PIPADOR REVISION

MRCOG Part 1 Revision Notes

Contraceptives

PHARMACOLOGY • LECTURE 390

VISUAL EXAMINATION REVISION NOTES

2026 Edition

390

MRCOG PART 1 REVISION NOTES | PHARMACOLOGY

Contraceptives

Contraceptive methods, mechanisms, eligibility, emergency and postpartum contraception

LARC	Cu-IUD	UKMEC	≈ 9 / 100
> 99% effective	Most effective EC	1–4 eligibility	Typical-use COC failure per year

■ **KEY FACTS: Learning objectives**

- Describe contraceptive methods, mechanisms and effectiveness.
- Describe eligibility (UKMEC), risks and benefits.
- Describe emergency contraception and contraception after pregnancy.

390.1 Methods

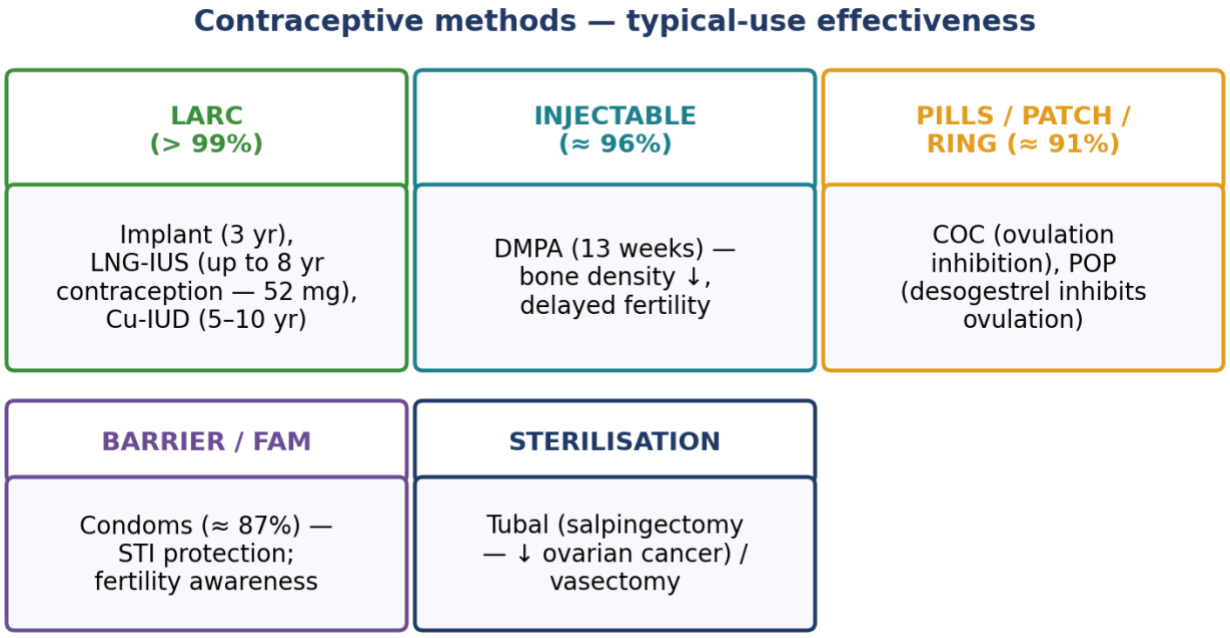


Figure 390.1 — Contraceptive methods by effectiveness

Method	Mechanism / key points
COC / patch / ring	• Ovulation inhibition • ↓ dysmenorrhoea, HMB, ovarian/endometrial cancer • ↑ VTE (≈ 2–3×), small ↑ breast/cervical cancer • UKMEC 4: migraine with aura, ≥ 35 smoking ≥ 15/day, VTE history, BP ≥ 160/100
POP	• Desogestrel inhibits ovulation (12 h window) • Traditional POPs mainly cervical mucus (3 h)
Implant	Etonogestrel 3 yr; irregular bleeding commonest reason for removal
DMPA	• 13-weekly

