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in health education

## **Contraception Matters:** *and there's (maybe) more to it than you thought!*

**Saturday 21st April 2018**

**MKCC**

**Strudwick Drive, Oldbrook, Milton Keynes MK6 2TG**

Introducing your speaker

**Professor John Guillebaud**

Emeritus Professor of Family Planning  
University College London

**All delegates will receive**

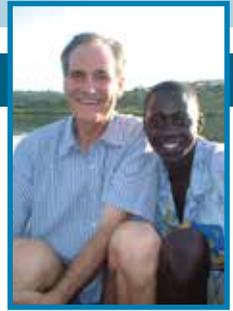
- A set of lecture notes available for download for delegates' personal use
- A certificate for your appraisal portfolio

**Course Accredited for 3 hours CPD**

## Meet the Speaker ...

### John Guillebaud - pronounced in 2 syllables “Gil-boe” [a Huguenot name]

is Emeritus Professor of Family Planning and Reproductive Health, University College London (personal Chair since 1992, the world's first in this specialty) and ex Medical Director, Margaret Pyke Centre for Study and Training in Family Planning.



He was born at Buye, Burundi, brought up in Rwanda, Uganda and Kenya, and continues to support sexual and reproductive healthcare professionals in Africa. He also consults, as requested, both internationally (e.g. WHO and the Department for International Development) and nationally, advising inter alia on the regular Guidance documents issued by the Faculty of Sexual and Reproductive Health.

As well as procedures for women he has performed c 5000 vasectomies - latterly by the favoured 'No-scalpel' technique - and promotes research in non-hormonal approaches to male systemic contraception ('male pills'). He is author/co-author of over 300 publications on environmental sustainability, reproductive health and population, contraception for women and for men, and of nine books available in 10 languages including Bulgarian, Malay and Japanese. "Contraception Today" and "Contraception: Your Questions Answered" (now co-authored with Professor Anne MacGregor) are available in recent editions, both updated to 2017, and he contributed to the "Oxford Handbook of Reproductive Medicine and Family Planning" and "Contraception: a Casebook from Menarche to Menopause."

His choice of contraception for both genders as his specialty, leading to higher degrees in both surgery and gynaecology, was made while he was still a medical student, prompted by a lecture from the Biologist Dr Colin Bertram. Ever since, his vision has been that humankind's collective environmental footprint is exacerbated by the number of feet - i.e. the number of humans doing the consuming and polluting, on our uniquely life-supporting but finite planet. This factor, one of only 3, in humanity's environmental impact must be addressed, always wisely and compassionately, through voluntary rights-based family planning made accessible to all. Along with among others Sir David Attenborough he is a Patron of and Adviser to [www.populationmatters.org](http://www.populationmatters.org); and his TED lecture 'Sex and the Planet' and more can be viewed on his website [www.ecotimecapsule.com](http://www.ecotimecapsule.com).

These days John spends an increasing amount of time with his grandchildren living next door who share and enjoy the same garden, and indulges his lifetime enthusiasm for cycling, for its fun and its convenience (and zero emissions). He warns that, although large audiences are still attracted to his interactive presentations around the UK and beyond, as scheduled through 2018, the time must come for his final retirement. He promises that will be before there might be any shout from the back of the hall, "kindly leave the stage!"

# Your Learning Agendas ...

**This will be a thorough update of Topical Issues in Family Planning.  
Here are some cryptic quotes and themes - all to be amplified and explained!**

## **HORMONAL CONTRACEPTIVES: combined and progestogen-only**

- ▶ The standard 21/7 combined oral contraceptive (COC) Pill is outdated; it should now be "*history*".
- ▶ Withdrawal bleeds on the COC have no known health benefits; indeed, *menstruation is obsolete*.
- ▶ Migraine aura, according to Prof Anne MacGregor, can be diagnosed by asking the woman to describe what happens *in her eyes* before her headaches start, and then *watching how she moves her hands*.
- ▶ Q: How might you risk being sued if using norethisterone (NET) 5 mg tds to postpone period(s)?  
A: Only if you did not assess the relevance of NET's metabolism in your patient's case and she were to suffer a severe thromboembolic event.
- ▶ Q: How might you be sued for prescribing the COC to a well-controlled woman with epilepsy?  
A: If, being on lamotrigine, she has a seizure as a result - and is a taxi-driver.
- ▶ What, essentially, are the old-style POPs? They are "*barrier methods that you swallow*".

## **LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS - implants, injectables & intrauterine contraceptives)**

- ▶ **LARCs are *almost never not*** the most effective contraceptives – for teenagers or older couples, educated or uneducated, developing or developed countries.
- ▶ In assessing 'breakthrough bleeding' (BTB) in users of hormonal contraception, all the causes to be considered begin with the letter "**D**"....
- ▶ IUCs, are probably the *best of the best* among LARCs. Wrongly accused of much, it's a myth they should usually be avoided by nulliparae.
- ▶ IUCs tend to make female sterilization "*yesterday's method*": banded Cu IUDs and IUSs both have similar efficacy to it, yet with reversibility.
- ▶ Might the word 'coil' tend to scare off potential users? It sounds like something mechanical that the doctor or nurse has to *screw into you*... There are '**Practical tips**' to make insertions more comfortable.

## **EXTREMES OF REPRODUCTIVE LIFE**

- ▶ Q: to teens in a Focus Group: who should supply your contraception?  
A: "*someone with a SMILE would be your best bet!*"
- ▶ Q: Given that exogenous hormones mask the menopause, can one even so establish loss of fertility?  
A: Yes, three helpful protocols will be explained (Plans A, B and C).

## **GENERAL**

- ▶ Most methods need no routine follow-ups: put the money saved from those unnecessary visits into an effective "*Open House*" policy.
- ▶ Q: What to do about starting a method when there is no LMP?  
A: Use the "*Proving not Pregnant Protocol*".
- ▶ You need a good reason not to "Quick-start" or "Bridge" hormonal contraceptives. It should be the new norm NOT to delay till the next period.
- ▶ Emergency contraception by copper is an order of magnitude more effective than any "morning after pill" – annoyingly, as it's so much less convenient for both parties.
- ▶ JG's variant of the WHO Eligibility Scale [= UKMEC 1, 2, 3 or 4], as applied to various conditions:  
A for 'Always usable';  
B for 'Broadly usable';  
C for 'Cautiously usable' (an alternative would be better, so special Counselling pre-use);  
D for 'Don't use'.

## **EXTRAS & ODDITIES**

- ▶ "EGRYPURB" is JG's acronym to ensure unlicensed use of licensed products, where indicated by good evidence, is done in a fully GMC-approved way.
- ▶ "Most accidents are caused by humans – AND an *awful lot of humans are still caused by accidents!*"
- ▶ The future of contraception? "Would a male pill make a *vas deferens?*"

## Programme . .

9.00 - 09.30am	Registration, Exhibition and Coffee
9.30 - 11.00am	Contraception Matters Session 1
11.00 - 11.30am	Exhibition and Coffee
11.30 - 1.00pm	Contraception Matters Session 2
1.00pm	Conference Closes

There are 2 methods of booking:

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