



Isotretinoin Pregnancy Prevention Programme

Brochure on contraception

Contraception and isotretinoin

Isotretinoin is an effective treatment for severe acne. However, it is well known that isotretinoin can cause **severe birth defects in babies born to mothers taking isotretinoin**. There is also an increased risk of miscarriage.

It is vital that you do not start isotretinoin treatment if you are pregnant, may become pregnant during treatment, or in the first month after treatment. This means that you will need to have at least one negative pregnancy test just before starting treatment, your doctor may require you to have a pregnancy test each month during your treatment, as well as 5 weeks after the end of treatment.

You must use at least one effective method of contraception, for 1 month before starting treatment, throughout the treatment period and for 1 month after treatment has finished. The most highly effective methods include contraceptive injections, implants, intra-uterine devices with copper or hormone and combined contraceptive pills and patches when used carefully. Preferably you should use **two methods of contraception including a barrier method such as the male condom, as no method is 100% safe on its own.** Barrier methods on their own are not recommended. It is vital that both you and your sexual partners understand the importance of this and what the consequences may be if you become pregnant whilst on isotretinoin. Contraception must be used even if you are not currently sexually active, unless in your doctor's opinion there are compelling reasons for assuming that there is no risk of pregnancy.

This leaflet discusses the different types of contraception, how to use them and how effective they are. Any method of contraception, however effective, may fail, and **by using two methods at once you will minimise the risk of pregnancy.**

This leaflet is intended as an aid only – it won't replace medical advice given by a healthcare professional. You will need to discuss your contraceptive options with your doctor or nurse before you begin treatment with isotretinoin.

Your guide to contraception

There are many different contraceptive methods available and different methods suit people at different times of their lives. This leaflet will help you and your partner to decide on the method of contraception most suited to you both. It shows all the available methods, explains how they work, how effective they are and the main advantages and disadvantages. You can ask your GP practice nurse or family planning clinic for more information on any method you are interested in.

The figures quoted in this leaflet for how well each method works are based on extensive independent research. Most contraceptives need to be prescribed. If your GP does not provide all the methods they should be able to tell you of the nearest GP or family planning clinic that does. If you would prefer not to see your own GP about contraception you can sometimes go to another GP for contraception only. Many sexual health clinics offer contraception.

You can buy male condoms and spermicides without going to a doctor or clinic. Spermicides on their own are not recommended as a reliable contraceptive.

Using contraception

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions. If 100 sexually active women don't use any contraception 80 to 90 of them will become pregnant in a year. The methods shown in this brochure are divided into two types:

No user failure: do not depend on you remembering to take or use contraception. These are long acting methods: contraceptive injection, implant, intrauterine system (IUS), intrauterine device (IUD), female sterilisation, male sterilisation (vasectomy).

User failure: methods you have to use and think about each day or each time you have sex. For these methods to be effective you must use them according to the instructions given: Combined pill, the contraceptive patch, progestogen-only pill, male condom, diaphragm/cap with spermicide, female condom and natural family planning (the female condom and natural family planning are not recommended as contraception methods in patients taking isotretinoin and are not discussed further in this brochure).

Some facts about contraception

There are a lot of myths around about contraception. These are the facts.

A woman can still get pregnant:

- if it is the first time she has sex
- if she does not have an orgasm
- if a man pulls out of her vagina before he comes
- if she has sex when she has a period
- if she is fully breastfeeding
- if she douches (squirts water into the vagina). This can be harmful to women
- whatever position the couple have sex in

Contraceptive injection

Effectiveness

Over 99% effective. Less than 1 woman in 100 will get pregnant in a year.

How it works

Releases the hormone progestogen slowly into the body. This stops ovulation and thickens cervical mucus to prevent sperm meeting an egg.

Advantages

- Lasts for 12 weeks (Depo-Provera) or 8 weeks (Noristerat).
- May protect against cancer of the womb and some protection from pelvic inflammatory disease.

