

KEY CONTACT

**INFORMATION AND
SERVICE DIRECTORY ON
REPRODUCTIVE & SEXUAL
HEALTH & PREVENTION
OF CRISIS PREGNANCY**



01 INTRODUCTION

SECTION 1

KEY CONTACT FOR PREVENTION

- 03 Why are You Important in Crisis Pregnancy Prevention?
- 03 Who is at Risk of a Crisis Pregnancy?
- 04 Confidentiality
- 05 Age of Consent
- 05 Opening the Conversation

KEY FACTORS FOR CLIENTS

- 07 Literacy Issues
- 08 Language Needs
- 08 Special Needs
- 08 Cultural and Religious Issues

FERTILITY CONSIDERATIONS

- 09 Rubella Status
- 09 Folic Acid
- 10 Return to Fertility Following Use of Certain Contraceptive Methods
- 10 Menstrual Cycle Control

CONTRACEPTION

- 11 Contraceptive Efficacy
- 12 Contraceptive Methods (Tables)
- 14 Consistent and Correct Use
- 14 Common Myths and Mistakes in Using Contraception
- 17 Emergency Contraception
- 18 Product Scares, Shortages and User Impact
- 18 New Contraceptive Developments

SEXUAL AND REPRODUCTIVE HEALTH

- 19 Cervical Screening
- 20 Sexually Transmitted Infections (STIs) and HIV
- 22 Travel Health
- 22 Additional Sexual Health Issues and Client Concerns

SECTION 2

23 RESOURCES FOR CLIENTS

- 24 DIRECTORY OF AGENCIES, SUPPORT SERVICES & RESOURCES

ACKNOWLEDGEMENTS

PROJECT COORDINATOR **Siobán O'Brien Green**, Health Promotion and Education Officer, Crisis Pregnancy Agency

THANKS TO THE FOLLOWING FOR THEIR VALUABLE INPUT AND EXPERTISE

Communications Subcommittee
Crisis Pregnancy Agency

Claire Coleman
Health Advisor, GUIDE Clinic, St James' Hospital

Aileen Dooley
Manager, Drugs/HIV Helpline

Dr. Derek Freedman MD FRCPI
Genito-Urinary Physician

Dr. Sheila Jones LRCPSI
Medical Director, IFPA

Pauline O'Reilly
Health Promotion Officer, HSE South Western Area

Mary Whelan MSW
Social Worker, HSE Northern Area

Additional thanks to Eimear Mahon BSc and the staff of the Women's Health Project for their time and assistance in proofing the resource.

INTRODUCTION

A **Key Contact** can be described as a person or agency who may be contacted when information on crisis pregnancy prevention or support services is needed. This assistance can also be extended to the person's partner and family.

This document complements a range of resources being developed by the Crisis Pregnancy Agency (CPA) under the banner of 'Key Contacts' in the prevention and management of crisis pregnancy.

Key Contacts can include Sexual Health Promotion Workers, Women's Health Officers, Youth Workers, Public Health Nurses, Social Workers, Addiction Service Workers and other front line service providers working with sexually active women and men at risk of crisis pregnancy.

While this resource is primarily aimed at those working with female clients, it acknowledges that elements will be relevant for male clients.

DISCLAIMER ON CONTENTS

Although we have made every effort to ensure that the information provided is accurate and up-to-date at the time of printing, November 2005, the information contained in this resource is not intended and must not be taken to be the provision or practice of medical or legal advice or services nor a substitute for medical or legal advice, diagnosis or treatment.

The Crisis Pregnancy Agency, in preparing this resource, has endeavoured to ensure that all contents are accurate. However, we acknowledge that information may change over time. If there are any inaccuracies, please note these in writing to the Agency.

KEY CONTACT FOR PREVENTION

WHY ARE YOU IMPORTANT IN CRISIS PREGNANCY PREVENTION?

Sexual and reproductive health promotion may not be an easy subject to discuss. You may feel that it is not your job, your role or your area of expertise to assist a client in these matters. However, if you have a professional relationship with a client at risk of crisis pregnancy, it is important to approach her or his needs in a holistic manner.

