

Oral contraceptive pill counselling

Examiner history:

You are Miss Benwell, a 30-year-old engaged woman who is looking to start the combined oral contraceptive pill as you and your partner have decided to delay starting a family. This is because you both have children from previous relationships. You are worried about the risk of falling pregnant unexpectedly and would like to know the risk associated with using the combined pill. You have a normal gynecological and family history and do not take any medications. Your past pregnancy was normal. You are a non-smoker and drink 6 units of alcohol a week.

CANDIDATE'S INSTRUCTIONS

Rachael Benwell is a 30 year old engaged woman who is looking to start the combined oral contraceptive pill as she and her partner would like to delay starting a family. She is worried about the risk of falling pregnant on the pill.

Please counsel Mrs Benwell about the contraceptive options she has.

MARKING SCHEME

	Comments
<i>Interaction with the patient: (3 marks)</i>	
WINDEC (wash hands, introduce, check name, DOB and gain consent) (1)	
Reassures patient about confidentiality (1)	
Establish patient's current knowledge and concerns (1)	
<i>Taking a history: (6 marks)</i>	
• Gynaecological history	
Menstrual cycle (length, regularity, bleeding, pain), contraceptive history	
• Sexual health history, cervical smear	
• Past medical history	
• Drug history and allergies	
• Family history (specifically ask breast Ca and VTE)	
• Social history (specifically ask smoking and BMI)	
<i>Information giving (9 marks)</i>	
When can you start: either on day 1-5 of your cycle or anytime but continue using condoms for 7 days (1)	
The combined pill does not need to be taken at the same time each day however we advise the patient finds a convenient time and tries to stick to it as it makes it easier to remember. Most unplanned pregnancies whilst on the OCP are due not taking the pill as prescribed. (1)	
Discuss benefit of the pill (1) le. Effectiveness, easy to use, lighten periods, improve pre-menstrual syndrome, depending on type may improve acne, reduce ovarian, endometrial and colorectal cancer risk	

<p>Explanation in event of a missed pill (2)</p> <p>If one pill is missed, anywhere in the pack (ie more than 24 and up to 48 hours late) the last pill missed should be taken now, even if it means taking two pills in one day. The rest of the pack should be taken as usual. No additional contraception is needed. The seven-day break is taken as normal. Emergency contraception is not needed if just one pill has been missed. However, it should be considered if other pills have been missed recently, either earlier in the current packet, or at the end of the previous packet.</p>	
<ul style="list-style-type: none"> • Explanation of side effects 	
<p>Minor side effects:</p> <p>le Weight gain, dizziness, nausea, breast tenderness (1)</p>	
<p>Serious side effects:</p> <p>le VTE, migraine, increases blood pressure, slight increased risk in breast and cervical cancer, can affect mood (1)</p>	
<p>Explanation of what to do if experience diarrhoea or vomiting whilst taking it:</p> <p>Vomiting within two hours of taking the pill, or very severe diarrhoea, can affect the absorption of the pill. A woman who vomits within two hours of taking a pill should ideally take another one as soon as possible. The advice for women who experience vomiting or diarrhoea for more than 24 hours is to follow the same advice as if they had missed pills. (1)</p>	

Questions: (2 marks)

Name some contraindications to the COCP: (total of 1 mark, 0.5 per answer)

- < 6 wks postpartum
- Smoker over the age of 35 (>15 cigarettes per day)
- Hypertension (systolic > 160mmHg or diastolic > 100mmHg)
- Current or past history of venous thromboembolism (VTE)
- Ischemic heart disease
- History of cerebrovascular accident
- Migraine headache with focal neurological symptoms
- Breast cancer (current)
- Diabetes with retinopathy/nephropathy/neuropathy

How does the combined oral contraceptive pill work?

Action at the hypothalamic-pituitary-ovarian axis to suppress synthesis and secretion of follicle-stimulating hormone and the mid-cycle surge of LH, thus inhibiting the development of ovarian follicles and ovulation.

Total 20 Marks: