# WOMEN'S HEALTH

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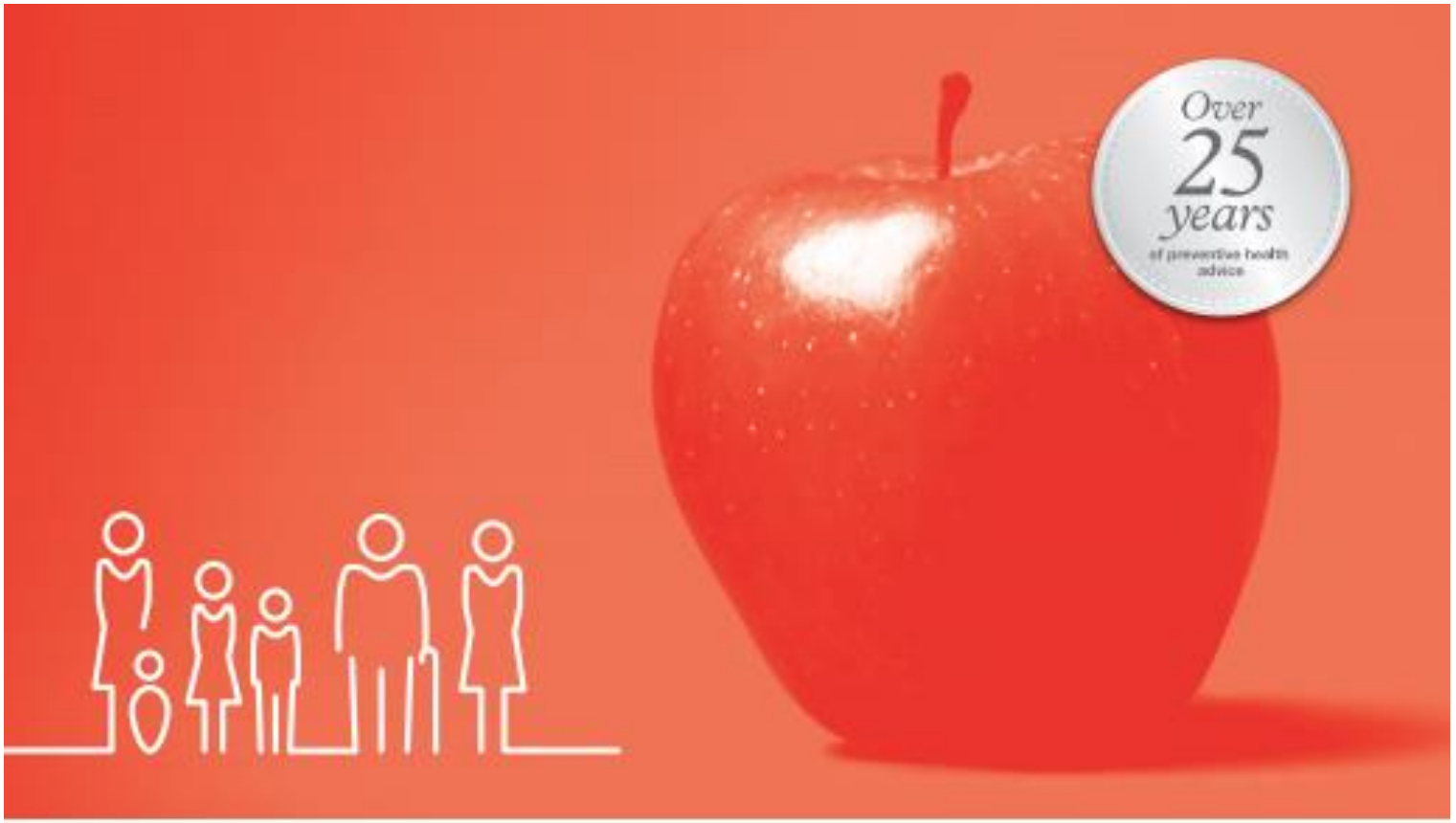
# Learning objectives

1. Identify the importance of preconception care delivery in General Practice and what in involves.
2. Discuss recent updates to cervical screening guidelines.
3. Be aware of commonly used contraceptive methods in Australia

# PRECONCEPTION CARE




RACGP

Royal Australian College of General Practitioners

# *Guidelines for preventive activities in general practice*

**9th edition**

# Preconception care

## *1. Preventive activities prior to pregnancy*

| Age | <2 | 2–3 | 4–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60–64 | ≥65 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

https://www.racgp.org.au/getattachment/1ad1a26f-9c8b-4e3c-b45b-3237272b3a04/Guidelines-for-preventive-activities-in-general-practice.aspx

# How do we plan for pregnancy?

- https://www.youtube.com/watch?v=PcKcX4yXTl0

# Preconception care (PCC)

- consists of interventions that aim to identify and modify biomedical, behavioural and social risks to a woman's health or pregnancy outcome
- should include reproductive planning and the effective use of contraception to prevent unplanned pregnancy
- Evidence that PCC
  - Prevents neural tube defects
  - Decreases the risk of congenital abnormalities
  - Decreases the risk of an adverse pregnancy outcome, including miscarriage, stillbirth and foetal abnormality