This may include broaching the topic of contraception and sexual health. This conversation may arise in the course of a visit or consultation. If not, the topic can be introduced by using some of the ideas suggested in the following pages.

A crisis pregnancy can compound many other issues for which a client may be using your service and expertise. Preventing a crisis pregnancy and directing a client towards appropriate medical and health services may be a vital step in terms of the overall health promotion and support you can provide.

WHO IS AT RISK OF A CRISIS PREGNANCY?

The CPA has commissioned and compiled a range of research reports and surveys in order to give a more complete picture of those at risk of crisis pregnancy in Ireland.

Some key research findings from *CPA Report Number 7: Irish Contraception and Crisis Pregnancy Study (2004)*:

- One in three Irish women who have been pregnant have experienced crisis pregnancy
- 55% of women aged 18-25 who have ever been pregnant have had crisis pregnancies
- The average age of a woman experiencing a crisis pregnancy is 23
- 75% of the women went on to have their babies, and 15% chose to terminate their pregnancies
- Most of the women (70%) were in relationships, and over half of these raised their children with the fathers.

Regarding contraception use:

- 60% of Irish women who experienced crisis pregnancy did not use contraception at the time of conception
- The two main reasons for non-use of contraception by those who did not want to become pregnant and those with a crisis pregnancy were:
 - Sex was unplanned
 - Consumption of alcohol or taking drugs prior to sex
- 10% of those surveyed reported that they did not use contraception the last time they had sex, even though they did not want to become pregnant
- Younger age groups (18-25) were more likely to engage in risk-taking behaviour, with only 19% reporting that they

“mostly” use contraception. Knowledge of correct usage of emergency contraception was poor.

Teenage Pregnancies

Teenage pregnancies are often presented as a key area for concern by service providers. In Ireland, the teenage fertility rate (the number of live births per 1,000 females aged 15 to 19 each year) has remained stable over the last 30 years. When comparing international data, Ireland has a low rate of abortions amongst teenagers aged 15 to 19. However, there may be long-term educational and socio-economic impacts on a teenager who experiences a crisis pregnancy. Therefore, crisis pregnancy prevention should be a priority area with a teenage client.

CONFIDENTIALITY

A client may feel nervous or apprehensive about asking for information or services for her or his sexual and reproductive health needs. It is important that she or he feels these issues can be discussed in a confidential, sensitive and respectful way.

Confidentiality can be defined as the preservation of personal information within a professional relationship. This is based on a basic right of clients and an ethical duty and obligation of the service provider.

There are circumstances when client confidentiality may need to be breached and this can lead to an ethical dilemma for the

service provider. Therefore, it is not advisable to guarantee total confidentiality to a client.

Certain circumstances may need to be reported to An Garda Síochána, a duty social worker, psychiatric services or other nominated individuals/agencies, for example, when there is:

- Risk of harm to the person
- Risk of harm to other persons
- Child protection concerns.

It is a good idea to discuss with your line manager, team leader or service director what action to take, if any, if the above situations present. Policies and procedures should be developed with a list of important contact details for relevant local services.

AGE OF CONSENT

- **Anyone of either sex who is under the age of 17 is not deemed old enough to give consent to sexual intercourse.** (Children Act, 2001, Section 249).
- Outside of marriage, 17 years is the age of consent for both heterosexual and homosexual intercourse. (United Nations Convention on the Rights of the Child, First National Report of Ireland). The minimum age at which a person who is ordinarily resident of the Irish State may marry is 18 years, unless she or he has a Court Exemption Order. (Family Law Act, 1995, Part 5 - Marriage, Sections 31 and 33).

- It should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. (Criminal Law Amendment Act, 1935). **For example, sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.** (Department of Health and Children [DOHC] Guidelines for the Protection and Welfare of Children – Children First, 1999).

It is possible to initially make an informal enquiry without disclosing your client's details by contacting the Social Work Department in your HSE area.

