PIPADOR REVISION

MRCOG Part 1 Revision Notes

Non-hormonal Contraception

CLINICAL MANAGEMENT • LECTURE 492

VISUAL EXAMINATION REVISION NOTES

2026 Edition

492

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Non-hormonal Contraception

Copper IUD, barrier methods, fertility awareness, LAM and sterilisation — definitions, effectiveness and counselling (FSRH)

Cu-IUD	Condoms	LAM	Vasectomy
Up to 10 years	Only STI protection	> 98% if criteria met	Failure ≈ 1 in 2,000

■ KEY FACTS: Learning objectives

- Define the non-hormonal contraceptive methods: copper IUD, barrier methods, fertility awareness, LAM, withdrawal and sterilisation.
- Describe their mechanisms, effectiveness, risks and suitability (FSRH guidance).
- Describe IUD insertion and complications, and counselling for female and male sterilisation.

492.1 Key definitions

Term	Definition
Copper intrauterine device (Cu-IUD)	T-shaped device with copper — prevents fertilisation and implantation
Barrier methods	Male and female condoms, diaphragm/cap (with spermicide)
Fertility awareness methods (FAM)	Identifying the fertile window using temperature, cervical mucus and calendar/app tracking
Lactational amenorrhoea method (LAM)	Contraception from full breastfeeding: < 6 months postpartum, amenorrhoeic, fully/nearly fully breastfeeding
Female sterilisation	Permanent tubal occlusion (clips) or salpingectomy
Vasectomy	Division/occlusion of the vas deferens under local anaesthetic

■ IN PLAIN ENGLISH: Non-hormonal contraception

Non-hormonal methods suit women who cannot or do not want to use hormones. The **copper IUD** is as effective as sterilisation and reversible; **condoms** are the only method that also protects against STIs; **sterilisation** is permanent and should be chosen carefully.

492.2 Copper IUD

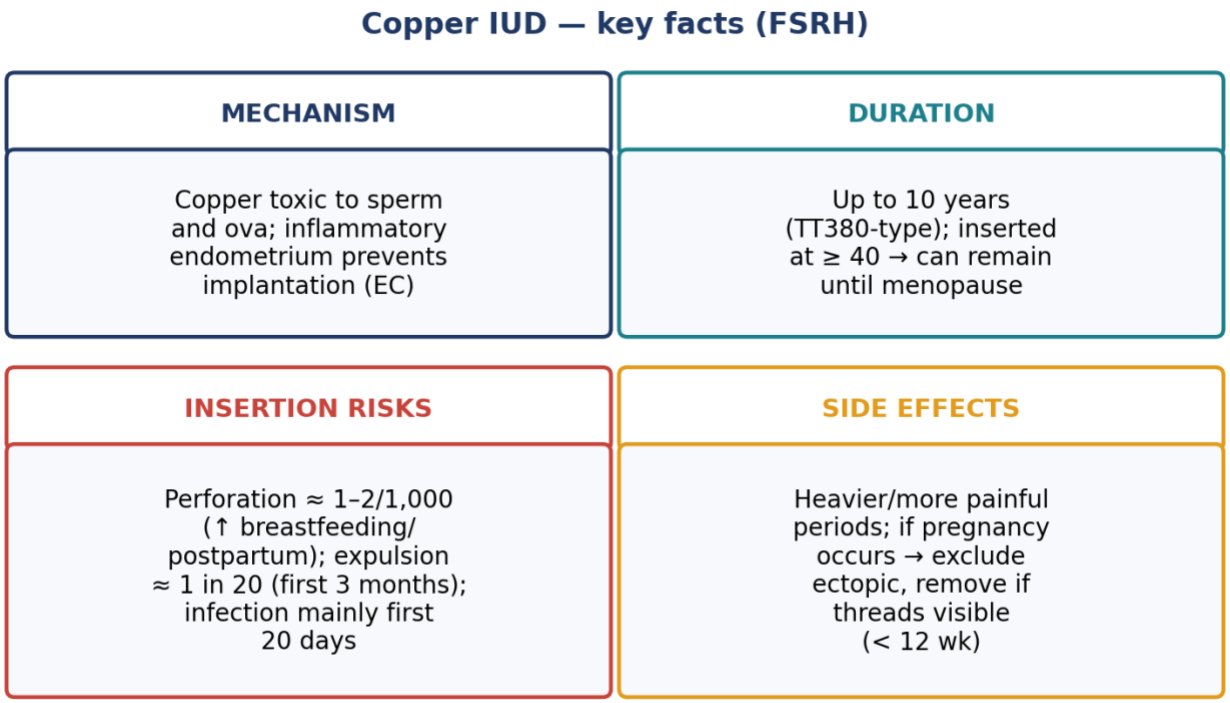


Figure 492.1 — Copper IUD key facts

Topic	FSRH guidance
Effectiveness	> 99%; also most effective emergency contraception
Insertion	• Any time if reasonably sure not pregnant • Within 48 h of birth or from 4 weeks postpartum • Immediately after surgical abortion/first-trimester medical abortion once complete
Before insertion	STI risk assessment/testing (insertion can proceed with same-day testing; treat if positive)
Contraindications (UKMEC 4)	• Pregnancy, unexplained vaginal bleeding (before evaluation) • Current PID/chlamydia/gonorrhoea/purulent cervicitis • Distorted uterine cavity • Gestational trophoblastic disease with persistently raised hCG • Cervical/endometrial cancer awaiting treatment
Follow-up	• Check threads after first period • No routine follow-up visit needed • Return if pain, abnormal bleeding, missing threads, pregnancy
Missing threads	• Pregnancy test, EC/condoms, USS to locate • X-ray if not in uterus (perforation)

