Contraception PSP data

Rank	Indicative uncertainty	Examples of original uncertainties from survey	Evidence reviewed	Source of uncertainty during original survey			
			Research references/answers?	Both	HCP	Patient	Total
1	Which interventions (decision support aids, ease of access , motivational interviewing) increase uptake and continuation of effective contraception including long acting methods (implants, injections and intrauterine contraceptives)?	"More info on LARC to show why women should use it Again so many hearsay and forums on fears and side-effects that young women don't want to try. So many haven't even heard of some larc's ie patch"(both), "What are my options if I don't want to use hormonal contraception? Will sexual health HCPs explain this to me, or will they focus on hormonal methods?" (patient) "There isn't enough information that is discreetly available for patients or partners who maybe embarrassed to ask or who don't visit a family planning clinic or the gp surgery where most leaflets are available." (both), "There's a lot to know about various contraceptives " (both), "Are there any tools to help me with choosing the right method other than seeing a doctor/nurse? " (patient) "What different options are there other than the pill?" (patient)	Several interventions to increase uptake of contraceptive methods- Theory-based interventions for contraception Laureen M Lopez, Thomas W Grey, Mario Chen, Elizabeth E. Tolley, Laurie L Stockton. November 2016 (SOF-mod/high quality evidence) Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016 Mobile phone-based interventions for improving contraception use. Chris Smith, Judy Gold, Thoai D Ngo, Colin Sumpter, Caroline Free. June 2015 Interventions for preventing unintended pregnancies among adolescents Chioma Oringanje, Martin M Meremikwu, Hokehe Eko, Ekpereonne Esu, Anne Meremikwu, John E Ehiri. February 2016 .	33	32	56	**121**
	What is the risk of side effects (vaginal bleeding,	"Implanon is the trickiest, I think. It seems to have a huge variation in side effects and deciding whether to use it or not was a hard decision to make because all the Info was uncertain and "You may experience X, Y or Z...or none of these"." (Patient) "-Can it effect my mental health? "(Patient)	NICE LARC Guideline 2014: **Research recommendation:** 2.2 and 2.3 Progestin-only contraceptives: effects on weight. Laureen M Lopez, Shanthi Ramesh, Mario Chen, Alison Edelman, Conrad Otterness, James Trussell, Frans M Helmerhorst. August 2016				

2	mood, weight gain, libido) with hormonal contraception (pills, patches, rings, implants, injections and hormonal intrauterine system)?	"which formulation of the contraceptive pill is least likely to cause weight gain?" (Both) "Lots of women complain about loss of libido with contraception. It would be interesting to learn why this is." (HCP) " Is there any Info about depression as a side effect of taking the contraceptive pill? Do different contracteptive pills have different risks for depression as a side effect?" (Patient)	Combination contraceptives: effects on weight Maria F Gallo, Laureen M Lopez, David A Grimes, Florence Carayon, Kenneth F Schulz, Frans M Helmerhorst.January 2014. Steroidal contraceptives: effect on carbohydrate metabolism in women without diabetes mellitus Laureen M Lopez, David A Grimes, Kenneth F Schulz. April 2014	5	8	33	**46**
3	What are the long-term effects of using contraception (pills, patches, rings, injections, implants, intrauterine) on fertility, cancer and miscarriage?	"Is there long term side effects of using the oral contraceptive pill? Women can use this medication for many years, in some cases (maybe a lot of cases) from their teenage years until they get menapause. Is this bad for your health? Is there a cancer risk? " (Patient) "Coil/mirena/pill - Does it increase my chance of getting cancer?" (Patient) "I am often asked about the long term effects of the implant and ius." (HCP) "More clarity about long term effects on fertility in regard to all forms of hormonal contraception and the IUD. I have found particular concerns surrounding the IUS and IUD in this matter." (both)	**NICE LARC Research Recommendation: 2.2.** **Lifetime cancer risk and combined oral contraceptives: the Royal College of General Practitioners' Oral Contraception Study**.Iversen L[1], Sivasubramaniam S[2], Lee AJ[2], Fielding S[2], Hannaford PC[2]. Am J Obstet Gynecol. 2017 Jun;216(6):580.e1-580.e9. doi: 10.1016/j.ajog.2017.02.002. Epub 2017 Feb 8.Endometrial cancer and oral contraceptives: an individual participant meta-analysis of 27 276 women with endometrial cancer from 36 epidemiological studies. **Oral Contraceptive Use and Risk of Breast, Cervical, Colorectal, and Endometrial Cancers: A Systematic Review** Jennifer M. Gierisch, Remy R. Coeytaux, Rachel Peragallo Urrutia, Laura J. Havrilesky, Patricia G. Moorman, William J. Lowery, Michaela Dinan, Amanda J. McBroom, Vic Hasselblad, Gillian D. Sanders and Evan R. Myers. Cancer Epidemiol Biomarkers Prev November 1 2013 (22) (11) 1931-1943; https://doi.org/10.1158/1055-9965.EPI-13-0298	9	2	28	**39**
4	What models of care increase access and support decision-making for vulnerable groups (such as young people, people who don't speak	"I think it's quite hard for young people to obtain contraception 1 because they are unaware that it's available, 2 because they're unaware of where they can obtain it and 3 because they're simply not educated on it! "(Patient),	Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth F Tolley, Mario Chen	9	15	5	**29**

	(such as young people, people who don't speak or read English)?	"How do I access Info if English is not my first language? How do I access contraception if I can't read? (HCP)	Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016				
5	Which interventions are safe and effective for women who have irregular bleeding on long-acting hormonal contraception?	"If bleeding too heavily with an implant how long would you leave before removal. And should the pill be along side to control the bleeding. More Info would be great" (HCP). " Which is the best COC for managing unscheduled bleeding with an implant or IUS and is the POP or DMPA effective ?" (both)	Treatment of vaginal bleeding irregularities induced by progestin only contraceptives Hany Abdel-Aleem, Catherine d'Arcangues, Kirsten M Vogelsong, Mary Lyn Gaffield, A Metin Gülmezoglu. October 2013. **FSRH guideline- Problematic Bleeding with Hormonal contraception 2015.**	8	7		**15**
6	Does pharmacy provision of contraceptive services increase uptake and/or continuation of contraception?	"Can a pharmacist dispense any form of contraception? (HCP) " study the effects of pharmacy-issue of repeat pills on continued use of oral contraception vs switching to LARC or reverting to less effective methods/stopping contraception despite not wishing to conceive (compared with GP-issue)" (both) "I'd like to better understand how the oral contraception pill can be accessed on repeat prescription" (Patient).	Pharmacy-based interventions for initiating effective **contraception** following the use of emergency **contraception** : a pilot study. Michie L , Cameron ST , Glasier A , Larke N , Muir A and Lorimer A, Contraception, 2014, 90(4), 447.10.1016/j.contraception.2014.05.004	10	19	19	**48**
7	What are the risks or benefits to using combined hormonal contraception (pill, patch or ring) continuously to stop or reduce periods?	"Although the pill was primarially developed as a contraceptive, why aren't we talking about the benefits it can bring? " (patient), The affects of 'back to back' pill packets (both)	Continuous or extended cycle vs. cyclic use of combined hormonal contraceptives for contraception. Alison Edelman, Elizabeth Micks, Maria F Gallo, Jeffrey T Jensen, David A Grimes. July 2014	3		5	**8**
8	What factors (advice from friends, family, professionals, beliefs, experience) influence women making decisions about contraception?	"What factors influence women stopping contraception / using inconsistently when they are not planning a pregnancy?" (Both) "What influences women to choose a particular type of contraception How much is related to the health care HCP giving advice ? How much web info and how much peer and family advice" (HCP), "How bad do side effects have to be before people consider switching?" (HCP)	Theory-based interventions for contraception Laureen M Lopez, Thomas W Grey, Mario Chen, Elizabeth E. Tolley, Laurie L Stockton. November 2016 (SOF-mod/high quality evidence) Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016	4	8	1	**13**
9	Are there tests or factors such as age that can reliably identify women who no longer require contraception around the menopause (including women using methods which can stop periods such as implants, hormonal coils, pills)?	"Can we work out more accurately when contraception is no longer required in ammenorrheic women on hormonal methods peri/post menopause" (both)	None	1	3	1	**5**
			Steroid hormones for contraception in men. David A Grimes, Laureen M Lopez, Maria F Gallo, Vera Halpern, Kavita Nanda, Kenneth F Schulz: CDSR March 2012.				

