Contraception

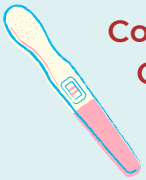
Somerville Heart Foundation

Adult Congenital Heart Disease

ACHD



For young people and adults born with a heart condition



Pre-Pregnancy Consultation and Contraception for those with a Congenital Heart Condition

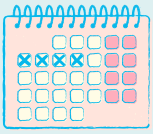


Pregnancy planning

Pregnancy is a normal, physiological process, but it is not without risk, even for those without a heart condition. Therefore it is important to ensure that you are in the best health, and you have had a specific consultation with a heart specialist to discuss pregnancy. During the consultation your specialist will discuss the effect that your heart condition might have on your pregnancy, and if there are any specific risks or impact on your long-term heart health. They will also be able to advise on where best to have your maternity care, and if you will need extra appointments or heart scans during pregnancy.

Some cardiac medications can be harmful to a developing baby and may need to be stopped prior to falling pregnant. Your heart specialist will discuss this with you, so you know which medications need to be stopped and when.

You may need updated tests such as an echo or exercise test before becoming pregnant, and ideally you should allow at least 6 months for any tests to be undertaken from when you have this consultation, before actually trying to get pregnant. Some medications may need to be stopped for 6 months, with another check on your heart function before embarking on pregnancy, so allow as much time as possible and plan well ahead.



Why is contraception important for me?

Contraception is an important part of general heart and reproductive health. Every month your body produces hormones, which cause your ovaries to release an egg and thicken the lining of the womb in preparation for the egg to implant and, if fertilised by sperm, grow into a baby. This monthly cycle is preparing your body for pregnancy, even if it is not your intention to become pregnant. Contraception is designed to interrupt this process and prevent pregnancy.

It is possible to fall pregnant as soon as you have periods. It is, therefore, very important to start thinking about contraception as soon as you are considering being sexually active.





Some heart conditions, and the surgeries to repair them, can make blood clots more common. This might mean that some types of contraception are not suitable for you. Contraceptives containing oestrogen (eg. the combined oral contraceptive) also need to be avoided with some heart conditions as they increase the risk of clots. If you have any questions about contraceptive medications and how they might affect your heart condition, talk to your Heart Specialist or a Clinical Nurse Specialist (CNS) and they will be happy to advise.

It is important to find a method of contraception that is safe for your heart condition, but that also takes into account your gynaecological health, your individual menstrual cycle, and your lifestyle. To help you decide which method is best suited to you, the following information shows the different options available and how they might affect your heart condition.

Barrier methods

Barrier methods of contraception prevent pregnancy by stopping sperm from entering the womb. There are several different types, but the most common and widely available are male condoms. Barrier methods vary in their effectiveness, but one important advantage is that they protect you and your partner from sexually transmitted infections (STIs). So even if you are using hormonal contraception, it is important to also use a barrier method with a new partner.



Male condoms

At 89% effective at preventing pregnancy, male condoms are a sheath that covers the penis to form a physical barrier to prevent sperm from entering the vagina. Some also contain spermicide, a gel that kills sperm. They can be bought in pharmacies and shops, or be collected free from your local family planning or sexual health clinic. Latex-free versions are available for those with allergies. Condoms are prone to splitting and are one of the least effective methods of contraception. Approximately 1 in 10 people who use condoms for a year will fall pregnant.



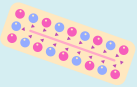
Female Condoms



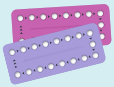
At 95% effective at preventing pregnancy, female condoms (or femidoms), are a sheath placed inside the vagina covering the cervix. Their advantage over male condoms is that they can be inserted in advance of sex. But, like the male condom, they are prone to splitting, are less widely available and can be more expensive. Latex-free versions are available for those with allergies. Approximately 1 in 20 people who use them for a year will fall pregnant. They also protect against STIs.

Diaphragm & Cap

At 95% effective at preventing pregnancy, diaphragms and caps are dome shaped (rubber, latex or silicone) devices that attach to the cervix (the opening of the uterus) by a suction effect. Both devices can be used with a spermicidal gel and provide a barrier. A doctor or nurse needs to size and fit the device initially, you then need to be confident in locating your cervix and inserting the device yourself. They need to stay in place for a minimum of 6 hours following intercourse and should be left in place for no longer than 24-30 hours, depending on the particular product. For more information, make an appointment at your local family planning or sexual health clinic.



