



International
Medical Clinic

International Doctors
Caring for You



CONTRACEPTION GUIDE

Contraception Guide

Welcome to International Medical Clinic

International Medical Clinic (IMC) specializes in family, paediatric and travel medicine. We have been providing medical care in Singapore for over 20 years and are a trusted medical provider for the international community. We are dedicated to the highest standards of patient care and understand how to support you and your family's needs. Our doctors are experienced general practitioners and specialist paediatricians and are able to consult in a broad range of medical issues. Our quality healthcare extends beyond the care offered within our clinics, to the selection of specialists and other medical service providers which we recommend, as and when needed.

This complimentary guide is provided for information only, and is not intended to replace professional medical advice. Please consult your doctor or obtain other information as necessary.

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DECIDING ON A SUITABLE CONTRACEPTIVE

DECIDING ON A SUITABLE CONTRACEPTIVE

Studies show that women use different contraceptive methods at different points in their reproductive life. Here are some questions that may help guide you decide on the best contraceptive method for yourself.

- Are (both of) you committed to the notion of contraception?
- Do you want temporary or permanent contraception?
(Your answer will probably depend a lot on the next question).
- What sort of relationship are you currently in: casual sex, new relationship, established partnership, between babies, family complete?
- Have you recently had a baby, and/or are you breastfeeding?
- What is your health status? (There are known medical risk factors that may affect or even rule out the use of some contraceptive methods. Your doctor can help guide you).
- Are you reliable at taking pills regularly?
- Do you have a problem with injections?
- Do you have any cultural or religious guidelines that need to be observed

DECIDING ON A SUITABLE CONTRACEPTIVE

EFFICACY

The table shows the percentage of women who get pregnant after using the respective contraceptive method for 1 year. Some methods may involve user error and are less effective in typical use than if used perfectly.

	Typical Use %	Perfect Use %
No method	85	85
Withdrawal	22	4
Natural Family Planning	24	0.4-5
Male Condom	18	2
Combined Pill	9	0.3
Progesterone only Pill	9	0.3
Progesterone injection	6	0.2
Mirena IUS	0.2	0.2
Implanon	0.05	0.05
Female sterilisation	0.5	0.5
Male sterilisation	0.15	0.1

LONG-ACTING REVERSIBLE CONTRACEPTIVES

Long-acting Reversible Contraceptives (LARCS)

If you are looking for contraception for a year or more, or feel that your family is complete but that you're not quite ready for the finality of sterilization, you may wish to choose one of these methods.

These methods have the benefit of high efficacy as they remove the potential for user error (or forgetting to take your pill)!

A **Mirena IUS** can be used for eight years for contraception, a copper **IUD** can be used for five years and the Implant (Implanon or Nexplanon) can last for three years. All of these can be removed early if you wish to return to natural fertility or change your contraceptive method. The **contraceptive injection** lasts for three months and cannot be reversed during that time.

LONG-ACTING REVERSIBLE CONTRACEPTIVES

Implanon

Implanon is a small flexible rod placed just under your skin in the inner upper arm. It releases a progestogen hormone similar to the natural progesterone produced in the ovaries. It works for up to three years.

The implant is over 99 per cent effective. This means less than one woman in a 1000 with an Implanon would get pregnant over three years.

The main way it works is by stopping ovulation. It also thickens mucus at the cervix and thins the lining of the womb.

We use local anesthetic to numb the skin so that insertion of the implant does not hurt. The insertion process only takes a few minutes. After it has been fitted the doctor will check your arm to make sure the implant is in position, and you will be shown how to feel the implant with your fingers. The area may be tender for a day or two, and bruised or swollen. Once the area has healed, you will be able to do normal activities and you won't be able to see it.



LONG-ACTING REVERSIBLE CONTRACEPTIVES

The implant can be left in place for three years or can be taken out sooner if you wish to stop using it. Local anesthetic is used and then a small cut is made in the skin so that it can be pulled out. You will have a dressing and bandage on the arm and should keep this on for a few days. If you wish to continue using this method, a new implant can be inserted immediately and you will continue to be protected against pregnancy.

Advantages include long term contraceptive cover for three years, sex isn't interrupted, it can be used during breastfeeding, and it may reduce heavy painful periods.

Possible disadvantages include periods changing in a way that is not acceptable to you (may stop/become irregular or with spotting/ last longer & heavier), acne, mood changes, change in libido.

If inserted in the first five days of your period you will be protected immediately.

