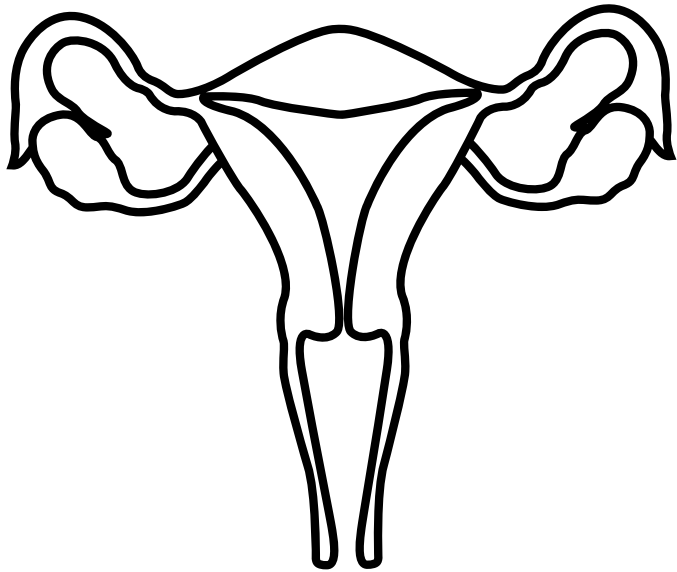
- Annual cervical screening 25-65 years

- HPV vaccination

- Symptom enquiry

- Ano-genital examination

- Colposcopy referral
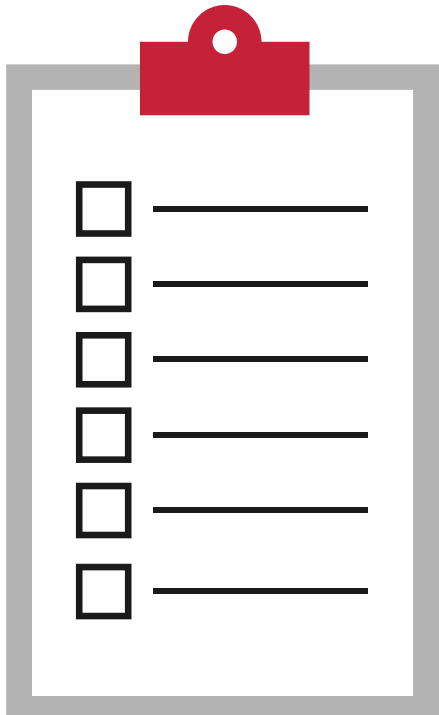
- STI screen

Sexual dysfunction

| Age | Mental health | Transmission fear | HIV / ART complications |

Summary

1 Risks of unplanned pregnancy

2 Offer contracpetive choice

3 Make every contact count

4 Full examination at cervical screen

5 Give opportunities for discussion

Thank you!

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