Hormonal methods



These are the most commonly used form of contraceptive. It is important to find the right combination which suits your heart, menstrual health and lifestyle. Remember that for the oral pill form of contraceptive to be effective, they have to be absorbed by the gut. Any diarrhoea or vomiting illness can reduce absorption and make them ineffective, therefore additional barrier methods must be used to prevent pregnancy.



Combined Oral Contraceptive Pill (COCP)

Femodene® Millinette® Yasmin® etc

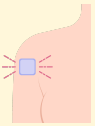
COCP is 99% effective and contains two hormones - oestrogen and progesterone. It stops ovulation (the monthly release of an egg) and thickens cervical mucus. It also makes the lining of the womb inhospitable to a fertilised egg. The pill must be taken daily.

COCP increases the risk of blood clots and can cause high blood pressure & migraines.

Due to the increased risk of blood clots, COCP is not suitable for some heart conditions. You should discuss with your cardiologist before starting the combined pill.

If you miss a pill by completely forgetting to take it or by taking it more than 12 hours after the normal time, you are at risk of becoming pregnant. If you do miss a pill, a barrier method should be used for 7 days. It is also important to remember that if you have diarrhoea or vomiting you may not absorb the pill and it may not be effective, so barrier methods should be used to prevent pregnancy.





Contraceptive Patch

At 99% effective, the contraceptive patch contains both oestrogen and progesterone and works in the same way as the combined pill. It is applied to the skin on the first day of your period and changed weekly. The risks, benefits and side effects are similar to those of the combined pill.



Progesterone Only Pill (Mini-Pill)

Cerelle® Desomono® Desorex® etc

At 95% effective, the Progesterone Only Pill (POP) causes a thickening of cervical mucus, making it difficult for the sperm to reach the uterus. It also thins the endometrium, making it inhospitable to a fertilised egg. The risk of developing blood clots is much lower compared with the combined pill. Pills are taken continuously with no break between packs and must be taken at the same time every day for them to be effective.



Side effects such as headaches, breast tenderness, nausea and irregular bleeding can occur, although these tend to settle down after 3-6 months.

If you miss a pill by forgetting to take it or by taking it more than 3 hours after the normal time, you are at risk of becoming pregnant. If you have diarrhoea or vomiting, a barrier method should be used for 7 days.



Progesterone Only Pill (Cerazette®)

At 99% effective, Cerazette is a progesterone only pill which works in the same way as other POPs, but it also inhibits ovulation, therefore it is highly effective at preventing pregnancy. It is also effective even if taken up to 12 hours late, so it is more flexible than other POPs.



Progesterone Only Injection

At 99% effective, this is a good option if you don't like the idea of taking a daily pill. The injection (given every 13 weeks) works in the same way as taking a POP and is delivered into the buttock muscle - you may experience light bruising. If you are taking a blood thinner this might not be a good option for you. The benefits, risks and side effects are similar to POPs but it is not influenced by absorption, therefore gut upsets and vomiting don't reduce its effectiveness. It can take several months for the menstrual cycle to re-start after stopping the injections.



Progesterone Only Implants

At 99.9% effective, the implant is a small rod (40mm x 2mm) that sits in the fatty tissue just under the skin in the upper arm. It is injected into place, with the skin numbed by a local anaesthetic. It can stay in place for up to 3 years, prevents pregnancy in the same way as Cerazette (POP) and is highly effective. There is no need to remember to take a daily pill or to remember when your injection is due and it is not affected by gut upsets.

The side effects include headaches, breast tenderness, weight gain and mood disturbances. Many women also experience some irregular bleeding within the first 6 months. It is therefore worthwhile trying the Cerazette pill first to make sure this agrees with you, if the side effects are minimal, then consider converting to the implant.

The implant can be removed at any time and is visible on an x-ray if hard to find by touch.

Progesterone Intra-Uterine System (IUS)

Mirena® Jaydes® Kyleena®

At 99.8% effective, the intra-uterine system is a small plastic T-shaped frame which sits in the cervix and releases progesterone directly into the uterus. It contains the same hormones and works in the same way as progesterone only contraceptives, but works with a much smaller dose as it can deliver the hormones directly into the womb. It is highly effective and can make periods lighter. It is implanted by a GP or specialist practitioner, the procedure can be briefly uncomfortable. Some people can feel faint during insertion and the heart rate can slow down.