10	Are there effective new methods of contraception available for men?	"There is very little information for men on hormonal methods of contraception. Almost all of it is aimed at women not men. It can make it quite hard for a man to be informed" (Patient)	PROSPERO SR Neena Qasba, Brian Nguyen. Combined hormonal contraception methods for men to achieve severe oligozoospermia for male contraception. http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016051284 start Oct 2016, completion anticipated June 2017.			3	**3**
11	What are the most effective methods of promoting sexual health services (to everyone, including young people, those who don't speak or read English or who are vulnerable)?	"Feel that there is a lack of Info/ advertisingfor women about sexual health services. They are different as not as large as a local hospital or could be some distance away from GP" (both).	Interventions for preventing unintended pregnancies among adolescents Chioma Oringanje, Martin M Meremikwu, Hokehe Eko, Ekpereonne Esu, Anne Meremikwu, John E Ehiri. February 2016 Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016 Mobile phone-based interventions for improving contraception use. Chris Smith, Judy Gold, Thoai D Ngo, Colin Sumpter, Caroline Free. June 2015	2	3	8	**13**
12	What are the benefits and risks of using micronised progestogen or newer progestogens (such as Nomegestrol acetate, drospirenone) either in pill form or in long acting preparations, such as implants or in combined hormonal contraception?	"more Info on the benefits / negative aspects of contraceptives with newer generation progesterone (e.g.? micronised) e.g. zoely"(HCP)	Oral contraceptives containing drospirenone for premenstrual syndrome. Laureen M Lopez , Adrian A Kaptein and Frans M Helmerhorst . February 2012 Combined oral contraceptives: venous thrombosisMarcos de Bastos , Bernardine H. Stegeman , Frits R. Rosendaal , Astrid Van Hylckama Vlieg , Frans M Helmerhorst , Theo Stijnen and Olaf M Dekkers. March 2014 Types of progestogens in combined oral contraception: effectiveness and side-effects.Theresa A Lawrie , Frans M Helmerhorst , Nandita K. Maitra , Regina Kulier , Kitty Bloemenkamp and A Metin Gülmezoglu. May 2011		1		**1**
13	If the progestogen-only pill was available over the counter would this be acceptable and safe?	"Why is the contraceptive pill not available as an over the counter medication?" (Patient) "What are the blocks to making the progestogen only pill available over the counter? Especially the new drosperinone one" (HCP)	**Pharmacy provision of sexual and reproductive health commodities to young people: a systematic literature review and synthesis of the evidence, Lianne Gonsalves, Michelle J. Hindin, Contraception, Vol. 95, Issue 4, p339–363 Published online: December 23, 2016. http://dx.doi.org/10.1016/j.contraception.2016.12.002 (Indirect as not specifically POP- general SRH)**		1	3	**4**

14	What is the risk of stroke for women suffering from migraines who are using combined hormonal contraception (pill, patch, ring)?	"I am unable to take the COCP as I get migraines - what is the risk? " (Patient) "Do we need to rethink the absolute ban on chc in migraine with aura? The relative risk is high but the absolute risk is very low" (HCP)	**Safety of hormonal contraceptives among women with migraine: A systematic review, Naomi K. Tepper, Maura K. Whiteman, Lauren B. Zapata, Polly A. Marchbanks, Kathryn M. Curtis. Contraception, Vol. 94, Issue 6, p630–640Published online: May 3, 2016, PreviewFull-Text HTMLPDF** Combined oral contraceptives: the risk of myocardial infarction and ischemic stroke. Rachel E.J. Roach, Frans M Helmerhorst, Willem M. Lijfering, Theo Stijnen, Ale Algra, Olaf M Dekkers. August 2015 Combined oral contraceptives: venous thrombosis Marcos de Bastos, Bernardine H. Stegeman, Frits R. Rosendaal, Astrid Van Hylckama Vlieg, Frans M Helmerhorst, Theo Stijnen, Olaf M Dekkers. March 2014		4	5	**9**
15	Are there health risks for women who take emergency contraception repeatedly?	"How often you can take EHC and how often is safe to take" (HCP) "Any risks to frequency of using emergency contraception in itself (not associated risks eg stds or risk of failure if used twice in cycle) " (Patient)"	Repeated use of pre- and postcoital hormonal contraception for prevention of pregnancy . Vera Halpern, Elizabeth G Raymond, Laureen M Lopez. CDSR September 2014		3	1	**4**
16	Do progestogens used alone or in combined hormonal contraception interact with anti-depressants?	"Contraception (all) side effects when taken with other medicines - in particular anti-depressants (flouexetine, citalopram)"(Both)	Skovlund CW, Mørch LS, Kessing LV, *et al.* Association of Hormonal Contraception with Depression. JAMA Psychiatry. 28 September 2016. doi:10.1001/jamapsychiatry.2016.2387 Pagano HP, Zapata LB, Berry-Bibee EN, *et al.* Safety of hormonal contraception and intrauterine devices among women with depressive and bipolar disorders: a systematic review. Contraception. 27 June 2016. pii: S0010- 7824(16)30133-0. DOI:http://dx.doi.org/10.1016/j.contraception.2016.06.012 Drug interactions between hormonal contraceptives and psychotropic drugs: a systematic review	2			**2**

			Erin N. Berry-Bibee, Myong-Jin Kim, Katharine B. Simmons, Naomi K. Tepper, Halley E.M. Riley, H. Pamela Pagano, Kathryn M. Curtis. Contraception, Vol. 94, Issue 6, p650–667. Published online: July 18, 2016. PreviewFull-Text HTMLPDF				
17	Are there factors (ethnicity, past experience) that can predict who is at risk of irregular bleeding when using hormonal contraception (progestogen only or combined)?	"I don't tolerate progesterone only contraception e.g. mini pill, injection, implant - what is it in these that causes me to constantly bleed?" (patient) "Is there a way to predict bleeding patterns for particular women or to extrapolate from previously-used contraception?" (HCP)	none		4	1	**5**
18	Does providing women who are pregnant with information about contraceptive services and choices increase the uptake of contraception after childbirth?	"how can uptake of contraception post pregnancy be improved? " (HCP), "Maybe contraceptive advice should be included in Antenatal groups (ie. NCT)" (both)	Strategies for improving the acceptability and acceptance of the copper intrauterine device Myat E Arrowsmith, Catherine RH Aicken, Sonia Saxena, Azeem Majeed: CDSR March 2012. Education for contraceptive use by women after childbirth Laureen M Lopez, Thomas W Grey, Janet E Hiller, Mario Chen. July 2015 Strategies for improving postpartum contraceptive use: evidence from non-randomized studies Laureen M Lopez, Thomas W Grey, Mario Chen, Janet E Hiller. CDSR NRS November 2014	2	3		**5**
19	Do models of care (video information, telephone assessments, single appointments) increase access to intrauterine contraceptives and implants?	"Women tell me they often struggle to get a doctor's appointment for a coil fitting at the appropriate time and fpcs often have limited opening times. How can more 'user-friendly' access be offered for contraception services?" (HCP), "If I decide to get a LARC, where can I get this? Do I drop in or make an appointment? I also need to know about the side affects after it so I can decide whether to go to work after it's fit." (Patient) Why do I need to have an appointment to discuss getting an IUD before getting one (note that I'm not saying that people shouldn't be able to have a pre-appointment if they want)? Surely the pre-screening can be done online, and I'm quite capable of reading the NHS guidance myself (especially as I've had two already), and it seems like an unnecessary use of both patient and NHS time. (Patient)	Interventions to promote informed consent for patients undergoing surgical and other invasive healthcare procedures Paul Kinnersley , Katie Phillips , Katherine Savage , Mark J Kelly , Elinor Farrell , Ben Morgan , Robert Whistance , Vicky Lewis , Mala K Mann , Bethan L Stephens , Jane Blazeby , Glyn Elwyn and Adrian GK Edwards Date: July 2013	4	2	8	**14**
20	How effective are 'natural family planning methods' (monitoring menstrual cycle, basal body temperature, cervical mucus), and do	"Natural family planning and apps - how effective, which are best." (Both)	Fertility awareness-based methods for contraception David A Grimes, Maria F Gallo, Vera Halpern, Kavita Nanda, Kenneth F Schulz, Laureen M Lopez. October	1		1	**2**

	fertility apps and/or urine testing improve this?		2004 (updated 2012)				
21	Are intrauterine contraceptives (IUC) affected if not correctly positioned (eg if low lying, embedded in or dislodged from the uterus)?	"how important is it for a coil to be correctly sited to be effective, do low lying coils still work?" (both)	**FSRH Guideline Oct 2015 Non-fundally placed IUC p25;** "There is currently insufficient evidence to confirm whether efficacy is reduced or maintained when intrauterine methods are non-fundally placed".	3	1		**4**
22	What are the health risks (osteoporosis, bone fracture) of using contraceptive injections, and do these increase with duration of use or vary with age of use?	"I've been on the Depo injection for over a decade now, and it's wonderful, but doctors keep telling me I can't stay on it- I have no familial risk of osteoporosis, have a good diet, and have never broken a bone, why am I being bullied into having periods when I don't want them?" (Patient) "What is the evidence about bone mineral density and prolonged use of Depo-how can we best advise women who want to use Depo into their 40's?" (HCP)	Laureen M Lopez, Mario Chen, Sarah Mullins Long, Kathryn M. Curtis, Frans M Helmerhorst. July 2015. Steroidal contraceptives: effect on bone fractures in women. Laureen M Lopez, David A Grimes, Kenneth F Schulz, Kathryn M. Curtis, Mario Chen. CDSR June 2014 **Hormonal contraception and bone metabolism: a systematic review, Carmine Nappi, Giuseppe Bifulco, Giovanni A. Tommaselli, Virginia Gargano, Costantino Di Carlo, Contraception, Vol. 86, Issue 6, p606–621, Published online: June 20, 2012, PreviewFull-Text HTMLPDF**	2	3	2	**7**
23	Does ovulation, menstrual cycles and fertility return to normal immediately contraception is stopped?	"How long will it usually take to get pregnant after stopping the pill.?" (Patient) "Useful to know about average length of time to conception once stopping a contraceptive to help women who are planning their families." (Patient)	**Effect of missed combined hormonal contraceptives on contraceptive effectiveness: a systematic review, Lauren B. Zapata, Maria W. Steenland, Dalia Brahmi, Polly A. Marchbanks, Kathryn M. Curtis, Contraception, Vol. 87, Issue 5, p685–700, Published online: October 22, 2012, PreviewFull-Text HTMLPDF**			8	**8**
		"How to decide when best to have implantable contraception removed and to consider alternatives? (Patient), "I have heard that due to the expense of the contraceptive implant, they advise women who are struggling with this form of contraception against removal. Is this true?" (both)	**NICE LARC Guideline Research recommendations** **Menstrual pattern changes from levonorgestrel subdermal implants and DMPA: systematic review and evidence-based comparisons. David Hubacher, Laureen Lopez, Markus J. Steiner, Laneta Dorflinger. Contraception, Vol. 80, Issue 2, p113–118. Published online: April 24, 2009. PreviewFull-Text HTMLPDF**				