# Preconception care history

- Reproductive life plan
- Reproductive history
- Medical history
  - Diabetes
  - Thyroid disease
  - Hypertension
  - Epilepsy
- Medication use
- Genetic / family history
- Substance use
  - Alcohol, smoking, other drugs

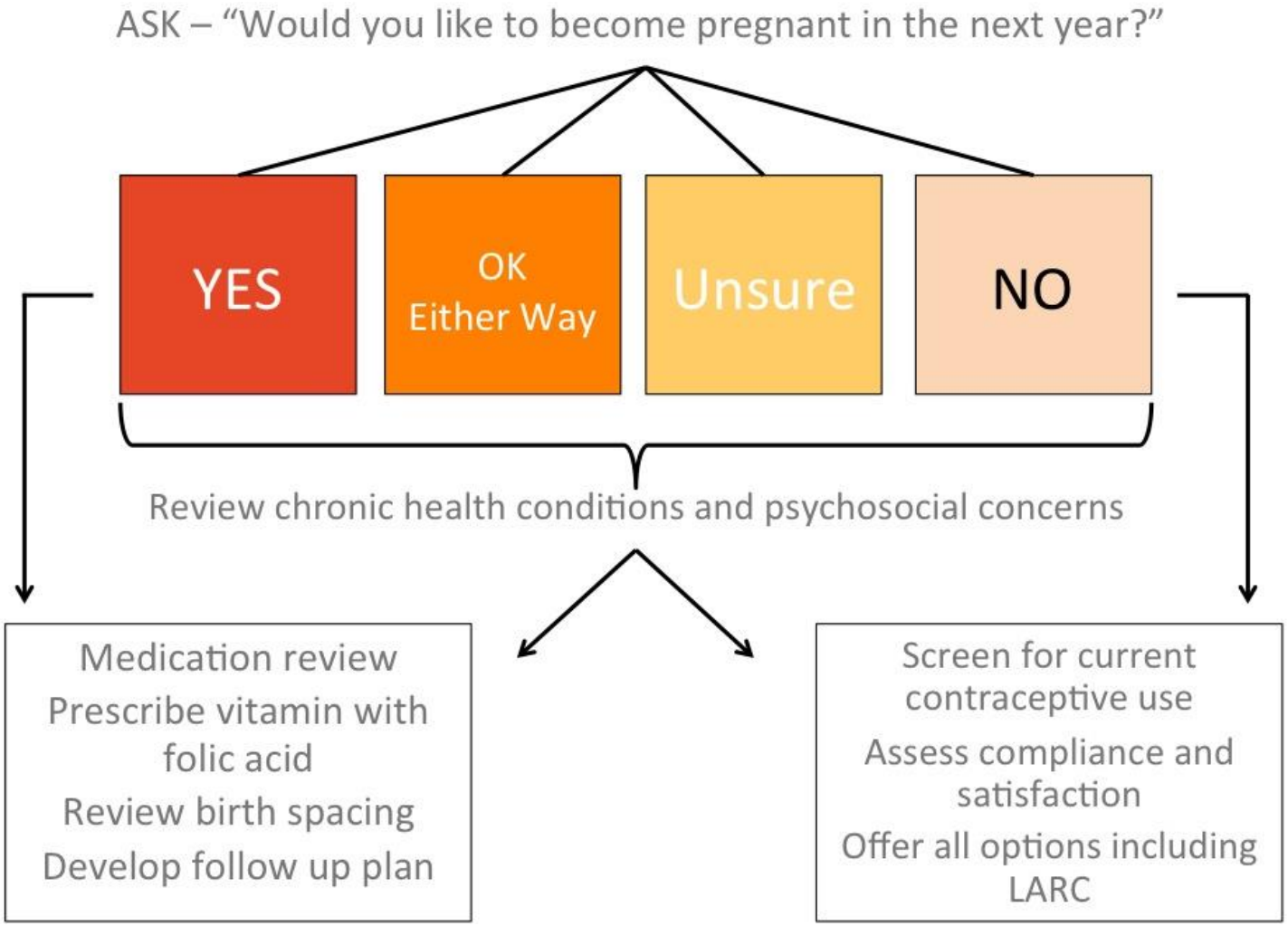
# Preconception care actions

- General physical assessment
- Vaccinations
  - MMR
  - Hepatitis B
  - Varicella
- Folic acid supplementation
  - 0.5mg per day
  - High risk 5mg per day
- Iodine supplementation
  - 150ug per day
- Healthy weight
- Nutrition, exercise
- Psychosocial health

# And we haven’t talked about men!

- 3 month sperm production
- Age
- Healthy weight
- Nutrition, exercise
- Substance use

