

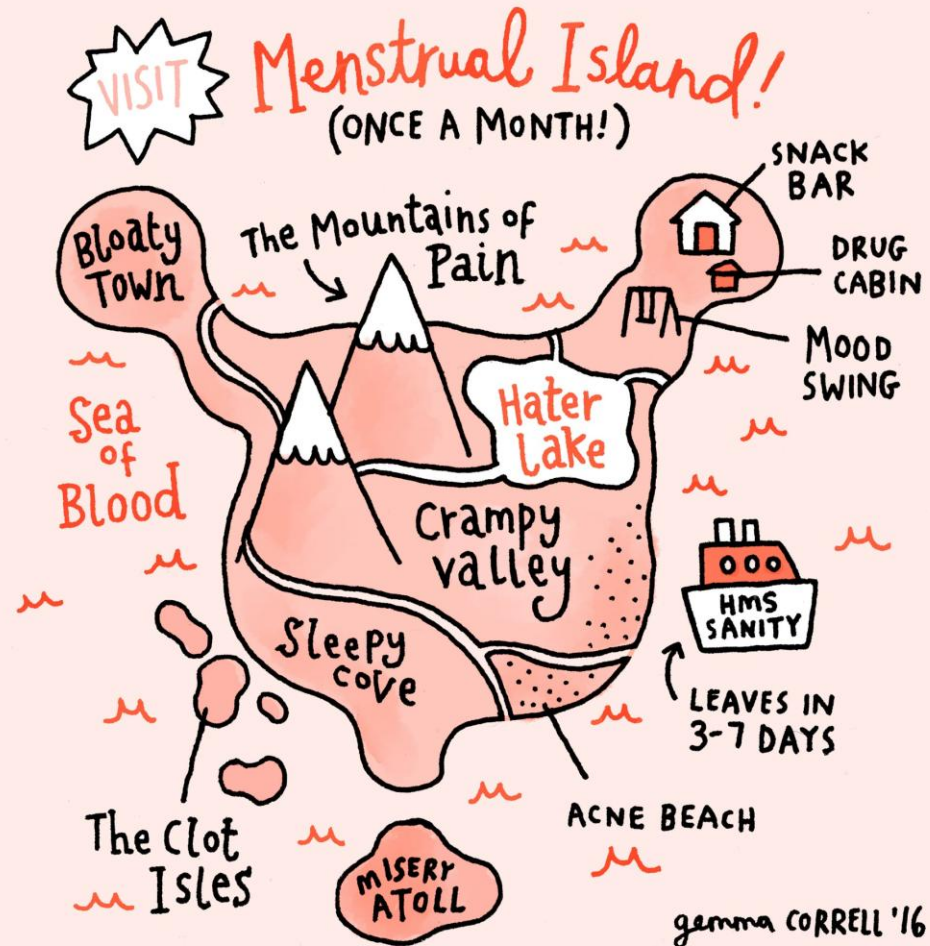
Contraception Update 2025:

Dr Rowena Garner

FRANZCOG, B.Med (UoN), B. Biomed Sci
(UoN).

Staff Specialist – Nepean Public Hospital

VMO – Nepean Private Hospital/John Pardey
& Associates



Agenda

- Contraception Basics - Progestogens
- 2025 PBS Changes
- Controversies in Hormonal Contraception
- Contraception Clinic – Nepean Hospital – When and how to refer
- Pregnancy Options Clinic – Nepean Hospital – When and how to refer



Contraception Basics

Contraception Basics

- Multiple options available
- Find a contraceptive that suits the individual
 - Set and forget vs patient controlled
 - Bleeding profile – never or monthly
 - Cost
 - STI protection
 - Side Effects/Side Benefits
 - Fertility planning
- Counselling aides: Family Planning NSW



Contraception Basics

How effective is my contraceptive method?

In 1 year, what are my chances of getting pregnant?