If you are considering this method of contraception, you should discuss this with your cardiologist before going ahead, as this could be dangerous with your heart condition.



Permanent Methods



Sterilisation

At 99% effective, this is a permanent option if you do not wish to have children or have completed your family. Sterilisation is carried out by interrupting the fallopian tubes.

This can be done as a stand-alone procedure or at the time of a caesarean section. Surgical or laparoscopic sterilisation is very effective. Sterilisation is irreversible and so you would need to be very sure that you do not want to become pregnant before deciding to go ahead.

Depending on your heart condition, you might also need a specialist anaesthetist to be present. You should discuss this with your cardiologist before proceeding.



Copper Intra-Uterine Device (IUD)

At 99.2% effective, this method works by causing inflammation to the womb lining, making it inhospitable to a fertilised egg.

IUDs can sometimes cause heavier menstrual bleeding, especially in the first 3 months after insertion, so it is important to consider this if you already suffer with heavy periods or if you have anaemia. IUDs can remain in place for between 5 & 10 years depending on the device. There is a slightly increased risk of pelvic infection in the first 3 months following insertion. Depending on your individual heart condition, you might need to take antibiotics at the time of IUD insertion. You should discuss this with your cardiologist before booking an IUD appointment.

Like the IUS, an IUD is inserted by a GP or specialist practitioner and the procedure can be briefly uncomfortable. Some people can feel faint, so you should check with your cardiologist if this is safe for your particular heart condition before going ahead.



Natural/Rhythm method

At 85% effective, this is a natural method of monitoring your menstrual cycle.

You will need to track when you are about to release an egg and will be most fertile. You can use an app or check your temperature. At the time around egg release, your temperature will go up and you will need to avoid sex for several days around this time. However, menstrual cycles are easily affected by many factors such as stress, ill-health, tiredness etc. It is therefore very difficult to be precise about your fertility.

Sperm may survive for up to 4 days after sex, and eggs survive for approximately 24-48 hours after they are released from the ovaries. For these reasons, natural family planning is not considered a reliable method of contraception.

Emergency contraception

Emergency contraception can be an option for preventing pregnancy after intercourse has taken place if no contraception was used, or if the usual method of contraception has failed (e.g. a split condom or missed pill). There are some hormonal emergency contraceptives that contain progesterone only and are a tablet taken following sexual intercourse.

Levonelle® contains levonorgestrel and works by inhibiting ovulation and is effective if taken within the first 72 hours. It can be less effective if you are at the point in your cycle where ovulation has just taken place. It is 95% effective if taken within 24 hours of unprotected sex, 85% effective if taken within 25-48 hours, 58% effective if taken within 49-72 hours.

EllaOne® contains Ulipristal and is effective up to 120 hours after sex. It is important to remember that these pills will not be effective if you vomit after taking them, if this happens you will need a second dose. They are available to buy from most pharmacies or on prescription from your GP, local family planning or sexual health clinic. You will likely notice a delay in your next period after taking any of these medications.

The best contraception for you

Deciding which method of contraception is right for you is a delicate balance between your heart and menstrual health. It is important to factor in your heart condition when making this decision, but it is also important to consider what is going to be easy for you. To be as effective and reliable as possible, contraception needs to be consistent, so choosing a method that suits your lifestyle is also important.

If you would like to discuss any of the options in this leaflet and how they might affect your individual heart condition, you can call your congenital heart disease specialist nursing team. They will be happy to hear from you and are there to help you navigate the decision-making process.

Further Information, Support & Membership

You never know when you may need some extra help or advice. It's free to join Somerville Heart Foundation at www.sfhearts.org.uk/sign-up/ to access our leaflets, newsletters, mental health & wellbeing services and much more.

We are a registered charity, reliant on donations, fundraising and legacies. It's free to join but not free to run - your donations ensure the future of ACHD support for years to come.

Somerville Heart Foundation

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Original leaflet written by Ruth Brooks (Clinical Nurse Specialist). This version has been reviewed by Dr Fiona Walker and Rebecca Mercaldi (Clinical Nurse Specialist)

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