24	How frequently do women stop using the implant because of side effects?		RCT etonogestrel- and levonorgestrel-releasing contraceptive implants, with non-randomized matched copper-intrauterine device controls Luis Bahamondes,*, Vivian Brache, Olav Meirik, Moazzam Ali,Ndema Habib, and Sihem Landoulsi for the WHO Study Group on Contraceptive Implants for Women Human Reproduction, Vol.30, No.11 pp. 2527–2538, 2015. RCT comparing a 13.5 mg levonorgestrel intrauterine contraceptive system with the etonogestrel subdermal contraceptive implant in women aged 18–35. Years. M. Tuppurainen et al; Fertil Steril ASRM Abstracts Vol 102, No3 S Sept 2014 RCTof the effect of intensive versus non-intensive counselling on discontinuation rates due to bleeding disturbances of three long-acting reversible contraceptives Modesto W, Bahamondes MV, Bahamondes L. Hum Reprod. 2014 Jul;29(7):1393-9.	1	1	3	**5**
25	How common is it for side effects (mood/weight gain/loss of libido) to occur in women who are using combined hormonal contraception (pill, patch or ring)?	"What are the side effects of the COCP or patch? How often do they occur?" (Patient) "Why is weight gain on the COC ignored ?" (HCP)	Combination contraceptives: effects on weight Maria F Gallo, Laureen M Lopez, David A Grimes, Florence Carayon, Kenneth F Schulz, Frans M Helmerhorst.January 2014 Combined oral contraceptive pills for treatment of acne Ayodele O Arowojolu, Maria F Gallo, Laureen M Lopez, David A Grimes: July 2012		3	2	**5**
		What is effective analgesia for IUC fitting? (HCP) "Research on how to make IUD insertions less painful and proddy would be amazing" (Patient).	Interventions for pain with intrauterine device insertion. Laureen M Lopez, Alissa Bernholc, Yanwu Zeng, Rebecca H Allen, Deborah Bartz, Paul A O'Brien, David Hubacher. CDSR July 2015 33 trials with 5710 participants, included any pharmacological or other intervention administered prior to, or during, IUC insertion in order to reduce pain at the time of insertion and up to six hours afterward. Outcome-patient reported pain, Of the NSAIDs, naproxen may decrease pain during IUC insertion among parous women (550 mg) and in the first hours afterward in nulliparous women (300 mg; two separate doses). Most trials show no benefit of ibuprofen.				

26	What methods of pain relief are effective during intrauterine contraceptive insertion (oral analgesia, local anaesthetic gel, spray or injection)?		The opioid tramadol (50 mg) may reduce pain during insertion among parous women but only slightly more than naproxen does. Misoprostol did not help with pain; it may even increase pain and cause more side effects. Lidocaine 2% gel showed no effect on pain with tenaculum placement or during IUC insertion. Some other lidocaine formulations may lessen pain during IUC insertion and shortly thereafter. These include 4% topical gel studied in nulliparous women, 10% spray examined in parous women, lidocaine and prilocaine cream, and 1% paracervical block. The wait time between application and intervention for these medications to act ranged from three to seven minutes. **FSRH IUC Guideline** Oct 2015 (page 21-22: 10.4 Interventions to ease IUC insertions. Suggests women who have not been pregnant or had a vaginal birth, who are older/perimenopausal may experience more pain. Recommends - "research is required to fully evaluate the use of LA cervical block for straightforward IUC insertion".		3	2	**5**
27	Why aren't there progestogen only transdermal patches, gels, vaginal rings or combined injections available for use as contraception?	Why is there no progestogen only transdermal option? (Patient)	These preparations exist, but are not licensed be for contraception Combination injectable contraceptives for contraception Maria F Gallo, David A Grimes, Laureen M Lopez, Kenneth F Schulz, Catherine d'Arcangues.: October 2008 Safety of the progesterone-releasing vaginal ring (PVR) among lactating women: A systematic review Shannon L. Carr, Mary E. Gaffield, Monica V. Dragoman, Sharon Phillips, Contraception, Vol. 94, Issue 3, p253–261, Published online: April 10, 2015, Open Access, PreviewFull-Text HTMLPDF,		1		**1**

28	Why don't more young women choose to use intrauterine contraception (is this influenced by friends, family, professionals, access to services)?	"What puts young women off iud/s as a method of choice?" HCP	**The safety of intrauterine devices among young women: a systematic review,** Tara C. Jatlaoui, Halley E.M. Riley, Kathryn M. Curtis. Contraception, Vol. 95, Issue 1, p17–39, Published online: October 19, 2016. PreviewFull-Text HTMLPDF CHOICE, Provision of LARC methods, Secura et al Jan 2015 DOI: 10.1056/NEJMoa1400506. Strategies for improving the acceptability and acceptance of the copper intrauterine device , Myat E Arrowsmith, Catherine RH Aicken, Sonia Saxena, Azeem Majeed: CDSR March 2012 Interventions for increasing uptake of copper intrauterine devices: systematic review and meta-analysis, Myat E. Arrowsmith, Catherine R.H. Aicken, Azeem Majeed, Sonia Saxena, Contraception, Vol. 86, Issue 6, p600–605, Published online: July 3, 2012, PreviewFull-Text HTMLPDF.		1		**1**
29	What risk factors are there for deep insertion of implants?	Are deep implant insertions more common if the insertion was done as part of a removal and refit procedure? (both)	Safety profile of etonogestrel contraceptive implant (Nexplanon and Implanon) reported in France]. Simon C, Agier MS, Béné J, Muller C, Vrignaud L, Marret H, Jonville-Bera AP.J Gynecol Obstet Biol Reprod (Paris). 2016 Nov;45(9):1074-1082. doi: 10.1016/j.jgyn.2016.03.013. French. Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung, There have been rare reports of Nexplanon implants having reached the lung via the pulmonary artery. Obstetrics, gynaecology and fertility, Published: 15 June 2016	1			**1**
	What is the risk of side effects with a copper intrauterine device (CU IUD) in all women,	IUD for women who have not been pregnant: potential harms, and milder side-effects (cramps, intermittent bleeding)" (Patient) "Safety of use of IUD as a contraceptive method for YP" (HCP)	**The safety of intrauterine devices among young women: a systematic review,** Tara C. Jatlaoui, Halley E.M. Riley, Kathryn M. Curtis. Contraception, Vol. 95, Issue 1, p17–39, Published online: October 19, 2016. PreviewFull-Text HTMLPDF Hormonal and intrauterine methods for contraception for women aged 25 years and younger. Jamie Krashin, Jennifer H Tang, Sheila Mody, Laureen M Lopez. August 2015		4	9	**13**

	teenagers and women who haven't had children?	Danger of iud (Patient)	All Women: Copper containing, framed intra-uterine devices for contraception Regina Kulier, Paul O'Brien, Frans M Helmerhorst, Margaret Usher-Patel, Catherine d'Arcangues. October2007 Intrauterine devices for contraception in nulliparous women Sheila Krishnan, David A Grimes, Laureen M Lopez, Jennifer H. Tang. July 2011 (protocol)		4	9	**13**
	Does the point in a menstrual cycle when a hormonal intrauterine device (IUS) is fitted influence the risk and duration of irregular bleeding women experience	"does the time of a cycle of mirena insertion correlate at all to the amount of spotting a woman may experience?" (both)	None	1			**1**
	Is the effectiveness (including absorption) of progestogen injections reduced in women who are overweight?	Is there a BMI limit to the depo injection? In terms of both dosage, safe further weight gain and absorption from injection site? (HCP)	Hormonal contraceptives for contraception in overweight or obese women. Laureen M Lopez, Alissa Bernholc, Mario Chen, Thomas W Grey, Conrad Otterness, Carolyn Westhoff, Alison Edelman, Frans M Helmerhorst. August 2016		1		**1**
	Does the size of a woman's uterus impact on the effectiveness of intrauterine contraception (hormonal intrauterine systems (IUS) and copper intrauterine devices (IUD)?	What is the upper limit uterine size limit that an IUS may be safely fitted ? (both)	None (Indirect evidence from reviews on post partum/post abortion situations)	1			**1**
	How effective is breastfeeding as contraception?	How effective is breastfeeding as contraception? (Patient)	Lactational amenorrhoea method for family planning Carla Van der Wijden, Carol Manion. CDSR NRS October 2015			1	**1**
	Which interventions, including variable pill-free interval, reduce the risk of pregnancy for women using the combined hormonal contraception?	"Which factors or behaviours can make the contraceptive pill fail and cause pregnancy? (Patient) "What is the benefit of tricycling COC and why is a 4 day break, not 7 day break advised? I ask because we sometimes use the 21/7 regime as well due to patient preference so should we be advising 21/4?" HCP	Continuous or extended cycle vs. cyclic use of combined hormonal contraceptives for contraception. Alison Edelman, Elizabeth Micks, Maria F Gallo, Jeffrey T Jensen, David A Grimes. July 2014 How does the number of oral contraceptive pill packs dispensed or prescribed affect continuation and other measures of consistent and correct use? A systematic review, Maria W. Steenland, Maria-Isabel Rodriguez, Polly A. Marchbanks, Kathryn M. Curtis, Contraception, Vol. 87, Issue 5, p605–610 Published online: October 8, 2012, PreviewFull-Text HTMLPDF.		3	1	**4**