Method	Mechanism / key points
	• ↓ BMD (reversible), weight gain, delayed return of fertility
LNG-IUS	• Endometrial thinning, mucus • HMB treatment • Endometrial protection for HRT
Cu-IUD	Copper toxic to sperm/ova; heavier periods; immediate EC
Interactions	Enzyme inducers ↓ hormonal methods (Lecture 371)

390.2 Emergency contraception

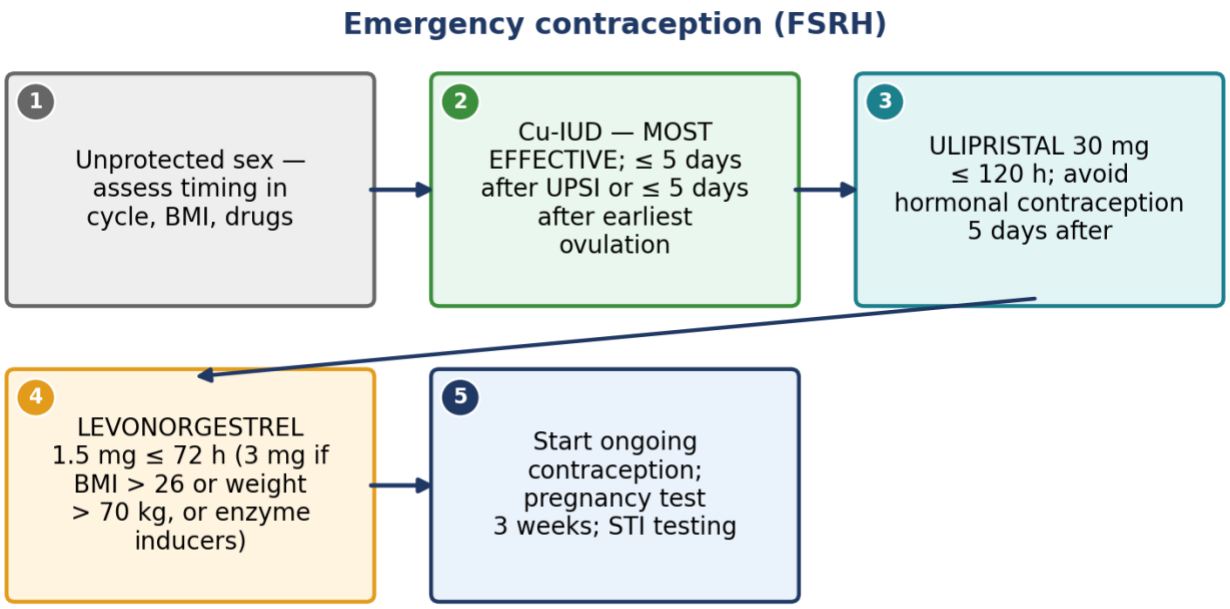


Figure 390.2 — Emergency contraception (FSRH)

- **Postpartum**: no contraception needed until day 21
  - POP/implant any time
  - CHC not before 6 weeks if breastfeeding (UKMEC 4 < 6 wk breastfeeding/ VTE risk)
  - IUD/IUS within 48 h of birth or from 4 weeks
  - LAM effective if criteria met.
- **After abortion/miscarriage**: all methods can start immediately (IUD after complete evacuation/expulsion).

390.3 Must-know summary

■ EXAM TIP

- LARC most effective; COC typical-use failure ≈ 9%.
- CHC: VTE risk; UKMEC 4 — migraine with aura, smoking ≥ 35, VTE, BP ≥ 160/100.
- EC: Cu-IUD > UPA (120 h) > LNG (72 h; double dose if BMI > 26/weight > 70 kg).
- Postpartum: CHC not < 6 weeks if breastfeeding; IUD ≤ 48 h or ≥ 4 weeks.

■ **MNEMONIC / MEMORY AID**

EC windows — 'Copper 5 days, UPA 5 days (120 h), LNG 3 days (72 h)'.