>99%
Set and forget



Contraceptive implant
99.95% effective
Lasts up to 3 years



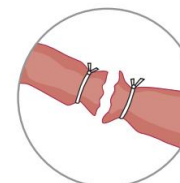
Hormonal IUD
99.7-99.9% effective
Lasts up to 5 years



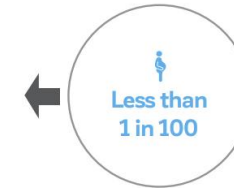
Copper IUD
99.5% effective
Lasts 5-10 years



Tubal surgery
99.5% effective
Permanent



Vasectomy
99.5% effective
Permanent



93-99%
Works well if used perfectly every time



Contraceptive injection
Used typically 96%
Used perfectly 99.8%



Vaginal ring
Used typically 93%
Used perfectly 99.5%



The Pill (COC)
Used typically 93%
Used perfectly 99.5%



The Pill (POP)
Used typically 93%
Used perfectly 99.5%



76-99%
Less effective methods



Condom external
Used typically 88%
Used perfectly 98%



Condom internal
Used typically 79%
Used perfectly 95%



Diaphragm
Used typically 82%
Used perfectly 86%



Fertility awareness
Used typically 76 - 93%
Used perfectly 95-99.5%



Pulling out
Used typically 80%
Used perfectly 95%



Used perfectly – when the rules are followed perfectly EVERY time

Used typically – real life use where mistakes can sometimes happen (for example: forgetting a pill, condom not used correctly).

If you experience unwanted side-effects with your contraceptive method, it is important to seek medical advice from a health professional.

Without contraception around 80 in 100 women of reproductive age will get pregnant in a year.

Contraception Basics

Progestogen ^{1,2}	Estrogen ^{1,2}	Brands available ^{1,2,4*}		Missed pill window ¹	Pill pack cycle ²	Phase type ^{2,3}	Pack size(s) available ²
		PBS reimbursed	Private script				
Progestogen-only oral contraceptives							
Drospirenone 4 mg	-	Slinda*		24 hours	24/4	Monophasic	4 x 28
Levonorgestrel 0.03 mg	-	Microlut®		3 hours	28/0	Monophasic	4 x 28
Norethisterone 0.35 mg	-	Noriday® 28-Day		3 hours	28/0	Monophasic	4 x 28
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Drospirenone 3 mg	Ethinylestradiol 0.02 mg	Yaz*	Bella®, Brooke®, Rosie®, Yana®	24 hours	24/4	Monophasic	1,3 x 28 Yana®: 3 x 28 only
	Ethinylestradiol 0.03 mg	Yasmin*	Isabelle®, Petibelle®, Yelena®, Brooklynn®, Rosalee®	12 hours	21/7	Monophasic	1,3 x 28
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PBS, Pharmaceutical Benefits Scheme.
*PBS reimbursement status as at May 2025.

Contraception Basics – Choosing a Progestogen

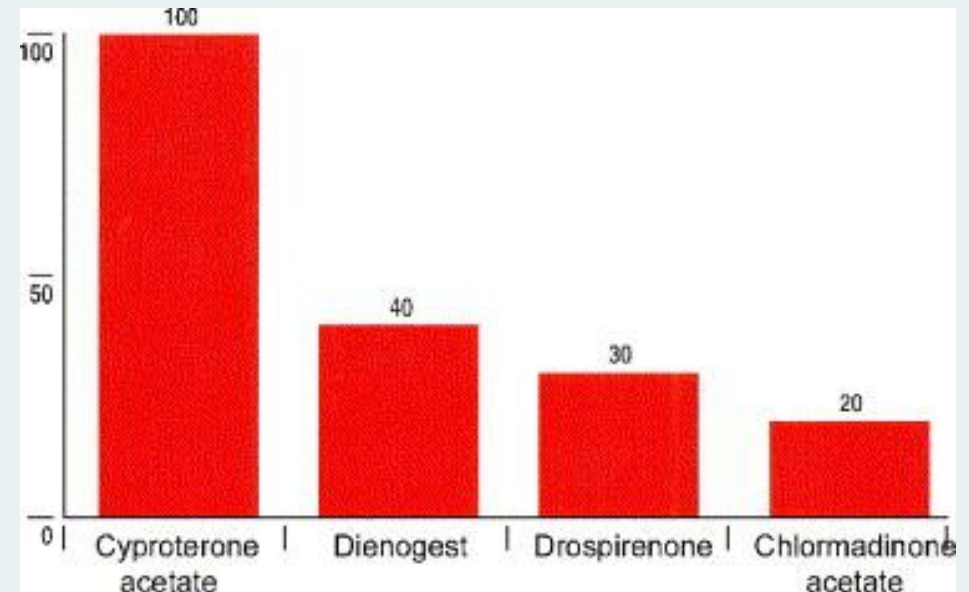
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Norethisterone 1.0 mg	Mestranol 0.05 mg		Norinyl-1® 28 Day	12 hours	21/7	Monophasic	4 x 28

