Current Care Guideline in Contraception in Finland – barriers and possibilities – update on situation

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Current Care Guideline in Contraception

- http://www.kaypahoito.fi/web/english/guidelines/guideline?id=ccg00004
  - published November, 2015
  - updated 2017

Scope of the guideline

- The guideline only discusses contraception. Other indications for contraceptive methods are not discussed.

Core Contents

- Contraception and birth control services must be easily accessible all year round
- There is no age limit for contraception
- Gynaecological examination is not necessary before contraception is started
- Testing for STDs like chlamydia, among others, should be considered
- Pap smear specimens of the uterine cervix should be taken in accordance with the screening guideline. See the Current Care guideline ‘Cytological changes in the cervix, vagina and vulva'

Core Contents

- The choice of contraceptive method should be based on the person's wishes and a realistic assessment of the situation
  - Choosing a suitable contraceptive method increases the likelihood of continued use
- The most effective reversible methods are intrauterine devices and subdermal implants
  - as these are not susceptible to user-related errors (forgetfulness)
- Sterilisation is an irreversible method

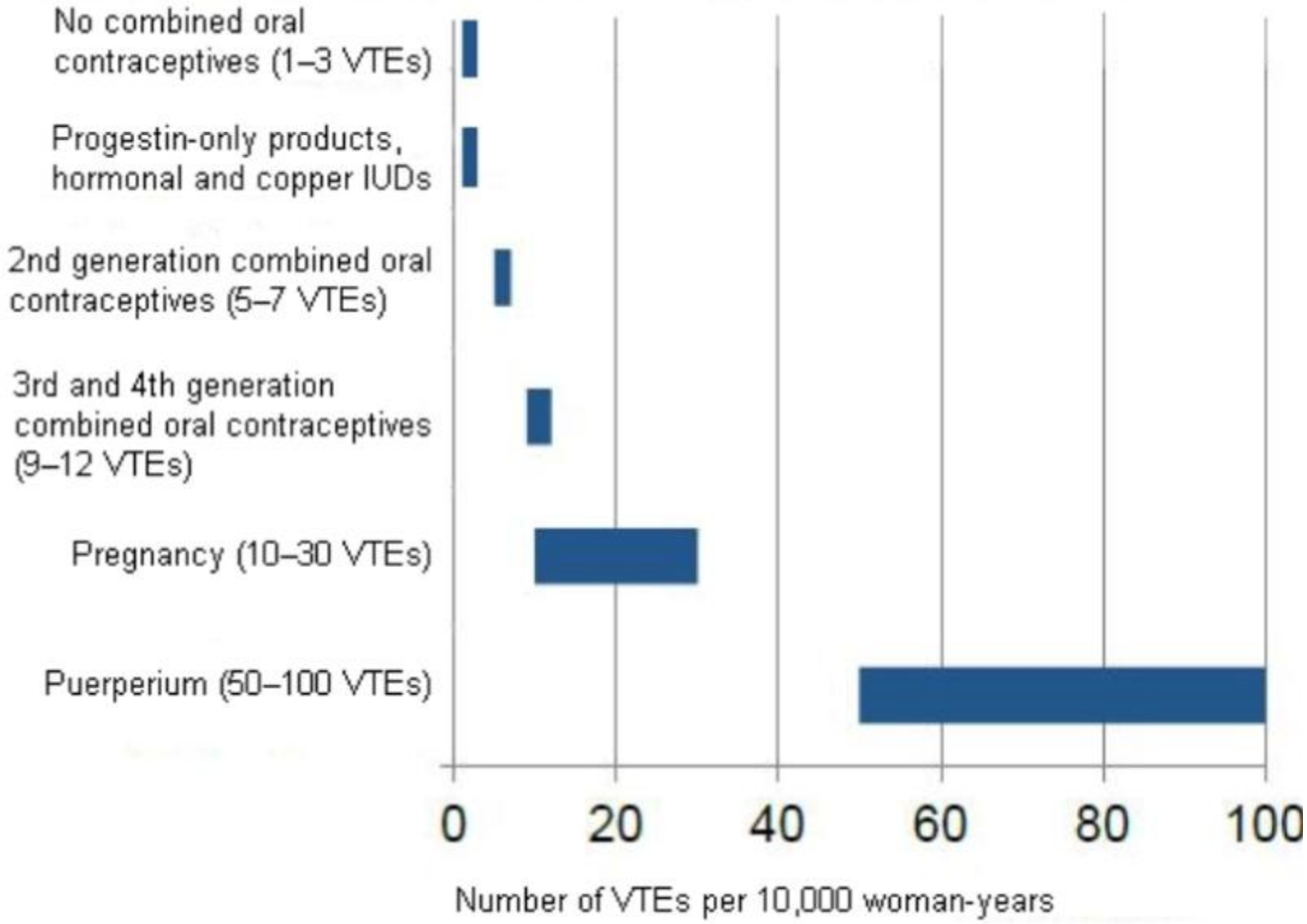
Core Contents

- The risk of venous thromboembolism (VTE) only increases in connection with the use of combined hormonal contraceptives
  - Even then, it is lower than the risk of thromboembolism associated with pregnancy
- Condoms are the only contraceptive method that protects against STDs
- The main importance of follow-up visits is to identify
  - any emerging contraindications
  - to discuss any unhealthy lifestyle factors (smoking, obesity, lack of exercise)
  - any high-risk sexual behaviour (maintaining and promoting fertility and reproductive health)
  - to prevent and treat STDs

Core Contents

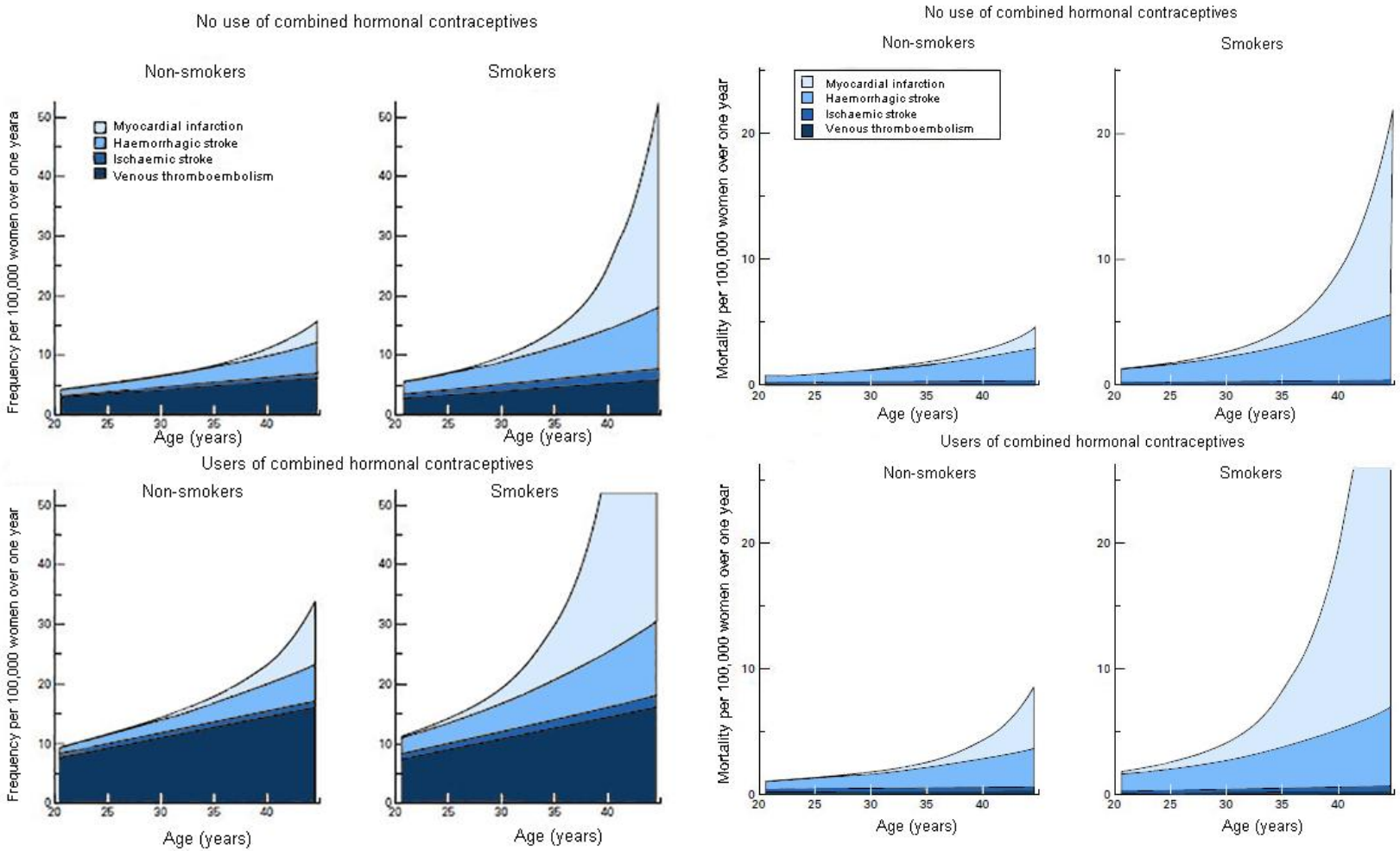
- The most effective type of postcoital contraception is a copper IUD inserted within 5 days of unprotected intercourse
- Emergency contraceptive pills are available over-the-counter from pharmacies
  - These are most effective when taken within 12 hours after unprotected intercourse
- Postpartum contraception should be planned during gestation
- Post-abortion contraception should be planned already when issuing a referral
- Rhythm methods and similar natural methods are not reliable birth control methods

