

## Discussion Points for the First Prescription of Combined Oral Contraception Guidance

The following discussion points have been developed by the FFPRHC Education Committee.

### Discussion Points

- 1 Discuss whether the COC might be an appropriate form of contraception in the perimenopausal woman and what the consultation should cover.
- 2 Having established a 15-year-old's competency to consent to advice given on the COC what other topics would you wish to discuss?
- 3 The issue of newer versus older progestogens and risk of VTE is often mentioned by women. Outline your discussion with a woman wishing to commence the COC who expresses a preference for a pill containing desogestrel.
- 4 A woman with a first-degree relative with breast cancer wishes to commence the COC. What further information would you wish to obtain from her, and how might the consultation proceed?

## Questions for the First Prescription of Combined Oral Contraception Guidance

The following questions and answers have been developed by the FFPRHC Education Committee.

Indicate your answer by ticking the appropriate box for each question

	True	False
1 Women using the COC who are also taking a liver enzyme-inducing drug should continue to use additional contraceptive precautions for 28 days after the enzyme-inducer is stopped.	<input type="checkbox"/>	<input type="checkbox"/>
2 Women aged over 35 years with non-focal migraine should be advised that the risks of taking the COC outweigh the benefits.	<input type="checkbox"/>	<input type="checkbox"/>
3 Women with a family history of breast cancer in a second-degree relative should be advised that by taking the COC they would increase their personal risk of breast cancer by a factor of three.	<input type="checkbox"/>	<input type="checkbox"/>
4 There is no correlation between the risk of cervical cancer and duration of use of the COC.	<input type="checkbox"/>	<input type="checkbox"/>
5 Following completion of a short course of a non-enzyme-inducing antibiotic, women should only be advised to take additional contraceptive precautions for a further 7 days if fewer than seven pills remain in the packet.	<input type="checkbox"/>	<input type="checkbox"/>
6 Women taking a 20 µg rather than a 30 µg COC should be advised that breakthrough bleeding is increased.	<input type="checkbox"/>	<input type="checkbox"/>
7 Women taking the COC can be advised of a reduction in the risk of endometrial cancer of 50%, which can persist for up to 10 years after stopping the COC.	<input type="checkbox"/>	<input type="checkbox"/>
8 Although there is a very small absolute risk for ischaemic stroke in healthy non-smokers, the use of the COC increases the risk by a factor of two.	<input type="checkbox"/>	<input type="checkbox"/>
9 After excluding pregnancy, a woman may start a COC after Day 7 of the cycle but will require 14 days' additional contraceptive precautions.	<input type="checkbox"/>	<input type="checkbox"/>
10 It is considered good practice to review a woman after her first 3 months on the COC.	<input type="checkbox"/>	<input type="checkbox"/>

### Answers

- |         |         |         |
|---------|---------|---------|
| 1 True  | 5 False | 8 True  |
| 2 True  | 6 True  | 9 False |
| 3 False | 7 True  | 10 True |
| 4 False |         |         |