

The new FSRH guideline on Combined Hormonal Contraception: how does it change practice?

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The UK Faculty of Sexual & Reproductive Healthcare (FSRH) has updated its 2012 guideline on combined hormonal contraception (CHC), reflecting new evidence and changes in practice.¹ While changes are few, there are some important new recommendations relating to pill use patterns, reminders relating to safety and effectiveness, and new resources for clinicians.

A key development is that the 2019 guideline provides in-depth information about alternative patterns of pill taking (and on combined hormonal patch and vaginal ring use) that reduce length and frequency of the traditional 7-day hormone-free interval. Women can avoid or reduce withdrawal bleeds, hormone withdrawal symptoms and the risk of accidentally missing pills either side of the interval, the last of these potentially reducing the risk of unwanted pregnancy. The guideline also recommends longer initial prescription of CHC and opens the door to remote prescribing.

Although the medical eligibility criteria for CHC use have not changed, the guideline reminds providers of the small risk of serious adverse events (eg, venous and arterial thromboembolism, breast cancer) associated with current or recent CHC use and provides information as to how progestogen type and estrogen dose relate to those concerns. Combined oral contraception containing ≤ 30 μg ethinylestradiol in combination with levonorgestrel or norethisterone is recommended as a reasonable first-line choice to minimise cardiovascular risk. Providers are also reminded of the relatively poor effectiveness of CHC, with an estimated 9% 'typical use' failure rate, when compared

with long-acting reversible contraception (LARC) methods with significantly lower risks of failure.

New in this 108-page guideline is a tool with links to the relevant sections, to guide clinicians through the suggested content of an initial CHC consultation. Some of the issues that should be addressed include assessment of suitability, contraceptive effectiveness, benefits, health risks, CHC type, regimens, and important information that should be provided to users as standard.

Additionally, to support alternative patterns of CHC use, key messages for women have been designed to dispel any associated myths or misconceptions. In addition to the usual clinical recommendations, key information points for providers are included to assist in translating the new guideline into practice, and a webinar is available through the FSRH website to support learning and understanding. The guideline is accompanied by a quick reference guide to provide FSRH members with 'at a glance' information.

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REFERENCE

- 1 FSRH Guideline (January 2019) Combined Hormonal Contraception. *BMJ Sex Reprod Health* 2019;45:1–93.



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