OPENING THE CONVERSATION

Often, by allowing your client to talk and discuss any matters concerning her or him, you have already opened up what can be a difficult conversation. It is very important that you are at ease and comfortable with the topic, as this will put your client at ease, too. Sometimes it is necessary, when appropriate, to ask a client if she or he requires information, referrals or support around her or his reproductive health.

Using open-ended questions can often start a conversation which a client may not know how to initiate otherwise, for example, **"What protection are you using?"** or **"Have you seen this brochure?"** An available range of

informational leaflets can also serve as a prompt for a conversation about a sensitive topic.

conversation is important, and it will become easier with time and practice.

Often, a change of life stage, a new relationship, marriage or a new baby can lead to a need for a client to assess her or his current contraceptive method (or lack thereof). Embarrassment can come from both client and practitioner on the topics of contraception, sexuality and sexual health, but - without starting the conversation - important opportunities for health promotion can be lost.

It is beneficial to become familiar with the terms and phrases used by your client group in relation to sexual health. This information may prevent you from having to ask your client to explain the terms. However, different phrases may relate to different activities for each individual. So, if you are unsure, ask for clarity from your client - perhaps by using active listening techniques and checking that you are both talking about the same thing. As you become more comfortable with the language used around sex and contraception, starting the conversation will become easier.

Listen carefully and allow the client to lead the conversation and bring up issues and topics that are important to her or him. If appropriate and relevant, it may be beneficial to talk to your client with her or his partner present. Remember, this

KEY FACTORS FOR CLIENTS

LITERACY ISSUES

Literacy issues may not always be evident with a client. It is important to check that she or he understands all materials you are using to discuss contraception. Asking questions such as, “What does this word mean to you?” or “Are there any words or phrases you need me to explain or clarify?” can be very helpful. Avoiding the unnecessary use of medical and biological words or terminology also helps to ensure clear communication between you and your client. Some materials are specially developed with literacy issues in mind. Using materials with illustrations and photographs and placebo samples of contraceptive methods also helps to improve communication.

The user informational leaflets found in contraception packets may be difficult to understand, but they contain vital information. If your client has recently started a new method of contraception, you can make sure that, by reading the leaflet together and highlighting the particularly relevant sections, she or he fully understands the directions, contra-indications and important medical advice.

Remember, the more barriers to accessing information, the more difficult it may be for a client to avail of services.

LANGUAGE NEEDS

If English is not the native language for some of your clients, you may find materials in a range of other languages useful. For more details on these resources, see the 'DIRECTORY OF AGENCIES, SUPPORT SERVICES & RESOURCES' section of this publication.

Interpreters are used by some health care services on a regular basis, and it may be helpful to have the telephone numbers of local translation services on hand. Remember, any use of a third party for translation may compromise confidentiality and inhibit the discussion for you and your client.

SPECIAL NEEDS

Often, clients with physical or learning disabilities are seen as asexual individuals without any need for sexual and reproductive health services. Their carers and/or family members can be unsure as to how to respond to expressions of sexuality and a desire for sexual relationships. You can be of assistance in accessing user-friendly information and sensitive services for the client and, potentially, for her or his family members and partner.

Physical Disabilities

A client with a physical disability may have particular contraceptive needs. She or he may also need some practical assistance in accessing services. Telephone ahead to a doctor or family planning clinic to ensure that the clinic is accessible and

that a private consultation space will be provided. A doctor can advise on the most suitable form of contraception for an individual with a physical disability.

Learning Disabilities

A client with a learning disability may need additional support to ensure appropriate information is clearly conveyed and understood. Using helpful resource materials such as audio-visual aids and tailored print materials may also be beneficial. Information may need to be presented at a slower pace, with more 'checking in' with the client to ensure accurate knowledge of the topic and information.

CULTURAL AND RELIGIOUS ISSUES

A client's beliefs and cultural requirements can influence her or his choice of contraception, and may impact on the suitability of certain methods. If your knowledge on certain issues or cultural requirements is limited, ask for clarification early in the session or meeting. This allows information to be shared and learned.

