FSRH The Faculty of Sexual & Reproductive Healthcare

SRH Essentials for Primary Care Delegate Workbook

April 2022

FSRH The Faculty of Sexual & Reproductive Healthcare

Contraceptive Counselling online course

Free to access

This free online course supports all healthcare professionals to deliver effective contraceptive care. Engaging and interactive, the course features a range of case studies, video content and additional reading resources.

This course is in English and takes just 2 hours to complete. You can stop and start again at any time.

What will I learn?

This course will support you to:

- **develop key concepts and skills for effective contraceptive counselling**
- **understand both 'good' and 'bad' consultations**
- **create action plans to improve your contraceptive consultations.**

Inclusive online course community on Facebook

Joining the course gives you access to an online community where you can discuss ideas, post questions, share resources and gain support from your peers.

Who is the course for?

All healthcare professionals interested in or delivering contraceptive care in the UK and overseas.

This course is kindly supported by a grant from the European Society of Contraception and Reproductive Healthcare (ESC).

To find out more, visit www.fsrh.org/CC

Contents

Welcome to SRH Essentials for Primary Care.0

Parts of this handbook are intended to be filled out during your training. Your Facilitator will indicate when you need to do so, and which page you need to complete.

You can also use it to take notes to support your learning, and refer to later. Some pages contain useful charts and information for future reference. These are marked as Quick Reference*, and we hope that you will find them useful in your practice.*

This course is designed to provide basic information and understanding about **STI**, **Contraception** *and* **Emergency Contraception**. *It does not provide a 'qualification' to deliver SRH services. You will need to follow this up with appropriate clinical experience, and must always work within your level of professional competence.*

Feedback

Feedback is important. It is a key component to ensuring that we update and improve the SRH Essentials product. We encourage you to evaluate the course at the end of the day via our online survey, at

https://www.surveymonkey.co.uk/r/DGJQ9TW.

Thank you for coming to Essentials. We hope that you enjoy the day.

STIs

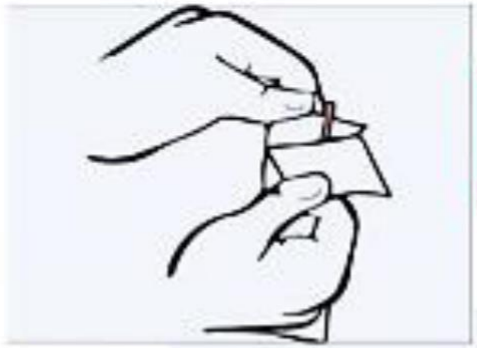
Infections that are **predominantly** sexually transmitted:

Infections where sexual transmission is well recognised, but not the predominant route of transmission:

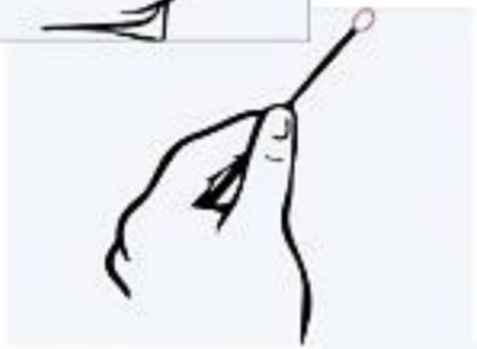
Diagnosing STIs

	Microbiology sample	Blood test	Clinical findings
Chlamydia *Chlamydia trachomatis*			
Gonorrhoea *Neisseria gonorrhoea*			
Genital warts *Human papilloma virus*			
Genital herpes *Herpes simplex virus*			
Syphilis *Treponema pallidum*			
HIV *Human immunodeficiency virus*			
Hepatitis B			
TV *Trichomonas vaginalis*			
Pubic lice *Pthirus pubis*			