# One Key Question®

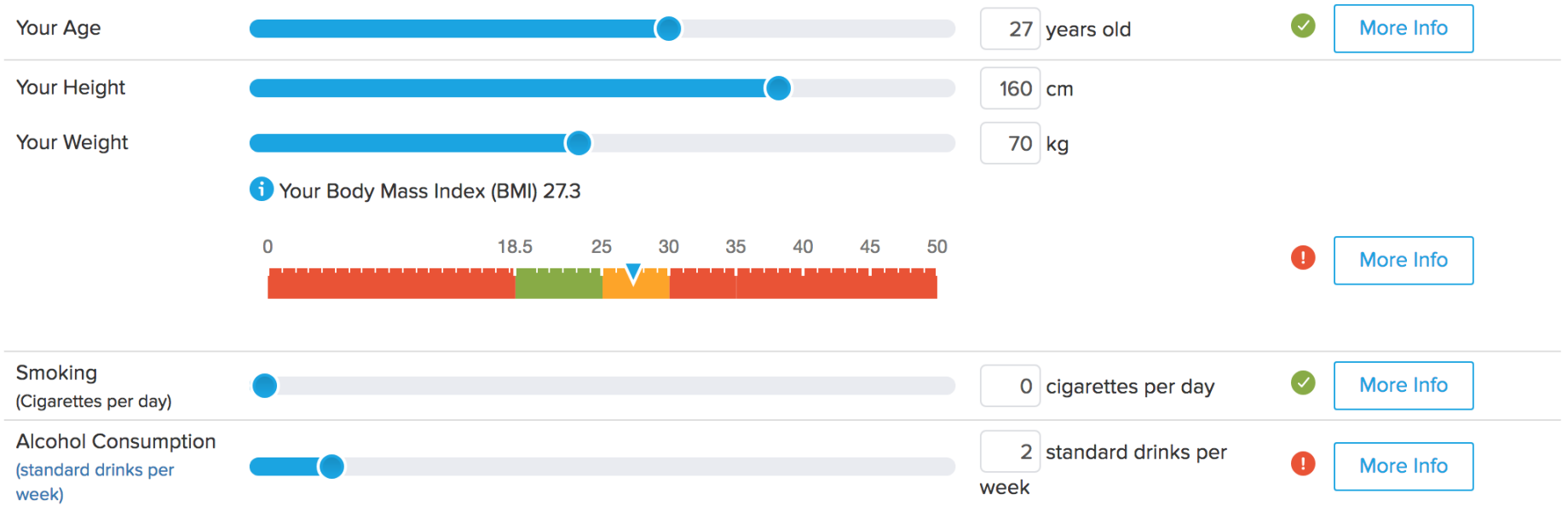


# Further tools

- https://www.yourfertility.org.au/general-resources/interactive-tools/healthy-conception-tool

# Further tools

## Page 1




Next

1 — 2

Brought to you by *Your Fertility* and Robinson Research Institute

# Further tools

## Page 2

| | | | |
|---|---|---|---|
| How many months have you been trying to conceive? | 1 | ✓ | More info |
| Have you been tested for Sexually Transmitted Infections (STI)? | ○ Yes ✓ No | ℹ | More info |
| Are you having fewer than 9 periods per year or menstrual cycles longer than 35 days? | ○ Yes ✓ No | ✓ | More info |
| Are you having sex multiple times at the right time of the month (the fertile window)? ℹ | ✓ Yes ○ No ○ Unsure | ✓ | More info |
| Are you taking folic acid and iodine supplements? | ✓ Yes ○ No | ✓ | More info |
| Are you physically active on most days of the week? | ✓ Yes ○ No | ✓ | More info |
| Are you exposed to chemicals in the workplace? | ○ Yes ✓ No | ✓ | More info |
| Are you taking prescription medication or using recreational drugs? | ✓ Yes ○ No | ! | More info |

