Contraception
GP Update, 2025

Your shortcut to the 2024 updates to the Clinical Guidelines for Contraception.

Clinical contraception guidance has been refreshed to make method selection simpler, safer and more person-centred. These updates clarify when and how to start or switch methods ("quick start"), extend durations for some LARC options, and highlight special situations (post-pregnancy, obesity, enzyme-inducing drugs, VTE risk, breast cancer).

Key changes at a glance

- Combined hormonal contraception (CHC) – Use low-dose (<35 µg EE); continuous/extended use is safe. Watch for breakthrough bleeding.
- Start timing – Prefer day 1–5 of cycle; otherwise quick-start with 7 days of backup.
- Obesity / bariatric surgery – No dose change for obesity; malabsorption post-surgery → prefer IUD, implant, or DMPA.
- Enzyme-inducing drugs – Reduce oral/implant efficacy for 28 days; switch to IUD or DMPA or add condoms.
- Lamotrigine + CHC – May affect seizure control → seek specialist advice.
- IUDs –
  - LNG 52 mg (Mirena): 8 y contraception / 5 y HRT.
  - Copper IUD: 10 y use; preferred EC and hormone-free option.
- Post-pregnancy – Insert IUD ≤48 h or ≥28 d after birth; safe post-abortion if no infection.
- LARC bleeding – Manage with short CHC trial, NSAIDs, or tranexamic acid.
- Depot medroxyprogesterone (DMPA) – 13-weekly; unaffected by enzyme inducers. Monitor BMD, weight, and note delayed fertility (≤12 mo).
- Emergency contraception (EC) –
  - Copper IUD – most effective, ≤5 days post-UPSI/ovulation.
  - Ulipristal (UPA) – ≤120 h; delay hormones 5 days.
  - Levonorgestrel (LNG) – ≤72 h; start hormones immediately; double dose if BMI high.
- Breast cancer – Avoid hormonal methods; use Copper IUD.
- Perimenopause – Continue contraception until ≥50 yrs or menopause confirmed; treat symptoms, not lab values.

Practice reminders

Offer LARC first-line; set realistic bleeding expectations.

Screen for VTE, smoking, migraine, breast cancer.

Review at 13 wk (DMPA) or 3 mo (LARC) as needed.

Always cover EC, STI testing, and dual protection.

Where to next

For further learning, explore...
🎓 Short CPD course in Family Planning for Women:
➡️ **healthcert.com/mcfpw**
🎓 University-assured, structured pathway in Sexual & Reproductive Health: ➡️ **healthcert.com/srh**

Method comparison & quick-start guide

Method	Start timing	Key advantages	Main cautions	Duration
CHC	Day 1–5 or quick-start + 7 d	Cycle control, acne improvement, cost and access	VTE, migraine aura, enzyme drugs	To 50 yrs
POP	Day 1–5 / quick-start + 2–7 d	Breastfeeding safe	Strict timing, enzyme drugs	To 55 yrs
Implant (Implanon)	Any time (pregnancy excluded) + 7 d	3 y LARC	Irregular bleeding, enzyme drugs	3 yrs
LNG-IUD (Mirena)	≤48 h postpartum or ≥28 d	Heavy bleeding, HRT use	Insertion risks	8 y / 5 y HRT
Copper IUD	≤5 d post-UPSI/ovulation	Hormone-free, EC	Heavier menses	10 yrs
DMPA	Day 1–5 / quick-start + 7 d	Amenorrhoea, enzyme safe	Bone loss, weight gain	13 wk
Barrier	Before sex	STI protection	Breakage risk	Single use

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