Some religions are not supportive of artificial methods of contraception and, therefore, natural methods should be presented to those who need to avail of them. Some cultures may find erratic menstrual bleeding problematic, particularly on religious feasts or during times of special religious observation, so progestogen-only methods (which may have a side effect of break-through bleeding) may not be recommended.

FERTILITY CONSIDERATIONS

RUBELLA STATUS

It is important for all women who may be at risk of becoming pregnant to have adequate immunity to rubella (German measles) infection. In Ireland, vaccination to stimulate antibodies to rubella via MMR (measles, mumps and rubella) vaccination, occurs at 12-15 months of age and later, at approximately 11-12 years of age through a school-based vaccination programme.

For clients who did not receive vaccinations or who come from outside of Ireland, a blood test to determine rubella immunity may be indicated and, if necessary, a booster vaccination delivered. You should advise your client not to get pregnant for three months after a rubella vaccination, and to use a reliable method of contraception during that time. **A pregnant woman cannot have this vaccination.** A woman's doctor can fully advise her on this issue.

FOLIC ACID

All women of childbearing age are encouraged to take folic acid every day. The recommended daily amount of folic acid is 400 micrograms or 0.4mg or 400µg. Folic acid is a naturally occurring B vitamin found in certain natural foods and some fortified foods. It helps to reduce the risk of neural tube defects, such as spina bifida, in a developing baby. However, the best way to ensure adequate folic acid consumption is to take a daily supplement.

It is very important to take the supplement for at least 2 months prior to the pregnancy and during the first 12 weeks of pregnancy. As many pregnancies are unplanned, it is recommended that all women of childbearing age take folic acid. Many multivitamin supplements for women contain folic acid, but it is important to check that they contain the recommended daily amount of 400 micrograms. If your client has a medical card, she can obtain it free of charge on prescription from her doctor.

RETURN TO FERTILITY FOLLOWING USE OF CERTAIN CONTRACEPTIVE METHODS

A woman may be actively avoiding pregnancy at the moment, but may wish to have children at a later stage. For these clients, an effective but reversible method of contraception will be important. Fear of infertility is often cited as a reason for not using hormonal contraception. However, this is often an unfounded belief that can lead to risk-taking behaviour.

Menstrual cycles may take a couple of cycles to regulate after using some hormonal contraceptives, but a client may be able to conceive, despite a lack of menstrual bleeding. A woman's doctor is best-placed to alleviate any fears or concerns that a woman may have about future fertility/conception and to recommend an effective method of contraception.

MENSTRUAL CYCLE CONTROL

For some women, being able to control when they menstruate (have periods) is an important factor in choosing contraception. For others, a lack of control of break-through bleeding between cycles may make a contraceptive method unacceptable. Long-term lack of menstruation (amenorrhea) or changes in menstrual cycle may occur with some methods of contraception. These changes may occur, particularly with the intrauterine system (IUS), intrauterine contraceptive device (IUCD) and progestogen injection.

These issues should be highlighted by a doctor prior to a woman choosing certain methods of contraception. A change in menstrual cycle may lead a woman to believe that she is infertile or unable to conceive. Amenorrhea may occur for reasons other than contraceptive use, and pregnancy testing or medical intervention may be recommended to your client.

CONTRACEPTION

Choosing the right contraception is an important aspect of sexual health. It is essential that you have up-to-date and accurate information to share with your client, as there are many new contraceptive products available in Ireland.

The following tables outline contraceptive methods, efficacy and indicate the methods for which clients may be particularly suited. The tables are presented in 2 versions: Hormonal Contraception and Non-Hormonal Contraception.

CONTRACEPTIVE EFFICACY

No method of contraception, except abstinence, can offer 100% protection from pregnancy and sexually transmitted infection (STI) transmission. However, some contraceptive choices provide more efficacy than others.

This efficacy is described in 2 ways:

- The **theoretical effectiveness** is the number of women in 100 who will get pregnant in one year with perfect use. This means using the method exactly as recommended, that is, consistently and correctly.
- The **typical effectiveness** takes the degree of user failure into account. This means the number of women in 100 who will get pregnant in one year with typical use. It is possible to combine two contraceptive methods together in order to increase efficacy, for example, the pill and condoms for added STI protection.