# CERVICAL SCREENING

# Pap smears to Cervical Screening Tests

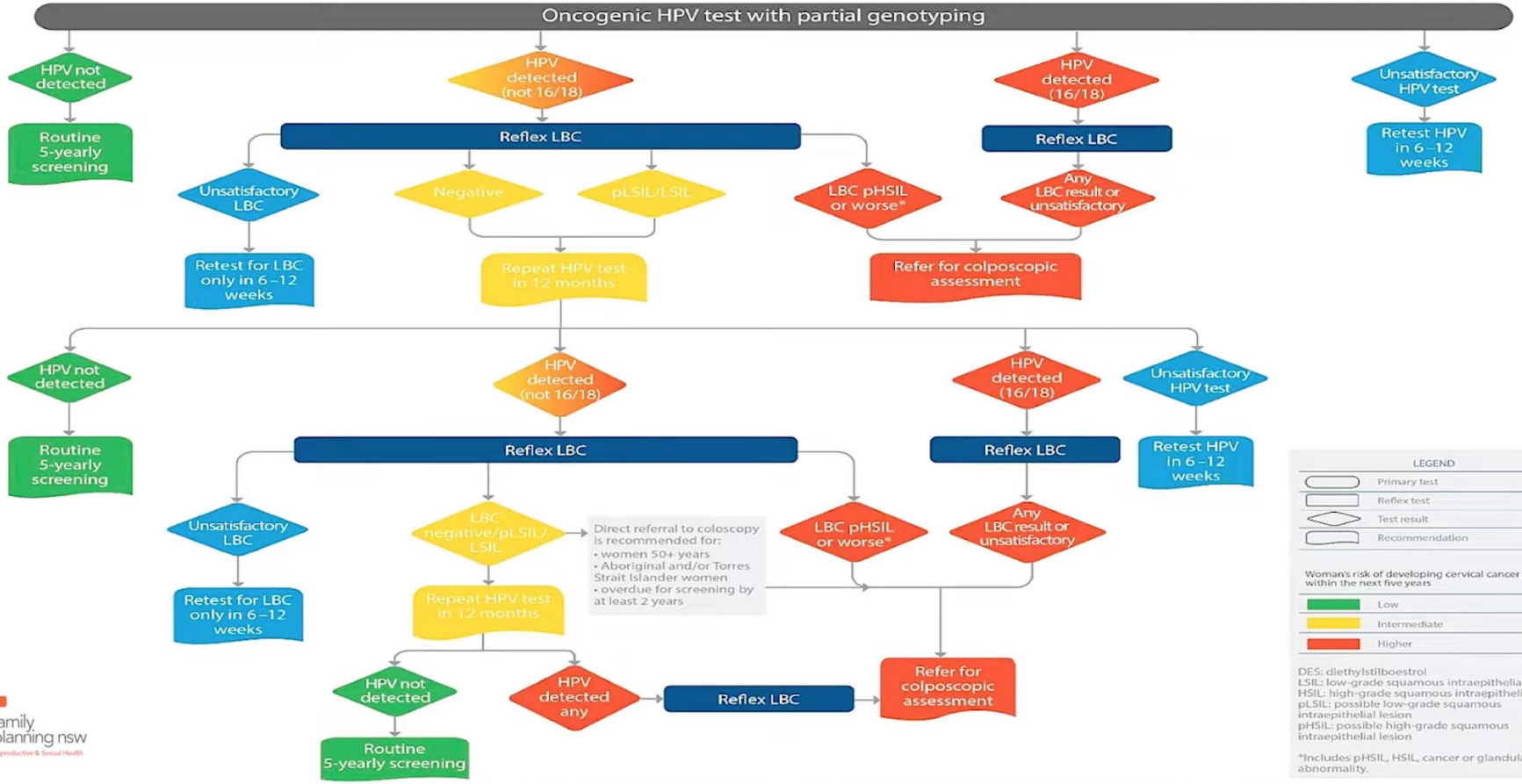
- Pap smears
  - Every 2 years
  - Starting at 18 years old, or 2 years after first sexual intercourse whichever is later
  - Cytology
- CST
  - HPV test – identifies oncogenic types 16 and 18, and 12 “other” types
  - If HPV is detected, reflex liquid based cytology
  - Patients with a cervix, aged 25-74, every 5 years
  - External genitalia inspection, speculum used to visualise the cervix, sample taken from the transformation zone

# Equipment




Sources:
https://www.inhishands.com/pederson-metal-speculum/
https://cnrunlab.en.made-in-china.com/product/jMQnqvSVMdch/China-Cervical-Brush.html
http://paptest.com.au/info/thinprep-pap-test/getting-thinprep-pap-test.cfm

# CERVICAL SCREENING PATHWAY




family planning nsw
Reproductive & Sexual Health

Suggested citation: Cancer Council Australia Cervical Cancer Screening Working Party. Clinical pathway: Cervical screening pathway. National Cervical Screening Program: Guidelines for the management of screen detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. CCA 2016. Accessible from https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening. Updated Dec 2020.