LONG-ACTING REVERSIBLE CONTRACEPTIVES

Mirena IUS

An IUS is a small T-shaped plastic device placed inside the womb which slowly releases a progestogen hormone, similar to the natural progesterone that women produce in their ovaries. The Mirena IUS can be used for contraception for eight years. If used for other purposes like hormone replacement therapy or to control heavy periods, it is recommended to change it after 4 to 5 years.

The IUS is over 99 per cent effective. This means less than one woman in a 100 who use the IUS will get pregnant over five years. If fitted in the first seven days of your menstrual cycle you will be protected immediately.

The IUS works by thinning the lining of the womb and therefore making implantation less likely. It also thickens the cervical mucus, and may stop ovulation.

Your periods become much lighter and shorter, sometimes less painful, and may stop completely. It can therefore be useful if you have heavy, painful periods. Mirena IUS is the only device that is licensed to treat this condition.

In the first six months it is common to have irregular bleeding or spotting. Some women report having acne, headaches and breast tenderness.

Advantages are that it works for five years, can be used during breastfeeding, and is not affected by other medicines.

LONG-ACTING REVERSIBLE CONTRACEPTIVES

IUD (also known as 'the coil')

An IUD is a small T-shaped plastic and copper device that is placed inside the womb. An IUD can last for 5 to 10 years.

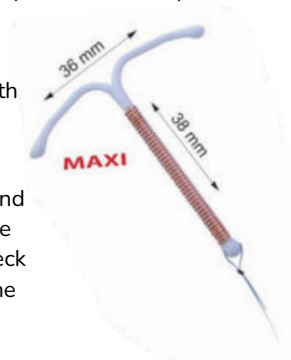
The IUD is over 99 per cent effective. Less than two in a 100 women who use the IUD will get pregnant over five years. For both the IUD and the IUS, the best time for fitting is in the last few days of menstruation.

The main way an IUD works is to stop sperm reaching an egg i.e. it prevents fertilisation. It does this by preventing sperm from surviving in the cervix, uterus or fallopian tubes. It may also work by stopping a fertilised egg from implanting in the uterus.

The IUD contains no hormone and it therefore not associated with some of the hormonal side effects of other methods of contraception. Your periods may be heavier, longer or more painful. This may improve after a few months.

At time of print, the IUD is less readily available worldwide. Please discuss this with your doctor.

Both the IUD and IUS are fitted inside the uterus. You will be examined internally to find the position and size of the uterus before the device is inserted. Sometimes a swab to check for infection is also taken before inserting the device.



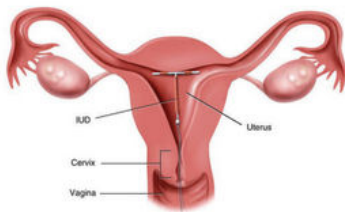
LONG-ACTING REVERSIBLE CONTRACEPTIVES

Fitting an IUD/IUS takes about 15 to 20 minutes and can be uncomfortable or painful for some women. You may get a period type pain and some bleeding for a few days after it is fitted.

If you feel unwell and have any pain in your lower abdomen, with a high temperature or a smelly discharge from the vagina in the first three weeks after your device is fitted, see a doctor as soon as possible because this may indicate an infection.

An IUD/IUS has threads attached to the end that hang down through the cervix into the vagina. These threads can be checked to ensure that your device is still in place. The threads are also used to remove the device.

If you have recently had a baby, an IUD/IUS can be fitted from four weeks after the delivery. You need to use some form of contraception from 21 days after the birth. Neither will affect breastfeeding



LONG-ACTING REVERSIBLE CONTRACEPTIVES

Potential Problems

Infection: There is a small chance of you getting infection during the first 20 days after an IUD/IUS is inserted. You may be advised to check for infection before the device is fitted.

Expulsion: The device may be pushed out of your uterus. This is not common, and is more likely soon after it has been inserted or after a very heavy period flow.

Perforation: Although uncommon, there is a very small risk that the device goes through the uterus or cervix. If this happens, the device may have to be removed by surgery.

Ectopic Pregnancy: If you become pregnant while using an IUD/IUS, there is a small increased risk of you having an ectopic pregnancy. An ectopic pregnancy is a pregnancy occurring within the fallopian tube. The risk of an ectopic pregnancy is less in women using an IUD/ IUS than in women using no contraception at all.

After insertion, you will be asked to return to the clinic approximately four to six weeks later for the doctor to check on any problems and to check the device is still in place.

Your device can be removed at any time by a trained doctor. If you are having it removed or replaced and do not wish a pregnancy, an extra contraceptive measure must be used for seven days before the device is removed.

LONG-ACTING REVERSIBLE CONTRACEPTIVES

Injectable Contraception

The injectable contraception is given regularly at 3-monthly intervals into the gluteal (buttock) muscle. It is over 99 per cent effective in perfect use. Less than 4 in 1000 women who use the injection will get pregnant over two years.