- Levonorgestrel 1st Gen
- Norethisterone 2nd Gen
- Used in COCP since ‘conception’ in the 1960s
- Cheap (PBS), effective, slightly lower VTE risk

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Contraception Basics – Choosing a Progestogen

- Cyproterone Acetate + Ethinylestradiol
E.g. Dianne, Brenda, Estelle
 - Not accredited for COCP use alone (a “side effect”)
 - To be used for Hirsutism/Hyperandrogenism
 - Alopecia (male pattern baldness)
 - Seborrhoea/Acne



Contraception Basics – Choosing a Progestogen

- VTE risk – in combination with Estrogen, the progestogen is the culprit!
- On its own, Progesterone behaves

Approximate risk of developing a VTE in a year, per 10,000 women

Progestogen component of COC in combination with ethinylestradiol	Risk
levonorgestrel, norethisterone, norgestimate	5-7
etonogestrel, norelgestromin	6-12
drospirenone, gestodene, desogestrel, cyproterone*	9-12
dienogest	8-11
chlormadinone, nomegestrol	Not yet known

* While cyproterone is indicated for the treatment of moderate to severe acne related to androgen sensitivity and/or hirsutism, it is known to have efficacy as a contraceptive. The risk of developing a blood clot associated with cyproterone use is considered to be 1.5 to 2 times higher than for CHCs containing levonorgestrel and may be similar to the risk with contraceptives containing gestodene, desogestrel or drospirenone.

- Perspective!
- Pregnancy VTE risk: 30/10 000
- Postpartum VTE risk: 300-400/10 000

Contraception Basics

Dienogest:

- Next best Anti-androgen effect, but pricey – \$90 for 3/12 supply

Progestogen ^{1,2}	Estrogen ^{1,2}	Brands available ^{1,2,4*}		Missed pill window ¹			
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Progestogen-only oral contraceptives							
Drospirenone 4 mg	-	Slinda*		24 hours			
Levonorgestrel 0.03 mg	-	Microlut®		3 hours			
Norethisterone 0.35 mg	-	Noriday® 28-Day		3 hours			
Combined oral contraceptives							
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Drospirenone 3 mg	Ethinylestradiol 0.02 mg	Yaz*	Bella®, Brooke®, Rosie®, Yana®	24 hours	24/4	Monophasic	1,3 x 28 Yana®: 3 x 28 only
	Ethinylestradiol 0.03 mg	Yasmin*	Isabelle®, Petibelle®, Yelena®, Brooklynn®, Rosalee®	12 hours	21/7	Monophasic	1,3 x 28
	Esterol 14.2 mg		Nextstellis®	24 hours	24/4	Monophasic	1,3 x 28
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Drospirenone:

- Some anti-androgenic effect
- Anti-Mineralocorticoid effect:
 - Avoids fluid retention, bloating

