

L. Contraceptive vaginal ring

1 in a 100 women may become pregnant each year using the vaginal ring

A small flexible, plastic ring is inserted into the vagina where it slowly releases the hormones, oestrogen and progesterone. It works by preventing ovulation (the release of your eggs), thickening the cervical mucus (which prevents sperm from reaching the egg) and thins the lining of the womb (uterus) to prevent a fertilised egg implanting.

You insert the ring and leave it in your vagina for 21 days. You then remove it and throw it away. After 7 days, re-insert a new ring. Your health care team will show you how to do this.

Advantages – you don't have to think about it every day. It is not affected if you have diarrhoea or vomit.

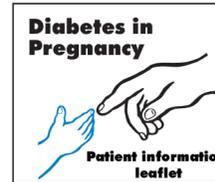
Disadvantages – not suitable for smokers aged over 35 years, or women who are very overweight. You must be comfortable with inserting and removing the ring. Some women may experience some side effects.

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Contraception for Women with Diabetes



It is very important to ***plan your pregnancy*** if you have diabetes.

- Good blood glucose control before and throughout pregnancy reduces the risk of problems for both you and your baby.
- It's recommended that you discuss your plans to become pregnant with your Diabetes Care Team and/or your GP before stopping taking contraception and becoming pregnant.

The aim of this booklet is to give you information regarding contraception to help you make your choice. You may not be aware of all the options. Contraception is free for women and men through the NHS.

- How does having diabetes affect your choice?
- How does contraception fail?
- Why does contraception fail?
- What are the different methods of contraception?
 - a. Combined Pill (COC)
 - b. Progesterone-only Pill (POP)
 - c. Contraceptive Patch
 - d. Barrier Method
 - e. Contraceptive Injection
 - f. Contraceptive Implants
 - g. Intrauterine Devices (IUD, coil)
 - h. Hormone Releasing System (IUS)
 - i. Natural Methods
 - j. Sterilisation
 - k. Emergency Contraception
 - l. Contraception vaginal ring

How does having diabetes affect your choice?

In general, women with diabetes can choose any of the options outlined in this booklet. The combined oral contraceptive pill (COC) is safe and a good choice for most women with diabetes. Other safe choices include injectable or patch based contraceptives.

If you are over the age of 40 or have had diabetes for 20 years or more, the combined contraceptive pill (COC) is generally not advised. More suitable options may be progesterone-only contraception (pill or injection), implants or the coil (intra-uterine device).

If you have any diabetes complications with your eyes, kidneys, nerve damage or problems with your heart, your options may be limited and you should discuss with your health care team.



If you had **gestational diabetes** in a previous pregnancy, all methods of contraception are safe.

Further information about your contraception choices is available from your GP/practice nurse/sexual health clinic and family planning clinics. You can also discuss your options with the diabetes care team.

Useful website for further information: - www.nhs.uk/conditions/contraception-guide

K. Emergency contraception

This will be needed if any of the following applies: -

- You had sex without using contraception.
- You had sex and there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.
- You are taking antibiotics, in which case the pill may not work properly.

Emergency contraception pills: –

You can get emergency contraception from most NHS walk-in centres/minor injuries units; some hospital accident and emergency department and most pharmacies.

There are 2 different types of contraception pills: -

- This is usually effective if started within 72 hours of unprotected sex. These can be bought at pharmacies or prescribed by a doctor.
- This can be taken up to 120 hours after sex. This is only available with a prescription from a doctor. It works either by preventing or delaying ovulation (the release of an egg) or by preventing the fertilised egg from settling (implanting) in the womb.

An intrauterine device (IUD) – this is inserted by a doctor or nurse and can be used for emergency contraception up to five days after unprotected sex.

For further information, please visit: www.fpa.org.uk

J. Sterilisation

There are 2 types of Sterilisation: -

- Male sterilisation (vasectomy). The tubes that carry sperm are cut, sealed or tied. This stops sperm travelling from the testes to the penis. Contraception should continue until a semen test shows that no sperm are left. This can take up to 8 weeks. The procedure is usually carried out under a local anaesthetic.
- Female sterilisation (tubal occlusion). The fallopian tubes are cut, sealed or blocked by an operation. This stops the egg and sperm meeting. Periods are unaffected afterwards. You will need a general or a local anaesthetic to have the procedure carried out.

Some discomfort and pain for a short time afterwards is common. It is important to rest and avoid strenuous activity for a while after the procedure.

Advantages - Very effective. You do not have to think further about contraception.

Disadvantages – There is a small risk of ectopic pregnancy if female sterilisation fails. Women will need a general or local anaesthetic. Some men may experience ongoing testicle pain but this is not common. Treatment for this is often unsuccessful.

Counselling is very important as this is a permanent method, suitable for people who are sure they never want children or do not want more children. Both methods cannot easily be reversed.

• How often does contraception fail?

No method is 100% completely effective.

• Why does contraception fail?

If you do not use your chosen method of contraception as recommended, you may find they are not as effective at protecting you from pregnancy. Some common reasons for failure are as follows:-

- **Contraceptive Pill** – missed doses, medication which stop it working well e.g. antibiotics, vomiting or diarrhoea.
- **Condom** – split, comes off, not applied properly.

For each method of contraception, the number of women becoming pregnant is given. For example, for the contraceptive injection 1 woman in 100 will become pregnant each year.

• What are the different methods of contraception?

Choosing a method of contraception involves a balance between:

- how effective it is;
- possible risks and side-effects;
- plans for future pregnancies;
- personal choice.

A. Combined Pill (COC)

This is often just called the 'pill'.

1 in a 100 women may become pregnant each year using the pill'.