			Patient understanding of oral contraceptive pill instructions related to missed pills: a systematic review. Lauren B. Zapata, Maria W. Steenland, Dalia Brahmi, Polly A. Marchbanks, Kathryn M. Curtis. Contraception, Vol. 87, Issue 5, p674–684. Published online: October 8, 2012. **PreviewFull-Text HTMLPDF**				
	What are the benefits and risks of different contraceptive methods for women who are breastfeeding?	I would like information on how to choose the appropriate form of contraception following pregnancy/breastfeeding. (Patient) What contraception can breastfeeding mums use and when can they start taking it? (Both)	**The safety of intrauterine devices in breastfeeding women: a systematic review,** Erin N. Berry-Bibee, Naomi K. Tepper, Tara C. Jatlaoui, Maura K. Whiteman, Denise J. Jamieson, Kathryn M. Curtis, Contraception, Vol. 94, Issue 6, p725–738. Published online: July 12, 2016. **PreviewFull-Text HTMLPDFSupplemental Materials** Immediate postpartum insertion of intrauterine device for contraception. Laureen M Lopez, Alissa Bernholc, David Hubacher, Gretchen Stuart, Huib AAM Van Vliet. CDSR June 2015. Protocol Immediate versus delayed postpartum insertion of contraceptive implant for contraception. Jen Sothornwit, Yuthapong Werawatakul, Srinaree Kaewrudee, Pisake Lumbiganon, Malinee Laopaiboon. CDSR October 2015 Progestogen-only contraceptive use among breastfeeding women: a systematic review. Sharon J. Phillips, Naomi K. Tepper, Nathalie Kapp, Kavita Nanda, Marleen Temmerman, Kathryn M. Curtis, Contraception, Vol. 94, Issue 3, p226–252, Published online: September 24, 2015, Open Access, PreviewFull-Text HTMLPDFSupplemental Materials **Combined hormonal contraceptive use among breastfeeding women: an updated systematic review,** Naomi K. Tepper, Sharon J. Phillips, Nathalie Kapp, Mary E. Gaffield, Kathryn M. Curtis, Contraception, Vol. 94, Issue 3, p262–274, Published online: May 19, 2015, Open Access, **PreviewFull-Text HTMLPDF**	1	2	2	**5**
	How effective are condoms/how often do condoms split?	"What are the chances of a condom splitting?" (Patient)	Nonlatex versus latex male condoms for contraception Maria F Gallo, David A Grimes, Laureen M Lopez, Kenneth F Schulz.. Updated 2012.	1		2	**3**

			Trussell J. *Contraception* . 2011;83(5):397-404.				
	Following childbirth, when is it safe to have intrauterine devices (copper and hormonal) fitted?	How soon after delivery can a woman be fitted with a coil? (HCP)	Immediate postpartum insertion of intrauterine device for contraception.Laureen M Lopez, Alissa Bernholc, David Hubacher, Gretchen Stuart, Huib AAM Van Vliet. CDSR June 2015. **The safety of intrauterine devices in breastfeeding women: a systematic review,** Erin N. Berry-Bibee, Naomi K. Tepper, Tara C. Jatlaoui, Maura K. Whiteman, Denise J. Jamieson, Kathryn M. Curtis, Contraception, Vol. 94, Issue 6, p725–738. Published online: July 12, 2016. **PreviewFull-Text HTMLPDFSupplemental Materials** Protocol Immediate versus delayed postpartum insertion of contraceptive implant for contraception. Jen Sothornwit, Yuthapong Werawatakul, Srinaree Kaewrudee, Pisake Lumbiganon, Malinee Laopaiboon. CDSR October 2015		1		**1**
	In women using combined hormonal contraception (pill, patch, ring) how should breakthrough bleeding be managed?	Should you continue to take the pill through a breakthrough bleed? (Patient)	Treatment of unscheduled bleeding in women using extended- or continuous-use combined hormonal contraception: a systematic review. Emily M. Godfrey, Maura K. Whiteman, Kathryn M. Curtis. Contraception, Vol. 87, Issue 5, p567–575. Published online: October 8, 2012. PreviewFull-Text HTMLPDF Skin patch and vaginal ring versus combined oral contraceptives for contraception Laureen M Lopez, David A Grimes, Maria F Gallo, Laurie L Stockton, Kenneth F Schulz. April 2013 21+7 day versus 24+4 day monophasic regimens of combined oral contraceptives for contraception Deidre Meulenbroeks, Huib AAM Van Vliet, Laureen M Lopez, Frans M Helmerhorst. July 2015 (Protocol)			1	**1**
	What are the risks and benefits of different contraceptive methods for women with	the choice can be decided for you if you have certain conditions like type 1 diabetes. **(both)**	**NICE Diabetes in Pregnancy** (Feb 2015). **Research recommendation.** **Hormonal versus non-hormonal contraceptives in women with diabetes mellitus type 1 and 2** Jantien Visser, Marieke Snel, Huib AAM Van Vliet. March 2013	1			**1**

	diabetes (type 1 and 2)?	like type 1 diabetes. **(both)**	Steroidal contraceptives: effect on carbohydrate metabolism in women without diabetes mellitus Laureen M Lopez, David A Grimes, Kenneth F Schulz. April 2014				
	Does the progestogen only pill or other hormonal contraception help with pre menstrual syndrome?	Does using the progesterone only pill help with pre menstrual symptoms through cycle suppression? (HCP)	Progesterone for premenstrual syndrome, Olive Ford, Anne Lethaby, Helen Roberts, Ben Willem J Mol, Online Publication Date: March 2012 DOI: 10.1002/14651858.CD003415.pub4 Oral contraceptives containing drospirenone for premenstrual syndrome. Laureen M Lopez, Adrian A Kaptein, Frans M Helmerhorst, Online Publication Date: February 2012 DOI: 10.1002/14651858.CD006586.pub4		1		**1**
	What are the risks or benefits to using combined hormonal contraception (pill, patch or ring) compared to the progestogen only pill?	why have combined pill over progesterone only? (Both)	Several reviews covering specific aspects : Skin patch and vaginal ring versus combined oral contraceptives for contraception Laureen M Lopez, David A Grimes, Maria F Gallo, Laurie L Stockton, Kenneth F Schulz. April 2013 **Progestin-only contraception and** thromboembolism: **A systematic review, Naomi K. Tepper, Maura K. Whiteman, Polly A. Marchbanks, Andra H. James, Kathryn M. Curtis, Contraception, Vol. 94, Issue 6, p678–700, Published online: May 3, 2016, PreviewFull-Text HTMLPDF** Combined oral contraceptives: the risk of myocardial infarction and ischemic stroke. Rachel E.J. Roach, Frans M Helmerhorst, Willem M. Lijfering, Theo Stijnen, Ale Algra, Olaf M Dekkers. August 2015 Combined oral contraceptives: venous thrombosis Marcos de Bastos, Bernardine H. Stegeman, Frits R. Rosendaal, Astrid Van Hylckama Vlieg, Frans M Helmerhorst, Theo Stijnen, Olaf M Dekkers. March 2014 Nonoral combined **hormonal contraceptives and thromboembolism: a systematic review. Naomi K. Tepper, Monica V. Dragoman, Mary E. Gaffield, Kathryn M. Curtis. Contraception, Vol. 95, Issue 2, p130–139. Published online: October 19, 2016. PreviewFull-Text HTMLPDF**	1			**1**
	What is the risk of pregnancy when using the withdrawal method or having unprotected vaginal sex without using contraception?	How effective is the pull out method? (Patient)	**Trussell J**. *Contraception* . 2011;83(5):397-404. doi:10.1016/j.contraception.2011.01.021.]			1	**1**

	How do the risks and benefits of different contraceptive methods differ for women with HIV?	need further in-depth guidance- ….with regards to HIV and reproductive health... UKMEC refers to Liverpool drugs website, BHIVA suggests in-depth reproductive health advice... Neither organization or any other provides in-depth HIV relevant contraception teaching..(Both)	**Safety of intrauterine devices among women with HIV: a systematic review.** Naomi K. Tepper, Kathryn M. Curtis, Kavita Nanda, Denise J. Jamieson. Contraception, Vol. 94, Issue 6, p713–724. Published online: June 22, 2016. PreviewFull-Text HTMLPDF **The safety of hormonal contraceptives for women living with HIV and their sexual partners.** Sharon J. Phillips, Chelsea B. Polis, Kathryn M. Curtis, Contraception, Vol. 93, Issue 1, p11–16, Published online: October 26, 2015, PreviewFull-Text HTMLPDF Behavioral interventions for improving contraceptive use among women living with HIV. Laureen M Lopez, Thomas W Grey, Mario Chen, Julie Denison, Gretchen Stuart. August 2016	1			**1**
	Do patient reminders for expiry of long acting contraceptive methods reduce contraceptive failures?	how to have the implant taken out. do you have to know the date this needs to be taken out? do you receive a reminder? (patient)	Mobile phone-based interventions for improving contraception use. Chris Smith, Judy Gold, Thoai D Ngo, Colin Sumpter, Caroline Free. CDSR June 2015 1 RCT – using text reminders prior to injection appointment. **Extended use up to 5 years of the etonogestrel-releasing subdermal contraceptive implant: comparison to levonorgestrel-releasing subdermal implant**. Ali M, Akin A, Bahamondes L, et al. Hum Reprod 2016; 31: 2491-2498. doi: 10.1093/humrep/dew222 2.			1	**1**
	How can women access reliable information (online, apps) or services that help women to use natural family planning methods?	"I would really like that doctors know more about non-hormonal forms of birth control, besides the copper IUD and condoms." (Patient)	Duane, M., Contreras, A., Jensen, E.T. and White, A., 2016. The performance of fertility awareness-based method Apps marketed to avoid pregnancy. The Journal of the American Board of Family Medicine, 29(4), pp.508-511.	1		3	**4**
			Immediate start of hormonal contraceptives for contraception Laureen M Lopez, Sara J Newmann, David A Grimes, Kavita Nanda, Kenneth F Schulz.December 2012. **When can a woman start combined hormonal contraceptives (CHCs)?: a systematic review, Dalia Brahmi, Kathryn M. Curtis, Contraception, Vol. 87, Issue 5, p524–538, Published online: November 14, 2012. PreviewFull-Text HTMLPDF**				