It is important to remind your client that, without any contraceptive use, the number of sexually active women in 100 who will get pregnant in a year is between 80 to 90.

Hormonal Contraception

CONTRACEPTIVE CHOICE	HOW IT WORKS	HOW EFFECTIVE IS IT?	STI PROTECTION	A GOOD CHOICE FOR...
Combined Oral Contraception - the Pill	This pill, containing two female hormones, is taken every day for three weeks of each month. It works mainly by stopping the woman from producing an egg each month.	If properly used, over 99% effective. With less careful use more women will get pregnant.	None	Healthy, non-smoking women who can remember to take a pill every day. Some medications may make it less effective.
The Patch	A thin patch containing two hormones applied to the skin each week for three weeks with a week off each month. It works like the combined oral contraceptive pill.	99% effective when used correctly.	None	Useful for women who forget to take their pill daily.
Vaginal Ring	A ring containing two hormones inserted into the vagina for three weeks of every month. It works like the combined oral contraceptive pill.	99% effective when used correctly.	None	Useful for women who forget to take their pill daily.
Injectable Contraception - the Injection	An injection of a single hormone given every 12 weeks. It works mainly by stopping the woman from producing an egg each month.	Very effective (over 99%) once the injection is taken regularly.	None	Women who want a reliable, longer-acting method of progestogen-based contraception.
The Implant	A small flexible rod containing the hormone progestogen inserted under the skin of the upper arm. It works mainly by stopping the woman producing an egg, but also thickens the fluid at the neck of the womb and thins the lining of the womb.	Highly effective (over 99%).	None	Women who want longer term, 3 years, progestogen-based contraception. The implant may cause irregular bleeding patterns in some women.
Intrauterine System (IUS)	A small plastic device that releases the hormone progestogen put into the womb. It works in several different ways - by stopping sperm from meeting the egg, by delaying the egg getting to the womb or by preventing the egg from settling in the womb.	Highly effective (more than 99%).	None	Women who have had children and want longer-term contraception, 5 years. IUS has progestogen action, which may reduce heavy menstrual bleeding.
Progestogen Only Pill - the Mini-Pill	This pill, containing one female hormone (progestogen), is taken every day without a break. It works mainly by preventing sperm getting through the fluid at the neck of the womb. It may also thin the lining of the womb, preventing an egg from settling there, and may prevent an egg being released.	Effectiveness depends on careful and consistent use. More effective in older women. 96-99% effective with very careful use.	None	Women who cannot tolerate oestrogen and who can remember to take a pill at exactly the same time every day. Smokers over 35 who wish to continue taking a pill.

Non-Hormonal Contraception

CONTRACEPTIVE CHOICE	HOW IT WORKS	HOW EFFECTIVE IS IT?	STI PROTECTION	A GOOD CHOICE FOR...
Condoms - Male and Female	These barrier methods work by preventing the man's sperm from meeting the woman's egg. The male condom is rolled onto a man's erect penis before sex and the female condom lines the woman's vagina.	Effectiveness depends on careful and consistent use. With careful use, male condom is 98% effective and female condom is reputed to be 95% effective.	Good	Men and women who want protection from STIs and pregnancy and who prefer barrier methods that can be controlled by men or women.
Intrauterine Contraceptive Device (IUCD) – the Coil	A small plastic and copper device is put into the womb. It works in several different ways - by stopping sperm from meeting the egg, by delaying the egg from getting to the womb or by preventing the egg from settling in the womb.	98–99% effective.	None	Women who have had children and want a long-acting contraceptive method, 5 years or more.
Diaphragms/ Caps	These barrier methods are coated with spermicide and inserted into the woman's vagina. They stop sperm from reaching the egg by covering the cervix, and the spermicide neutralises sperm.	Effectiveness depends on careful and consistent use. 92–98% effective with very careful use. Higher failure rate with less careful use.	Some	Women who prefer female-controlled barrier methods. Useful for women who wish to avoid hormones. May need to be fitted initially by a doctor or nurse
Natural Methods	A combination of methods are used to predict those days in the month when a woman can become pregnant, including daily body temperature, cervical secretions and length of menstrual cycle. Sex can then be avoided on those days.	Effectiveness depends on careful use and commitment to the method. Ranges from 80–98%.	None	Committed couples who are able to track and monitor biological indicators of fertility on an ongoing basis. Can also be used to plan a pregnancy.
Male Sterilisation (Vasectomy)	In a minor surgical procedure, the tubes carrying sperm are blocked, so sperm are not present in the semen ejaculated.	Highly effective. The overall failure rate is 1 in 2,000.	None	Men who have decided that their families are complete.
Female Sterilisation (Tubal Ligation)	In a surgical procedure, the fallopian tubes are cauterised or blocked so the eggs cannot travel to meet sperm.	Overall failure rate can be 1 in 200.	None	Women who have decided that their families are complete.