Disadvantages

- Periods may be irregular or stop.
- Regular periods and fertility may take a year or more to return after stopping the injections.
- Some women gain weight.
- Other possible side-effects include headaches, acne, mood changes and tender breasts.

Comments

The injection cannot be removed from the body so any side-effects may continue for as long as it works and for some time afterwards.

Implant

Effectiveness

Over 99% effective. Less than 1 woman in 100 will get pregnant in a year.

How it works

Small flexible tube placed under the skin of the inner upper arm. Releases the hormone progesterone into the bloodstream to stop ovulation and thickens cervical mucus to prevent sperm meeting an egg.

Advantages

- Works for three years but can be taken out at any time.
- When the implant is removed normal level of fertility will return immediately.

Disadvantages

- Periods are often irregular, very long or stop for at least the first year.
- Some women gain weight.
- Other possible side-effects include headaches, acne, mood changes and tender breasts.

Comments

- Implant is usually put in under a local anaesthetic and no stitches are needed. The area may be tender for a day or two with bruising and some swelling.
- Most women can feel the implant with their fingers, but it can't be seen.
- Minor surgery necessary to take the implant out.

Intrauterine system (IUS)

Effectiveness

Over 99% effective. Less than 1 woman in 100 will get pregnant in a year.

How it works

A small plastic device which releases the hormone progesterone is put into the womb. It thickens cervical mucus to stop sperm meeting an egg. It may stop an egg settling in the womb or stop ovulation.

Advantages

- Works for five years but can be taken out at any time.
- Periods will be much lighter, shorter and usually less painful.

Disadvantages

- Irregular light bleeding is common for the first three months and sometimes longer.
- May be temporary side-effects such as headaches, acne and tender breasts.

Comments

- Women are taught to check the IUS is in place by feeling the threads high in their vagina.
- Very useful for women with very heavy or painful periods.

Intrauterine device (IUD)

Effectiveness

98% to over 99% effective depending on the type of IUD. Less than 1 to 2 women in 100 will get pregnant in a year.

How it works

A small plastic and copper device is put into the womb. It stops sperm meeting an egg or may stop an egg settling in the womb.

Advantages

- Works as soon as it is put in.
- Can stay in 3 to 10 years depending on type, but can be taken out at any time.

Disadvantages

- Periods may be heavier or longer and more painful.
- Not suitable for women at risk of getting a sexually transmitted infection.

Comments

- If fitted after the age of 40 it can stay in until the menopause.
- Women are taught to check the IUD is in place by feeling the threads high in their vagina.

Female sterilisation

Effectiveness

Over 99% effective. The lifetime failure rate is about 1 in 200, depending on the method used.

How it works

The fallopian tubes are cut or blocked so the egg cannot travel down them to meet sperm.

Advantages

- It is permanent and has no known long-term side-effects.

Disadvantages

- The fallopian tubes may rejoin so the woman is fertile again.
- Contraception must be used up to the time you are sterilised and until you have had your first period after sterilisation.

Comments

- Should not be chosen if in any doubt and counselling is important.
- Time in hospital varies from one to three days depending on the type of operation.
- A few days rest needed afterwards

Male sterilisation (vasectomy)

Effectiveness

Over 99% effective. The lifetime failure rate is 1 in 2,000.

How it works

The tubes carrying the sperm are cut, so sperm are not present in the semen that is ejaculated when the man 'comes'.

Advantages

- It is permanent and has no known long-term side-effects.
- Minor operation takes 10-15 minutes and can be done at a doctor's surgery or clinic.

Disadvantages

- It usually takes a few months for all the sperm to disappear from the semen.
- Contraception must be used until there are two negative semen tests (no sperm seen).
- The tubes may rejoin so the man is fertile again. This is not common.

Comments

- Should not be chosen if in any doubt and counselling is important.
- Likely to be bruising, swelling and some discomfort or pain for a short time after the operation.
- Rest for 24-36 hours and avoid strenuous exercise for at least a week.

Combined pill

Effectiveness

Over 99% effective if taken according to instructions. Less than 1 woman in 100 will get pregnant in a year.