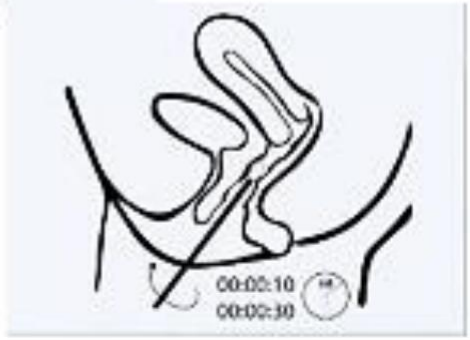
Explaining self-taken vulvovaginal swabs



This is the swab you're going to use to take the sample



Don't touch the end, as it affects the results



Insert it into the entrance of the vagina and sweep it around to touch the vaginal walls

Explaining self-taken vulvovaginal swabs

- Unscrew the lid of the tube
- Put the swab in – cotton wool end first
- Snap the stick of the swab off
- Be careful not to spill any of the liquid
- Replace the lid on the tube tightly

Poppy, 17 years old, sees you for a pill check, and has been getting occasional spotting.

What could this be?

You want to bring up the possibility of STIs and do a risk assessment

How are you going to introduce the topic?

Suggest the actual phrases you would use.

Mary, 19 years old, is going for a gap year in Jamaica. She has come for some more pills before she leaves.

What actual questions or phrases might you use to raise the issue of sexual health?

Assessing partner history

Quick Reference: STIs

Which tests for which patients?

NO APPARENT SEXUAL HEALTH RISK

Signs and symptoms unlikely to be an STI: vaginal discharge, genital itching

Generally, do not need genital swabs

For vaginal discharge pH will support diagnosis.

Examine external genitalia. If speculum examination indicated do not use lubricating gel.
The pH is affected by the presence of blood, semen or lubricants.
Use 1-inch piece of pH paper to wipe discharge from swab or gloved finger.

CANDIDA

White curdy discharge

Itch, irritation

Soreness, redness

pH < 4.5

PROBABLY PHYSIOLOGICAL

Clear discharge

No smell

Not itchy

pH < 4.5

BACTERIAL VAGINOSIS

Thin grey/white discharge

Generally, not sore

Fishy/offensive odour

pH > 4.5

If persistent or recurrent vaginal discharge offer tests to exclude STIs –

"From what you tell me, you are at very low risk, but can I suggest we do some tests to rule out..... and check you for.....?"

SEXUAL HEALTH RISK

Increased if:

- Change in partner in 3m/or since last test
- More than one partner in the last year
- STI contact / STI diagnosis
- Signs/symptoms which are more likely to be an STI : warts, penile discharge, herpetic sore
- Risks for HIV and viral hepatitis may be years ago
- How protective condoms are depends on correct use

Offer tests even if low risk

NO SYMPTOMS

Tests for Chlamydia & Gonorrhoea (NAAT)

- **WOMEN** - Self-taken vulvo-vaginal swab
- **MEN** - First pass urine after not PU for >1 hr

Blood tests

- HIV & Syphilis
- Hepatitis B & C if at risk

Consider the window period for each test ordered

GENITAL SYMPTOMS

(Some STIs may also cause non-genital symptoms)

- Take samples as if No symptoms **PLUS examine the patient**
- **Look for** - warts, vesicles, ulcers and other genital pathology
- **Take/Arrange appropriate tests**:
- Viral swab for HSV if vescicles/ulcers
- Endocervical/ urethral swabs for Gonorrhoea culture
- High vaginal swab only for Trichomonas vaginalis

Consider contraceptive needs and future STI risk for EVERYONE

Conducting a Sexual Health Risk Assessment:
Useful questions

Do you have a sexual partner now?

Yes:

- Is your partner a man or a woman?
- Is it a sexual relationship?
- How long have you been with your partner?
- Have you or your partner had sex with anyone else during that time?

No:

- Have you ever had sex?
- When did you last have sex?
- Have you had sex with anyone else in the last year?
- Have you ever had sex without a condom/problem with condoms?

When did you last have an STI test? Or an HIV test? What was the result?

