













Solent Sexual Health Services

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Lead Nurse for Safeguarding
Sexual health services and SARC















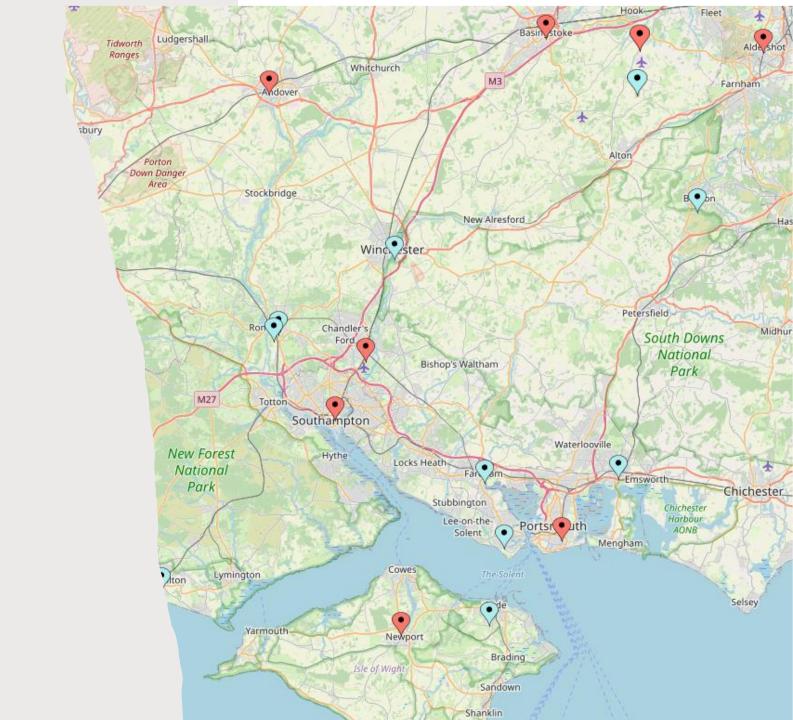


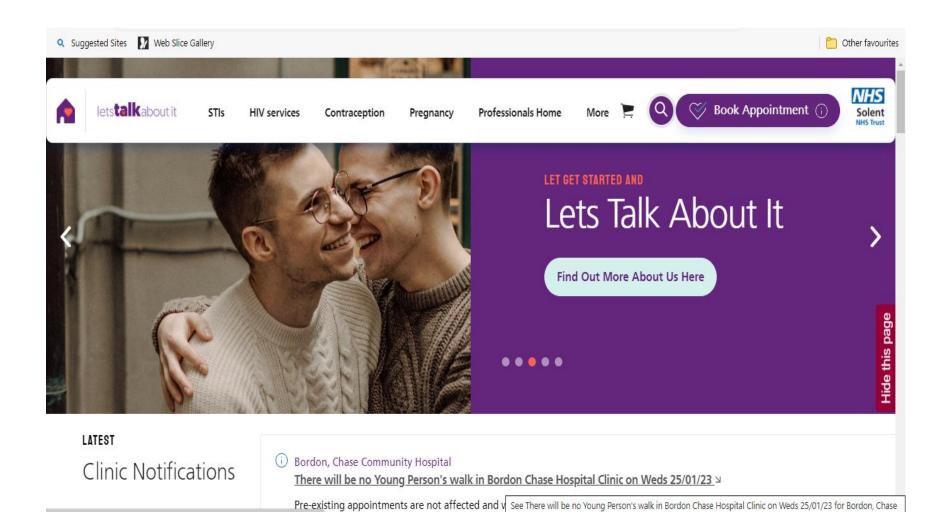
What to expect

- Service overview
- Geography
- Let's talk about it
- Contraception (LARC)
- Emergency Contraception
- Specialist clinics
- Digital innovation
- Professional referral and pathways
- Changes post COVID 19

Sexual Health Services

All forms of Contraception – stable clients returned to GP- 12months supply OCP All forms of Genito-Urinary Medicine HIV care Vasectomy Termination of pregnancy





Service website











Let's talk about it



STIs

HIV services

Contraception

Pregnancy

Professionals Home

More







Contraception

Contraception is used to prevent an unplanned pregnancy.

Some of the things you might want to think about when choosing your contraception are:

- · How contraception will suit your lifestyle.
- Whether you want to use the method every day, every time you have sex or less often.
- Whether you want to become pregnant soon, many years away or not at all.

There are several different types of contraception that can prevent an unplanned pregnancy. The Contraception Choices website provides honest information to help weigh up the pros and cons.