It releases the hormone progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and it also thins the lining of the uterus to prevent a fertilised egg from implanting.

The main disadvantage of this method is that once given, it is irreversible for its twelve week duration. Your menstruation and fertility may take time to return after you stop using the injection. You may not wish to use this if you are planning a pregnancy in the next year.

The injection can be used while you are breastfeeding, may help with heavy or painful periods, and may help with premenstrual symptoms. It is not affected by other medicines.

In many women menstruation stops altogether. For others they have irregular bleeding or spotting, especially in the first few months.

The injection is associated with a weight gain of up to 3kg over two years. It is also associated with thinning of the bones if used continuously long term.



COMBINED ORAL CONTRACEPTION

The “Pill”

The combined pill is usually just called “the pill”. It contains two hormones – oestrogen and progestogen. These are similar to the natural hormones women produce in their ovaries. There are a number of different combined pills.

If the pill is taken according to instructions it is over 99 per cent effective. This means that less than one in a 100 women would get pregnant in a year.

The main way it works is by stopping ovulation. It also thickens mucous at the cervix and thins the lining of the womb.

There are several medical conditions that may preclude you from using the combined pill.

If you are healthy, do not smoke and have no medical reasons against taking the pill, you may be able to take it until your menopause. Regular monitoring with your doctor is advised to ensure that you can continue taking the pill.

Advantages of the pill include that it is easily reversible, usually makes menstruation lighter, regular and less painful, it may help with premenstrual symptoms, it reduces the risk of cancer of the ovary, uterus and colon and reduces acne in some women.



COMBINED ORAL CONTRACEPTION

Minor Side Effects

- You may get temporary side-effects at first including headaches, nausea, breast tenderness and mood changes. If these do not stop within a few months, changing the type of pill may help.
- The pill may increase your blood pressure.
- Breakthrough bleeding (unexpected vaginal bleeding on pill taking days) and spotting is common in the first few months of pill use. If this carries on or starts after you have used the pill for some time, seek medical advice.
- Research has not shown that women put on weight when they use the combined pill. Some women may find that their weight changes throughout their cycle due to fluid retention.

Serious but uncommon side effects

A very small number of women may develop a blood clot which can block a vein (venous thrombosis) or an artery (arterial thrombosis or heart attack or stroke). If you have ever had a thrombosis, you should not use the pill.

The risk of venous thrombosis is greatest during the first year that you take the pill and if any of the following apply to you: you smoke, you are very overweight, are immobile for a long period of time or use a wheelchair, have severe varicose veins or a member of your immediate family had a venous thrombosis before they were 45 years old. The risk of venous thrombosis is higher during pregnancy than on the pill.

COMBINED ORAL CONTRACEPTION

The risk of arterial thrombosis is greatest if any of the following apply to you: you smoke, are diabetic, have high blood pressure, are very overweight, have migraines with aura, or a member of your immediate family had a heart attack or stroke before they were 45 years old.

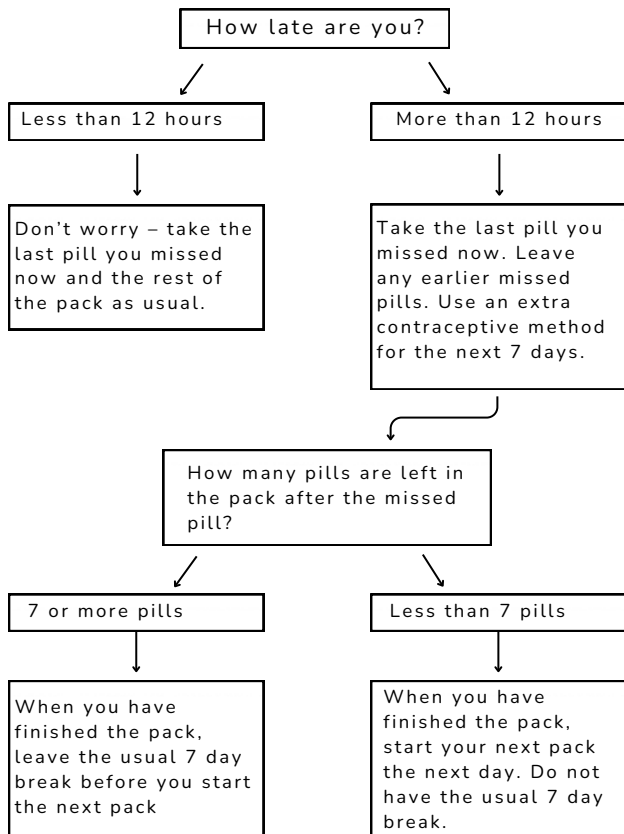
Research into the risk of breast cancer and hormonal contraception is complex and contradictory. Research suggests that users of all hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to non-users of hormonal contraception.