Contraception Basics

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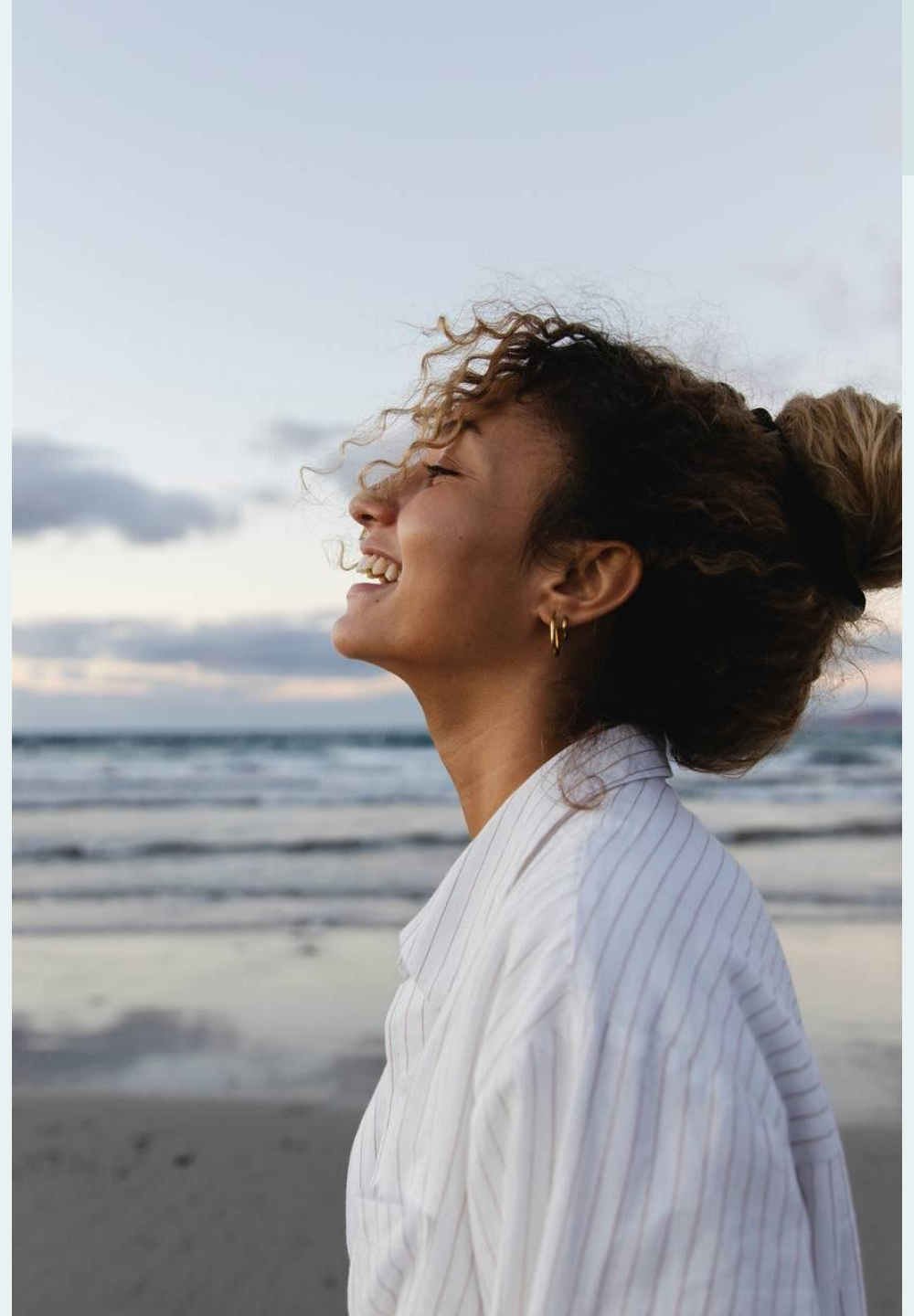
- POPs
 - LN/NE can be unforgiving
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PBS & TGA Updates

