

Priority Topic: **CONTRACEPTION**

Key Features:

GREAT WEBSITE: sexandu.ca

This site is produced by the SOGC for patients and has an amazing outline of all contraceptive methods. Useful for learning AND for patient education!

SOGCs Canadian Consensus on Contraception is the comprehensive resource for contraception (see the end of the document for a complete list and links)

1. With all patients, especially [adolescents, young men, postpartum women, and perimenopausal women](#), advise about adequate contraception when opportunities arise.

What you should study:

- ✓ [Provision of Contraception: Key Recommendations CDC AAFP 2015](#)
- ✓ [CDC Updates on Contraception AAFP 2017](#)
- ✓ [Contraception for Adolescents AAP 2014](#)
- ✓ [Contraception and Lactation AAFP 2016](#)
- ✓ [Choisir la meilleure contraception Médecin du Quebec 2018](#)
- ✓ [Contraceptive Care for Canadian Youth CPS 2018](#)
with McGill's own Adolescent Med guru Dr Di Meglio!
[La contraception chez les ados canadiens SCP 2018](#)

2. In patients using specific contraceptives, advise of specific **factors that may reduce efficacy** (e.g., delayed **initiation of method**, **illness**, **medications**, **specific lubricants**).

What you should study:

- Know that there are drug-drug interactions between combined oral contraceptives and rifampicin, anti-epileptic drugs, and HIV antiretrovirals.
- Know which types of lubricants decrease the efficacy of condoms

SOGC Canadian Consensus on Contraception

- ✓ Part 1: Overview, Access, Emergency
- ✓ Part 2: Natural, Barrier, Permanent
- ✓ Part 3, Chapter 7: Intrauterine
- ✓ Efficacy and Side Effects of OCs 2017 **Table 4: List of drug-drug interactions**
- ✓ Hormonal Contraception in Obese Women AAFP 2017
- ✓ Contraceptive Efficacy AU 2014 **nice graphic!**

3. In aiding decision-making to ensure adequate contraception:

- a) Look for and identify risks (**relative and absolute contraindications**).

What you should study:

- ✓ Contraception Contraindications WHO 2015 **GREAT one-pager!**
- ✓ Canadian Consensus Part 4: Combined Hormonal Contraception
- ✓ Risk of MI and Stroke with COCs AAFP 2016
- b) Assess (look for) **sexually transmitted disease exposure**.
- c) Identify **barriers** to specific methods (e.g., cost, cultural concerns).
- d) Advise of **efficacy and side effects**, especially short-term side effects that may result in discontinuation. **See Key Features 2 & 4**

4. In patients using hormonal contraceptives, [manage side effects](#) appropriately (i.e., recommend an appropriate length of trial, discuss estrogens in medroxyprogesterone acetate [Depo– Provera]).

What you should study:

- ✓ [Effets Indesirables des Hormones Médecin du Quebec 2018](#)
- ✓ [Efficacy and Side Effects of OCs PRESCRIBER 2017](#)

5. In all patients, especially those using barrier methods or when efficacy of hormonal methods is decreased, advise about [post-coital contraception](#).

What you should study:

- ✓ [Emergency Contraception Update AAFP 2014](#)
- ✓ [Ella AAFP 2012](#)

6. In a patient who has had unprotected sex or a failure of the chosen contraceptive method, inform about [time limits in post-coital contraception](#) (emergency contraceptive pill, intrauterine device).

What you should study:

- ✓ [Emergency Contraception Update AAFP 2014](#)
- ✓ [Avortement Médicale Médecin du Quebec 2018](#)

SOGC Canadian Consensus on Contraception

- ✓ [Part 1 - Overview, Access, Emergency](#) or [Consensus canadien 1re partie](#)
- ✓ [Part 2 - Natural, Barrier, Permanent](#) or [Consensus canadien 2e partie](#)
- ✓ [Part 3 - Intrauterine](#) for some reason I was not able to download the French
- ✓ [Part 3 - Progestin Only](#) or [Consensus canadien 3e partie chapitre 8](#)
- ✓ [Part 4 - Combined Hormonal](#) or [Consensus canadien 4e partie](#)
- ✓ [Addendum on Emergency Contraception](#)