

## Tips for getting the most out of your contraceptive consultation

Contraception is an important issue – so it's worth making time to have a proper conversation with your doctor about the choices available to you. Research has shown that many women raise the topic of contraception in the last couple of minutes of a consultation for something else. This does not give you or your doctor a lot of time to discuss this important topic. Make an appointment just to discuss contraception rather than trying to cram it into another appointment. In fact, it can be a good idea to ask for a longer consultation, or a double appointment.

1. Take your Medicare card and if you have a healthcare card, remember to take it with you
2. Consider asking your doctor for a "well women" check. This could include: blood pressure, PAP smear and breast examination
3. Your doctor also may suggest a check for Chlamydia or other sexually transmitted infections (STIs)
4. If you are planning a family in the longer term, ask about rubella, vitamin B12, iron and folate
5. Make a list of questions to take with you

## Useful contact information

If you don't have a regular doctor or you would prefer to discuss your choice of contraceptive with someone else, Family Planning Australia is one place to go to for more information. With centres all around Australia, their clinics can advise on and supply all sorts of contraceptives. At Family Planning Australia, the doctors are specially trained in the area of sexual and reproductive health.

### Family Planning NSW

[www.fpnsw.org.au](http://www.fpnsw.org.au)  
1300 658 886

### Sexual Health & Family Planning ACT

[www.shfpact.org.au](http://www.shfpact.org.au)  
02 6247 3077

### Family Planning Victoria

[www.fpv.org.au](http://www.fpv.org.au)  
03 9257 0100

### Family Planning Queensland

[www.fpq.com.au](http://www.fpq.com.au)  
07 3250 0240

### FPWA Sexual Health Services

[www.fpwa.org.au](http://www.fpwa.org.au)  
08 9227 6177

### Shine SA

[www.shinesa.org.au](http://www.shinesa.org.au)  
1300 883 793

### Family Planning Welfare Association NT

[www.fpwnt.com.au](http://www.fpwnt.com.au)  
Darwin & Palmerston:  
08 8948 0144  
Alice Springs: 08 8953 0288  
Katherine: 08 8971 3153

### Family Planning Tasmania

[www.fpt.asn.au](http://www.fpt.asn.au)  
03 6228 5244

Marie Stopes International in Australia  
also has lots of information on contraception and sexual health  
[www.mariestopes.com.au](http://www.mariestopes.com.au) 1800 003 707



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## A quick overview of your contraceptive options



What is it?

How long does it last?

How does it work?

Things to consider

### THE CONTRACEPTIVE PILL

- The combined Pill contains two hormones - oestrogen and progesterone.
- The mini pill contains small amounts of one hormone - progesterone.

- The combined Pill is taken every day, at roughly the same time, for three weeks followed by a break. It is not reliable if taken over 12 hours late.
- The mini pill must be taken every day but is not reliable if taken over 3 hours late.

- The combined Pill prevents pregnancy by preventing the egg from leaving the ovary.
- The mini pill prevents pregnancy by changing the cervical mucus and making it hostile to sperm.

- The effectiveness of the pill is lowered when it is not taken at the correct time.
- The pill is a good choice for people who are well organised and are likely to remember to take a pill every day. However for people who's lifestyle requires a flexible routine or a lot of travelling, the pill may be inconvenient.
- There are different types of combined pills, so it may be necessary to try one or two different types to find one that suits.
- Return of pre-existing fertility usually occurs within the first cycle after ceasing to take the pill.

### THE CONTRACEPTIVE RING

- A small, flexible plastic ring that contains oestrogen and progesterone. It is inserted into the vagina.

- Once inserted, the ring should be left in place for three weeks. It is then removed for a week to allow for a menstrual period.
- One week after the ring is removed, a new ring is inserted.

- The ring releases hormones similar to those found in the combined pill, but because the hormones are released directly into the blood vessels in the vaginal wall, lower levels of hormones are used. The hormones in the ring prevent the egg from leaving the ovary.

- The contraceptive ring may be suitable for those who don't want the hassle of thinking about contraception day-to-day or for those who regularly forget to take the Pill at the same time each day.
- Return of pre-existing fertility is likely to occur within the first cycle after ceasing to use the ring.

### THE CONTRACEPTIVE IMPLANT

- A small flexible plastic rod (about the size of a matchstick) containing progesterone that is inserted by a trained doctor just under the skin on the inside of the upper arm.

- The implant contains enough contraceptive hormone for up to three years. After that it must be removed by a doctor and can be replaced if desired.

- The implant continuously releases a small amount of the hormone progesterone to prevent pregnancy by changing the cervical mucus and inhibiting ovulation.

- The implant is inserted by a doctor in a short procedure using a local anaesthetic. Once inserted, the implant can be felt just under the skin but usually it can't be seen. It can be removed by your doctor at anytime.
- An implant may suit someone who needs a contraceptive that lasts for up to three years. It may suit young mothers who want to space their children, or those who aren't planning on having children for at least three years.
- Return of pre-existing fertility usually occurs within the first cycle after the implant is removed.

### THE CONTRACEPTIVE INJECTION

- An injection of the hormone progesterone that provides a longer acting alternative to the pill.

- The injection is given every 3 months.

- It contains the hormone progesterone. This prevents pregnancy by preventing the egg from leaving the ovary.

- The contraceptive injection cannot be withdrawn or reversed. Once injected it requires three months for the injection to wear off.
- Return to pre-existing fertility may be delayed for up to 18 months after single or multiple injections.

### THE INTRAUTERINE SYSTEM (IUS)

- A device that is placed inside the uterus by a doctor that releases the hormone progesterone.

- The IUS can remain in place for up to 5 years.

- The small, plastic T-shaped device with a cylinder around its stem releases a hormone to prevent implantation.

- The hormonal IUS is different to other intrauterine contraceptive methods that do not release hormones.
- The majority of women wishing to become pregnant should be able to conceive within 12 months following the removal of the IUS.

### THE INTRAUTERINE DEVICE (IUD)

- A small plastic and copper device that is inserted into the uterus by a doctor.

- The device can remain in place for up to 5 years.

- The IUD does not release any hormones and prevents implantation.

- For more information, please talk to your doctor.

**Your doctor or pharmacist will be able to answer any additional questions you may have about any of the contraceptive options listed here.**

**You can also visit [www.whatcontraceptiveareyou.com.au](http://www.whatcontraceptiveareyou.com.au) for more detailed information on contraceptive options.**

### ■ CONDOMS

Condoms prevent pregnancy by blocking sperm from entering the uterus. The male condom is placed on the penis when erect and provides protection only for as long as they are properly worn. The female condom is a vaginal liner that when inserted provides protection only for as long as it is properly worn.

With male condoms, the penis should be withdrawn after ejaculation while still erect, being careful not to spill any semen. It may be worth considering combining condoms with another form of contraception, such as the pill, contraceptive implant or ring to provide additional contraceptive cover while also providing protection from sexually transmitted infections.