	What is the risk of pregnancy after 'quick starting' contraception?	How widely available is quick starting outside of specialist clinics? How many pregnancies do we see on women who have quick started methods? (both)	Quick starting hormonal contraception after using oral emergency contraception: a systematic review.Murphy LE[1,2], Chen ZE[3], Warner V[3], Cameron ST[1]. J Fam Plann Reprod Health Care. 2017 Oct;43(4):319-326. doi: 10.1136/jfprhc-2017-101740. Epub 2017 Jun 29. **When can a woman resume or initiate contraception after taking emergency contraceptive pills? A systematic review, Jennifer Salcedo, Maria I. Rodriguez, Kathryn M. Curtis, Nathalie Kapp, Contraception, Vol. 87, Issue 5, p602–604, Published online: September 19, 2012. PreviewFull-Text HTMLPDF**	1			**1**
	What are the risks to fitting intrauterine contraception in women after they have had endometrial ablation (a surgical procedure to reduce the lining of the womb'A surgical procedure to reduce the lining of the womb)?	"Following endometrial ablation what is the best time for IUC insertion and what is the best device to use; what should be done when device is time expired and due for replacement?"Both	Combined Endometrial Ablation and Levonorgestrel Intrauterine System Use in Women With Dysmenorrhea and Heavy Menstrual Bleeding: Novel Approach for Challenging Cases. Papadakis EP et al J Minim Invasive Gynecol. 2015 Nov-Dec;22(7):1203-7. doi:10.1016/j.jmig.2015.06.012.	1			**1**
	Are there interventions that can reduce side effects of the contraceptive injection?	Is there any way to reverse the effects of the injection? (patient)	Steroidal contraceptives: effect on bone fractures in women.Laureen M Lopez, David A Grimes, Kenneth F Schulz, Kathryn M. Curtis, Mario Chen. June 2014			1	**1**
	Are intrauterine devices acceptable as emergency contraception for young women?	I think it would be useful to know about the acceptibility of the use of IUDs in under 16year olds. This is with reference to offering for emergency contraception in particular . It wold be good to tell patients how many patients find the insertion acceptible, amount of pain, also the continuation rate for young people. (HCP)	Interventions for emergency contraception Jie Shen, Yan Che, Emily Showell, Ke Chen, Linan Cheng, August 2017. DOI: 10.1002/14651858.CD002126.pub3 Hormonal and intrauterine methods for contraception for women aged 25 years and younger. Jamie Krashin, Jennifer H Tang, Sheila Mody, Laureen M Lopez. CDSR NRS August 2015. . **The safety of intrauterine devices among young women: a systematic review** Tara C. Jatlaoui; Halley E.M. Riley, Kathryn M. Curtis, Contraception http://dx.doi.org/10.1016/j.contraception.2016.10.006		1		**1**

	What are the risks or benefits of the hormonal intrauterine contraceptive (IUS) in women with submucosal fibroids?	Why is the IUS listed as MEC 3 with submucus fibroids? Gynaecologists almost always advise women with HMB due to submucus fibroids that they could try the IUS. Only a minority are expelled and women who avoid more invasive treatments are well served by this option. It would be more appropriate to list a history of coil expulsion in a woman with a submucus fibroid as MEC 3 and not all women with submucus fibroids. (HCP)	Progestogens or progestogen-releasing intrauterine systems for uterine fibroids Ussanee S Sangkomkamhang , Pisake Lumbiganon , Malinee Laopaiboon and Ben Willem J Mol Online Publication CDSR Date: February 2013.		1		**1**
	What are the risks associated with hormonal contraceptives among women who have SLE (systemic lupus erythematosis) with or without antiphospholipid antibodies?	I would like to know why Progestogen contraceptive methods (except the injection) are a UKMEC 3 for those women who have SLE +/- anti-phospholipid antibodies. Given that there is little associated VTE risk these methods generally, I have always been unsure why the risk of using these methods with this condition outweighs the benefit.(Both)	Culwell, K.R., Curtis, K.M. and del Carmen Cravioto, M., 2009. Safety of contraceptive method use among women with systemic lupus erythematosus: a systematic review. Obstetrics & Gynecology, 114(2, Part 1), pp.341-353.	2			**2**
	Are women switching from a long acting method to a pill at greater risk of contraceptive failure and/or an unplanned pregnancy?	"I have audited pregnancy rate in 12/12 after women have had implants removed and switched to cop (removal is usually for bleeding mood swings) over last few years and found this to be up to 25%. Each year - unfortunately this is only small numbers I have cited this to pt's and it has made some of them continue with larc and not switch I would be interested to know if this is just my patients or if this is seen country wide" HCP	Theory-based interventions for contraception Laureen M Lopez, Thomas W Grey, Mario Chen, Elizabeth E. Tolley, Laurie L Stockton. November 2016		1		**1**
	Has the change in guidelines regarding insertion of intrauterine contraception at the time of caesarean section increased the use of this method?	In view of the recent changes to the UKMEC, it would be useful to look ...Along the same lines as this is the rate of IUD insertion at the time of caesarian section , side effect profile and effect on unwanted pregnancies. (HCP)	Immediate versus delayed postpartum insertion of contraceptive implant for contraception. Jen Sothornwit, Yuthapong Werawatakul, Srinaree Kaewrudee, Pisake Lumbiganon, Malinee Laopaiboon. October 2015 Immediate postpartum insertion of intrauterine device for contraception.Laureen M Lopez, Alissa Bernholc, David Hubacher, Gretchen Stuart, Huib AAM Van Vliet. June 2015 Intrauterine device insertion during the postpartum period: a systematic review, **Nathalie Kapp, Kathryn M. Curtis. Contraception, Vol. 80, Issue 4, p327–336 Published online: September 1, 2009**. PreviewFull-Text HTMLPDF,		1		**1**
	What are the risks associated with hormonal contraceptives among women who have had obstetric cholestasis (a rare complication of pregnancy which causes severe itching in the last three months of pregnancy)?	I had obstetric cholestasis and have been told not to use hormone-based contraception, but I have never been given any Info about risks and probability of risk involved with the various types of contraception, or alternatives available to me.(Both)	**None**	1			**1**

	Does giving oral emergency contraception reduce attendance for fitting intrauterine devices as emergency contraception?	Is there any evidence that giving someone oral EC before a planned emergency IUD fit increases DNA rates for IUD appointment? (Both)	Interventions for emergency contraception Jie Shen, Yan Che, Emily Showell, Ke Chen, Linan Cheng, August 2017. DOI: 10.1002/14651858.CD002126.pub3	1			**1**
	How effective is the progestogen only pill (POP)?	On the progesterone only pill, is the risk of getting pregnant increased if not taken at exactly the same time each day? Is the statistic given of 99.?% only if taken exactly.(Patient)	Progestin-only pills for contraception. David A Grimes, Laureen M Lopez, Paul A O'Brien, Elizabeth G. Raymond. November 2013		1	1	**2**
				114	**145**	**219**	**478**

Uncertainties discussed at PSP final priority setting workshop by the Contraception PSP, April 2017

Total number of verified uncertainties identified by the PSP	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'.)	Explanatory note (a plain language summary of up to 150 words, explaining key points of the uncertainty and why it is important, for research funders to begin working on. PSPs may wish to include examples of the original survey submissions here)	Date of the priority setting workshop	Rank agreed at the final workshop	Evidence reviewed
57	Which interventions (decision support aids, ease of access , motivational interviewing) increase uptake and continuation of effective contraception including long acting methods (implants, injections and intrauterine contraceptives)?	Since 2013 commissioning contraceptive services in England moved to local councils, 1 in 3 councils has closed services since 2015,. GPs also provide contraceptive services but young people may be embarrassed to discuss sexual health with their GP, they may not be registered with a GP or may find it difficult to get an appointment. Young women are most likely to use community sexual health services, clinic attendances are falling (about 2% per year), this may indicate that people who need to use the service are not aware of them or how to access care. The NATSAL3 survey DOI: http://dx.doi.org/10.1016/S0140-6736(13)62071-1 suggests overall 1 in 6 pregnancy is unplanned but this is almost 1 in 2 in women aged 16-19years old. The systematic reviews provide moderate level evidence that teaching young people about contraceptive methods or using behavioural interventions such as motivational interviewing can improve effective use of contraception and reduce unwanted pregnancy. The cost of providing these interventions such as skilled staff time may limit their use in practice. Simple text message reminders do not seem to be effective. Cost effective methods of supporting use of effective contraception are needed.	*21-Apr-17*	**1**	Several interventions to increase uptake of contraceptive methods- Theory-based interventions for contraception Laureen M Lopez, Thomas W Grey, Mario Chen, Elizabeth E. Tolley, Laurie L Stockton. November 2016 (SOF-mod/high quality evidence) Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016