HIV/Hep B/Hep C risk questions: (NB these risks may be years ago)

- Country of origin?
- Have you ever had sex with someone from another country? Which country?
- Have you (or any of your partners) ever injected drugs?
- [To men] Have you EVER had sex with a man?
- [To women] Have ANY of your partners been gay / bisexual?
- Have you had medical treatment abroad? Where?
- Have you had a blood transfusion in UK before 1991?

Young People (under 18):

Check age of partner; explore to see if coercion

Have low threshold for referral if Looked After Child, Child In Need, learning disability, mental health issues, domestic violence, drug or alcohol problem

Sexual health risk:

Change in partner: in last 3m/or since last test

More than one partner in the last year

STI contact/STI diagnosis

Risks for HIV and viral hepatitis may be years ago

How protective condoms are depends on correct use

Very high risk:

- men with multiple male ‘partners’
- sex workers
- sex-promoting drug use (chemsex)

STI Notes

Contraception

Write down all the methods of contraception you can think of:

UKMEC scenarios

Write down which category of UKMEC applies to each method of contraception for each woman

	IUD	IUS	Implant	Injection	POP	CHC
Iris, *age 33* • *No medical problems* • *Is currently fully breastfeeding her 2-week-old* • *Takes no medication* • *Is not aware of any relevant family history* • *Has never smoked* • *Her BMI is 28 kg/m2, BP 120/74 mmHg*						
Adele, *age 18* • *Has asthma for which she uses inhalers She does not take any other medication* • *Is not aware of any relevant family history* • *Smokes 10 cigarettes/day* • *Her BMI is 20 kg/m2, BP 90/60 mmHg*						
Mei, *age 36* • *No medical problems* • *Does not take any medication* • *Her mother had a deep vein thrombosis aged 40* • *Smokes 10 cigarettes/day* • *Her BMI is 21 kg/m2, BP 128/66 mmHg*						
Katie, *age 26* • *No medical problems* • *Mentions that she has been experiencing intermittent migraines. She describes them as a throbbing pain over her right forehead and behind her right eye. Before the pain starts she loses part of her vision which later recovers. She takes ibuprofen for these migraines and does not take other medication* • *Stopped smoking 2 years ago.* • *Her BMI is 39 kg/m2, BP 130/80 mmHg*						