CONSISTENT AND CORRECT USE

Consistent and correct use of contraception should be seen as a healthy life choice in sexually active adults who wish to avoid unplanned pregnancies. Sometimes, this is called 'user compliance.' To motivate someone in making appropriate, health-promoting choices, the benefits of a choice must outweigh the negative consequences. Often, decisions around sexual and reproductive health are made 'in the heat of the moment,' without regard for potential consequences. The cost of contraception, a lack of up-to-date information, and myths and misinformation can all play a part in reducing patient compliance.

Assisting your client in contacting an appropriate, accessible and user-friendly doctor, GP (General Practitioner) or family planning service is a vital first step in contraception compliance. Ensuring the availability of accurate, up-to-date information on all of a client's contraceptive options is important, as is encouraging your client to contact a doctor or pharmacist, without delay, if she or he has any query on her or his contraceptive method. Remember, you don't have to know every answer to every question, but it is important to know where to direct your client and to create an environment where no question is deemed inappropriate.

COMMON MYTHS AND MISTAKES IN USING CONTRACEPTION

"I'll gain weight."

Fear of weight gain is a common rationale, particularly among younger women, for not using the pill. Some studies have shown that the same number of women gain **and** lose weight on the pill. Some fluid or water retention may be apparent, and can be reduced by using certain pill brands that have a mild diuretic action. Weight gain on the Depo-Provera injection does not seem to be related to water retention, and should be discussed prior to administration by a woman's doctor. This concern can provide an opportunity to discuss the importance of eating a balanced diet and having regular exercise.

"I'm taking a break from the pill for health reasons."

Taking a break from the pill is not necessary for health reasons, unless indicated by a woman's doctor. Taking a break from the pill significantly increases a woman's risk of unplanned pregnancy.

"I don't need a condom during foreplay."

In order to be most effective, a condom needs to be put on an erect penis before any genital contact occurs between partners - not during a later stage, when intercourse and intimate contact may have commenced. Pre-ejaculated fluid can be present on the penis before a man ejaculates. It can contain STIs and sperm - that is why it is

important to put on the condom prior to any genital contact. It is important also to follow the instructions and use condoms correctly.

"I've had unprotected sex before and didn't get pregnant."

Risk-taking behaviour that has not resulted in pregnancy can act as a factor to engage in continued risk-taking. It is important to inform your client that fertility is cyclical, and that repeated acts of unprotected sexual intercourse can result in an 80% to 90% chance of pregnancy occurring within a year. In ideal conditions, sperm can survive for up to 5 days inside a woman.

"I can never remember my pill."

Compliance with prescription drug administration is a problem greater than contraceptive pills alone. Using a mobile telephone's reminder messages and associating pill-taking with a daily personal task, such as taking vitamins, brushing teeth or feeding a pet may be useful. If a client's schedule means that daily pill-taking is problematic, perhaps another medium-term method with some user failure may be more suitable, such as 'the patch,' an implant or a vaginal ring.

"My partner hates condoms."

