nogestrel being released
s and side effects are virtually the
COC. It is immediately protective
days 1–5 of the menstrual cycle. It
fter 21 days with a break of 7 days
ack-to-back'. The cycle control is
ed incidence of irregular bleeding.
e useful for women who prefer the
to missing pills, or women with
l disease or other malabsorption
ommended that the vaginal ring is
course.

rone 5 mg bd or tds for 3 days
riod
days after stopping tablets

ntraception[7]

ng orally as a single dose

as a single dose (double
>26) within 4 days
(25 × 30 mcg) as an initial
e dose 12 hours later
ithin 5 days

a selective progesterone
by preventing or delaying
ore effectively than the
ontraceptive pill (LNG-
use only up to 72 hours
ss for both is improved

effective at 99% and can
contraception. It may be
man seeking postcoital
pregnancy testing in
r risk. STI screening
ntraception should be

nd female condoms
ed correctly, male

disadvantage[illegible] reliant on the cooperation of the user.

Diaphragms are inserted at any convenient time before intercourse and removed after 6 hours have elapsed since the last act of intercourse. Efficacy is 82% and support may be required to ensure correct insertion and coverage of the cervix.

Fertility awareness methods

These methods require high motivation and some require regular menstrual cycles.

Basal body temperature method

Coitus should occur only after there has been a rise in basal body temperature of 0.2°C for 3 days (72 hours) above the basal body temperature measurement during the preceding 6 days, until the onset of the next menstrual period.

Calendar or rhythm method

The woman reviews and records six cycle lengths and then selects the shortest and longest cycles. She then subtracts 21 from the shortest cycle and 10 from the longest cycle to work out fertile and safe days (i.e. for a 26 to 30-day cycle: fertile days 5–20; for regular 28-day cycle: fertile days 7–18).

Billings ovulation method[7,11]

This method is based on keeping a daily record of the sensation at the vulva and the appearance of the mucus, so that ovulation can be recognised and intercourse, in the pre-ovulatory time, can be confined to when the record shows an unchanging pattern, signalling unchanging hormones and thus infertility. The fertile phase commences when there is a change in the sensation or mucus, correlating with a rise in oestrogen. This sensation at the vulva will become progressively more lubricative and will be followed by a definite change to being no longer slippery (caused by rising progesterone). The peak day of fertility is the last day of the slippery sensation, with or without the visual presence of mucus. The postovulatory infertile phase begins on the fourth day after the peak day. Regular cycles are not required for successful use of the Billings ovulation method.

hav

Lactation (LAM)[5]

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Table 92.1 Effectiveness of contraceptive methods[5]

Contraceptive method	Effectiveness (%)	
	Typical use	Perfect use (consistent and correct)
Implant (etonogestrel)	99.95	99.5
Intra-uterine contraceptive device:		
• copper	99.5	99.5
• levonorgestrel	99.7–99.9	99.7–99.9
Sterilisation (male and female)	99.5	99.5
Depot medroxyprogesterone	96	99.8
Combined oral contraceptive pill	93	99.5
Vaginal ring	93	99.5
Progestogen-only pill	93	99.5
Barrier:		
• female:		
– diaphragm	82	86
– condom	79	95
• male:		
– condom	88	98
Withdrawal	80	96
Fertility awareness-based methods	76–93	95–99.6

Source: Adapted from Effectiveness of contraceptive method [published 2020]. In: *Therapeutic Guidelines* [digital]. Melbourne: Therapeutic Guidelines Limited; 2020. www.tg.org.au, accessed April 2021.

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Hormonal contraception

Methods of hormonal contraception include:[5,7]

- Progestogen-only contraceptives:
  - etonogestrel implant (Implanon NXT)
  - levonorgestrel-releasing IUD (Mirena, Kyleena)
  - depot medroxyprogesterone acetate (DMPA)

Progestogen-only contraception[5,7]

Progestogen-only methods include the progestogen-only pill, implant, IUD and injection. These methods are generally safe in women who are breastfeeding or have a contraindication to taking oestrogen. Progestogen-only contraception is contraindicated in women with active breast cancer within the past 5 years (MEC 4), [illegible] contraindications. The harms