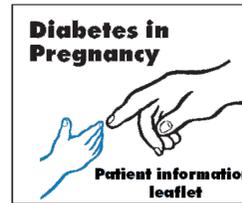


Care Planning: *This leaflet should only be used with the ongoing advice from your Diabetes Team, as part of your plan of care.*



Contraception for Women with Diabetes



It is very important to **plan your pregnancy** if you have diabetes!

Good blood glucose control before and throughout pregnancy cuts down the chance of problems for both you and your baby.

We recommend that you discuss your plans to become pregnant with your Diabetes Care Team at the earliest opportunity.

This booklet aims to help you make your contraceptive choice. You may not be aware of all the options. Feel free to read the sections which appeal to you.

- How does having diabetes affect your choice?
- How does contraception fail?
- Why does contraception fail?
- What are the different methods of contraception?

- a. Combined Pill (OCP)
- b. Progesterone-only Pill (POP)
- c. Contraceptive Patch
- d. Barrier Method
- e. Contraceptive Injection
- f. Contraceptive Implants
- g. Intrauterine Devices (IUD, coil)
- h. Hormone Releasing System (IUS)
- i. Natural Methods
- j. Sterilisation
- k. Emergency Contraception



Where to get help:

Your Diabetes team contact-

Name:.....



Your Midwifery Team contact-

Name:.....



Local Hospital Contact No.-

Name:.....



Other:

Name:.....



Diabetes in Pregnancy Advisory Group



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- **How does having diabetes affect your choice?**

In general, women with diabetes can choose from the full range of options. The combined oral contraceptive pill (OCP) is safe and a good choice for most women with diabetes. Other safe choices include injectable or patch based contraceptives.

If you are over the age of 40 or have had long standing diabetes (20 years or more) the combined oral contraceptive pill (OCP) is generally not advised. More suitable options may be progesterone-only contraception (pill or injection), implants or the coil (intra-uterine device)

If you have any diabetes complications (eyes, kidneys, nerve damage) or problems with your heart, your options may be fewer and you should discuss with your doctor.



If you had **gestational diabetes** diabetes in pregnancy) previously, all methods of contraception are safe.

Further Information about your contraception choices are available from your GP and local Family Planning Centre. You can also discuss your options with the Diabetes Care Team

K. Emergency contraception

This is urgently needed ***if you do not want to become pregnant***. This is needed if;

- You had sex without using contraception.
- You had sex and there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.
- You are taking antibiotics, in which case the pill may not work properly.

Emergency contraception pills - are usually effective if started within 72 hours of unprotected sex. These can be bought at pharmacies or prescribed by a doctor. They work either by preventing or postponing ovulation or by preventing the fertilised egg from settling in the womb.

An IUD – this is inserted by a doctor or nurse and can be used for emergency contraception up to five days after unprotected sex.



J. Sterilisation

This involves an operation.

1 in a 100 women may become pregnant following sterilisation.

- Male sterilisation (Vasectomy) stops sperm travelling from the testes.
- Female sterilisation prevents the egg from travelling along the fallopian tubes to meet sperm.

Vasectomy is easier and more effective than female sterilisation.

Popular when family is complete!



Advantages - Very effective. Do not have to think further about contraception.

Disadvantages - Very difficult to reverse. Female sterilisation usually needs a general anaesthetic.

- **How often does contraception fail?**

Not often, no method is 100% completely effective!

If no contraception is used, more than 80 in 100 women would become pregnant within one year!

For the various choices available to you as outlined below, we have stated how many women are likely to become pregnant each year (failure rate).

- **Why does contraception fail?**

The effectiveness of some methods, depends on how you use them. You have to use them properly or they may lose their effect. Some common reasons for failure as follows;

- ***Oral Contraceptive Pill*** – missed dose, drugs which stop it working well such as antibiotics, vomiting or diarrhoea
- ***Condom*** – split, comes off

For each method of contraception the number of women becoming pregnant is given. For example, for the contraceptive injection 1 woman in 100 will become pregnant each year.

- **What are the different methods of contraception?**

Choosing a method of contraception involves a balance between:

- how effective it is
- possible risks and side-effects
- plans for future pregnancies
- personal choice

A. Combined Pill (OCP)

This is often just called the 'pill'.

1 in a 100 women may become pregnant each year using the 'pill'.