					Mobile phone-based interventions for improving contraception use. Chris Smith, Judy Gold, Thoai D Ngo, Colin Sumpter, Caroline Free. June 2015
57	What is the risk of side effects (vaginal bleeding, mood, weight gain, libido) with hormonal contraception (pills, patches, rings, implants, injections and hormonal intrauterine system)?	This mirrors NICE LARC guideline research recommendations "Most women will need to use contraception for more than 30 years… a woman's choice and acceptance of LARC may be influenced by potential health dis-benefits (side effects and risks) as well as non contraceptive benefits of LARC (such as alleviation of menorrhagia)")" The short and long term effects of contraceptive choices were a frequently raised by patients and healthcare professionals. Traditional meta-analysis have evaluated- a treatment and one comparison, in reality women often consider several options and want to know the effects on several outcomes (for example- commonly weight, mood, periods, skin). Methods such as network MA enable comparisons of multiple interventions for different outcomes, and help provide evidence to support informed decision making. Larger RCTs of new methods in comparison to older methods are needed to evaluate the potential common advantages/disadvantages of treatment and their effectiveness at preventing pregnancy.	*21-Apr-17*	**2**	NICE LARC Guideline 2014: **Research recommendation:** 2.2 and 2.3 Progestin-only contraceptives: effects on weight. Laureen M Lopez, Shanthi Ramesh, Mario Chen, Alison Edelman, Conrad Otterness, James Trussell, Frans M Helmerhorst. August 2016 Combination contraceptives: effects on weight Maria F Gallo, Laureen M Lopez, David A Grimes, Florence Carayon, Kenneth F Schulz, Frans M Helmerhorst.January 2014. Steroidal contraceptives: effect on carbohydrate metabolism in women without diabetes mellitus Laureen M Lopez, David A Grimes, Kenneth F Schulz. April 2014
57	What are the long-term effects of using contraception (pills, patches, rings, injections, implants, intrauterine) on fertility, cancer and	This mirrors a NICE LARC guideline research recommendations: "Most women will need to use contraception for more than 30 years… a woman's choice and acceptance of LARC may be influenced by potential health dis-benefits (side effects and risks) as well as non contraceptive benefits of LARC (such as alleviation of menorrhagia)" The short and long term effects of contraceptive choices were a frequently raised. The RCGP oral contraceptive	*21-Apr-17*	**3**	**NICE LARC Research Recommendation: 2.2.** **Lifetime cancer risk and combined oral contraceptives: the Royal College of General Practitioners' Oral Contraception Study**.Iversen L[1], Sivasubramaniam S[2], Lee AJ[2], Fielding S[2], Hannaford PC[2]. Am J Obstet Gynecol. 2017 Jun;216(6):580.e1-580.e9. doi: 10.1016/j.ajog.2017.02.002. Epub 2017 Feb 8.Endometrial cancer and oral contraceptives: an individual participant meta-analysis of 27 276 women with endometrial cancer from 36 epidemiological studies.

	miscarriage?	study provides an important update on the effect of contraceptives on cancer outcomes. It takes time to study these long term outcomes, this cohort of more than 40,000 women were recruited in 1968, they have been followed them for more than 40years. Evaluation of LARC methods and upto date oral regimens/topical regimes are needed.			**Oral Contraceptive Use and Risk of Breast, Cervical, Colorectal, and Endometrial Cancers: A Systematic Review** Jennifer M. Gierisch, Remy R. Coeytaux, Rachel Peragallo Urrutia, Laura J. Havrilesky, Patricia G. Moorman, William J. Lowery, Michaela Dinan, Amanda J. McBroom, Vic Hasselblad, Gillian D. Sanders and Evan R. Myers. Cancer Epidemiol Biomarkers Prev November 1 2013 (22) (11) 1931-1943; https://doi.org/10.1158/1055-9965.EPI-13-0298
57	What models of care increase access and support decision-making for vulnerable groups (such as young people, people who don't speak or read English)?	Systematic reviews of randomised control trials and non- random studies provide moderate level evidence that educational interventions and behavioural interventions such as motivational interviewing can improve effective use of contraception and reduce unwanted pregnancy. The cost of providing these services such as skilled staff may limit their use in clinical practice. Cost effective methods of supporting use of effective contraception for all women and those who are vulnerable are needed.	*21-Apr-17*	**4**	Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016 Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016
57	Which interventions are safe and effective for women who have irregular bleeding on long-acting hormonal contraception?	The use of LARCs is increasing, the most commonly used LARC is the implant (12.9%), Irregular bleeding is most com The included RCTs did not include the etonogestrel implant which is currently used in the UK. Many women using progestin-only methods experience unacceptable bleeding disturbances, discontinue use, and are left without contraceptive protection or switch to a less effective method. The development of common outcome reporting measures should be developed to ease the synthesis and comparison of studies, RCTs should include interventions currently used in clinical practice such as the etonogestrel implant, combined hormonal contraception and alternative treatment options. (Some overlap with research priority 2)	*21-Apr-17*	**5**	Treatment of vaginal bleeding irregularities induced by progestin only contraceptives Hany Abdel-Aleem, Catherine d'Arcangues, Kirsten M Vogelsong, Mary Lyn Gaffield, A Metin Gülmezoglu. October 2013. .

57	Does pharmacy provision of contraceptive services increase uptake and/or continuation of contraception?	Since 2013 the responsibility for commissioning contraceptive services moved to local councils. A report from the Advisory Group on Contraception (AGC), details that half the councils had cut their budgets and - 1 in 3 councils in England has closed services since 2015. The majority of individual who use community sexual health clinics are women (9 out of 10) younger women use the services most, the majority of visits are about contraception (3 out of 4). Oral contraception is the most commonly prescribed method (47%), The NATSAL3 suggests overall 1 in 6 pregnancy is unplanned but this is almost 1 in 2 in women aged 16-19years old. Against a background of reduced funding and difficulty accessing services women and healthcare providers are keen to reduce barriers and look at cost effective ways for women to access free contraception. Internationally contraception can be brought over the counter, in the UK emergency contraception is available at pharmacies and is free to young women, but there is concern about the high price charged by pharmacies for emergency contraception. The overall impact on accessibility is uncertain. NHS prescriptions for EC have been falling since it was made available over the counter. There is overlap between this question and priority 13.	*21-Apr-17*	**6**	Pharmacy-based interventions for initiating effective **contraception** following the use of emergency **contraception** : a pilot study. Michie L , Cameron ST , Glasier A , Larke N , Muir A and Lorimer A, Contraception, 2014, 90(4), 447.10.1016/j.contraception.2014.05.004 Pharmacy provision of sexual and reproductive health commodities to young people: a systematic literature review and synthesis of the evidence, Lianne Gonsalves, Michelle J. Hindin, Contraception, Vol. 95, Issue 4, p339–363 Published online: December 23, 2016. http://dx.doi.org/10.1016/j.contraception.2016.12.002

57	What are the risks or benefits to using combined hormonal contraception (pill, patch or ring) continuously to stop or reduce periods?	There are 7.2 million prescriptions for oral contraception in England (NHS 2013-14) or which about 2/3 are for the combined pill. A recognised benefit of combined hormonal contraception is that it lightens periods and it is a treatment option for women with painful periods. The systematic review reported that bleeding patterns improved in many studies using extended cycles but satisfaction and discontinuation rates were similar. Further RCTs comparing different regimes using standard outcome measures could help provide evidence on short term effects. Cohort studies are needed to evaluate the long term effects of using this method (see priority 3).	*21-Apr-17*	**7**	Continuous or extended cycle vs. cyclic use of combined hormonal contraceptives for contraception. Alison Edelman, Elizabeth Micks, Maria F Gallo, Jeffrey T Jensen, David A Grimes. July 2014
57	What factors (advice from friends, family, professionals, beliefs, experience) influence women making decisions about contraception?	The NICE LARC guideline research recommendations is similar “Most women will need to use contraception for more than 30 years… a woman's choice and acceptance of LARC may be influenced by potential health dis-benefits (side effects and risks) as well as non contraceptive benefits of LARC (such as alleviation of menorrhagia)”)” The short and long term effects of contraceptive choices were a frequently raised by patients and healthcare professionals. Systematic reviews of randomised control trials and non- random studies provide moderate level evidence that educational interventions and behavioural interventions such as motivational interviewing can improve effective use of contraception and reduce unwanted pregnancy. The cost of providing these services such as skilled staff may limit their use in clinical practice. Cost effective methods of supporting use of effective contraception in vulnerable groups are needed.	*21-Apr-17*	**8**	Theory-based interventions for contraception Laureen M Lopez, Thomas W Grey, Mario Chen, Elizabeth E. Tolley, Laurie L Stockton. November 2016 (SOF-mod/high quality evidence) Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016

57	Are there tests or factors such as age that can reliably identify women who no longer require contraception around the menopause (including women using methods which can stop periods such as implants, hormonal coils, pills)?	A number of guidelines are relevant to this question. NICE Menopause Guideline, FSRH Contraception for women aged over 40years (updated 2017), NICE Fertility Guideline. The benefits and risks of contraception change with age- fertility – the chance of becoming pregnant declines – it is rare in women after 50, the risks to maternal health of pregnancy and childbirth increase, other health issues may influence their choice of contraception. The new FSRH guidelines has provided clearer management strategies but the evidence base for these recommendations is weak. (Grade approach)	*21-Apr-17*	**9**	None
57	Are there effective new methods of contraception available for men?	About 1 in five women attending community sexual health clinics use condoms are their primary method. This is the only method men who wish to avoid paternity have. Men can not get pregnant so risks benefits of contraception are different than for women, but men should have access to methods of contraception so that they too have choice of when and whether to become a parent. There are no imminently promising methods on the horizon.	*21-Apr-17*	**10**	Steroid hormones for contraception in men. David A Grimes, Laureen M Lopez, Maria F Gallo, Vera Halpern, Kavita Nanda, Kenneth F Schulz: CDSR March 2012. PROSPERO SR Neena Qasba, Brian Nguyen. Combined hormonal contraception methods for men to achieve severe oligozoospermia for male contraception. http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016051284 start Oct 2016, completion anticipated June 2017.

