

## Contraception Options for Women with Type 1 and Type 2 Diabetes

Diabetes Contraception and Pre-pregnancy  
Program (DCAPP) booklet



## **Are you Pregnant?**

## **NOTES**

**Please urgently attend your nearest  
Diabetes In Pregnancy Clinic**

### **Bankstown-Lidcombe Hospital**

Diabetes Centre

Eldridge Road, Bankstown NSW 2200

9722 8360

### **Campbelltown Hospital**

Macarthur Diabetes and Endocrine Service

Therry Rd, Campbelltown NSW 2560

4634 4963

### **Liverpool Hospital**

Diabetes and Endocrine Service

Suite 19, Level 2, 45-47 Goulburn Street

Liverpool NSW 2170

8738 4577

For more information , please refer to:

<https://www.westernsydney.edu.au/domtru/projects/dcapp>

Or Email: [DCAPP@westernsydney.edu.au](mailto:DCAPP@westernsydney.edu.au)

Mobile: 0415 336 153

## K. Sterilisation

This involves an operation.

**50-150 in a 1000 women may become pregnant following sterilisation.**

- Male sterilisation (Vasectomy) stops sperm travelling from the testes.
- Female sterilisation prevents the egg from travelling along the fallopian tubes to meet sperm.

Vasectomy is easier and more effective than female sterilisation.

Popular when family is complete!

**Advantages** - Very effective. Do not have to think further about contraception.

**Disadvantages** - Very difficult to reverse. Female sterilisation usually needs a general anaesthetic.

## Contraception for Women with Diabetes

How does having diabetes affect your choice?

How does contraception fail?

Why does contraception fail?

What are the different methods of contraception?

- Contraceptive Implants
- Intrauterine Devices (IUD, coil)
- Hormone Releasing System (IUS)
- Combined Pill (OCP)
- Progesterone-only Pill (POP)
- Contraceptive Patch
- Barrier Method
- Contraceptive Injection
- Natural Methods
- Emergency Contraception
- Sterilisation

**How does having diabetes affect your choice?**

In general, women with diabetes can choose from the full range of options. The most reliable approaches are the 'implant', 'intra-uterine system' and intra-uterine device.

If you are over the age of 40 or have had long standing diabetes (20 years or more) the combined oral contraceptive pill (OCP) is generally not advised.

If you have any diabetes complications (eyes, kidneys, nerve damage) or problems with your heart, your options may be fewer and you should discuss with your doctor.

Further Information about your contraception choices are available from your GP. You can also discuss your options with the Diabetes Care Team.

### **A. Contraceptive Implants (e.g. Implanon®)**

An implant is a small device placed under the skin. It contains a progestogen hormone which slowly releases into the body.

**0.5 in a 1000 women may become pregnant each year using the contraceptive implants.**

It involves a small minor operation using local anaesthetics. Each one lasts three years.



**Advantages** - Very effective. Do not have to remember to take pills.

**Disadvantages** - Periods may become irregular (and often lighter or stop all together). Some women develop side-effects but these tend to settle after the first few month.

### **J. Emergency contraception**

This is urgently needed if you do not want to become pregnant. This is needed if;

- You had sex without using contraception.
- You had sex and there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.
- You are taking antibiotics, in which case the pill may not work properly.

**Emergency contraception pills** - are usually effective if started within 72 hours of unprotected sex. These can be bought at pharmacies or prescribed by a doctor.

They work either by preventing or postponing ovulation or by preventing the fertilised egg from settling in the womb.

**An IUD** – this is inserted by a doctor or nurse and can be used for emergency contraception up to five days after unprotected sex.

## I. Natural Methods

Rhythm method involves fertility awareness.

Withdrawal method is not recommended.

Much less effective than other methods.

**240 in 1000 women may become pregnant following natural method.**

It requires commitment and regular checking of fertility indicators such as body temperature and cervical secretions.

March 2006						
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**Advantages** - No side-effects or medical risks.