The 'pill' contains and works by stopping ovulation. It is very popular. Different brands suit different people.

Advantages - Very effective. Side-effects uncommon. Helps ease painful and heavy periods.

Disadvantages - Small risk of serious problems (e.g. blood clots). Some women get side-effects. Have to remember to take it. Can't be used by women with certain medical conditions



B. Progestogen Only Pill (POP)

Use to be called the 'mini-pill'.

1 in a 100 women may become pregnant each year using the 'POP'.

It is commonly taken if the combined pill is not suitable. It works mainly by causing a plug of mucus in the cervix that blocks sperm and also by thinning the lining of the womb. It may also stop ovulation.

POP is often used in breastfeeding women, smokers over the age of 35 and some women with migraine.

Advantages - Less risk of serious problems than the combined pill.

Disadvantages - Periods often become irregular. Some women have side-effects.

H. Hormone Releasing Intrauterine System (IUS)

A plastic device containing a progestogen hormone that is put into the womb.

1 in a 100 women may become pregnant each year using the 'IUS'.

The progestogen is released at a slow but constant rate, making the lining of your womb thinner so it is less likely to accept a fertilised egg. It also thickens the mucus from your cervix. IUS can be used to treat heavy periods.

Advantages - Very effective. Do not have to remember to take pills. Periods become light or stop altogether.

Disadvantages - Side-effects may occur as with other progestogen methods such as the POP, implant and injection. However, they are much less likely as only a very small amount of the hormone gets into the bloodstream.

I. Natural Methods

Withdrawal method is not recommended.

Rhythm method involves fertility awareness.



Much less effective than other methods.

It requires commitment and regular checking of fertility indicators such as body temperature and cervical secretions.

Advantages - No side-effects or medical risks.

Disadvantages - Not reliable as other methods. Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.

G. Coil (Intrauterine Device - IUD)

A plastic and copper device is put into the womb. It lasts five or more years.

1 in a 100 women may become pregnant each year using the coil.

It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the womb. The copper also has a spermicidal effect (kills sperm).



Advantages - Very effective. Do not have to remember to take pills.

Disadvantages - Periods may get heavier or more painful. Small risk of serious problems such as infection.

C. Contraceptive patch

A combined form of contraception containing oestrogen and progesterone hormones. It is essentially the same type of contraception as the combined oral contraceptive pill but it is used in a patch form.



The contraceptive patch is stuck onto the skin so that the two hormones are continuously delivered to the body. There is one combined contraceptive patch available in the UK called Evra®.

Advantages - It is very effective and easy to use. You do not have to remember to take a pill every day. Your periods are often lighter, less painful.

Disadvantages – It is not safe for everyone e.g. those aged over 35 years of age and smoke. Women who weigh more than 90kg may not be provided with sufficient amounts of hormone to prevent pregnancy and should consider an alternate birth control.

D. Barrier Methods

These include male condoms, the female condom, diaphragms and caps. They prevent sperm entering the womb.

2 in a 100 women may become pregnant each year using a male condom.

Other barrier methods are slightly less effective than this.

Advantages - No serious medical risks or side-effects. Condoms help protect from sexually transmitted infections. Condoms are widely available.

Disadvantages - Not quite as reliable as other methods. Needs to be used properly every time you have sex. Male condoms occasionally split or come off.

E. Contraceptive Injections

(e.g. Depo-provera® and Noristerat®)

They contain a progestogen hormone which slowly releases into the body.

1 in a 100 women may become pregnant each year using contraceptive injections.

It prevents ovulation and has similar actions as the POP. An injection is needed every 8-12 weeks.

Advantages - Very effective. Do not have to remember to take pills.

Disadvantages - Periods may become irregular (and often lighter or stop all together). Some women have side-effects. Normal fertility after stopping may be delayed by several months. As the injection cannot be taken out, some side-effects may persist for several weeks.

F. Contraceptive Implants (e.g. Implanon®)

An implant is a small device placed under the skin. It contains a progestogen hormone which slowly releases into the body.

1 in a 100 women may become pregnant each year using the contraceptive implants.

It involves a small minor operation using local anaesthetic. Each one lasts three years.



Advantages - Very effective. Do not have to remember to take pills.

Disadvantages - Periods may become irregular (and often lighter or stop all together). Some women develop side-effects but these tend to settle after the first few months.