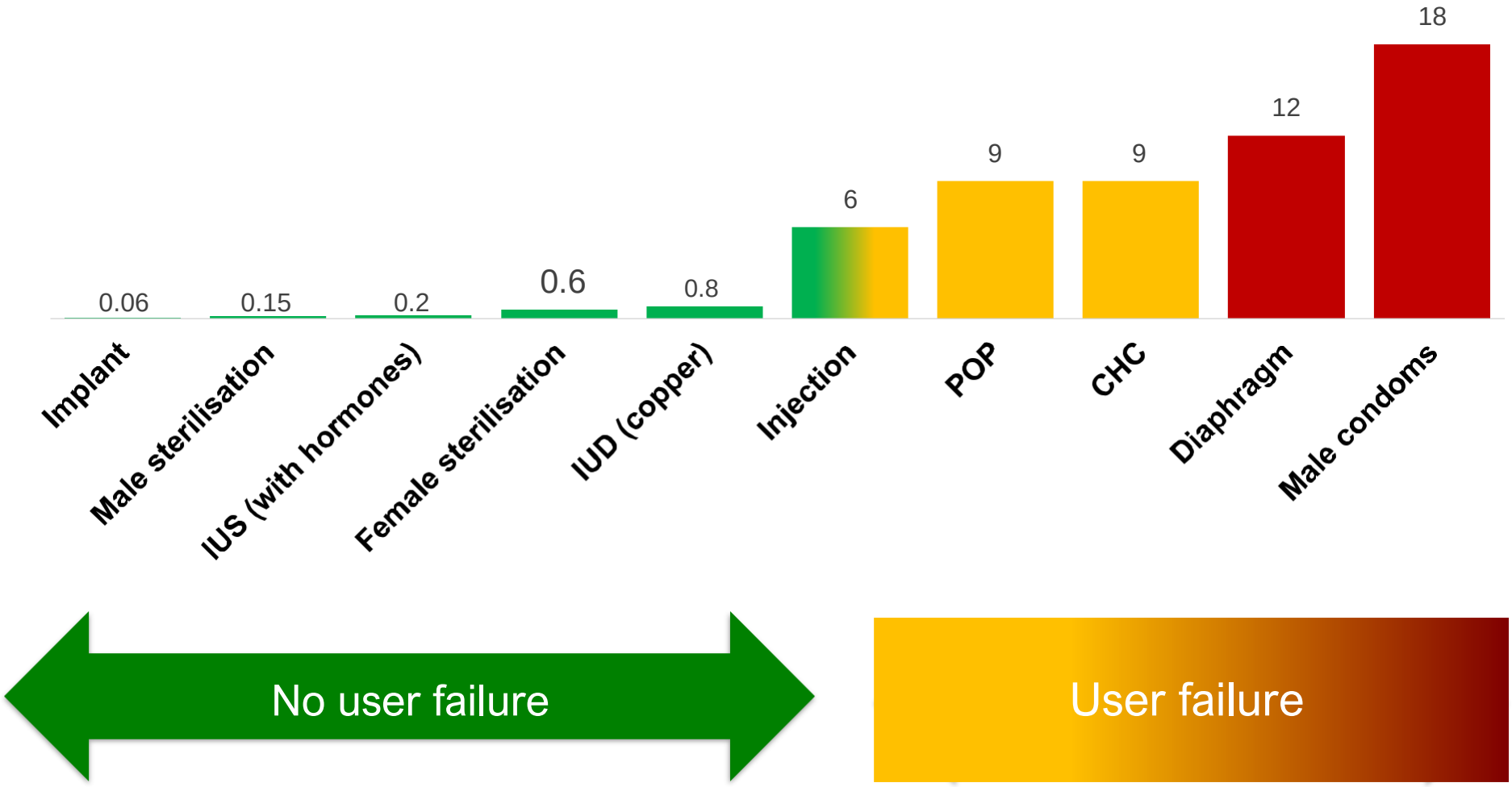
	IUD	IUS	Implant	Injection	POP	CHC
Fatima, *age 40* • *Just had a mastectomy for breast cancer and is due to start chemotherapy* • *Has no other medical problems* • *Does not take any medication* • *Her grandmother also had breast cancer* • *Has never smoked* • *Her BMI is 27 kg/m2, BP 133/72 mmHg*						
Priya, *age 18* • *Ulcerative colitis without malabsorption* • *Takes* Azathioprine • *Is not aware of any family history* • *Has never smoked* • *Her BMI is 26 kg/m2, BP 100/66* • *Was treated for chlamydia 6 months ago and has not had sex since she was treated*						

How to use some contraceptive methods

	How often is it taken?	Breaks?	When is it late?
COC			
Patch			
Ring			
POP			
Injection			

Quick Reference: Contraception

Contraception failure rates with typical use per 100-woman years



Trussell J. In: Hatcher et al. (eds) *Contraceptive Technology* (20th Edition). New York, Ardent Media 2011

Quick Reference: Missed Pills

Similar guides to Patches and Vaginal Rings are available on the Sexwise website

Quick Reference: Bringing Up Contraception

We routinely ask new patients about contraception. Is this something you'd like to discuss?

We don't have any record about whether you're currently using contraception.
Do you mind if I ask you a few questions about this?

We try to discuss contraception with women on a regular basis because it's so important to use reliable contraception if you don't want to get pregnant.
Would you like to have a quick chat about this whilst you're here?

