Locala Health & Wellbeing

Complex Contraception

A Guide for Primary Care

Please consider offering the patient a bridging method i.e., additional contraception until they can be seen.

When making a referral please consider the following.

Deep implant removal:

Palpable but expired/due to expire: Consider bridging i.e., alternative contraception or inserting another implant in the other arm

Implant not palpable: Consider emergency contraception and an additional method.

Coil removal:

With no threads: Assume coil is not there. Consider emergency contraception, an additional method and an ultrasound to ensure IUC in situ.

With threads: If the patient is not wanting to get pregnant abstain or use condoms for 7 days before removal (additional contraception if coil out of date)

If you have attempted removal in primary care and the patient is in pain following this, please refer urgently to Gynaecology Assessment Unit for same day assessment.

Coil removal and refit:

Device in date: (6 years for 52mg IUS, 5 years for 19.5mg IUS, 5 or 10 years for copper IUD device dependent) abstain or use condoms for 7 days before removal.

Expired or expiring soon: Consider emergency contraception and offer a bridging method until seen. We need to ensure there is no pregnancy risk at time of refit so no sex or reliable contraception for a minimum of 3 weeks before refit.

Coil fitting:

Ensure no pregnancy risk at time of fitting, so no sex or reliable contraception for a minimum of 3 weeks before fit.

A note on the need for contraception:

Contraception is needed up to age 55 unless someone over the age of 50 has had a year or more of amenorrhoea, or if under 50, two years of amenorrhoea. If needed, women over 50 using progestogen-only contraception, including DMPA, can have serum FSH measurements undertaken to check menopausal status. Also note those with premature ovarian insufficiency still have an approx. 5% chance of spontaneous conception so contraception should be discussed and considered.