PIPADOR REVISION

MRCOG Part 1 Revision Notes

Hormonal Contraception

CLINICAL MANAGEMENT • LECTURE 491

VISUAL EXAMINATION REVISION NOTES

2026 Edition

491

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Hormonal Contraception

Combined and progestogen-only contraception — definitions, effectiveness, risks, UKMEC and practical prescribing (FSRH)

UKMEC	Implant	Stop CHC	DMPA
Eligibility categories 1–4	> 99.9% effective	At 50	13-weekly

■ KEY FACTS: Learning objectives

- Define the hormonal contraceptive methods, typical vs perfect use and UKMEC categories.
- Describe mechanisms, effectiveness, risks, benefits and contraindications of combined and progestogen-only methods (FSRH guidance).
- Describe starting, missed pills, drug interactions, and contraception in special groups (postpartum, over 40).

491.1 Key definitions

Term	Definition
Combined hormonal contraception (CHC)	Oestrogen + progestogen: pill (COC), transdermal patch, vaginal ring
Progestogen-only methods	POP, implant, injectable (DMPA), levonorgestrel intrauterine system (LNG-IUS)
LARC	Long-acting reversible contraception — implant, injectable, IUS, IUD
UKMEC	• UK Medical Eligibility Criteria: 1 no restriction • 2 benefits generally outweigh risks • 3 risks generally outweigh benefits • 4 unacceptable health risk
Typical vs perfect use	Failure rates in real life vs when used exactly as directed
Tailored/extended regimen	Taking CHC with shortened or no hormone-free intervals (FSRH supports)

■ IN PLAIN ENGLISH: Hormonal contraception

Combined methods contain oestrogen, which brings benefits (cycle control, cancer protection) but also **clot risks**. **Progestogen-only** methods are safe for most women who cannot take oestrogen, and **LARC** methods are the most effective because nothing needs remembering.

491.2 Combined hormonal contraception

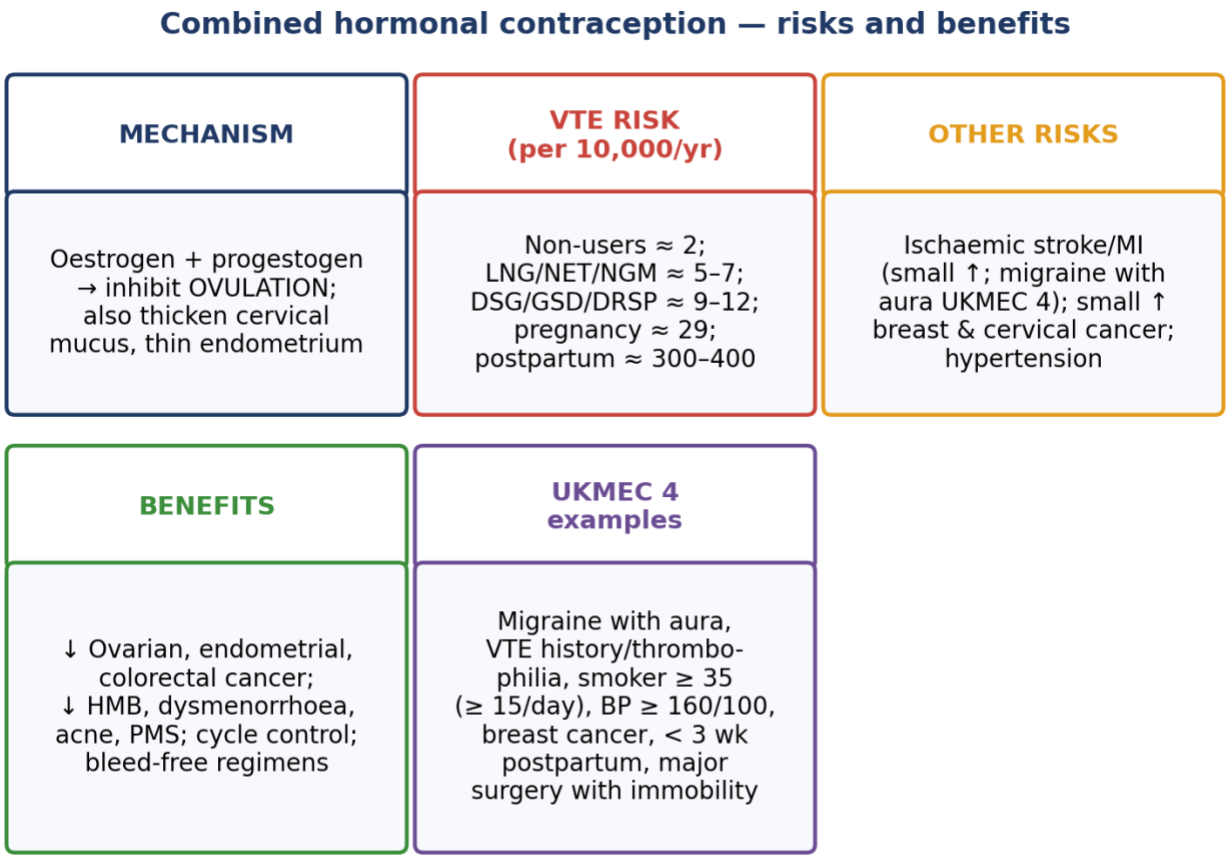


Figure 491.1 — CHC risks and benefits

Topic	FSRH guidance
Effectiveness	> 99% perfect use; ≈ 91% typical use
Regimens	Standard 21/7 or tailored regimens (shortened hormone-free interval or continuous) — at least as effective, fewer bleeds
Missed pills	• 1 pill missed (< 48 h late): take ASAP, continue — no extra precautions • ≥ 2 missed: take latest, condoms for 7 days • If in week 1 and UPSI in pill-free interval/week 1 → consider EC • If in week 3 → omit hormone-free interval
Starting	Day 1–5 of cycle (no extra precautions) or quick start any time if not pregnant (condoms 7 days)
Age	• Can be used to 50 if no contraindications • Switch to non-oestrogen method at 50
Postpartum	• UKMEC 4 < 3 weeks (non-breastfeeding, VTE risk) • Breastfeeding < 6 weeks UKMEC 4, 6 wk–6 months UKMEC 2
Surgery	Stop 4 weeks before major surgery with prolonged immobilisation