- **Many methods** other than the pill and condoms
- All methods are **safe** and **reliable** used consistently and correctly
- Some methods you need to remember to take and others you can **forget about** once they're in (LARCs)
- The **most effective** methods are implants and IUDs and you can have them taken out at any time
- **We can arrange for you** to have whatever method you like
- **Give it a try**, if you don't like it you can easily change!

Quick Reference: re-issuing COC

Problems

Risks

- Pregnancy
- STI

Breakthrough bleeding?

Missed pills?

Do you have a regular start day?

Changes

- Medical / Family history
- Medication

New sexual partner?

Migraine? Smoking?

Examination

- BMI
- BP

Give condoms, safe sex advice
Offer leaflets - COC, LARCs, STIs

Quick Reference: Reissuing POP

Problems

Risks

- Pregnancy
- STI

Bleeding pattern

Missed pills?

New sexual partner?

Changes

- Medical / Family history
- Medication

Give condoms, safe sex advice
Offer leaflets - POP, LARCs, STIs

Quick Reference: Re-issuing Injection

Problems

Risks

- Pregnancy
- STI

Changes

- Medical / Family history
- Medication

Examination

- BMI

Bleeding pattern

Date of last injection Give date of next injection

New sexual partner?

Give condoms, safe sex advice Offer leaflets - Injection, LARCs, STIs

Late injection > 14 weeks

- If **no UPSI** since 14 weeks:
  - Give injection
  - Use condoms for **7 days**
- If **UPSI** since 14 weeks:
  - **See colleague** with relevant expertise for EC and restart contraception

Contraception Notes

Emergency Contraception

The Essentials

1. What are the two basic ingredients of a pregnancy?

2. How long can sperm survive for?

3. What day in her cycle is the earliest a woman is expected to ovulate?

4. What day in her cycle is the earliest a woman with a 26- to 30-day cycle is expected to ovulate?

5. When do you need to start contraception after having a baby?

6. How long can an unfertilised egg survive for?

7. How long does it take a fertilised egg to implant?

8. How long after unprotected sexual intercourse (UPSI) should you do a pregnancy test?

9. Are there any days in a woman's cycle when UPSI is safe and EC is not needed?

Pregnancy Risk Assessment

1.

2.

3.

4.

Emergency Contraception

1. Rank the three methods of emergency contraception in terms of effectiveness:

   Levonorgestrel (LNG) Ulipristal (UPA) Copper IUD

2. How do the following methods work?
   a. Levonorgestrel
   b. Ulipristal
   c. Emergency IUD

3. Up to when can you give/fit:
   a. Levonorgestrel
   b. Ulipristal
   c. Emergency IUD?

4. Which of the following are contraindications for taking Ulipristal?
   a. Previous blood clot
   b. Previous stroke
   c. Severe asthma controlled by steroids
   d. Diabetes

5. Which of the following drugs reduce the effectiveness of oral emergency contraception?
   a. Some anti-retrovirals
   b. Older anti-convulsants (carbamazepine, phenytoin, topiramate)
   c. St John's Wort
   d. Rifampicin

6. A woman can take emergency oral contraception more than once in a cycle

   True **False**

7. If there is a previous pregnancy risk this cycle you can still give:
   a. Levonorgestrel **True** **False**
   b. Ulipristal **True** **False**

8. Hormonal contraception can be started immediately after taking:
   a. Levonorgestrel **True** **False**
   b. Ulipristal **True** **False**

Ulipristal Acetate

PROs	CONs

What would you say to a woman after prescribing oral EC?