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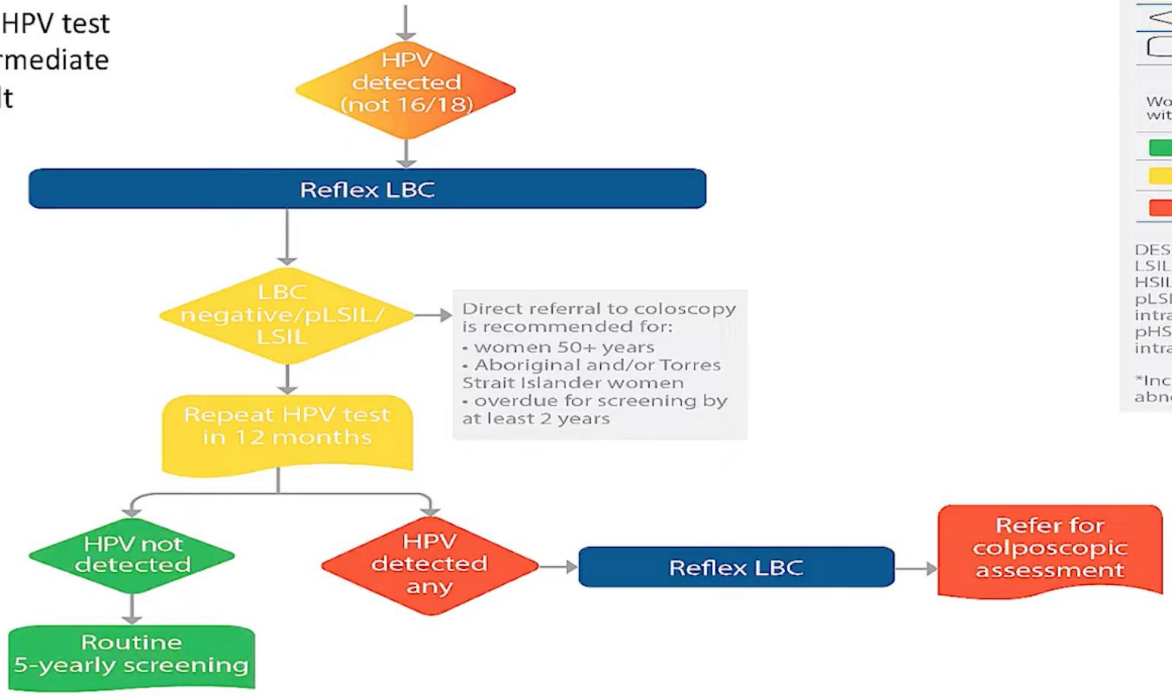
Australian Government Department of Health

Cancer Council

# Revised Intermediate Risk Pathway

## CERVICAL SCREENING PATHWAY

1st follow up HPV test after an intermediate risk CST result




LEGEND

- Primary test
- Reflex test
- Test result
- Recommendation

Woman's risk of developing cervical cancer precursors within the next five years

- Low
- Intermediate
- Higher

DES: diethylstilboestrol
LSIL: low-grade squamous intraepithelial lesion
HSIL: high-grade squamous intraepithelial lesion
pLSIL: possible low-grade squamous intraepithelial lesion
pHSIL: possible high-grade squamous intraepithelial lesion

*Includes pHSIL, HSIL, cancer or glandular abnormality.

Suggested citation: Cancer Council Australia Cervical Cancer Screening Working Party. Clinical pathway: Cervical screening pathway. National Cervical Screening Program: Guidelines for the management of screen detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. CCA 2016. Accessible from http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening.
Updated Dec 2020.

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Australian Government
Department of Health

Cancer Council

# Cervical screening

- Is that…it is a *screening* test
- Different protocols for investigation into symptomatic patients

- Self collected swabs now possible

# Self-collection option for some patients

- You can offer eligible people the option to self-collect a vaginal sample for HPV testing
- They must be 30 years of age or over and either:
  - have never had a cervical screening test
  - overdue for a test by at least 2 years
- Offering self-collection to under-screened and never screened people can encourage regular screening
- Most cervical cancers are found in people who have not regularly screened.

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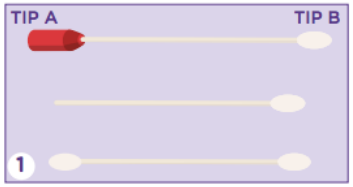
# How to take your own sample for a HPV test

## Self-collection instructions

To be provided only by a healthcare provider during a consultation

Self-collection can be completed in a private place, in a health care setting this may be behind a screen or in the privacy of a bathroom or toilet. Ask your healthcare provider for help if you are having difficulty with taking the sample, or if you would like them to explain these instructions further.

To collect your own sample, follow these instructions.




### 1. Before starting

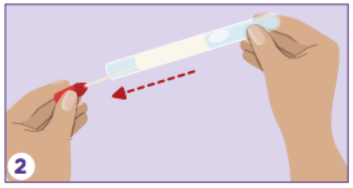
Your healthcare provider will give you a package. Inside is a swab.

Your swab may look different to those pictured here.

Before you open the package, make sure you know which end of the swab can be held (Tip A), and which end is for taking the sample (Tip B). If you are unsure which end is which, ask your healthcare provider for advice.

Before taking the sample make sure your hands are clean and dry.

Make sure you are in a comfortable position and your underwear is lowered.

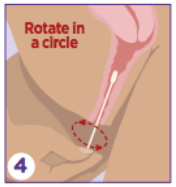



### 2. Preparing the swab

Twist the cap and remove the swab from the packaging.

Make sure not to touch Tip B that will be inserted to collect the sample.

Do not put the swab down.


### 3. Inserting the swab

Use your free hand to move skin folds at the entrance of your vagina. Gently insert Tip B into your vagina (similar to inserting a tampon).
The swab may have a line or mark on it showing you how far to insert.

### 4. Taking the sample

Rotate the swab gently for 10–30 seconds; this should not hurt, but may feel a bit uncomfortable.



### 5. Storing the sample

Still holding Tip A, gently remove the swab from your vagina.

Place the swab back into the packaging with Tip B going in first.