How it works

Contains two hormones – oestrogen and progestogen – which stop ovulation.

Advantages

- Often reduces bleeding, period pain and pre-menstrual tension.
- Protects against cancer of the ovary and womb and some pelvic infections.
- Suitable for healthy non-smokers up to the menopause.

Disadvantages

- Not suitable for all women.
- Rare but serious side-effects may include blood clots (thrombosis), breast cancer and cervical cancer.
- Can be temporary minor side-effects.
- Not suitable for smokers over 35.

Comments

- Not effective if taken over *12 hours* late or after vomiting or severe diarrhoea.
- Some drugs or herbal medicines such as St John's wort may stop the pill working.
- Pill users should not smoke.

The contraceptive patch (Evra contraceptive patch)

Effectiveness

Over 99% effective when used correctly and according to the instructions.

How it works

A constant daily dose of hormones are released into the bloodstream through the skin. Its main action is the same as the combined oral contraceptive pill; it stops the ovaries from releasing an egg each month (ovulation).

Advantages

- You don't have to remember to take it every day; you only have to remember to replace the patch once each week
- As the hormones do not need to be absorbed by the stomach, they are not affected by vomiting or diarrhoea.

Disadvantages

- It may be visible.
- For a small number of women it may cause skin irritation.
- Side-effects are similar to those seen with combined oral contraceptive pill.

Comments

- Some drugs or herbal medicines such as St John's wort may stop the patch from working.
- Women who are unable to use the combined oral contraceptive pill cannot use the patch.
- The effectiveness of the patch is reduced in women who weigh 90kg (14 stone) or over.
- Patch users should not smoke.

Progestogen-only pill (POP)

Effectiveness

99% effective if taken according to instructions. 1 woman in 100 will get pregnant in a year.

How it works

The hormone progestogen, taken at the same time each day, thickens cervical mucus to prevent sperm meeting an egg or an egg settling in the womb. In some women it prevents ovulation.

Advantages

- Useful for older women who smoke or who cannot use the combined pill.

Disadvantages

- May be minor side-effects.
- Periods may be irregular, with some bleeding in between, or be missed.
- May be less effective in women who weigh over 70kg (11 stone).

Comments

- Not effective if taken over *three hours* late or after vomiting or severe diarrhoea.
- Some drugs may stop the pill working but antibiotics do not affect POPs.

Male condom

Effectiveness

98% effective if used according to instructions. 2 women in 100 will get pregnant in a year.

How it works

Made of very thin latex (rubber) or polyurethane it is put over the erect penis and stops sperm from entering the woman's vagina.

Advantages

- Free from family planning clinics and also sold widely.
- May protect both partners from sexually transmitted infections, including HIV.
- A wide variety of types to choose from.

Disadvantages

- Putting it on can interrupt sex.
- May slip off or split if not used correctly.
- Man needs to withdraw as soon as he has ejaculated and be careful not to spill any semen.

Comments

- Men can take responsibility for contraception.
- Use a new condom each time.
- Must be put on before the penis touches the woman's vagina.
- Use a condom with a BSI Kitemark (BS EN 600) and CE Mark on the pack and check the expiry date.
- Oil based products damage latex condoms, but can be used with polyurethane condoms.

Diaphragm/cap with spermicide

Effectiveness

92% to 96% effective if used according to instructions. Between 4 and 8 women in 100 will get pregnant in a year.

How it works

A flexible rubber or silicone device used with spermicide, is put into the vagina to cover the cervix. Must be specially fitted to make sure it is the right size.

Advantages

- Can be put in any time before sex.
- May protect against some sexually transmitted infections and cancer of the cervix.
- A variety of types to choose from.

Disadvantages

- Putting it in can interrupt sex.
- Extra spermicide is needed if you have sex again.
- Cystitis can be a problem for some diaphragm users.