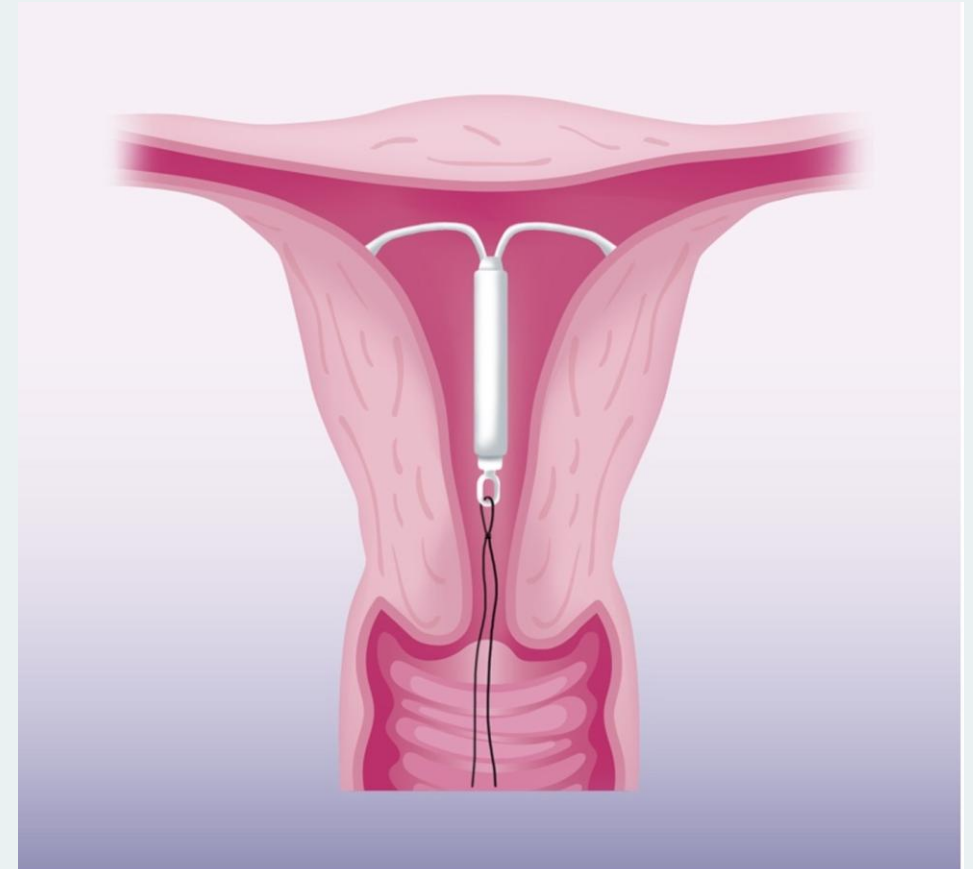


PBS Additions

Drug	Supply	Previous Cost	Current Cost	Contraceptive?
Yasmin/Yaz (EE + Drospirinone)	3 month	~\$60	\$31.50	Yes
Slinda (Drospirinone)	4 month	>\$85	\$31.50	Yes
Ryeqo (Relugolix + E2 + NE)	1 month	~\$215	\$31.50	Yes
Visanne (Dienogest)	1 month	~\$70	\$31.50	No

TGA Changes

- Mirena efficacy for contraception has been extended from 5 yrs to 8 yrs
- Utilising current 52mg Levonorgestrel Device
 - Ie. Devices already inserted okay to use for 8 years
- Study monitored women aged 18-35yrs
- Efficacy of contraception from years 6-8 was equivalent to years 1-5
- Safety profile for years 6-8 was unchanged from years 1-5



Controversy in Contraceptive Medicine

Controversial Contraception

News headlines are often sensationalist and misrepresent the real meaning of the data

Pfizer fails to find link between IUDs and increased breast cancer risk, new research study suggests

Depo-Provera IUDs linked to increased breast cancer risk, new research study suggests

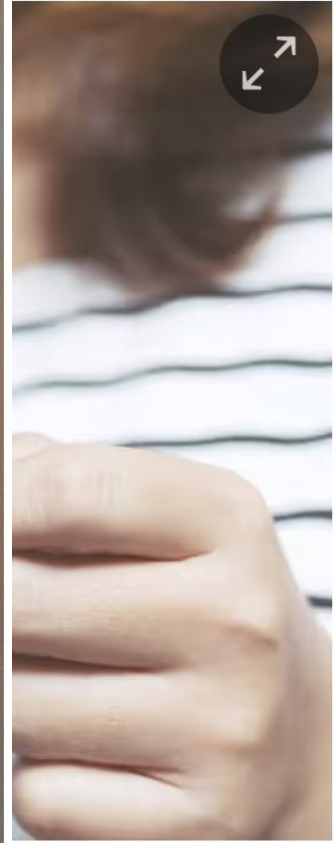
By the Specialist Rep  By Lara Pearce • Senior Producer | 12:07pm Oct 17, 2024

Contraception

Mon 30 Dec



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Mirena & Breast Cancer Risk

Research Letter

FREE

October 16, 2024

Breast Cancer in Users of Levonorgestrel-Releasing Intrauterine Systems

Lina Steinrud Mørch, MSc, PhD¹; Amani Meaidi, MD, PhD¹; Giulia Corn, MSc, PhD²; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2024;332(18):1578-1580. doi:10.1001/jama.2024.18575

- Danish Study October 2024 (*2-page Letter*)
- Retrospective Observational study – 80 000 women
- Using register of commencement of hormonal contraceptive (No data on when removed!)
- 30-80% increased risk! (sensationalist reporting of hazard ratios)
- Absolute risk still very low – 14 extra cases per 10 000 women

Mirena & Breast Cancer Risk

- Swedish Study October 2024 (*12 page research paper*)
- Retrospective Observational study – 500 000 women with IUD matched to 1 500 000 women without IUD
- Comparable data to that of COCPs
- 13% increased risk of Breast cancer → ~1 per 10 000 women
- Women with a family history of breast cancer → 19% ~1.63 per 10 000
- Protective effects!
 - Endometrial Cancer – 33% lower risk
 - Ovarian Cancer – 14% lower risk
 - Cervical Cancer – 9% lower risk

> [Am J Obstet Gynecol.](#) 2024 Oct;231(4):450.e1-450.e12. doi: 10.1016/j.ajog.2024.05.011.
Epub 2024 May 15.

