



GUCH
GROWN UP
CONGENITAL
HEART PATIENTS
ASSOCIATION

CONTRACEPTION FOR WOMEN WITH A HEART CONDITION

Contraception for women with a heart condition

Why use it?

If you are sexually active and not using effective contraception you have a chance of becoming pregnant. By using contraception you can choose if and when you have a baby.

There are several types of contraception available work in different ways, and some also provide protection against sexually transmitted infections (STIs). In this leaflet we will hopefully provide you with information so you know which are safe and effective for YOU!

Why are your needs special?

If you have a heart condition, contraception must be tailored to YOU. Some heart conditions can put you at a higher risk of forming blood clots in your body due to sluggish blood flow or enlarged heart chambers. You should ask your GUCH Specialist Consultant Cardiologist if you are at increased risk of having a blood clot in your veins, arteries or inside your heart.

Oestrogen containing contraceptives also increase the risk of blood clots and therefore are best avoided with certain heart conditions. If you have one of these heart conditions your GUCH cardiologist will advise against using methods that include the hormone Oestrogen and will recommend other methods.

Your fertility – the monthly menstrual cycle

Every month your body produces hormones that control the release of an egg from the ovaries (egg store) and cause the thickness of the lining of the womb (uterus) to increase in preparation for pregnancy. This cycle is preparing for pregnancy every month whether or not that is your intention!

How do contraceptives work?

Barrier methods

Barrier methods prevent sperm entering the womb. They are the only contraceptive that protects against sexually transmitted infections (STI's). Barrier methods can fail more than 10 percent of the time so we suggest you also use one of the other more effective contraceptives described in this leaflet.



Male Condom / sheath

89 percent effective

This is a sheath which acts as a physical barrier to prevent sperm entering the vagina. Some have a gel that kills the sperm. They protect against STI's and can be bought in chemists and most shops. The male partner must be willing to use a sheath and they don't work if they are torn (fingernails, jewellery, etc) or if they split or slip. Some people can be allergic to condoms.



Female Condom – e.g. Filmcondom®

95 percent effective

This sheath is worn internally by the female partner and stops sperm getting into the womb. It can be inserted at any time before intercourse and like the male sheath it fails if torn (fingernails, jewellery, etc) or if they split or slip.

Diaphragm & Cap

95 percent effective

Diaphragms and caps are dome shaped rubber or silicone devices that attach to the opening of the womb (cervix) by a suction effect. Both devices are used with a gel which kills sperm and provides a barrier. A doctor or nurse needs to size and fit the device initially and you need to be able to locate your cervix and apply the diaphragm internally.

Hormonal methods

The use of hormones in controlling fertility

Hormone containing contraception methods can prevent the release of an egg and stop you from becoming pregnant.



Combined Oral Contraceptive Pill

99 percent effective

e.g. *Loestrin 20®*, *Mercilon®*, *Femodette®* (all have low oestrogen strength) and *Microgynon 30®*, *Loestrin 30®*, *Mavelon®* and *Cilest®*.

The combined oral contraceptive pill (COCP) contains both oestrogen and progesterone.

It stops the releasing of an egg (ovulation) and makes it difficult for sperm to reach the womb and make its lining thin and unfriendly to the sperm.

The pill must be taken daily and can increase the risk of blood clots, high blood pressure and migraine.

More minor side effects include irregular bleeding in the first few months, weight gain or loss, reduced sexual desire, nausea, breast tenderness, headache and mood change. Most of these symptoms do not persist after the first 3 months of use.

If you miss a pill by completely forgetting to take it or by taking it more than 12 hours after the normal time, you are at risk of becoming pregnant. If you do miss a pill, a barrier method of contraception (sheath) should be used for 7 days.



EVRA Contraceptive Patch

99 percent effective

The contraceptive patch **contains both oestrogen and progesterone** and works in the same way as the combined pill. It is applied to the skin on the first day of your period and changed once a week. It is removed after 3 weeks (1 patch per week) and you will bleed (have a period) during the patch-free week. The benefits, disadvantages and side effects are similar to those of the combined pill.



Progesterone Only Pill / “mini-pill” – POP

95 percent effective

e.g. *Femulen*[®], *Micronor*[®], *Norgeston*[®] and *Noriday*[®].

The Progesterone only pill also makes it difficult for the sperm to reach the womb and thins the lining of the womb.

These pills must be taken at the same time every day. Some people get occasional acne, headache, breast tenderness, nausea and irregular bleeding, although this tends to settle after a few months. Progesterone only pills are taken continuously with no break between packs.

