# Contraception: case studies

1)

Mary attends on Monday morning asking for emergency contraception. She went away at the weekend and forgot to take her Rigevidon. The last pill she took was on Thursday. She was midway through her pill packet and had taken 10 pills correctly before she went away. She had intercourse on Saturday night without a condom.

* What would you advise about when to restart her COC?
* Does she need emergency contraception?

After 7 days pill taking she is essentially on pill free break so does not need EC.

Restart pill straight away.

2)

Fiona attends on Friday afternoon to get more supplies of her Rigevidon. She was supposed to have restarted her pills on Wednesday, after her 7 day pill free interval. She had sex on Thursday night; she did not use a condom.

* Does she need emergency contraception?
* What would you advise her about when to start her COC?

She does need EC – general guidelines are

1. offer IUCD (copper) most effective and first line
2. Ella One 72-120 hrs after unprotected sex and doesn’t want IUCD or around ovulation and doesn’t want IUCD – (it delays ovulation) –BUT can only use once in cycle and can’t restart hormonal contraception for 5/7.
3. Use levonelle and restart Rigevidon immediately, or move to LARC. Remember to bridge contraceptive gap or abstain until she is covered again

3)

Fiona attends on Tuesday afternoon to get more supplies of her Rigevidon. She was supposed to have restarted her pills a week ago on Wednesday, after her 7 day pill free interval. (She is now on day 14 of her extended pill free time) She had sex on Thursday night; she did not use a condom.

* What would you advise her about when to start her COC?
* Does she need emergency contraception?

Does need EC – first line would be coil –

If not: Is around time of ovulation – so Ella one would be first line – less than 120 hrs

Needs 5 days before starting Rigevidon or other hormonal contraception – would need bridging contraception ( condoms, abstention) in meantime.

4)

What would you advise the same lady who attended on the following Thursday ( day 16 of her break) having had sex the preceeding Thursday?

Too late for EC – could have implanted.

5)

Jane, aged 16, attends on day 7 of her cycle, sent by her mum. She has had sex on several occasions with her boyfriend over recent weeks and her mum walked in on them last night. She is on no contraception

* What choices of emergency contraception would you offer?
* What would you suggest for her ongoing contraceptive needs?

Decent sexual hx – is this her first partner ? STD screen

Assess need for EC

IUD best of all, regardless of young age or nulliparity.

Can use ella one or levonelle however would need 5 days before other hormonal contraception with ella one.

LARC preferable choice of ongoing hormonal contraception.

Check that she is happy to return (might prefer somewhere more anonymous)

6)

Same scenario, pt now 15

As above, PLUS Check age of partner, whether coerced, check Fraser competence, encourage her to share with parent. Any safeguarding concerns?Record carefully.