Screw the cap back on and return the package to your healthcare provider.

### 6. Sending the sample

The sample will be sent to a pathology laboratory for HPV testing.

The results of the test will be sent to your healthcare provider.

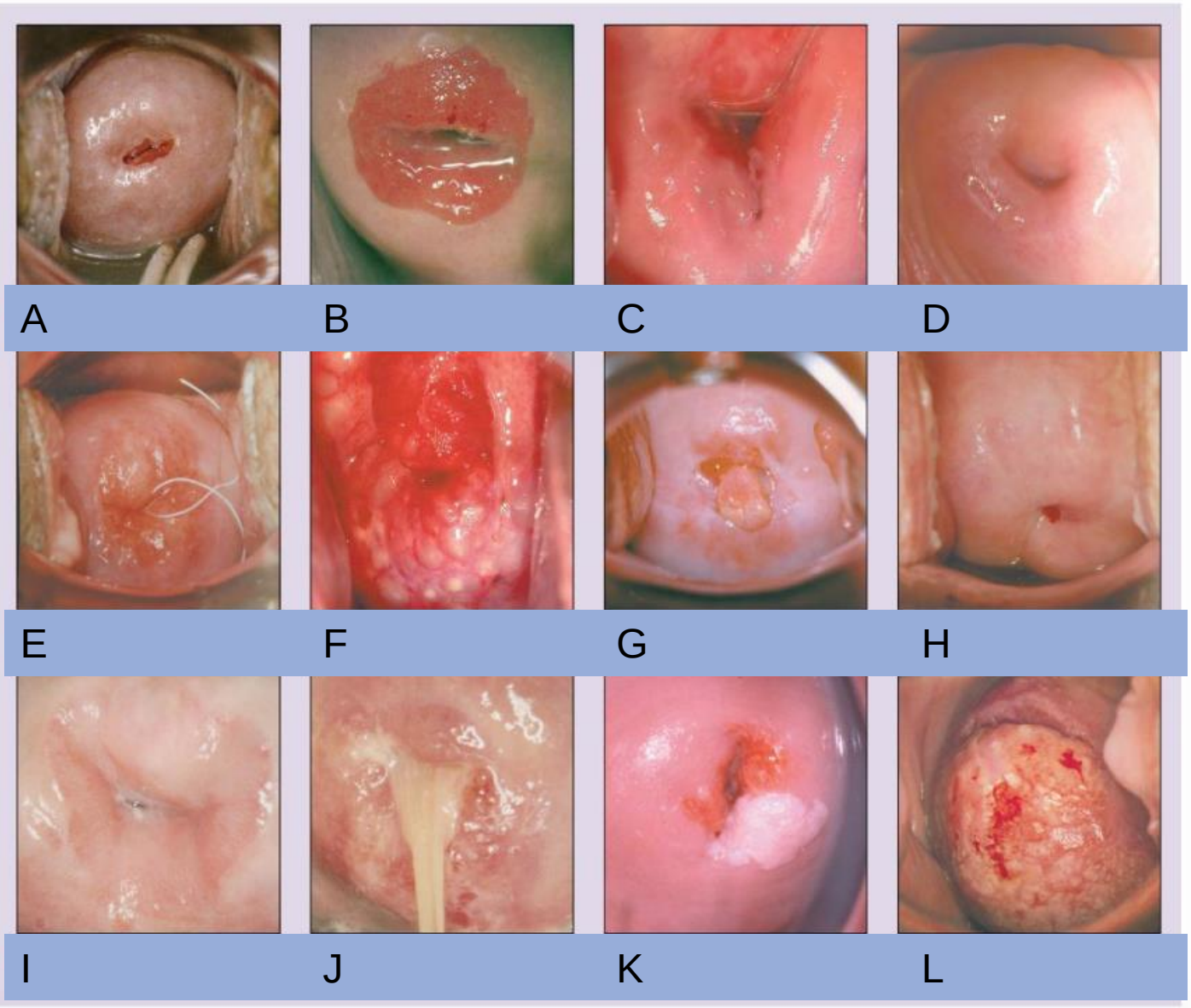
## What if...?

| | |
|---|---|
| *What if I touched Tip B/the swab with my fingers by mistake?* | Please continue to take the sample. |
| *What if I dropped Tip B or the swab on a dry surface?* | Please continue to take the sample. |
| *What if I dropped Tip B/the swab on a wet surface?* | Let your healthcare provider know and ask them for a new swab kit. |

