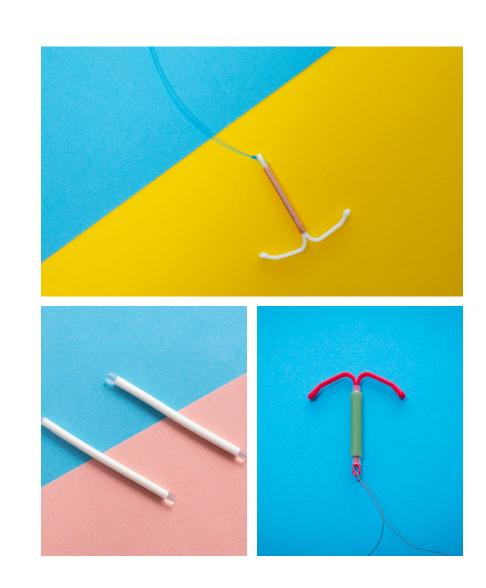


Session objectives

- · Contraception counselling (recap)
- Introduction to LARC
- The LARC training standards
- · Practical session



Patient centered approach to contraception counselling

STEP 1

Assessment of needs and preferences

STEP 2

Decision-making support in the form of providing neutral, evidence-based, comprehensible information and individualized counseling

STEP 3

Respect for method choice and appropriate information for method use and followup

Relationship-building elements that influence and are influenced by the counseling process

- Privacy
- Confidentiality
- Nondiscrimination
- Respect
- Trust
- Empathy

Tiered approach to contraception counselling

Comparing Effectiveness of Family Planning Methods

More effective

Less than I pregnancy per 100 women in one year











How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months













Ring

Injectables: Get repeat injections on time

Lactational Amenorrhea Method (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time



Male Condoms



Diaphragm



Female Condoms



Fertility Awareness Methods

Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.



Withdrawal



Withdrawal, spermicides: Use correctly every time you have sex

Less effective

About 30 pregnancies per 100 women in one year

Intrauterine contraception



Mirena

Mirena (52mg Levonorgestrel)

5 years for contraception endometrial protection with menopausal hormone therapy (MHT)

Management of abnormal uterine bleeding

More than 99% effective

Prevents fertilisation of the egg

Thins the endometrium

May induce amenorrhoea

Jaydess



Jaydess (13.5mg Levonorgestrel)

3 years for contraception

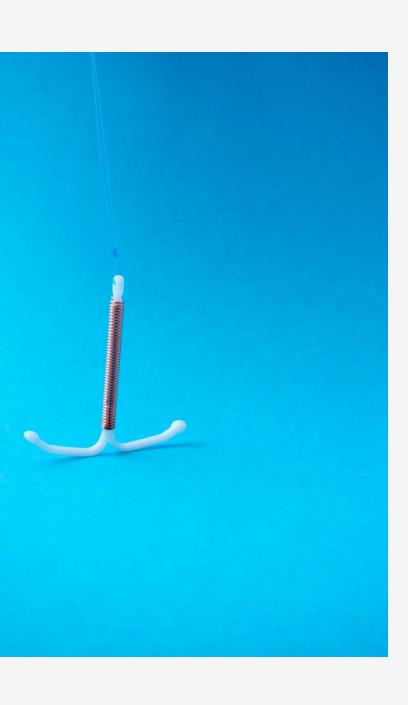
Smaller device and lower dose

More than 99% effective for contraception

Prevents fertilisation of the egg

Thins the endometrium

Periods likely to be lighter



Copper IUC

Prevents fertilisation of the egg and implantation

Non hormonal

Most effective emergency contraception

Copper TT380 standard = 10 years

Copper TT380 short = 5 years

Choice Load = 5 years

May make periods longer, heavier, more painful

How to insert an IUC

https://www.youtube.com/watch?v=aVZoH0Pda-4



Risks

- 1. Perforation (1-6:1000)
- 1. Lost strings

- 2. Infection (<1%)
- 3. Expulsion (5%)
- 4. Ectopic pregnancy risk

Jadelle contraceptive implant

Jadelle contraceptive implant

Advantages

Contraceptive efficacy >99%

Lasts for 5 years

Rapid return to fertility once removed

Procedure usually well tolerated

Disadvantages

Summarize the project and include challenges

Irregular and/or prolonged bleeding

Scarring from insertion and removal

Wound infection

Difficulty removal if deep insertion



How to insert a Jadelle (includes removal) https://www.youtube.com/watch?v=XXRLSndJ-x4

LARC training

LARC TRAINING STANDARDS

https://www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

NZCSRH LARC TRAINERS

https://nzcsrh.org.nz/LARC-Trainers/10988/

1 Aotearoa NZ Contraception Guidelines

https://www.health.govt.nz/publication/new-zealand-aotearoas-guidance-contraception

3 Faculty of Sexual and Reproductive Health Medical Eligibility Criteria

https://www.fsrh.org/documents/ukmec-2016/

5 NZ LARC Training standards

 https://www.health.govt.nz/publication/long-actingreversible-contraception-health-practitioner-trainingprinciples-and-standard

2 NZ College of Sexual and Reproductive Health (NZCSRH)

https://nzcsrh.org.nz/LARC-Trainers/10988/

4 BPAC: which contraception for which patient?

https://bpac.org.nz/2021/contraception/options.aspx