492.3 Barrier, natural methods and sterilisation

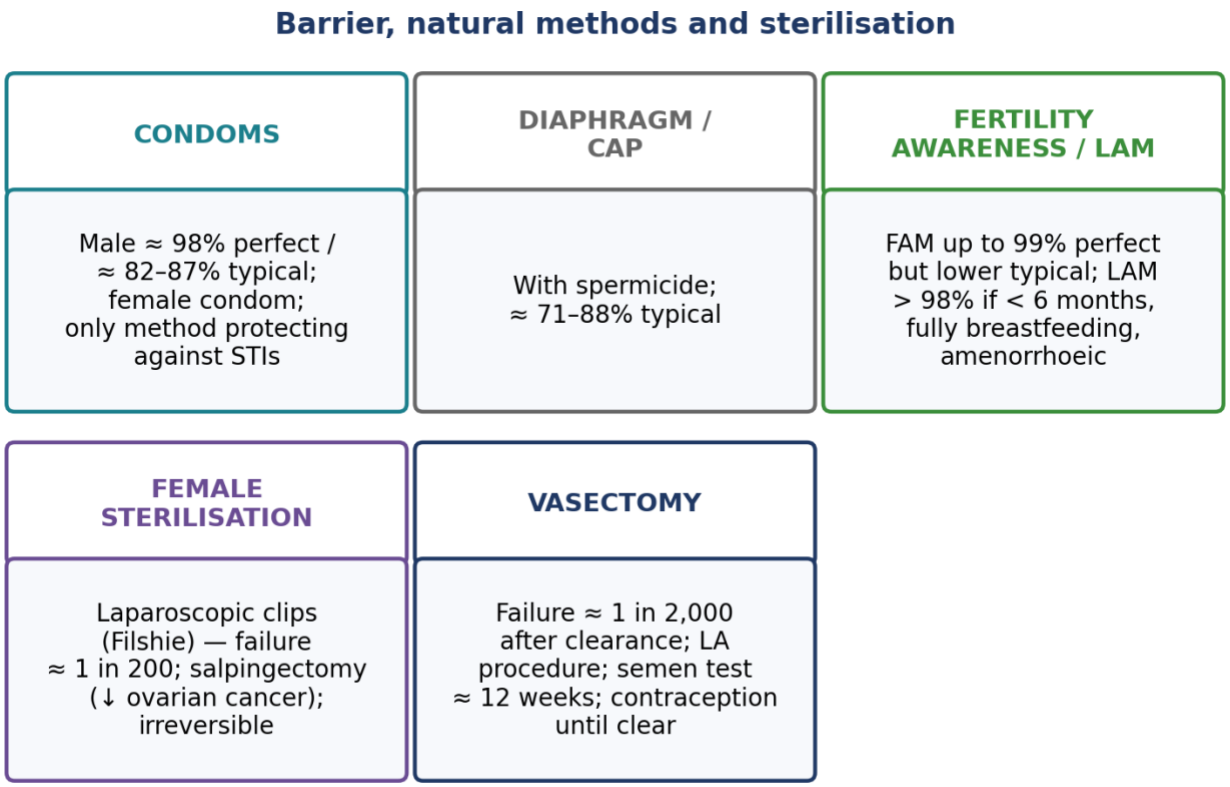


Figure 492.2 — Barrier, natural methods and sterilisation

Topic	Counselling points
Condoms	• Use with every act • Oil-based lubricants damage latex • Combine with another method ('double Dutch') for pregnancy + STI protection
Fertility awareness	• Requires training, regular cycles and motivation • Apps vary in evidence
Withdrawal	Unreliable (≈ 80% typical use)
Female sterilisation	• Irreversible — consider LARC alternatives (as effective, reversible) • Laparoscopic, GA • Failure ≈ 1 in 200 lifetime (higher than vasectomy) • ↑ ectopic if failure • Regret more likely if < 30 • Salpingectomy may ↓ ovarian cancer • Contraception until next period
Vasectomy	• Simpler, LA, lower failure (≈ 1 in 2,000 after clearance) • Use contraception until semen analysis confirms azoospermia (≈ 12 weeks) • Chronic testicular pain small risk

■ COMMON PITFALLS

Inserting an IUD with untreated chlamydia/gonorrhoea.

Not offering LARC as an alternative to sterilisation.

Stopping contraception immediately after vasectomy.

492.4 Must-know summary

■ EXAM TIP

- Cu-IUD > 99%, up to 10 years (until menopause if inserted ≥ 40); perforation 1–2/1,000, expulsion 1 in 20, infection first 20 days.
- Condoms — only STI protection; LAM > 98% if < 6 months, fully breastfeeding, amenorrhoeic.
- Female sterilisation failure ≈ 1 in 200; vasectomy ≈ 1 in 2,000 after clearance.
- Offer LARC as an equally effective, reversible alternative to sterilisation.

■ MNEMONIC / MEMORY AID

LAM — 'Less than 6 months, Amenorrhoea, Milk (full breastfeeding)'.