It is important for both partners to feel mutually supportive of the chosen method of contraception. Condoms have an important role in STI prevention, and a

reluctance to use them may leave a person open to contracting an infection. Emphasising the security, in terms of pregnancy and STI prevention, that condoms provide to both partners may encourage their use. Also, exploring the reasons why a client feels unable to negotiate safer sex within her or his relationship may lead to developing some responses and tools she or he can use with her or his partner.

"I'm allergic to latex."

A genuine latex allergy is a serious medical condition that has potentially fatal side effects. On the market are both male and female condoms made of polyurethane and suitable for use by individuals with a latex allergy. Often, use of an appropriate water-based lubricant with condoms can reduce the friction which may lead to sensitivity, particularly in a woman.

"It's my safe time of the month."

Unless a couple is actively practicing an individually-taught form of natural family planning, it is unlikely that a woman can accurately pinpoint the "safe" time in her cycle in which to have unprotected sex. A cycle's fertile period can last considerably longer than most people imagine - up to 8 days.

“I’ll pull out.”

In recent research, withdrawal has been mentioned as a form of contraception practiced by Irish couples. However, it has a comparatively high failure rate (up to 19%) and does not protect against STI transmission. It also requires skill and cooperation on the part of both partners. **It is not a recommended form of contraception for clients who wish to avoid pregnancy.**

“I started my pill pack late.”

Extending the pill-free week, during which a woman usually experiences a withdrawal bleed, is sometimes sufficient to stimulate ovarian activity and fertility. It is very important to start pills on the correct day each and every month. If 1 or more pills are missed at the start of a new package, it is important to use additional contraceptive precautions, such as condoms, for the next 7 days.

“The pill doesn’t suit me.”

There are over 12 formulations of combined oral contraceptive pills on the Irish market, so encourage your client to consult her doctor and - if possible - to switch to a formulation that suits her. Many women are inclined to discontinue use of a contraceptive method, due to perceived side effects or at the end of a relationship, without consulting a doctor. This can lead to a high risk of unplanned pregnancy if the relationship resumes or if the client has unprotected sex.

“I’m on medication for a sore throat - will that affect my contraceptive method?”

Certain prescription and non-prescription medications and supplements can interfere with contraceptive efficacy. This can include creams, pessaries, herbal supplements and antibiotics. Get your client to check with her doctor or pharmacist if she is unsure, as she may need to use additional contraceptive precautions.

“I missed my Mini-pill /progestogen-only pill; what do I do?”

- If you are **less than 3 hours late:**

Take it as soon as you remember and take the next one at the usual time. You are protected against pregnancy.

- If you are **more than 3 hours late:**

Take a pill as soon as you remember - if you have missed more than one pill, just take one. Take your next pill at the usual time - this may mean taking 2 pills in one day, but this is not harmful.

You are **not** protected against pregnancy. Continue to take your pills as usual, but use an extra method, such as condoms, for the next 7 days.

Advise a woman to contact her doctor or family planning clinic for more information.

"It's too late for emergency contraception."

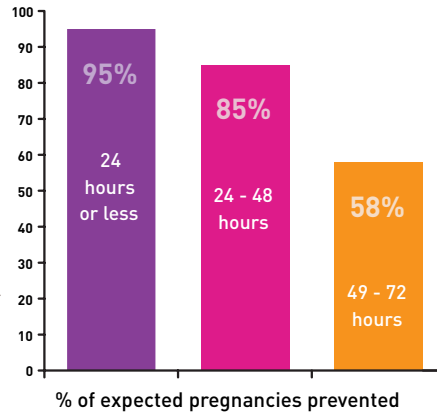
Emergency contraception (EC), sometimes called the 'Morning After Pill,' can be taken up to 72 hours after unprotected sexual intercourse, but the sooner it is taken, the more effective it is. However, emergency contraception will not protect a woman from pregnancy if she has further unprotected sex after taking it. During the consultation with her doctor for emergency contraception, it may be a good time for a woman to discuss her regular method of contraception.

I missed my pill/combined oral contraceptive pill; what do I do?"