If you **miss** a pill by completely forgetting to take it or by taking it **more than 4 hours after the normal time**, you are at risk of becoming pregnant. If you do miss a pill, a barrier method of contraception (sheath) should be used for 7 days.

Cerazette®

99 percent effective

Is a progesterone only pill which works in the same way as the other progesterone only pills but tends to stop egg release just like the combined pill and it is more effective.

If you miss this pill by completely forgetting to take it or by taking it **more than 12 hours after the normal time**, you are at risk of becoming pregnant. If you do miss a pill, a barrier method of contraception (sheath) should be used for 7 days. This means you have a little more freedom compared to the other progesterone only pills which is ideal for busy women or those who keep taking their pills a few hours late.

Progesterone Implants – Implanon®

99.9 percent effective

The implant is a progesterone rod (40mmx 2mm) inserted by a doctor or nurse, directly under the skin into the upper inner arm under local anaesthetic. This method is extremely effective and there is no need to remember to take a pill.

Implanon® contains the same hormone as *Cerezette®* and can be implanted in the first few days of your period.

Some women have irregular spotting which usually settles within the first year. It should be replaced after 3 years and is removed fairly easily. Periods and fertility return to normal immediately and it is extremely effective.

The disadvantages of the implant can include headache, breast tenderness, weight gain, mood disturbance and most women experience irregular bleeding within the first year, which then settles. Occasionally bruising, itching or infection occurs at the site of the implant.

Injectables – Depo-Provera®

99 percent effective

Noristerat® and *Depo-Provera®* are the two injections which both work in similar ways.

These contraceptives are injected with a needle into the buttock (bottom) every 8-12 weeks. They are progesterone based and irregular bleeding is normal in the first few months.

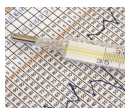
Some people can find it hard getting pregnant for a few months after stopping the injections. If you take warfarin you are at risk of bruising at the site of the injection.

Progesterone intra-uterine device (IUD) – Mirena®

99 percent effective

e.g. *Flexi-T 300®*, *Cyne Fix®*, *T-safe®*, *Nova-T®* and *Load 375®*. The *Mirena®* IUS contains the same ingredients as the POP, *Cerazette®*.

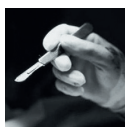
The intrauterine device is a plastic T-shaped frame which releases the hormone progesterone directly into the womb to avoid pregnancy. They are very effective and can make periods lighter. Older copper intrauterine devices can inflame the womb; however this is less common with these newer plastic devices. Fertility usually returns rapidly once it has been removed. Intrauterine devices are inserted into the womb via the cervix in a doctor's surgery under local anaesthetic.



Natural / Rhythm method

85 percent effective

Sperm may survive for up to 4 days after intercourse and eggs survive for approximately 24-48 hours after they are released from the ovaries. Therefore you may become pregnant for up to 4 days. Natural family planning involves identification of the timing of egg release and avoidance of intercourse for some days afterwards. It is not easy to precisely time egg release. Natural family planning is not considered a suitable method of contraception for women with heart conditions as it is not very effective.



Permanent methods

99 percent effective

Surgical sterilisation is very effective and is used by 23 percent of women in the UK. The advantages are that it is relatively simple, usually permanent, and has no hormonal side effects. The disadvantages are you needing an operation and potentially getting problems after surgery. It is usually irreversible and offers no protection from STIs.

We recommend you discuss this with your GUCH cardiologist.

Emergency contraception

Levonelle® One Step.

99 percent effective if taken within first 24 hours of unprotected sex. (NB Only 58 percent effective by 72 hours)

Emergency contraception is only indicated when no contraception has been used, or when the usual method has failed e.g. split in a condom and missed pills.

Levonelle[®] is a single dose of a progesterone-only pill. It should be taken as soon as possible after intercourse. If you vomit you should take a second pack of emergency contraception.

The emergency pill prevents 99 percent of expected pregnancies if taken within 24 hours of intercourse but it is much less effective if taken later (58 percent by 72 hours).

It is available from pharmacies and family planning centres as well as from your GP if you are over 16 years old.

NB *Schering PC4*[®] is an emergency pill which works in the same way as *Levonelle*[®] but it contains oestrogen, and it is therefore not recommended for some women with heart conditions.

Be responsible, be safe!

Now that you have this information you can make the right decision for which form of contraception is the safest form for you. Please do not hesitate to ask questions and discuss what you have read with your GUCH Specialist Consultant Cardiologist.

We would like to thank Ruth Brooks, GUCH Nurse Specialist, Dr Fiona Walker, GUCH Specialist Consultant and the Heart Hospital, part of UCLH, for their origination of this leaflet.



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