Frequency of venous thromboembolisms (VTEs)

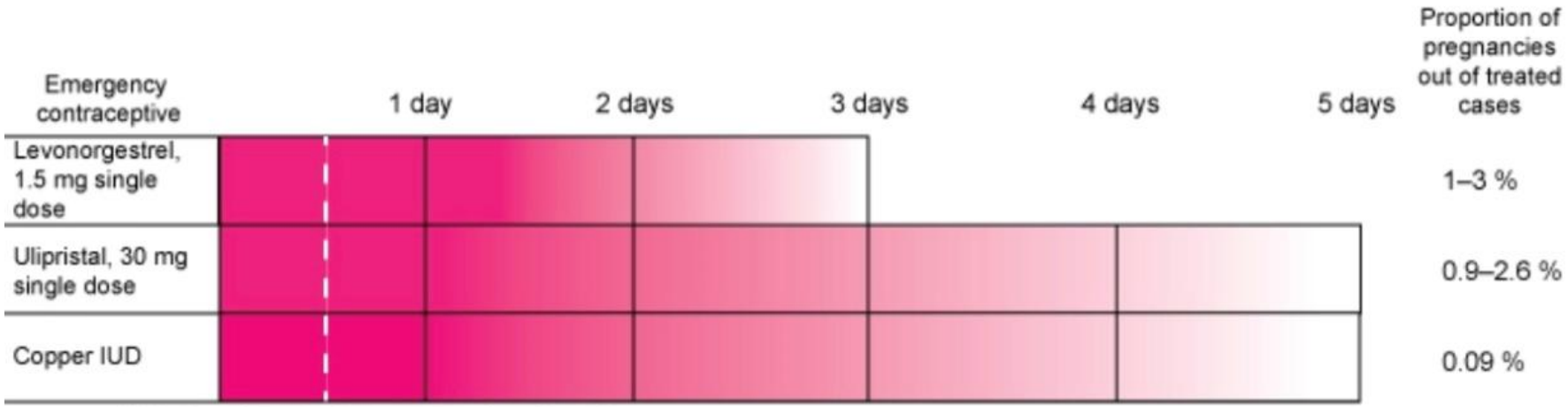


Women's risk of arterial and venous events requiring hospitalisation (A) or fatal (B) in relation to ageing, smoking and CC-use

Farley ym 1998



Recommended use of emergency contraception after unprotected intercourse



With all products, the best contraceptive efficacy is achieved by taking the emergency contraceptive within 12 hours after unprotected intercourse.

User perspective

- From the user perspective, the most important matters in contraception are contraceptive
  - efficacy
  - safety and low risk of adverse effects (AEs)
  - ease of use
  - treatment of menstrual disorders
  - *The cost* of contraception is also often an important issue
- To be able to decide on matters related to contraception, women and men must be given *adequate information* on the efficacy, benefits and AEs of different contraceptive methods.

- Factors that can promote the continued use of a particular contraceptive method include tailored material, individual guidance and planned follow-up visits
- The majority of women (76%) have experienced AEs *(breast tenderness, loss of libido, depressive symptoms and mood symptoms)* when using hormonal products (Internet)
- The AEs of hormonal contraceptive methods are the most common topic on which women seek information, for example from online discussion forums
- Women often overestimate the risks of hormonal contraception
- The benefits most commonly mentioned include the treatment of menstrual cycle-related problems
  - more regular menstruation, less frequent bleeding and less menstrual pain

- The majority (62%) also have fears and worries related to contraceptive methods
  - The most common fear – and an unnecessary one – is that hormonal contraception causes infertility
- Attitudes towards menstruation vary depending on cultural and other background factors
- Other than method instructed pauses are not required
  - It is a common misunderstanding that there should be pauses in hormonal contraception
- Active guidance may reduce fears based on beliefs or media coverage and the independent discontinuation of contraceptive product use
  - HCPs should be proactive and ask about any fears and worries
- Plain-language instructions are particularly important for
  - immigrants and very young adolescents
  - developmentally and intellectually disabled users

There exists a good contraceptive choice for everyone regarding age, health and social situtation

www.kaypahoito.fi

Thank you