Test

Fill in the blanks

Women ovulate approximately _____ days before next period

An egg survives for _____ and sperm survive for _____ days

It takes a fertilised egg >_____ days to implant

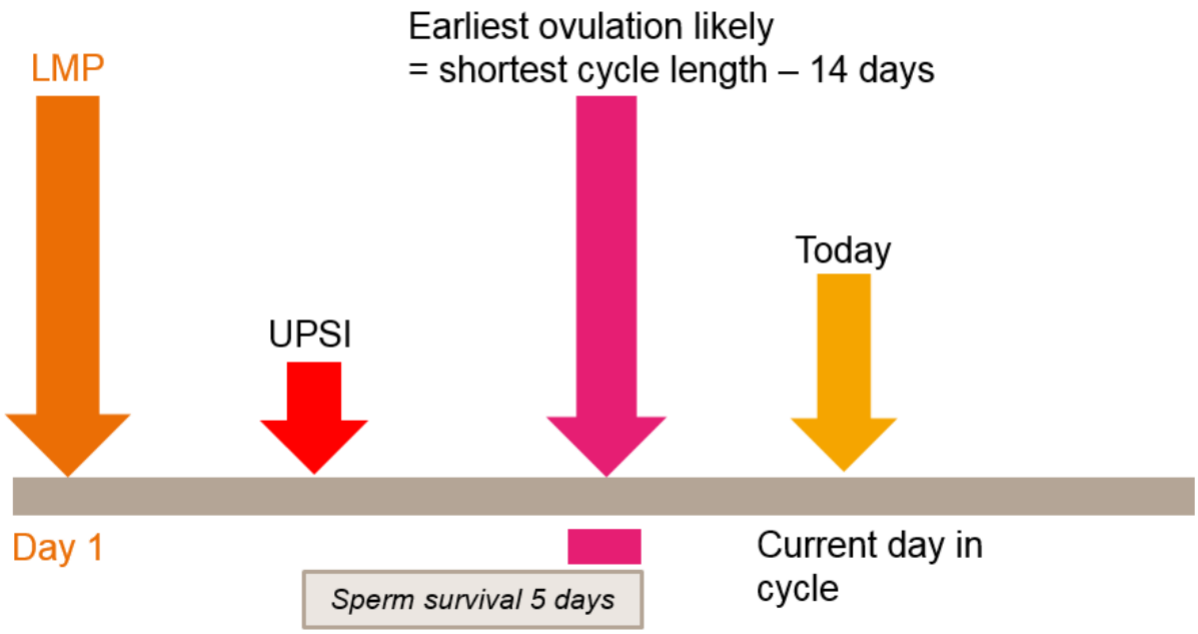
An IUD can be fitted within _____ days of UPSI

UPA can be given within _____ hrs of UPSI

LNG can be given within _____ hrs of UPSI

Quick Reference: Emergency Contraception

- **Contraception**
- **LMP** (1st day of bleed)
  - Cycle length
  - Regularity
  - Normal for you (when expected, usual length/heaviness)
- **Unprotected sex** this cycle
- **Medication** including EC use this cycle



What to discuss with women after prescribing oral EC

- Repeat dose or IUD if **vomits**
  - within 3 hours of taking oral EC.
- **Possible irregular bleeding and late period**
- **Pregnancy test** in 3 weeks if no period
- Ongoing **contraception**
- **STI risk**

Emergency Contraception: Methods

Levonorgestrel

Up to 3 days after UPSI

Less effective that Ulipristal and IUD

Can start hormonal contraception immediately

Can breastfeed immediately

Refer to colleague with relevant experience if:

- Interacting medication

DO NOT give if:

- has taken Ulipristal < 5 days ago

Ulipristal Acetate

Up to 5 days after UPSI

More effective than Levonorgestrel but less effective than IUD

Do not start hormonal contraception for 5 days

Need to discard breast milk for 7 days

Refer to colleague with relevant experience if:

- Interacting medication

DO NOT give if:

- severe asthma

CAUTION

The effectiveness of UPA is reduced if progesterone has been taken in the previous 7 days

Copper IUD

Can be fitted: up to 5 days after unprotected sex

or up to 5 days after earliest expected ovulation - regardless of how many episodes of UPSI have occurred since LMP

IUD is the most effective form of EC

- If eligible for IUD, **always** offer it
- If an IUD cannot be fitted immediately, **always** give oral EC if eligible
- Clinician who fits the IUD will discuss contraindications / risks / benefits

EC clinical scenarios

1. **Tara**, *age 19, requests a pregnancy test. She had sex for the first time with a new male partner 3 weeks ago, then none until 2 days ago with the same partner. She did not use any contraception.*
   Her LMP started 9 days ago and was normal for her. She has a regular bleed every 4 weeks.