Association of levonorgestrel-releasing intrauterine device with gynecologic and breast cancers: a national cohort study in Sweden

Huan Yi ¹, Naiqi Zhang ², Jimiao Huang ³, Ying Zheng ⁴, Qiu Hua Hong ³, Jan Sundquist ⁵, Kristina Sundquist ⁵, Xiangqin Zheng ⁶, Jianguang Ji ⁷

Affiliations + expand

PMID: 38759709 DOI: [10.1016/j.ajog.2024.05.011](#)

[Free article](#)

Mirena & Breast Cancer Risk

- Take home message: Individualise care & counsel
- Women with a family history of Breast cancer may prefer non-hormonal methods of contraception
- Remember, its not just “contraception vs no contraception”
→ contraception vs pregnancy
- Pregnancy risk for breast cancer – while a history of pregnancy reduces breast cancer risk in the long term, in the ten years after delivery there is a spike in higher risk of breast cancer, especially for women of AMA

Doc, does the depot cause brain cancers??

- No
- But it may increase the risk of Meningioma's (benign)



Meningioma + Depo Provera

- Meningioma's
 - Benign, slow growing intracranial growths
 - Benign but space occupying → surgery if symptomatic
 - Risks Factors: Female, >65yo, exposure to ionizing radiation, Neurofibromatosis type II
 - Incidence: 9.5 per 100 000 person years (US data)
- Previously established that CPA & Nomegestrol increase Meningioma risk
- This study addressed if other forms of Progesterone have similar effects

Use of progestogens and the risk of intracranial meningioma: national case-control study

Noémie Roland,¹ Anke Neumann,¹ Léa Hoisnard,² Lise Duranteau,³ Sébastien Froelich,⁴ Mahmoud Zureik,^{1,5} Alain Weill¹

Meningioma + Depo Provera

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- Retrospective observational study (France)
- 18 000 women with meningioma vs ~90 000 women in 12 years of study
 - Excluded women with recent pregnancy when diagnosed
- Compared exposures to progestogens
- Findings:
 - MPA 9 vs 11 cases → OR 5.55
 - Risk increased after 12 months of use
 - LN IUD & Micronised Progesterone no increased risk
 - Some suggestion that the location of meningioma's 2o to P are more likely to be assoc with brain stem – more likely to have surgery
- Take away message: Meningiomas are an increased risk after one year of continuous use, but absolute risk is small
 - Are there populations where this AR rise is important?

Depo- Provera

- MPA suppresses endogenous Estrogen synthesis
- Estrogen important for:
 - Bone health
 - Heart health
 - Vulvovaginal lubrication
 - Hypothalamic regulation

Long-term risks of Depo-Provera drug 'never mentioned', patients claim

By the Specialist Reporting Team's [Alison Branley](#)

Contraception

'I sneeze and I break': Health risks from popular contraceptive 'never mentioned', patients say

