Quick start cases facilitator notes

Thelma

1. Describing new migraines. She needs to change method to PO contraception. LARC preferred. Do we ask about migraines on follow up visits?

2. The should start POP immediately especially with a long flight. As she is on week 2 she has 7/7 of active hormone in her system, she can start POP and be protected immediately.
   If on week 1 she doesn't have enough hormone to suppress ovulation so she needs condoms for 2 days.

Louise

3. She has not had 7 days of hormone so is at pregnancy risk if she stops COC today. 3 options-
   1=Continue her COC for another 4 days- then she will be on weeks 2 and can change immediately.
   2=Stop COC and QS POP- she will need to consider EC to cover ANY sex since the start of her PFI- could use Levonelle off license. Will need condoms for 2 days after starting POP.
   3=Insert a CuIUD for EC and immediate contraceptive cover.

Sabrina

1. She is between D1-5 so you can remove the IUD and QS COC- she will be protected immediately.

Jill

2. You can remove the IUD and QS COC but she will need 7/7 of additional precautions.

Kelly

3. She is at risk of pregnancy if you remove the IUD today. Choices: 1= Keep IUD in place, QS COC and can remove IUD in 7/7. 2= If she

insists on removal need to give EC and start COC as per post EHC guidelines. Needs 7/7of additional precautions.

Cagney:

1. Firstly hit the GP! She has had Ella One and so cannot use another hormonal contraception for 5 days. If she wanted to she could wait for 5 days and then QS an implant with a PT in 3 weeks (and extra precautions for 7/7) But a copper IUD would be a much better option.

Lacey:

2. She can QS another form of hormonal contraception immediately. The ideal according to guidance would be QS a bridging method then do a PT in 3 weeks and give depot. If she doesn't want to do this you could QS a depot with 7/7 extra precautions and PT in 3/52.

Mrs Marple

1. She shouldn't wait until her next period, she should QS and do a PT in 3 weeks. No matter what. Valproate isn't an enzyme inducer and won't affect choice of EC. A copper IUD is still the most effective option.

2. Valproate is teratogenic can lead to Fetal valproate syndrome- causing classic facial features, spina bifida, cardiac problems and developmental delay.

   There is confusion about what type of contraception women usingteratogenic drugs need. Recent statement advises women on teratogenic drugs need a 'highly effective method', this means implant, IUT or sterilisation as failure rate <1%. If she uses pills or depot she should use condoms as well. Condoms or natural FP alone not recommended.

   Other teratogenic drugs we should be aware of:

Vitamin A derivatives and high vitamin A (Retinoids- Adapalene- this can be bought over the counter!)
Isotretinoin (Roaccutane)
Anti- Epileptic drugs- Valproate, Phenytoin,
Lithium
Alcohol/Cocaine
ACE inhibitors (anti-hypertensives, the ones that end in –pril)
Angiotensin 2 antagonist (anti-hypertensive, the ones that end in –sartan)
Statins
Warfarin
Herbal remedies
Antibiotics- Streptomycin, Trimethoprim, any tetracyclines (Doxycycline)
Carbimazole (anti-thyroid drug)
Methotrexate and many other drugs used in rheumatological conditions

3. Epilepsy should be well controlled before a pregnancy. If having seizures => inc risk of miscarriage and risk of accidental injury.
   Need to stop valproate and use less risky drug and ideally one drug only- Lamotrogine is a good choice.
   When planning pregnancy or pregnant need high dose folic acid (5mg OD) as drugs can reduce folate levels.
   There is a national pregnancy and epilepsy register that neurologists encourage women to get on
   Epilepsy nurses at GWH are Bridget and Leah- very helpful and can take phone calls, their number is: 605118 or 605946.