Comments

- Fitting should be checked every 12 months and if you gain or lose more than 3kg (7lbs), or have a baby, miscarriage or abortion.
- Silicone caps come in disposable and reusable varieties.
- Should be removed 6 hours after intercourse.

Emergency Contraception

If you have had sex without using contraception or think your method might have failed there are two emergency methods you can use.

- Emergency pills – must be started up to three days (72 hours) after sex. They are more effective the earlier they are started after sex (preferably within 12 hours).
- An IUD – must be fitted within five days after sex.

As it is vitally important that you do not become pregnant when you are taking isotretinoin, you should contact your doctor, nurse or family planning clinic immediately if you have had unprotected sex.

Sexually transmitted infections

Male and female condoms can help protect against sexually transmitted infections. Male latex condoms should carry the BSI Kitemark (BS EN 600) and European CE mark. Diaphragms and caps may also protect against some sexually transmitted infections.

How do I find a family planning doctor or clinic?

Contraception is free through the NHS.

- You can get lists of GPs from libraries, advice centres, helplines, health authorities or health boards.
- You can get details of your nearest family planning or sexual health clinic from your telephone directory, health centre, hospital, midwife or health visitor, advice centre, helpline, health authority or health board.
- Young people can phone Brook on 0800 0185 023 or Sexwise on 0800 282930 for details of the nearest young people's clinic.
- You can find out all about **all** clinics from **fpa's** helpline on 0845 310 1334 or visit the web-site at www.fpa.org.uk.
- NHS Direct on 0845 46 47 also gives information on local family planning services in England

What if I become pregnant?

If you become pregnant while on isotretinoin therapy or during the month after treatment has stopped,

immediately stop taking the medicine and contact your doctor.

Information in this brochure

This brochure can only give you basic information about contraception. The information is based on the evidence and medical opinion available at the time this leaflet was printed. Different people may give you different advice on certain points.

Remember – *contact your doctor or family planning clinic if you are worried or unsure about anything.*

Remember

- Isotretinoin can cause **severe birth defects** - it is vital that you do not start isotretinoin treatment if you are pregnant or are not on at least one effective form of contraception.
- **You must not begin isotretinoin treatment whilst pregnant, or become pregnant during isotretinoin treatment.** It is very important that you use at least one and preferably two effective forms of contraception, including one barrier method, for one month before, during, and one month after treatment.
- No method of contraception, other than having no sex at all, works 100% of the time. Even if you use one of the recommended methods properly, there is still a small but real risk of getting pregnant.

- There are many different types of contraception. Long-acting contraceptives such as monthly injections or the coil do not depend on your remembering to take or use them and there is hardly any 'user failure'. If you use other methods, such as the pill and the condom, you have to remember to use them each day or just before having sex. Whatever methods you use, you must use them according to the instructions given in order for these methods to be effective.
- Make sure you explain to your partner the importance of contraception one month before, during and for one month after treatment with isotretinoin. It is important that your sexual partner also understands the facts about contraception and the risks of birth defects occurring in babies born to women taking isotretinoin. Explain what you and he must do: choose (together with your doctor or nurse) and use at least one, but preferably two effective forms of contraception for one month before, during and for one month after isotretinoin treatment.
- As it is vitally important that you do not become pregnant when you are taking isotretinoin, you should contact your doctor, nurse or family planning clinic immediately if you have had unprotected sex.

- If you think you are pregnant, stop taking isotretinoin immediately and contact your doctor or nurse

Acknowledgement

The information on contraception in this brochure is adapted from the fpa leaflets 'Your Guide to Contraception' (Your guide Nov 01) and 'The Contraceptive Patch' (August 2003).

You can obtain further information from the fpa by contacting:

fpa UK

1-12 Pentonville Road, London N1 9FP

Phone 0845 310 1334 (9am to 7pm)

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Phone 0141 576 5088 (9am to 5pm)

fpa Northern Ireland

113 University Street, Belfast BT7 1HP

Phone 028 90 325 488

Derry 028 71 260 016 (9am to 5pm)

Or visit fpa's website: www.fpa.org.uk

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