Clinical haematology

Contraceptive advice for patients with sickle cell disease

Information for patients, relatives and carers

Introduction

If you are sexually active and not planning to have children yet or have completed your family, we would encourage you to think about contraception. Hormone-based contraceptives are also used in some women to treat heavy or irregular menstrual bleeding. This leaflet provides some information on contraception methods suitable for patients with sickle cell disease (SCD). We advise that you also speak to your GP, a family planning specialist or gynaecologist to find the most suitable option for you.

What types of contraception are there?

Oral contraceptives

There are two types of oral contraceptive pill:

Combined pill

This is often just called ‘the pill’. It contains oestrogen and progesterone hormones which prevent an egg from being released by an ovary each month. If taken as prescribed, once a day for three weeks every month, it is over 99 per cent effective.

If a day is missed or the tablet is taken more than 12 hours late it is less effective. If this happens, an extra contraceptive method needs to be used for the next seven days as well as continuing to take the pill.

The pill may not be suitable for you if you have a history of blood clots in your lungs or leg because the combined pill slightly increases your risk of developing a blood clot.

People who have SCD are more prone to blood clots so doctors may advise against this method and recommend a suitable alternative. However, if the advantages of this method are thought to outweigh the potential risks it may still be recommended and discussed with you.

Progesterone only pill (POP)

This is also known as the ‘mini pill’. It contains progesterone and works by altering the cervical mucus to make it thicker. This prevents sperm from entering the womb and fertilising the egg. If the pill is taken as prescribed it is 99 per cent effective.

The POP should be taken on the first day of your period and you are immediately protected against becoming pregnant. You then take a pill at the same time every day until you finish all the pills in the pack and start a new one. This means that you will be taking pills during your periods.

If the tablet is taken more than three hours late you will not be protected against pregnancy. If this happens, an extra contraceptive method needs to be used for the next seven days as well as continuing to take your pill.

Progesterone only contraceptives are usually safe in women with SCD and have a lower risk of associated thrombosis compared to the combined pill. However, unpredictable vaginal bleeding is a known side effect. Some studies have shown a reduction in the frequency of sickle cell pain crises in women using progesterone-only based contraceptive methods.

Please note: With both pill options additional contraceptive methods should be used if you have diarrhoea or vomiting as this may affect the absorption of the contraceptive and how well it works.

Depot contraceptive injection (progesterone)

This is an intramuscular injection of progesterone that is steadily released into the body over three months. It is 99 per cent effective and is also safe to use if you are breastfeeding. It works by stopping ovulation as well as thickening the mucus in your cervix. It may cause irregular bleeding.

Contraceptive injections are a safe and effective method for women with SCD.

Implants (progesterone)

These are small flexible tubes which are placed just under the skin on the inside of your upper arm. They can remain in place for up to three years and they release progesterone into your bloodstream. The most commonly prescribed implant is Implanon®, which is 99 per cent effective.

After three years the implant stops being effective and needs to be removed. It can also be removed earlier in the event of side effects which include irregular bleeding, especially in the first six months.

Implants are a safe and effective contraceptive for women with SCD.

Intrauterine device (IUD or ‘coil’)

This is fitted into the womb (uterus) by a doctor or nurse and can stay in place for up to five years. It works by preventing an egg from implanting into the womb and is 98 to 99 per cent effective. Some types of IUD may increase the risk of infection or heavy bleeding.

An IUD that releases a type of progesterone, levonorgestrel (Mirena® coil) is the preferred choice for women with SCD.

Barrier methods

These are a very safe although less reliable form of contraception.

Male condom

This is a rubber sheath that is closed at one end and is the most common barrier method. The man puts it on to his penis to stop sperm from being entering the woman's body during sexual intercourse. It is 98 per cent effective if used correctly. The male condom also protects against sexually transmitted infections (STIs) such as gonorrhoea, chlamydia and HIV .

If you are taking **hydroxycarbamide,** you or your partner should use condoms even if another form of contraception is being used. This protects you or your partner from exposure to the small amounts of the drug present in semen or vaginal secretions and any possible harm that might result.

Female condom

This works in the same way as the male condom but is inserted inside the woman before sexual intercourse. It is 95 per cent effective if used correctly.

Diaphragm or cap

This is a rubber circular dome which is inserted into the vagina before sexual intercourse. It is prescribed by a doctor or nurse who will show you how to use it. To be effective diaphragms and caps need to be used with a spermicide (chemicals which destroy sperm). It is 92 to 96 per cent effective if used correctly. It does not protect against sexually transmitted diseases (STIs).

Sterilisation

This is a permanent and usually irreversible method of contraception for people who are 100 per cent sure that they have completed their family or who never want to have children.

Female sterilisation

The fallopian tubes which carry the egg from the ovary to the womb are either clipped or tied. The procedure is 99 per cent effective.

Male sterilisation (vasectomy)

The tubes which carry the sperm are sealed. The man can still ejaculate but there will be no sperm in the semen. It does not affect sex drive or the production of male hormones. Sperm is still produced but as it cannot pass down the penis the body reabsorbs it. The procedure is more than 99 per cent effective.

Who you can contact for more information

If you would like to discuss any of the options in this leaflet, please contact your GP, practice nurse, family planning clinic or look-up www.sexwise.fpa.org.uk/

If you have specific questions about the best form of contraception for sickle cell patients, please contact the clinical nurse specialist for haemoglobinopathies on 020 8383 8372.

Useful websites which provide information on contraception and sexual health: www.brook.org.uk
www.msichoices.org.uk (MSI Reproductive Choices, formerly Marie Stopes)

Sexual health advice is available through the Jefferiss sexual health clinic at St Mary's Hospital, Praed Street, London W2 1NY. This offers a walk-in service.
Details can be found at: www.imperial.nhs.uk/sexual-health

How to make a comment about your visit

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

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