**Repeat Oral Contraceptive Pill or Contraceptive Patch Check**

**Initiation of the contraceptive pill/patch**

After assessment, the pill or patch is added to your repeat template and a first prescription will be issued for 3 months then following a face-to-face review, the review date will be put forward for 12 months and a prescription issued for 6 months.

This applies to women 16 years and over only.

**Annual repeat prescription review**

1. Complete the contraceptive checklist attached
2. Check blood pressure (BP) using our self-service machine in the waiting room at Fisherton House, Salisbury Medical Practice
3. Return both the completed checklist and the BP reading printout to reception so they can be scanned onto your notes and actioned. Alternatively, this can be returned via email: bswicb.smp@nhs.net.

If no concerns are identified, a medication review will be recorded, the review date put forward for 12 months and a prescription issued for 6 months. If any problems, we will contact you.

**Contraceptive checklist**

In order to provide the contraceptive pill or patch safely we need to ask you a number of questions. We would be grateful if you could complete this form when you submit your next repeat prescription request.

If you are having any problems with your medication or would like to consider alternative contraception options, please book an appointment with one of our Pharmacy Team.

*Please remember to book in your cervical smear test (every 3 years for women aged 25-50 and every 5 years for women aged 50-65). If you have received your invitation letter, contact us to book.*

**Long-acting Reversible Contraceptive (LARC)**

Long-acting Reversible Contraceptive (LARC) devises are birth control methods that provides effective contraceptive for an extended period of time. You do not have to think about contraception on a daily basis or every time you have sex, as with the oral contraceptive pills or condoms. Long-acting reversible contraceptive is highly effective in preventing unintended pregnancies and can be stopped if you decide you want to get pregnant.

**Long-acting Reversible Contraceptive (LARC) includes the following:**

**Implants:** these are inserted under the skin and lasts up to 3 years.

**Intrauterine device:** these are inserted into the womb and lasts for 5-10 years before they need replacing.

**Contraceptive injection:** these work up to 12 weeks before being repeated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Copper IUD** | **IUS** | **Progesterone-only injection** | **Implant(Nexplanon)** |
| **What is it?** | A small plastic and copper device which is inserted into the womb | A small plastic device which is inserted into the womb and slowly releases progestogen | An injection that slowly releases progestogen  | A small, flexible rod inserted under the skin that slowly releases progestogen  |
| **How does it work?** | Prevents fertilization and inhibits implantation of egg in the womb | Mainly prevents implantation of egg and sometimes prevents fertilization | Prevents ovulation | Prevents ovulation |
| **How long does it last?** | 5-10 years depending on type | 5 years | Repeat injection every 8-12 weeks depending on type  | 3 years |
| **Chances of getting pregnant** | Less than 2% of women over a 5 year period | Less than 1% of women over a 5 year` period  | Less than 0.4% over a 2 year period | Less than 0.1% of women over 3 year period |
| **Could it affect chances of getting pregnant in the future** | No | No | It may take up to a year for fertility to return to normal | No |
| **Effect on period?** | Periods may become heavier or more painful | For the first 6 months there may be irregular bleeding or spotting  | Periods often stop, but some women experience irregular or persistent  | Period pains may improve. Periods may stop, or become longer or irregular until removal of implant |
| **Unwanted effects?** | Risk of ectopic pregnancy is higher if a women falls pregnant while using an IUD | Risk of ectopic pregnancy is higher if a women falls pregnant while using an IUDMay develop acne | May gain weight (2-3kg over a years) May cause thinning of the bones which is reversible on stopping | May develop acne |
| **Checks needed whilst using LARC** | Needs check-up after first period after insertion. Regularly feel for threads of IUD to ensure it is still in placeSee doctor/nurse if you experience any problem or want to have it removed | Needs check-up after first period after insertion. Regularly feel for threads of IUD to ensure it is still in placeSee doctor/nurse if you experience any problem or want to have it removed | None – you need to regularly receive repeat injectionSee your doctor or nurse if you experience any problems related to the injection | NoneSee your doctor or nurse if you experience any problems related to the implant, want to stop using it or have it removed |

**Contraceptive Checklist**

**For women 16 years and over**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Completed** |  | **Full Name** |  |
| **Date of Birth** |  | **Contact Number** |  |

|  |
| --- |
| **Lifestyle** |
| What is your smoking status?*Please tick* | “I am a smoker” |  |
| “I am an ex smoker” |  |
| “I have never smoked” |  |
| Would you like help to stop smoking? | Yes |  | No |  |
| Height (cm or ft) |  |
| Weight (kg or stone) |  |
| **Are you aware:** |
| How the pill/patch works? | Yes |  | No |  |
| What to do if you miss a pill or forget to replace the patch? | Yes |  | No |  |
| The contraception may not work if you have diarrhoea or vomiting  | Yes |  | No |  |
| The contraceptive does NOT protect you from Sexually Transmitted Infections (STI) so you will need to use a condom to protect yourself | Yes |  | No |  |
| **Health and Family History**  |
| Do you suffer from migraines? | Yes |  | No |  |
| If yes, do you suffer from visual symptoms or changes in sensation or muscle power on one side of your body? | Yes |  | No |  |
| Do you have any parents or siblings who have had heart disease or stroke under the age of 45? | Yes |  | No |  |
| Do you have diabetes? | Yes |  | No |  |
| Have you or any family members under the age of 45 had a deep vein thrombosis or Pulmonary Embolus (blood clot in leg or lung)? | Yes |  | No |   |
| Do you have any blood clotting illnesses/abnormalities? | Yes |  | No |  |
| Do you have any family history of breast cancer under the age of 50? | Yes |  | No |  |
| Are you aware of the alternatives such as long-acting reversible contraceptives? Please read the attached pages | Yes |  | No |  |
| Would you like to book a consultation with a GP to discuss or arrange fitting a long-acting reversible contraceptive? | Yes |  | No |  |

Thank you for completing this form. Please return it with your BP reading. If we have any problems reissuing your prescription we will contact you. If not, your prescription will be ready for you to collect within 2 working days.