**Disadvantages** - Not reliable as other methods. Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.

## B. Coil (Intrauterine Device - IUD)

A plastic and copper device is put into the womb. It lasts five or more years.

**8 in a 1000 women may become pregnant each year using the coil.**



It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the womb. The copper also has a spermicidal effect (kills sperm).

**Advantages** - Very effective. Do not have to remember to take pills.

**Disadvantages** - Periods may get heavier or more painful. Small risk of serious problems such as infection.

### C. Hormone Releasing Intrauterine System (IUS)

A plastic device containing a progestogen hormone that is put into the womb.

**2 in a 1000 women may become pregnant each year using the 'IUS'.**

The progestogen is released at a slow but constant rate, making the lining of your womb thinner so it is less likely to accept a fertilised egg. It also thickens the mucus from your cervix. IUS can be used to treat heavy periods.

**Advantages** - Very effective. Do not have to remember to take pills. Periods become light or stop altogether.

**Disadvantages** - Side-effects may occur as with other progestogen methods such as the POP, implant and injection. However, they are much less likely as only a very small amount of the hormone gets into the bloodstream

### H. Contraceptive Injections (e.g. Depo-provera® and Noristerat®)

They contain a progestogen hormone which slowly releases into the body.

**60 in a 1000 women may become pregnant each year using contraceptive injections.**



It prevents ovulation and has similar actions as the POP. An injection is needed every 8-12 weeks.

**Advantages** - Very effective. Do not have to remember to take pills.

**Disadvantages** - Periods may become irregular (and often lighter or stop all together). Some women have side-effects Normal fertility after stopping may be delayed by several months. As the injection cannot be taken out, some side-effects may persist for several weeks.

## G. Barrier Methods

These include male condoms, the female condom, diaphragms and caps. They prevent sperm entering the womb.

**180-210 in a 1000 women may become pregnant each year using a male condom.**



Other barrier methods are slightly less effective than this.

**Advantages** - No serious medical risks or side-effects. Condoms help protect from sexually transmitted infections. Condoms are widely available.

**Disadvantages** - Not quite as reliable as other methods. Needs to be used properly every time you have sex. Male condoms occasionally split or come off.

## D. Combined Pill (OCP)-often called the 'pill'.

The 'pill' contains and works by stopping ovulation. It is very popular. Different brands suit different people.

**90 in a 1000 women may become pregnant each year using the 'pill'.**



**Advantages** - Effective. Side-effects uncommon. Helps ease painful and heavy periods.

**Disadvantages** - Small risk of serious problems (e.g. blood clots). Some women get side-effects. Have to remember to take it. Can't be used by women with certain medical conditions.

### **E. Progestogen Only Pill (POP)-'mini-pill'**

It is commonly taken if the combined pill is not suitable. It works mainly by causing a plug of mucus in the cervix that blocks sperm and also by thinning the lining of the womb.

**90 in a 1000 women may become pregnant each year using the 'POP'.**

It may also stop ovulation. POP is often used in breastfeeding women, smokers over the age of 35 and some women with migraine.

**Advantages** - Less risk of serious problems than the combined pill.

**Disadvantages** - Periods often become irregular. Some women have side-effects.

### **F. Contraceptive patch Contraceptive patch**

A combined form of contraception containing estrogen and progestogen hormones. It is essentially the same type of contraception as the combined oral contraceptive pill but it is used in a patch form.

The contraceptive patch is stuck onto the skin so that the two hormones are continuously delivered to the body.

**90 in a 1000 women may become pregnant each year using a male condom.**



**Advantages** - It is very effective and easy to use. You do not have to remember to take a pill every day. Your periods are often lighter, less painful.

**Disadvantages** – It is not safe for everyone e.g. those aged over 35 years of age and smoke. Women who weigh more than 90kg may not be provided with sufficient amounts of hormone to prevent pregnancy and should consider an alternate birth control.