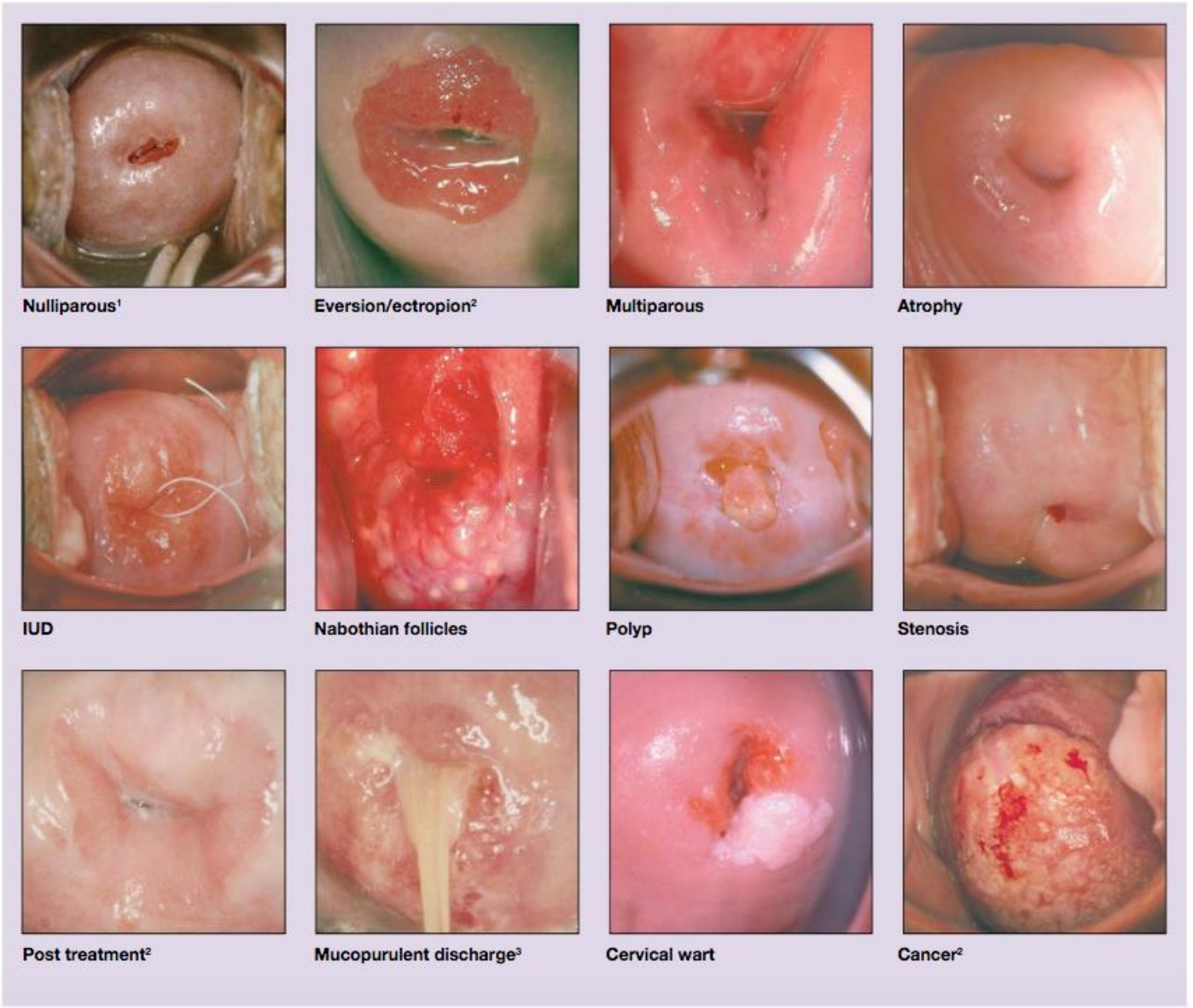
**Please note if HPV is detected, you will need to return to your healthcare provider for a clinician-collected sample and appropriate management.**

Australian Government
Department of Health

Source https://www.health.gov.au/resources/publications/national-cervical-screening-program-self-collection-and-the-cervical-screening-testralian Government Department of Health




Source: Cervix Sampling Card, Papsmear Victoria, Australia.




Source: Cervix Sampling Card, Papsmear Victoria, Australia.

# CONTRACEPTION


Source: https://www.reddit.com/r/funny/comments/ykpu9/best_form_of_birth_control/

# If we were to develop the perfect contraception…

# If we were to develop the perfect contraception…

- User friendly
- Easily available
- Affordable
- Maximum efficacy
- Minimum risk
- Minimum SE’s
- Additional non-contraceptive benefits

# Efficacy of contraceptive methods available in Australia

Sexual Health & Family Planning Australia

More Effective

Less Effective

## Long-Acting Reversible Contraception

**Etonogestrel implant**
Typical & Perfect use 99.95%
Lasts 3 years
Inserted and removed by clinician

**Levonorgestrel IUD**
Typical & Perfect use 99.8%
Lasts 5 years
Inserted and removed by clinician

**Copper IUD's**
Typical use 99.2%
Perfect use 99.4%
Lasts 5 -10 years
Inserted and removed by clinician

## Sterilisation

**Vasectomy**
Typical use 99.85%
Perfect use 99.9%
Considered permanent
Performed by clinician

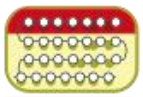
**Tubal occlusion by metal microinsert (Essure®)**
Typical & Perfect use 99.8%*
Hysteroscopic procedure
Considered permanent