57	What are the most effective methods of promoting sexual health services (to everyone, including young people, those who don't speak or read English or who are vulnerable)?	The review looked at promoting uptake and use of effective contraceptives rather than promoting services. Results showed that computer-based interventions are effective tools for learning about sexual health, and they also improve self-efficacy, intention and sexual behaviour, but more research is needed to establish whether computer-based interventions can change outcomes such as sexually transmitted infections and pregnancy. Since 2013 commissioning contraceptive services moved to local councils and - 1 in 3 councils has closed services since 2015,. GPs also provide contraceptive services but young people may be embarrassed to discuss sexual health with their GP, they may not be registered with a GP or unable to get an appointment. Young women are most likely to use community sexual health services, clinic attendances are falling (about 2% per year), this may indicate that people who need to use the service are not aware of them or how to access care. Against this background health care professionals and service users were keen to know what methods of promoting services and information about contraception are effective.	*21-Apr-17*	**11**	Interactive computer-based interventions for sexual health promotion Julia V Bailey , Elizabeth Murray , Greta Rait , Catherine H Mercer , Richard W Morris , Richard Peacock , Jackie Cassell and Irwin Nazareth, Online Publication Date: September 2010. DOI: 10.1002/14651858.CD006483.pub2
57	What are the benefits and risks of using micronised progestogen or newer progestogens (such as Nomegestrol acetate, drospirenone) either in pill form or in long acting preparations, such as implants or in combined hormonal	Newer progestogens such as drosperinone are derived from spironolactone rather than 19-nor testosterone. Compared to placebo the drosperinone ethinyl estradiol pill seemed to help women with severed symptoms in the short term, the placebo also had a positive effect. his may have an influence on fluid balance, and reduce side effects. Differences between progestogens were minimal in the systematic review comparing different formulations- it was noted the RCTs in the quality of the evidence was low, outcomes were unblinded, 23/33 RCTs were sponsored by the pharmaceutical companies.	*21-Apr-17*	**12**	Oral contraceptives containing drospirenone for premenstrual syndrome. Laureen M Lopez , Adrian A Kaptein and Frans M Helmerhorst . February 2012

	contraception?	The potential risks of newer progestogens is uncertain. Further double-blind comparisons of the side-effect and benefit profiles of new progestogens versus the earlier progestogens in combined and progestogen only contraception is needed to evaluate the benefits and common side effects of these preparations.			Types of progestogens in combined oral contraception: effectiveness and side-effects.Theresa A Lawrie , Frans M Helmerhorst , Nandita K. Maitra , Regina Kulier , Kitty Bloemenkamp and A Metin Gülmezoglu. May 2011 Combined oral contraceptives: venous thrombosisMarcos de Bastos , Bernardine H. Stegeman , Frits R. Rosendaal , Astrid Van Hylckama Vlieg , Frans M Helmerhorst , Theo Stijnen and Olaf M Dekkers. March 2014
57	If the progestogen-only pill was available over the counter would this be acceptable and safe?	The responsibility for commissioning contraceptive services moved to local councils in 2013. The Advisory Group on Contraception (AGC), details that half the councils had cut their budgets and - 1 in 3 councils has closed services since 2015. The majority of individual who use community sexual health clinics are women (9 out of 10), the majority of visits are about contraception (3 out of 4). Oral contraception is the most commonly prescribed method (47%), of which about 1 in 3 women is prescribed a Progesterone only pill (POP). Against a background of reduced funding and difficulty accessing services women and healthcare providers are keen to look at cost effective ways for women to continue to access free contraception. Internationally contraception can be brought over the counter, in the UK emergency contraception is available at pharmacies and is free to young women, but there is concern about the high price for charged by pharmacies, so the impact on accessibility is unclear. There is overlap between this and priority 6 about pharmacy provision of SRH service.	*21-Apr-17*	**13**	**Pharmacy provision of sexual and reproductive health commodities to young people: a systematic literature review and synthesis of the evidence, Lianne Gonsalves, Michelle J. Hindin, Contraception, Vol. 95, Issue 4, p339–363 Published online: December 23, 2016. http://dx.doi.org/10.1016/j.contraception.2016.12.002 (Indirect as not specifically POP- general SRH)**
57	What is the risk of stroke for women suffering from migraines who are using combined hormonal contraception (pill, patch, ring)?	About one in six women get migraine headaches. It is thought that combined hormonal contraception increases the chance of stoke in women with migraine, for this reason use of these methods is not advised. This effectively removes the option of the most popular contraceptive method (oral combined	*21-Apr-17*	**14**	**Safety of hormonal contraceptives among women with migraine: A systematic review, Naomi K. Tepper, Maura K. Whiteman, Lauren B. Zapata, Polly A. Marchbanks, Kathryn M. Curtis. Contraception, Vol. 94, Issue 6, p630–640Published online: May 3, 2016, PreviewFull-Text HTMLPDF** Combined oral contraceptives: the risk of myocardial infarction and ischemic stroke. Rachel E.J. Roach, Frans M Helmerhorst, Willem M. Lijfering, Theo Stijnen, Ale Algra, Olaf M Dekkers. August 2015

		contraceptive pill) from 1 in six women.			Combined oral contraceptives: venous thrombosis Marcos de Bastos, Bernardine H. Stegeman, Frits R. Rosendaal, Astrid Van Hylckama Vlieg, Frans M Helmerhorst, Theo Stijnen, Olaf M Dekkers. March 2014
57	Are there health risks for women who take emergency contraception repeatedly?	In England about 330 thousand prescriptions for emergency EC were issued in 2013-14, only 1 in 3 of these were from community sexual health services, only 19/20 women using oral method. Prescriptions for EC have been falling since it was made available to buy over the counter in 2001, but there are no central data on how many women buy EC at pharmacies. Most studies in the systematic review were old (they used Levonorgestrel EC which is less effective than Ulipristal acetate (UPA) EC) and many reports were not complete. However, the data had moderate quality because of the many women in these studies, the low pregnancy rates, and the consistent results. We do not know for sure whether using levonorgestrel repeatedly around the time of sex is a good and safe method of birth control. More high-quality research is needed to answer the question.	*21-Apr-17*	**15**	Repeated use of pre- and postcoital hormonal contraception for prevention of pregnancy . Vera Halpern, Elizabeth G Raymond, Laureen M Lopez. CDSR September 2014
57	Do progestogens used alone or in combined hormonal contraception interact with anti-depressants?	Depression/anxiety affects about 1 in 7 women in the UK. The effects of hormonal contraception on mood in all was raised by many users and healthcare professionals, this priority is the effect on a -women with on treatment which is a specific group but which overlaps with the research priority 2 and the NICE LARC guideline research recommendations "Most women will need to use contraception for more than 30 years… a woman's choice and acceptance of LARC may be influenced by potential health dis-benefits (side effects and risks) as well as non contraceptive benefits of LARC.. The NATSAL3 survey DOI: http://dx.doi.org/10.1016/S0140-6736(13)62071-1,found depression to be associated with a doubling of the risk of unplanned pregnancy.	*21-Apr-17*	**16**	Association of Hormonal Contraception with Depression. Skovlund CW, Mørch LS, Kessing LV, *et al* .JAMA Psychiatry. 28 September 2016. doi:10.1001/jamapsychiatry.2016.2387 Drug interactions between hormonal contraceptives and psychotropic drugs: a systematic review Erin N. Berry-Bibee, Myong-Jin Kim, Katharine B. Simmons, Naomi K. Tepper, Halley E.M. Riley, H. Pamela Pagano, Kathryn M. Curtis. Contraception, Vol. 94, Issue 6, p650–667. Published online: July 18, 2016. PreviewFull-Text HTMLPDF Drug interactions between hormonal contraceptives and psychotropic drugs: a systematic review Erin N. Berry-Bibee, Myong-Jin Kim, Katharine B. Simmons, Naomi K. Tepper, Halley E.M. Riley, H. Pamela Pagano, Kathryn M. Curtis. Contraception, Vol. 94, Issue 6, p650–667. Published online: July 18, 2016. PreviewFull-Text HTMLPDF Co-administration of St. John's wort and hormonal contraceptives: a systematic review. Erin N. Berry-Bibee, Myong-Jin Kim, Naomi K. Tepper, Halley E.M. Riley, Kathryn M. Curtis

					Contraception, Vol. 94, Issue 6, p668–677. Published online: July 18, 2016. PreviewFull-Text HTMLPDF
57	Are there factors (ethnicity, past experience) that can predict who is at risk of irregular bleeding when using hormonal contraception (progestogen only or combined)?	The systematic review evaluate the risk of side effects with CHC and treatment for irregular bleeding with progestogen only methods. The interventions themselves maybe a factor in the risk of bleeding but the questions is about the patient factors which may influence this, which is not directly addressed by either review.	*21-Apr-17*	**17**	Types of progestogens in combined oral contraception: effectiveness and side-effects.Theresa A Lawrie , Frans M Helmerhorst , Nandita K. Maitra , Regina Kulier , Kitty Bloemenkamp and A Metin Gülmezoglu. May 2011 Treatment of vaginal bleeding irregularities induced by progestin only contraceptives Hany Abdel-Aleem, Catherine d'Arcangues, Kirsten M Vogelsong, Mary Lyn Gaffield, A Metin Gülmezoglu. October 2013
57	Does providing women who are pregnant with information about contraceptive services and choices increase the uptake of contraception after childbirth?	After childbirth many women do not have access to the contraception that they need. The authors regarded the evidence to be of low quality, with self reported rather than objective outcomes. The reviews do not directly the suggested intervention of antenatal information.	*21-Apr-17*	**18**	Education for contraceptive use by women after childbirth Laureen M Lopez, Thomas W Grey, Janet E Hiller, Mario Chen. July 2015 Strategies for improving postpartum contraceptive use: evidence from non-randomized studies Laureen M Lopez, Thomas W Grey, Mario Chen, Janet E Hiller. CDSR NRS November 2014
57	Do models of care (video information, telephone assessments, single appointments) increase access to intrauterine contraceptives and implants?	Since 2013 the responsibility for commissioning contraceptive services moved to local councils. A report from the Advisory Group on Contraception (AGC), which FSRH is a member of, details that half the councils had cut their budgets and - 1 in 3 councils has closed services since 2015. The majority of individual who use community sexual health clinics are women (9 out of 10), the majority of visits are about contraception (3 out of 4).Visits to community clinics are reducing (about 2% per year). To ensure effective use of resources access to intrauterine contraception is often triaged though an initial appointment, to ensure the woman has adequate information and this was a suitable method and fitting. However requiring two appointments is often sited as a barrier to accessing LARC. Alternate ways methods of delivering this information have been evaluated but further research is needed.	*21-Apr-17*	**19**	Interactive computer-based interventions for sexual health promotion Julia V Bailey , Elizabeth Murray , Greta Rait , Catherine H Mercer , Richard W Morris , Richard Peacock , Jackie Cassell and Irwin Nazareth, Online Publication Date: September 2010. DOI: 10.1002/14651858.CD006483.pub2 Brief educational strategies for improving contraception use in young people. Laureen M Lopez, Thomas W Grey, Elizabeth E. Tolley, Mario Chen. March 2016 Giving information about the contraceptive implant using a DVD: is it acceptable and informative? A pilot randomised study . Lucy Michie, Sharon T Cameron, Anna Glasier, Anne Johnstone. Journal of Family Planning and Reproductive Health Care Jul 2016, 42 (3) 194-200; DOI: 10.1136/jfprhc-2015-101186