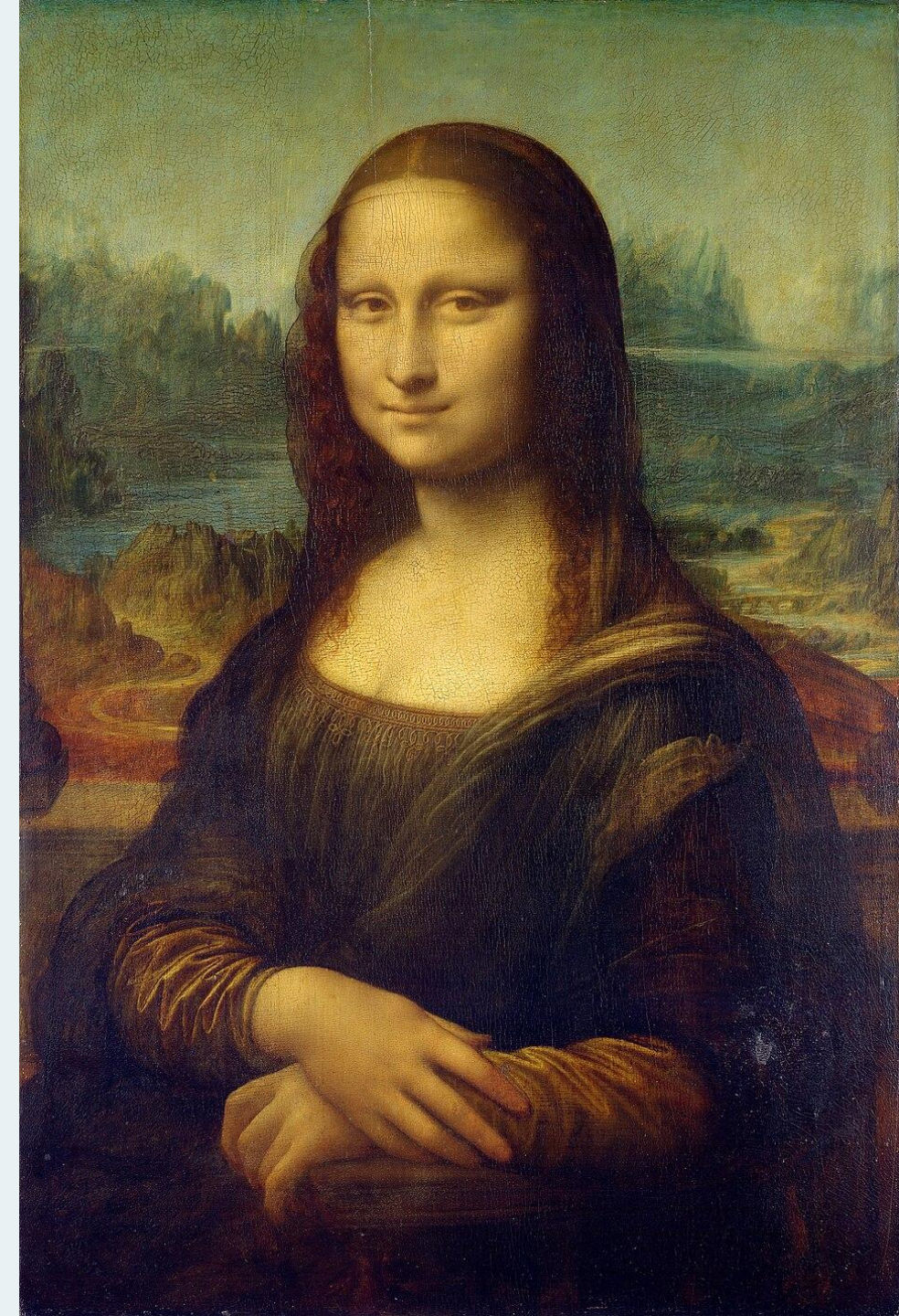
- Continuous use for >2yrs increases risk of loss of BMD
- After discontinuation, BMD progressively increases ?to pre-MPA levels



Referring to Nepean
Hospital Contraception
Clinic

Contraception Clinic

- Refer to:
NBMLHD-WCHReferrals@health.nsw.gov.au
- Counselling and LARC service
 - Mirena, Kyleena, Implanon, Cu IUD
- BYO Contraceptive
 - Please provide script
- 1 Tuesday Morning every 4 weeks
 - Please ensure your patient attends!
- Nulliparous? Pelvic US (r/o mullerian abn)
- Recommend no unprotected intercourse in the two weeks prior to Implanon/mirena insertion