**Female tubal ligation**
Typical use 99.5%
Perfect use 99.5%
Laparoscopic procedure requiring anaesthesia
Considered permanent

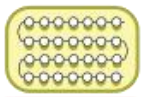
## Other hormonal methods

**Depot medroxyprogesterone acetate injection**
Typical use 94%
Perfect use 99.8%
Injection every 3 months

**Combined hormone vaginal ring**
Typical use 91%
Perfect use 99.7%
Change every 4 weeks



**Combined Oral Contraceptive Pill**
Typical use 91%
Perfect use 99.7%
Once daily



**Progestogen-Only Pill**
Typical use 91%
Perfect use 99.7%
Once daily

## Barriers and natural methods

**Diaphragm**
Typical use 88%
Perfect use 94%
On each occasion of intercourse

**Male Condom**
Typical use 82%
Perfect use 98%
On each occasion of intercourse

**Female Condom**
Typical use 79%
Perfect use 95%
On each occasion of intercourse

**Withdrawal**
Typical use 78%
Perfect use 96%
On each occasion of intercourse


**Fertility awareness**
Typical use 76%
Perfect use 95-99.6%

## References

Trussell J, 2011. "Contraceptive failure in the UnitedStates". Contraception 83: 397-404

*Lessard CR, Hopkins MR 2011. "Efficacy, safety, and patient acceptability of the Essure procedure". Patient Acceptance and Adherence 5: pp207-212

*Supported with an unrestricted educational grant by MSD*

shfpa.org.au

WOMN-1048479-0011
First issued September 2012

Source: https://www.familyplanningallianceaustralia.org.au/wp-content/uploads/2015/08/Contraceptive-Counselling-Card.pdf

# Estimates of contraceptive use in Australia (%)

| | | ASHR2 2016 |
|---|---|---|
| **Oral contraceptives** | | **33** |
| **Condoms** | | **30** |
| **Withdrawal method** | | 1 |
| **Natural, Rhythm or Billings method** | | 1 |
| **Contraceptive injection** | | 2 |
| **Implant** | | 5 |
| **IUD** | | 6 |
| **Tubal ligation** | | 6 |
| **Partner sterilisation** | | 14 |

- Source Richters Juliet, Fitzadam Suzanne, Yeung Anna, Caruana, Theresa, Rissel Chris, Simpson Judy M., de Visser Richard O., Contraceptive practices among women: The Second Australian Study of Health and Relationships, Contraception
(2016)

# COCP


PRESCRIPTION MEDICINE
Levlen® ED
For hormonal contraception
28 tabs.
oral
SCHERING
Dose: 1 tablet daily as directed in enclosed instructions
Do not store above 25°C
21 tablets, each containing
Levonorgestrel 0.15 mg
Ethinylestradiol 0.03 mg
7 tablets, each containing
Lactose 48.25 mg
Distributor:
Schering (N.Z.) Ltd.
Auckland
Schering AG
Germany
SUN SAT FRI THU WED TUE MON
MON TUE WED THU FRI SAT SUN
FRI THU WED TUE MON SUN SAT
SAT SUN MON TUE WED THU FRI

# Emergency contraception

- Single dose Levonorgestrel 1.5 mg
- Available over the counter (S3 – pharmacist only medicine)
- Mechanism of action: prevents/delays ovulation by interfering with follicular development
- Effectiveness: prevents 75-95% of expected pregnancies depending on delay in taking it
- Approved for use up to 72 hours after unprotected sexual intercourse (UPSI)

# Emergency contraception

- EllaOne®: 30mg ulipristal acetate (UPA)
- Selective progesterone receptor modulator (SPRM)
- Available over the counter (S3 – pharmacist only medicine)
- More effective at postponing follicular rupture even once LH surge has begun
- More effective than LNG-ECP at preventing pregnancies at 24/72/120hrs
- Licensed for use up to 5 days

# Comparison of morning after pills

- **LNG-ECP**
  - available over the counter
  - less expensive than UPA
  - is not affected by hormonal contraception
  - licensed for 3 days after sex
  - can be used by breast feeding women.
- **EllaOne®**
  - more effective than LNG-ECP
  - licensed for 5 days after sex but requires pharmacist stock
  - more expensive
  - it is advised to stop/not restart hormonal contraception for 5 days

# Copper IUD as emergency contraception

- >99% effective if inserted within 5 days of unprotected sex
- Can prevent implantation of a fertilised egg
- Can provide ongoing contraception
- Requires a procedure
- Can be difficult to access in the 5 day time frame

# Long acting reversible contraception

- Women who used non-LARCs were **20 times more likely to have an unintended pregnancy** than those who used LARCs (The CHOICE Study)

- Implanon insertion https://www.youtube.com/watch?v=ug7q_1RUMio

- IUD insertion https://www.youtube.com/watch?v=D9Ugig87JoU
- Mirena© and Kyleena©
- Copper IUD