57	How effective are 'natural family planning methods' (monitoring menstrual cycle, basal body temperature, cervical mucus), and do fertility apps and/or urine testing improve this?	The systematic review is based on traditional methods. More recent attention has focused on using apps, several papers review different app protocols. One ongoing study evaluating a specific app was identified. ClinicalTrials.gov NCT02833922; https://clinicaltrials.gov/ct2/show/NCT02833922 (Archived be WebCite at http://www.webcitation.org/6nDkr0e76).	*21-Apr-17*	**20**	Fertility awareness-based methods for contraception David A Grimes, Maria F Gallo, Vera Halpern, Kavita Nanda, Kenneth F Schulz, Laureen M Lopez. October 2004 (updated 2012) Assessing the Efficacy of an App-Based Method of Family Planning: The Dot Study Protocol.Simmons RG, Shattuck DC, Jennings VH. JMIR Res Protoc. 2017 Jan 18;6(1):e5. doi: 10.2196/resprot.6886.
57	Are intrauterine contraceptives (IUC) affected if not correctly positioned (eg if low lying, embedded in or dislodged from the uterus)?	There were 176 thousand prescriptions for IUCs in England in 2013-4. These maybe fitted by GPs or community SRH services. Devices last between 3 to 10yrs. FSRH Guideline (Oct 2015, p25) Non-fundally placed IUC ; "There is currently insufficient evidence to confirm whether efficacy is reduced or maintained when intrauterine methods are non-fundally placed" The guideline goes onto suggest that because effectiveness is not guaranteed usually they are removed and replaced if more than 2cm from the fundus. The frequency of IUC expulsion is about 1 in 20, but the rate of malposition is not commonly sited. The effectiveness and cost associated with this are not known.	*21-Apr-17*	**21**	none
57	What are the health risks (osteoporosis, bone fracture) of using contraceptive injections, and do these increase with duration of use or vary with age of use?	The June 14 Systematic review evaluated RCTs the outcomes assessed are bone mineral density assessed by scan, the hormone injection seems to reduce bone density. The same authors then conducted a systematic review of non random studies concluded that there was an increased risk of bone fracture in women who had used the contraceptive injection. This evidence was of moderate quality (Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.)	*21-Apr-17*	**22**	Steroidal contraceptives and bone fractures in women: evidence from observational studies Laureen M Lopez, Mario Chen, Sarah Mullins Long, Kathryn M. Curtis, Frans M Helmerhorst. July 2015 . Steroidal contraceptives: effect on bone fractures in women. Laureen M Lopez, David A Grimes, Kenneth F Schulz, Kathryn M. Curtis, Mario Chen. CDSR June 2014
57	Does ovulation, menstrual cycles and fertility return to normal immediately contraception is stopped?	This review looks at likelihood of ovulation after missed pills. The only contraceptive that is recognised that fertility may not return immediately in the hormone injection. The quality of this evidence is low	*21-Apr-17*	**23**	**Effect of missed combined hormonal contraceptives on contraceptive effectiveness: a systematic review,** Lauren B. Zapata, Maria W. Steenland, Dalia Brahmi, Polly A. Marchbanks, Kathryn M. Curtis, Contraception, Vol. 87, Issue 5, p685–700, Published online: October 22, 2012,

		low.			PreviewFull-Text HTMLPDF
57	How frequently do women stop using the implant because of side effects?	The use of LARCs is increasing, the most commonly used LARC in England is the implant (12.9% attendess at community SRH clinics, 159 thousand prescriptions). Irregular bleeding is a common side effect The systematic review included RCTs but these assessed levonorgestrel implants and not the etonogestrel implant which is currently used in the UK. The authors suggest that "many women using progestin-only methods experience unacceptable bleeding disturbances, discontinue use, and are left without contraceptive protection or switch to a less effective method. The development of common outcome reporting measures should be developed to ease the synthesis and comparison of studies", RCTs should include interventions currently used in clinical practice such as the etonogestrel implant, combined hormonal contraception and alternative treatment options. (Overlap with priority 2,5 and 17)	*21-Apr-17*	**24**	**Menstrual pattern changes from levonorgestrel subdermal implants and DMPA: systematic review and evidence-based comparisons. David Hubacher, Laureen Lopez, Markus J. Steiner, Laneta Dorflinger. Contraception, Vol. 80, Issue 2, p113–118. Published online: April 24, 2009. PreviewFull-Text HTMLPDF** RCTof the effect of intensive versus non-intensive counselling on discontinuation rates due to bleeding disturbances of three long-acting reversible contraceptives Modesto W, Bahamondes MV, Bahamondes L. Hum Reprod. 2014 Jul;29(7):1393-9.

57	How common is it for side effects (mood/weight gain/loss of libido) to occur in women who are using combined hormonal contraception (pill, patch or ring)?	This mirrors NICE LARC guideline research recommendations “Most women will need to use contraception for more than 30 years… a woman's choice and acceptance of LARC may be influenced by potential health dis-benefits (side effects and risks) as well as non contraceptive benefits of LARC (such as alleviation of menorrhagia)”)” The short and long term effects of contraceptive choices were a frequently raised by patients and healthcare professionals. There are 7.2 million prescriptions for oral contraception in England (NHS 2013-14) or which about 2/3 are for the combined pill. Newer progestogens such as drosperinone are derived from spironolactone rather than 19-nor testosterone. Compared to placebo the drosperinone ethinyl estradiol pill seemed to help women with severed symptoms in the short term, the placebo also had a positive effect. his may have an influence on fluid balance, and reduce side effects. Differences between progestogens were minimal in the systematic review comparing different formulations- it was noted the RCTs in the quality of the evidence was low, outcomes were unblinded, 23/33 RCTs were sponsored by the pharmaceutical companies. The potential risks of newer progestogens is uncertain. There is overlap between the question raised in this priority and priorities 2, 7, 12 and 16.	*21-Apr-17*	**25**	Combination contraceptives: effects on weight Maria F Gallo, Laureen M Lopez, David A Grimes, Florence Carayon, Kenneth F Schulz, Frans M Helmerhorst.January 2014 Combined oral contraceptive pills for treatment of acne Ayodele O Arowojolu, Maria F Gallo, Laureen M Lopez, David A Grimes: July 2012
57	What methods of pain relief are effective during intrauterine contraceptive insertion (oral analgesia, local anaesthetic gel, spray or injection)?	176 thousand IUCs were inserted in England in 2013-4, it is more popular in older women and pain is reduced for women who have had a vaginal birth. The systematic review included RCTs of any intervention given prior to, or during, IUC insertion in order to reduce pain. Outcome- patient reported pain. Found: naproxen may decrease pain during IUC insertion, Misoprostol did not help and may even increase pain. Lidocaine 2% gel showed no effect, other lidocaine formulations may help including 4% topical gel, 10% spray, lidocaine and prilocaine cream, and 1% paracervical block.	*21-Apr-17*	**26**	Interventions for pain with intrauterine device insertion. Laureen M Lopez, Alissa Bernholc, Yanwu Zeng, Rebecca H Allen, Deborah Bartz, Paul A O'Brien, David Hubacher. CDSR July 2015

		Effective analgesia during insertion is likely to increase the acceptability and uptake of the method.			
57	Why aren't there progestogen only transdermal patches, gels, vaginal rings or combined injections available for use as contraception?	These preparations exist, but are not licensed be for contraception in the UK. The uptake of the combined patch Is relatively low (1.3 percent of women attending SRH clinics used this as their primary method) there are not overall prescription figures for the patch or ring in England. Cost maybe a factor in accessing in HCP not prescribing these methods.	*21-Apr-17*	**27**	Combination injectable contraceptives for contraception Maria F Gallo, David A Grimes, Laureen M Lopez, Kenneth F Schulz, Catherine d'Arcangues.: October 2008 Safety of the progesterone-releasing vaginal ring (PVR) among lactating women: A systematic review Shannon L. Carr, Mary E. Gaffield, Monica V. Dragoman, Sharon Phillips, Contraception, Vol. 94, Issue 3, p253–261, Published online: April 10, 2015, Open Access, PreviewFull-Text HTMLPDF,
	Why don't more young women choose to use intrauterine contraception (is this influenced by friends, family, professionals, access to services)?	This priority overlaps with research priority 1. The reviews there show that interventions can increase the uptake of LARCS, including IUCs.		**28**	**The safety of intrauterine devices among young women: a systematic review,** Tara C. Jatlaoui, Halley E.M. Riley, Kathryn M. Curtis. Contraception, Vol. 95, Issue 1, p17–39, Published online: October 19, 2016. PreviewFull-Text HTMLPDF Strategies for improving the acceptability and acceptance of the copper intrauterine device , Myat E Arrowsmith, Catherine RH Aicken, Sonia Saxena, Azeem Majeed: CDSR March 2012
	What risk factors are there for deep insertion of implants?	The use of LARCs is increasing, the most commonly used LARC in England is the implant (12.9% attendees at community SRH clinics, 159 thousand prescriptions. It is important that rare complications are monitored by the NHS rather than just the manufacturer. " a woman's choice and acceptance of LARC may be influenced by potential health dis-benefits (side effects and risks) as well as non contraceptive benefits of LARC)" The short and long term effects of contraceptive choices were a frequently raised by patients and healthcare professionals. There is some overlap with this and priority 2.		**29**	Progestogen-only Implants; CEU Statement: Intravascular insertion of Nexplanon® - June 2016