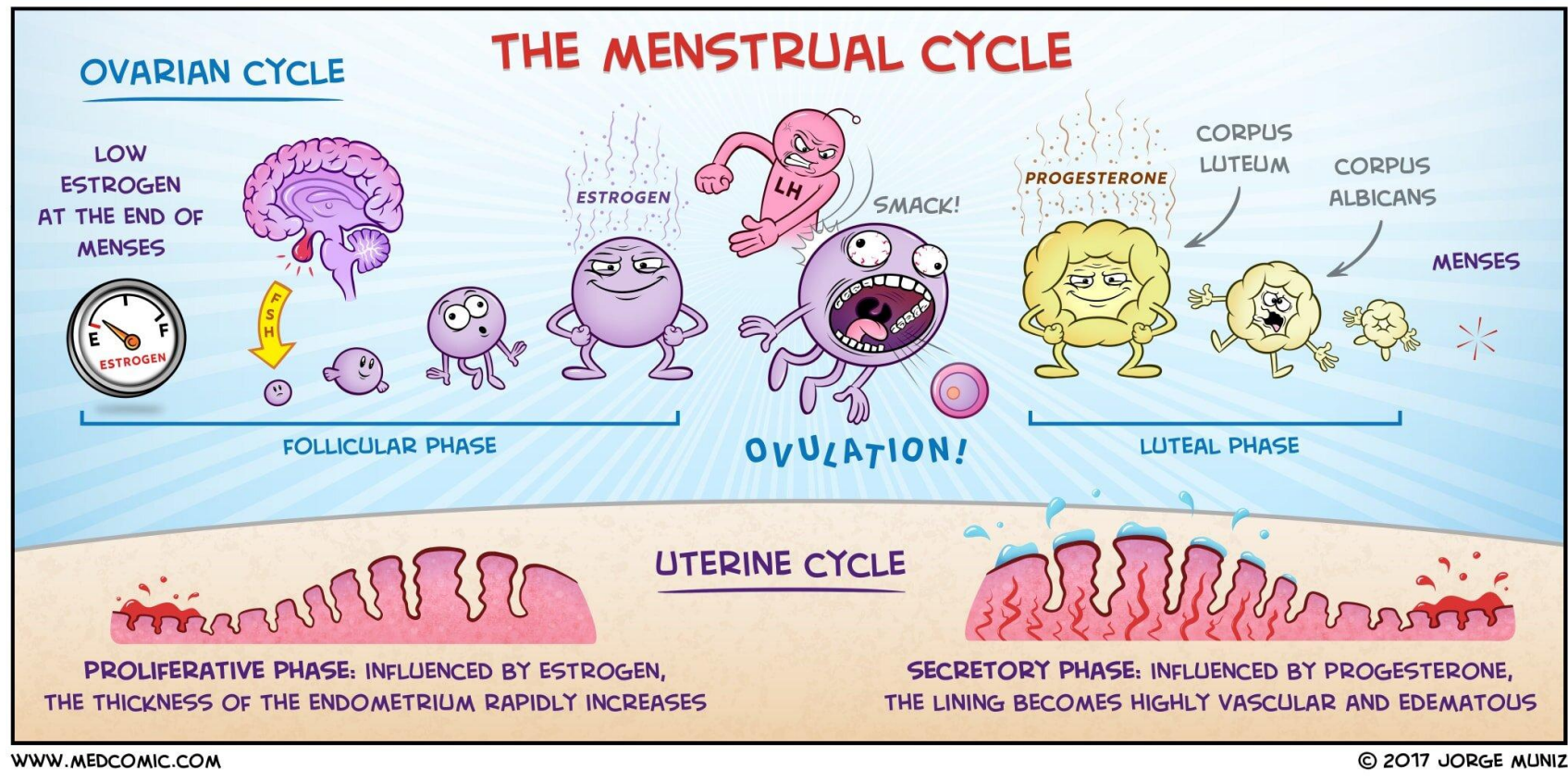
Nepean Hospital Pregnancy Options Clinic



Pregnancy Options Clinic

- Refer to: NBMLHD-WCHReferrals@health.nsw.gov.au
 - Please make it clear it is for 'Pregnancy Options Clinic'
 - Referral is then urgently triaged to Senior midwife who will contact either you or the patient directly regarding patient details, history, counselling
 - If urgent or clarification needed please contact Clinic NUM 0400 916 318
- Obstetrician + Social Work ± Psychology
- BIOPSYCHOSOCIAL Approach
 - BIO: pregnancy dating, rhesus status, medications review etc
 - Please ensure dating US attached to referral
 - Please ensure Blood Group & Antibodies attached to referral
 - PSYCH: ensure wellbeing and support, lack of coercion in decision making
 - SOCIAL: navigate individual situations, barriers/protective factors for care
- Decisions regarding pregnancy care, adoption, termination





Thank
you

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