491.3 Progestogen-only methods

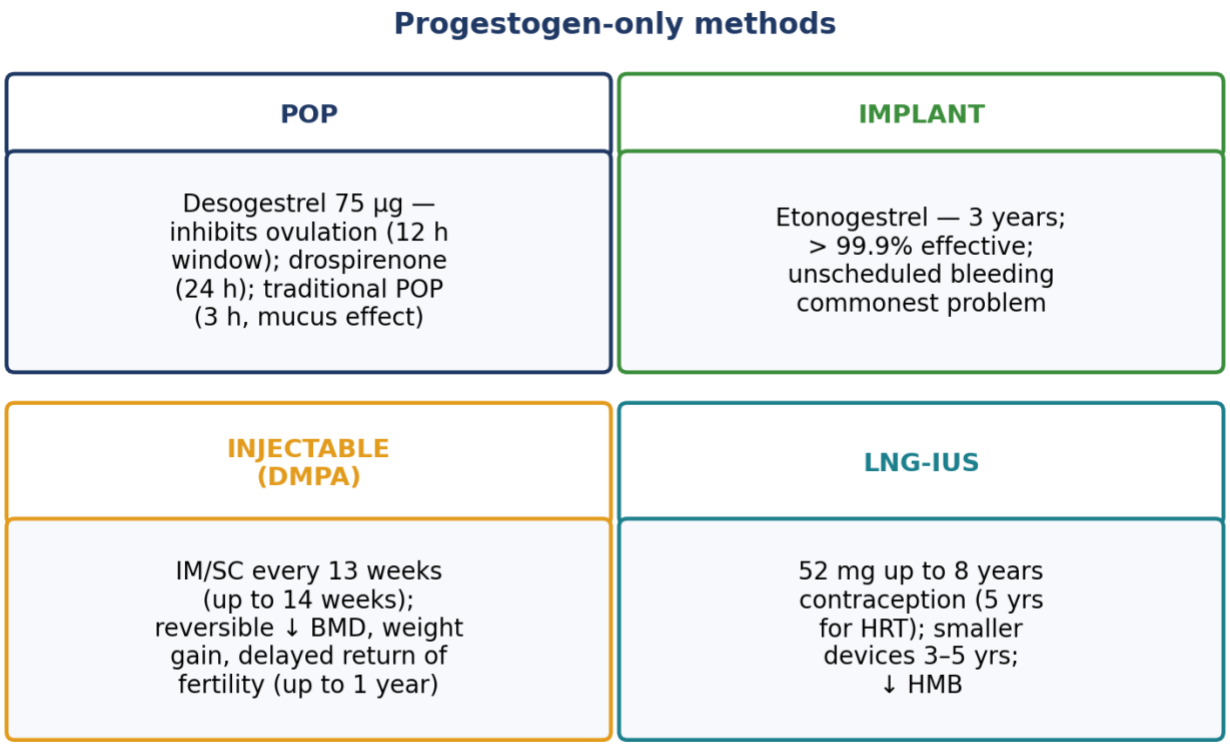


Figure 491.2 — Progestogen-only methods

Topic	Details
Safety	• Suitable for most women with contraindications to oestrogen (VTE, migraine with aura, smokers > 35, breastfeeding) • UKMEC 4 only for current breast cancer
Bleeding	• Unscheduled bleeding is common — exclude STI, pregnancy, cervical pathology if persistent/changed • Options: COC for 3 months (if eligible), NSAIDs
DMPA	• Reversible ↓ BMD — review at 2 years and in under 18s/over 40s • Stop at 50 • Weight gain in adolescents with BMI ≥ 30
Return of fertility	Immediate after POP, implant, IUS; delayed up to 1 year after DMPA
Over 40	Implant, POP, LNG-IUS can continue to 55; DMPA to 50

491.4 Interactions

- **Enzyme inducers** (carbamazepine, phenytoin, rifampicin, St John's wort, some antiretrovirals, topiramate ≥ 200 mg) ↓ efficacy of CHC
  - POP and implant → advise Cu-IUD
  - LNG-IUS or DMPA (Lecture 371).
- Lamotrigine levels fall with CHC (oestrogen) — monitor.
- Non-enzyme-inducing antibiotics do not reduce CHC efficacy.

■ COMMON PITFALLS

Prescribing CHC to a woman with migraine with aura.

Not checking for enzyme-inducing drugs.

Continuing CHC beyond 50.

491.5 Must-know summary

■ EXAM TIP

- CHC inhibits ovulation; ≈ 91% typical use; tailored regimens allowed; stop at 50.
- VTE: non-user 2, LNG/NET 5–7, DSG/GSD/DRSP 9–12, pregnancy 29 per 10,000/year.
- UKMEC 4 for CHC: migraine with aura, VTE history, smoker ≥ 35 (≥ 15/day), BP ≥ 160/100, < 3 wk postpartum, breast cancer.
- Progestogen-only: POP (desogestrel 12 h), implant 3 yr, DMPA 13 wk (BMD), LNG-IUS 8 yr; enzyme inducers → IUD/IUS/DMPA.

■ MNEMONIC / MEMORY AID

UKMEC — '1 Yes, 2 Usually, 3 Rarely, 4 Never'.