What's right for me? Contraception Choices $\[\]$

If you would like to order condoms by post, you will need to create an account using our

Contraception

Condoms

Get It On Condom Card

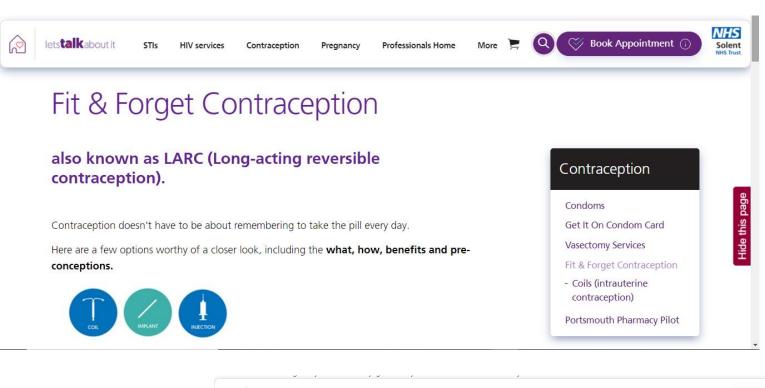
Vasectomy Services

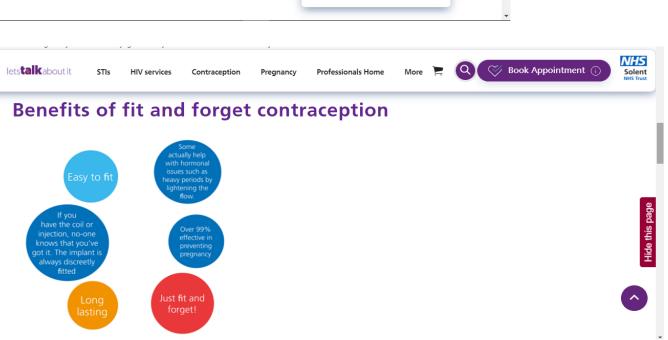
Fit & Forget Contraception

Portsmouth Pharmacy Pilot



Hide this pa





Long-acting reversible contraception aka: LARC

Injection

13 weekly IM injection in clinic or Sayana Press self administered Subcutaneous injections at home

<u>Implants</u>

Sub dermal implants fitted in clinic, most effective form of contraception, 0.05% of users have an unplanned pregnancy. Last for 3 years.

Coils

IUD-Copper coils, no hormones, 5-10 years and also can be used as emergnancy contraception. 99.9% effective.

IUS- Progesterone containing coils, 3-6 years, can also reduce menstrual loss as well as highly effective contraception. <1 in 100 Pregnancy risk.

The most effective method of EC and should be considered by ALL women who have had UPSI and do not want to conceive.

- The only method of EC that is effective after ovulation has taken place (but is inserted well before the earliest likely date of implantation so that it does not disrupt a pregnancy that has already implanted).
- Can be inserted for EC within 5 days after the first UPSI in a cycle, or within 5 days of the earliest estimated date of ovulation, whichever is later.
- Has the advantage of providing immediately effective ongoing contraception.
- Is not known to be affected by body mass index (BMI)/weight or by other drugs

Emergency contraception: The Cu-IUD











Consider UPA-EC as first line oral EC if UPSI taken place during 5 days before estimated date of ovulation

If BMI >25 or weight >70kg – use UPA–EC or double dose (3mg) LNG-EC

Women on LEI should have Cu-IUD or 3mg LNG-EC (double dose of UPA-EC not recommended)

Quick starting contraception – immediately if using LNG-EC or start after 5 days if using UPA-EC

Levonorgestrel= LNG- EC Ulipristal acetate= UPA- EC

EHC - Emergency hormonal contraception







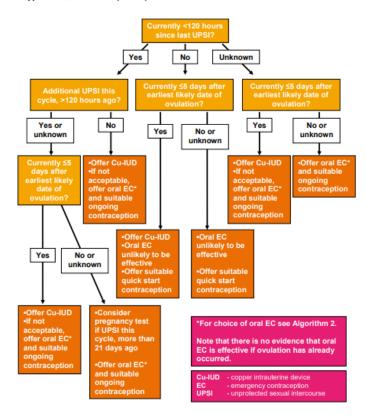






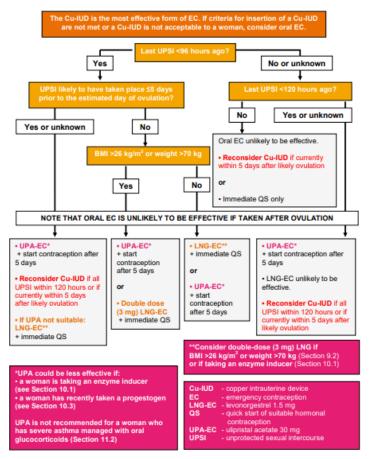
Decision-making Algorithms for Emergency Contraception

Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC

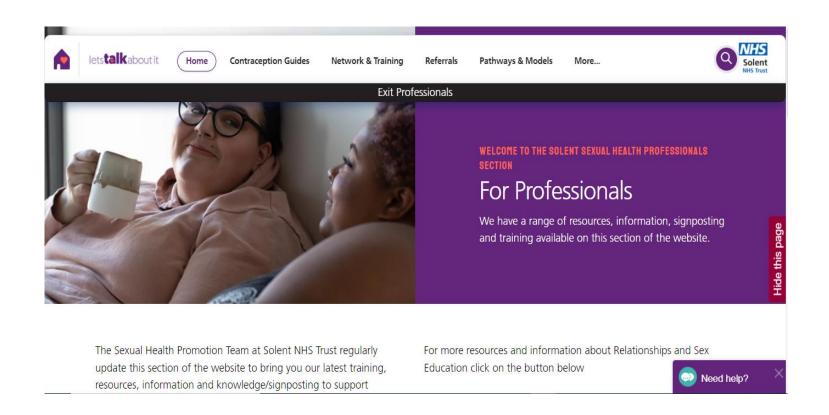


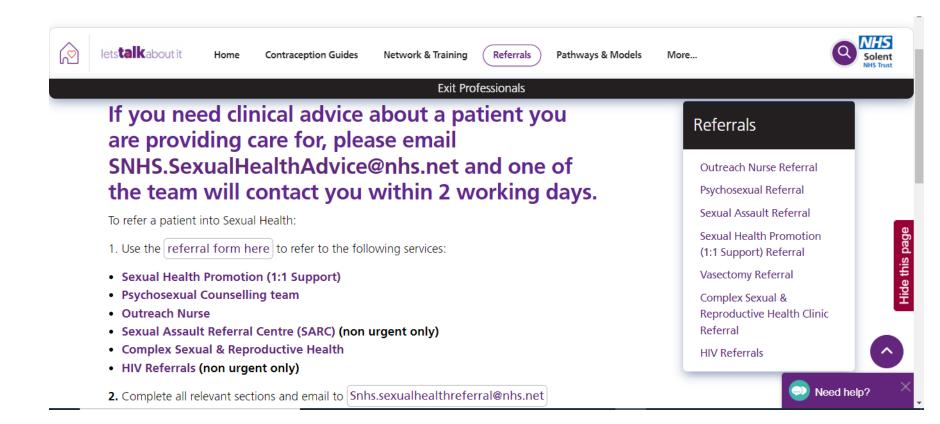


Algorithm 2: Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal Acetate EC (UPA-EC)



Professional referrals and pathways





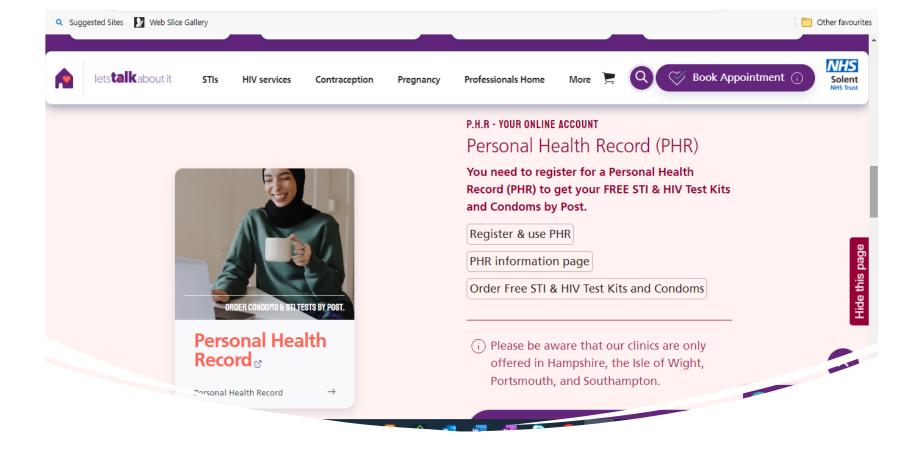












Digital innovation

- Online testing since 2015
- Online booking
- Patient Health Record (PHR)
- Health promotion via social media platforms including:
 - TikTok
 - Twitter
 - Grinder/Tinder via THT
 - Facebook
 - Instagram

Resources

- Contraception choices- pros and cons: What's right for me? Contraception Choices
- FSRH Clinical Guideline: Emergency Contraception (March 2017, amended December 2020) FSRH Clinical Guideline: Emergency Contraception (March 2017, amended December 2020) - Faculty of Sexual and Reproductive Healthcare
- How effective is contraception- infographics: <u>Effectiveness | Contraception</u>
 <u>Choices</u>
- Sexual health services: <u>Home | Lets Talk About It</u>
- SPA contact number; 0300 300 2016

Questions?



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