The 'pill' contains 2 hormones that work by stopping ovulation. It is very popular. Different brands suit different people.

Advantages - Very effective. Side-effects uncommon. Helps ease painful and heavy periods.

Disadvantages - Low risk of serious problems (e.g. blood clots). Some women get side-effects e.g. headaches, mood changes, breast tenderness. You have to remember to take it. Not advised for some women with certain medical conditions.

B. Progestogen Only Pill (POP)

Used to be called the 'mini-pill'.

1 in a 100 women may become pregnant each year using the mini-pill.

It is commonly taken if the combined pill is not suitable. It works mainly by causing a plug of mucus in the cervix that blocks sperm and also by thinning the lining of the womb. It may also stop ovulation.

The mini-pill is often used in breastfeeding women, smokers who are over the age of 35 and some women who suffer with migraine.

Advantages - Less risk of serious problems than the combined pill.

Disadvantages - Periods often become irregular. Some women have side-effects.

H. Hormone Releasing Intrauterine System (IUS)

A small T shaped plastic device containing a progestogen hormone that is inserted into the womb (uterus).

1 in a 100 women may become pregnant each year using the intrauterine system.

Progestogen is released at a slow but constant rate, making the lining of your womb thinner so it is less likely to accept a fertilised egg. It also thickens the mucus from your cervix. IUS can be used to treat heavy periods.

Advantages - Very effective. You do not have to remember to take pills. Periods become light or stop altogether.

Disadvantages - Side-effects may occur as with other progestogen methods such as the mini pill (POP), implant and injection. However, they are much less likely as only a very small amount of the hormone gets into the bloodstream.

I. Natural Methods

Withdrawal method is not recommended.

Much less effective than other methods.

It requires commitment and regular checking of fertility indicators such as body temperature and cervical secretions. Sex needs to be avoided or use of a condom at fertile times of your cycle.

Advantages - No side-effects or medical risks.

Disadvantages - Not as reliable as other methods. Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.

G. Coil (Intrauterine Device - IUD)

A small plastic and copper device is inserted/fitted into the womb (uterus) by a specially trained doctor or nurse. It lasts between 5-10 years; this will depend on which type of coil is used. It can be taken out at any time.

1 in a 100 women may become pregnant each year using the coil.

It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the womb. You can have a coil inserted/fitted at your GP surgery, family planning clinic or sexual health clinic. If you're 40 or over when you have the coil fitted, it can be left in until you reach the menopause or until you no longer need to use contraception.



Advantages - Very effective. You do not have to remember to take pills. It works as soon as it is inserted. When it is removed your fertility will return to normal.

Disadvantages - Periods may get heavier, last longer or more painful. Very small risk of infection after insertion.

C. Contraceptive patch

A combined form of contraception containing oestrogen and progestogen hormones. It is essentially the same type of contraception as the combined contraceptive pill but it is used in a patch form. It prevents ovulation (the release of an egg); thins the womb lining and thickens mucus in the cervix.



The contraceptive patch is stuck onto the skin so that the two hormones are continuously delivered to the body. Each patch lasts for one week. You change the patch every week for three weeks, and then have a week off without a patch. You will have a withdrawal bleed, like a period.

Advantages - It is very effective and easy to use. You do not have to remember to take a pill every day. Your periods are often lighter, less painful.

Disadvantages – It is not safe for everyone e.g. those aged over 35 years of age and smoke. Women who weigh more than 90kg may not be provided with sufficient amounts of hormone to prevent pregnancy and should consider an alternative method of contraception.

D. Barrier Methods

These include male condoms, the female condom, diaphragms/caps with a spermicide (chemical that kills sperm). They prevent sperm entering the womb.

Between 4 - 8 in a 100 women may become pregnant each year using barrier methods of contraception (this depends on which method is used).

Advantages - No serious medical risks or side-effects. Condoms help protect from sexually transmitted infections. Condoms are widely available e.g. chemists, supermarkets, family planning clinics.

Disadvantages - Not quite as reliable as other methods. Needs to be used properly every time you have sex. Condoms occasionally split or come off if not used properly. Female condoms not as widely available as male condoms.

E. Contraceptive Injections

They contain a progestogen hormone which slowly releases into the body. The hormone stops ovulation, thickens mucous in the cervix to prevent sperm reaching an egg and thins the lining of the womb.

1 in a 100 women may become pregnant each year using contraceptive injections.

An injection lasts for 8-13 weeks and can be given in your bottom, arm, abdomen or thigh (this depends on which injection).

Advantages - Very effective. You do not have to remember to take pills.

Disadvantages - Periods may become irregular (and often lighter or stop all together). Some women have side-effects. Normal fertility after stopping may be delayed by several months. As the injection cannot be taken out, some side-effects may persist for several weeks.

F. Contraceptive Implants

An implant is a small flexible tube that is inserted under the skin of your upper arm, by a trained doctor or nurse. A local anesthetic is used to numb the area before the implant is inserted. It contains a progestogen hormone which slowly releases into the body.

1 in a 100 women may become pregnant each year using the contraceptive implants.

The implant lasts three years, but can be removed earlier if you want it to. When you have it removed your fertility will return to normal. It is safe to use the implant when you are breastfeeding. You can get one fitted at your GP surgery, family planning clinic, and sexual health clinic.



Advantages - Very effective. You do not have to remember to take pills.

It can be taken out if women suffer any unwanted side effects.

Disadvantages - Periods may stop, be irregular or last longer. Some women develop side-effects but these tend to settle after the first few months. Some medicines may stop the implant from working, and alternative contraception will need to be used when you are taking these medications e.g. some antibiotics, medication to treat epilepsy. (Ask your health care team which medicines affect the implant).