Further research is ongoing.

How to take the 21 day pill

- You can start the pill anytime in your menstrual cycle if it is certain you are not pregnant. If you start the pill in the first five days of your cycle, you will be protected from pregnancy immediately. If you start the pill at any other time in your menstrual cycle you will need to use additional contraception, such as condoms, for the first seven days of pill taking.
- Take a pill every day at exactly the same time. Select a time to suit you when you are most likely to remember.
- Follow the arrows around until you have finished the packet. Do not take any pills for the next seven days.
- Start your new packet, after the 7 “no pill days”, even if you are still bleeding, on the same day of the week as you began the first packet.

COMBINED ORAL CONTRACEPTION



COMBINED ORAL CONTRACEPTION

What if I get an upset stomach?

If you have vomiting or diarrhoea the pill might not be taken into the blood stream and so may not work. Continue to take the pill but you may not be protected. Use another method of contraception (e.g. condom) during the stomach upset and for the next seven days – the same as for a missed pill.

What if I have to take other medicine?

Some medicine can reduce the effect of the pill. These include some drugs used in the treatment of epilepsy and tuberculosis, and St John's Wort. The pill can also be affected by taking these antibiotics: Rifampicin and Rifabutin. Use another form of contraception (e.g. condom) while you are taking antibiotics, and for a further seven days – the same as for a missed pill. All other antibiotics do not affect the efficiency of the pill.

What if I change from a high to a low dose pill?

Use another method of contraception (e.g. condom) until you have taken seven hormone pills in the new packet. You may need to check with your doctor about this.

Should I give my body a break from the pill every few years or so?

No, you don't need to take a break because the hormones do not build up. There are no known benefits to your health or fertility from taking a break.

COMBINED ORAL CONTRACEPTION

Progestogen-only pill (minipill) – “Cerazette”

Progestogen-only pill (minipill) – “Cerazette” The progestogen-only pills (commonly known as the “minipill”) are different to combined pills because they don’t contain any oestrogen and are taken every day continuously.

This pill works mainly by thickening mucus from the cervix making it difficult for sperm to reach an egg. It also makes the lining of the uterus thinner so that it is less likely to accept a fertilised egg. This particular progestogen only pill also works by inhibiting ovulation.

Advantages of this method are that it is useful for those who cannot take oestrogens, is easily reversible, it may help with premenstrual symptoms and painful periods, and can be taken while breastfeeding.

If you are more than 12 hours late, take the tablet as soon as you remember and the next one at the usual time. This may mean taking more than one tablet per day. (If you have forgotten to take more than one tablet, you do not need to take the earlier missed ones). Continue to take your tablets at the usual time but you will need to use an extra method of protection, eg: condom, for the next 7 days. Temporary side effects include spotty skin, breast tenderness, weight changes and headaches.

If you start the mini-pill on the first day of your period, you will be protected immediately. It can be started at other times in your cycle if it is certain that you are not pregnant. It then takes two days to become effective.

EMERGENCY CONTRACEPTION

Emergency Contraception

Emergency contraception can be used when you've had sex without using contraception, or think your contraception might have failed. The two options are the emergency contraceptive pill and the emergency intrauterine device (IUD). The emergency IUD is the most effective. If you act quickly, emergency contraception will usually prevent pregnancy.

Emergency contraception may stop ovulation, fertilisation of an egg, or a fertilised egg from implanting in the uterus (womb). Medical research and legal judgment are quite clear that emergency contraception prevents pregnancy and is not abortion. Abortion can only take place after a fertilised egg has implanted in the uterus. People who believe life begins when the egg is fertilised may not wish to use emergency contraception.

The emergency pill is very effective and is more effective the sooner it is taken after sex. If taken within 24 hours of unprotected sex, it will prevent 95% of expected pregnancies. It is recommended to be taken within 3 or 5 days of intercourse, depending upon the preparation.

However, it is not as effective as using other methods of contraception used regularly.

An emergency IUD can be fitted up to five days after unprotected sex. As soon as it's fitted it will provide ongoing contraception until it is taken out. If you want to, you can carry on using this method as your regular contraception. However, as stated previously, IUDs are now not readily available in Singapore.