   For which episode(s) of sex is emergency contraception

   required? Would a pregnancy test be useful in this case?

   Which method(s) of emergency contraception, if any, could you offer her? If any are not appropriate state why not.
   - Levonorgestrel
   - Ulipristal
   - IUD

   Which would be the most effective method for Tara?

   What other issues do you need to discuss with her?

2. **Kayleigh**, *age 18, comes for advice before going travelling on her gap year. You ask her about contraception and she tells you that she has had unprotected sex with her boyfriend on days 4, 7 and 13 of this cycle.*
   Today is day 15. She has a slightly irregular cycle, between 27 and 30 days long.

   Which method(s) of emergency contraception, if any, could you offer her? If any are not appropriate state why not.
   - Levonorgestrel
   - Ulipristal
   - IUD

   What is the latest day she could have an IUD inserted as emergency contraception this cycle?

   What other issues do you need to discuss with her?

3. **Becki**, *age 27, had her first baby 6 weeks ago and is asking for contraception. You discover that she has had sex once since delivery, 3 days ago. She has not had a period since her post-delivery bleeding stopped. She is not breastfeeding.*

   Which method(s) of emergency contraception, if any, could you offer her? If any are not appropriate state why not.
   - Levonorgestrel
   - Ulipristal
   - IUD

   Would it make any difference if she was breast feeding?

   What follow-up is necessary?

   What additional issues should be considered in this consultation?

4. **Zeinab**, *age 17, had UPSI 10 days ago and took* Levonorgestrel *the following day. She returns having had sex yesterday evening, on day 14 of her 28-day cycle.*

   Which method(s) of emergency contraception, if any, could you offer her? If any are not appropriate state why not.
   - Levonorgestrel
   - Ulipristal
   - IUD

   Which would be the most effective method for Zeinab?

   What other issues do you need to discuss with her?

Role Play

Following the exercise, write down

One thing that you did well

One thing that you would do differently next time

Emergency Contraception Notes

Useful Sources of Information

For more information on the FSRH, please go to **www.fsrh.org**

- You can find FSRH Guidance at www.fsrh.org/standards-and-guidance
- Or go straight to the UKMEC at www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec
- Want to learn more about SRH? Maybe the FSRH Diploma is right for you. You can read all about it at www.fsrh.org/education-and-training/diploma--nurse-diploma
- E-learning for Health - Sexual and Reproductive Healthcare (e-SRH) Sexual and Reproductive Healthcare - elearning for healthcare (e-lfh.org.uk) Free for all NHS staff but you need to register at www.**e-lfh**.org.uk
- You can find really useful resources at www.sexwise.fpa.org.uk/contraception and www.contraceptionchoices.org
- Download leaflets and booklets answering questions about contraceptives at www.fpa.org.uk/professionals/resources

Glossary

BMI	body mass index
BP	blood pressure
BV	bacterial vaginosis
CHC	combined hormonal contraception
Cu- IUD	copper intrauterine device
COC	combined oral contraceptive pill
EC	emergency contraception
Hep B/C	hepatitis B/C
HIV	human immunodeficiency virus
HVS	high vaginal swab
IUD	intrauterine device
IUS	intrauterine system
LARC	long acting reversible contraception
LMP	last menstrual period (first day of bleed)
NAATs	nucleic acid amplification tests
POP	progestogen only pill
PU	passes urine
STI	sexually transmitted infection
TV	*Trichomonas vaginalis*
UKMEC	United Kingdom Medical Eligibility Criteria for Contraceptive Use