Sterilisation

Sterilisation

Female sterilisation involves either tubal ligation or physical blockage performed as a day surgery procedure. It is performed under general anaesthetic. Your fallopian tubes are cut, sealed or blocked by an operation. This stops the egg and sperm meeting. Your ovaries, womb and cervix are left in place so you will still release an egg each month, but it is absorbed naturally by your body. The overall failure rate is about one in 200. If female sterilisation fails, and you do become pregnant, there is a small increased risk of ectopic pregnancy.

Male sterilisation (vasectomy) is a simpler procedure than female sterilisation, done under local anaesthetic. The tubes (vas deferens) that carry sperm from your testicles to your penis are cut, sealed or blocked. The overall failure rate is about one in 2000.

Sterilisation is a permanent method of contraception, suitable for people who are sure they never want children or do not want more children. You may want to consider long acting reversible methods of contraception which are as effective as sterilisation but reversible. You should not decide to be sterilized if you or your partner are not completely sure or if you are under any stress, for example after a birth, miscarriage, abortion or family or relationship crisis.

NON-HORMONAL CONTRACEPTION

Natural Family Planning

Natural family planning works by observing and recording your body's different natural signs or fertility indicators on each day of your menstrual cycle. Changes in these fertility indicators can help you to identify your fertile time. You can also use fertility monitoring devices.

The main fertility indicators are:

- your body temperature
- cervical secretions (cervical mucus)
- the length of the menstrual cycle

How effective any contraceptive method is dependent on how old you are, how often you have sex and whether you follow the instructions. Natural family planning is more effective when taught by a specialist natural family planning teacher, and when more than one fertility indicator is used. It typically takes three to six menstrual cycles to learn effectively.

There are also phone apps available that help you to track and predict your fertility.

It may take longer to recognize your fertility indicators and to start to use natural family planning if you have irregular cycles, after stopping hormonal contraception, after having a baby, during breastfeeding, after a miscarriage, or when approaching the menopause.

The level of efficiency is variable and almost certainly less predictable than other methods of contraception.

NON-HORMONAL CONTRACEPTION

Lactational Amenorrhoea

Breastfeeding, also known as lactation, can be very effective in avoiding pregnancy and is known as lactational amenorrhoea (LAM).

LAM is only effective when:

- You are fully breastfeeding – this means you are not giving your baby any other liquid or solid food or
- You are nearly fully breastfeeding – this means mainly breastfeeding your baby and infrequently giving your baby other liquids and
- Your baby is less than six months old and
- You have no periods

All of the above points must apply for breastfeeding to be an effective family planning method – if you follow the guidance carefully breastfeeding can be up to 98 per cent effective in avoiding pregnancy.

Once you stop fully or nearly fully breastfeeding you can get pregnant. And once your baby is over six months old the risk of getting pregnant increases, hence even if you don't have periods and are fully or nearly fully breastfeeding, you should use another contraceptive method.

NON-HORMONAL CONTRACEPTION

Condoms

The condom remains one of the most popular methods of contraception as it is readily available. In typical use, it is associated with 15 pregnancies per 100 women during first year of use. The condom is the only contraception that affords protection against sexually transmitted disease.

The major perceived disadvantage for this method is the slight interruption before sex thereby decreasing spontaneity.

Many people think that they can't have a sexually transmitted infection if they have a regular sexual partner or no symptoms. In fact, with chlamydia, the most common infection, you are more likely not to have symptoms. Approximately 70 per cent of women and 50 per cent of men have no symptoms with this bacterial infection. In the UK, it is estimated that 10 per cent of young people below the age of 25 have chlamydia.

If there are no symptoms, chlamydia and gonorrhoea can be tested on a first-pass specimen of urine. When there are symptoms, an examination and swab tests are important. After an episode where there has been risk of infection, it can take up to 14 days for the tests to become positive.

Both chlamydia and gonorrhoea are bacterial infections that can be easily treated with a single dose of antibiotic.

It is equally important that your partner is treated at the same time, otherwise re-infection is likely occur. Untreated infection can lead to chronic pelvic pain in women and infertility in both sexes.

NON-HORMONAL CONTRACEPTION

Using condoms can reduce the risk of sexually transmitted infections. Having a sexual health screen can be a very positive act. You can check for treatable infection, take treatment to reduce the risk of complications and of passing infection to your partner, and help to ensure an ongoing happy healthy sex life.

OUR LOCATIONS



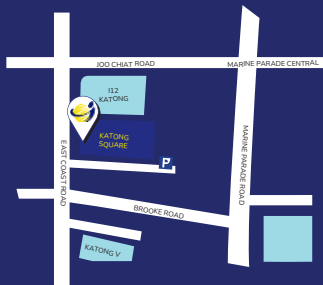
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