- If you are less than 12 hours late:
 - 1 Take the last missed pill at once
 - 2 Take further pills as usual.
- If you are more than 12 hours late:
 - 1 Take the most recently missed pill at once
 - 2 Discard earlier missed pills
 - 3 Take remaining pills at correct times
 - 4 Use an extra contraceptive method, such as condoms, for the next 7 days
- If less than 7 pills are left in the pack:
 - 1 Finish the pack and start the next pack immediately (without taking the usual 7 day break).

Advise a woman to contact her doctor or family planning clinic for more information.

EC EFFECTIVENESS OVER TIME



EMERGENCY CONTRACEPTION

Emergency contraception (EC), sometimes called the 'Morning After Pill,' is prescribed in cases where contraception has not been used or has failed, for example, a missed pill or a split condom. EC is a licensed pharmaceutical product requiring a prescription in Ireland. It is for emergencies only and should not be used as a primary or regular method of contraception.

EC can be taken up to 72 hours after unprotected sex, however, it is more effective the sooner it is taken after intercourse. Therefore, it is vital that you encourage your client to seek medical attention as soon as possible. The majority of doctors will prescribe emergency contraception. It may be useful to compile a list of local services for your area, including opening hours (weekends) and charges. The IUCD (copper coil) can also be inserted up to 5 days after unprotected sex, however this method is not widely available.

PRODUCT SCARES, SHORTAGES AND USER IMPACT

Ireland has a relatively small market for pharmaceutical product sales and, as a result, products are withdrawn from the market from time to time. This can result in shortages or a complete lack of contraception. A woman's doctor can advise her on a substitute product, method or brand. Media reporting on the severe side effects of contraceptive methods can result in a person ceasing a method abruptly without medical advice. A woman is then exposed to the risk of an unplanned pregnancy. Always advise a woman to seek medical advice prior to stopping her regular method of contraception.

NEW CONTRACEPTIVE DEVELOPMENTS

Research into new methods of contraception is ongoing around the world. However, it can take a long time before a method is proved safe and effective enough to be sold to consumers. A product also has to be approved and licensed in each country in which it is sold, so some products are available abroad and not in Ireland (or the other way around).

Some new global developments are:

- **Seasonale** is similar to the pill, but has 3 months of active pills, instead of 3 weeks. This extends the time between withdrawal bleeds. Users have fewer scheduled periods (approximately 4 per year).

- **Lunelle** is a monthly contraception injection containing both oestrogen and progestogen.
- **Today** is a small polyurethane foam sponge containing spermicide; it is inserted by a woman prior to intercourse. The sponge works in 3 ways: by covering the cervix and preventing the entry of sperm, by absorbing sperm and by neutralising it with a spermicide.
- **Microbicides** refers to a range of different products with a distinctive characteristic: the ability to prevent the sexual transmission of HIV and other STIs when applied topically. Microbicides have no contraceptive efficacy, but could be combined with other contraceptive methods to reduce the risk of STI and HIV transmission. Microbicides are still in the research stage and have yet to reach the market.

SEXUAL AND REPRODUCTIVE HEALTH

CERVICAL SCREENING

These screens are recommended for all women between 25 and 60 years of age (or earlier in clients with certain medical indications). The cervix is the entrance to the uterus (or womb) from the vagina. The cervical screen, or smear test (also known as the 'Pap test'), looks for early changes in the cells of the cervix. These changed cells, if not treated, may become cancerous.

Regular cervical screening is a part of sexual and reproductive health. If there are any abnormal cells in the screen, a repeat screen or further examination may be required. Usually, cervical screens are recommended every 3 to 5 years.

A cervical screen is available from GPs, family planning centres and women's medical centres. The best time to go for a cervical screen is mid-menstrual cycle, that is about 2 weeks after a woman's last period. A cervical screen does **not** check for the presence of any STIs. If your client has additional health concerns, a cervical screen may provide the opportunity for her to talk to her doctor.

SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIV

Sexually transmitted infections (STIs) are passed from one person to another through sexual contact. STIs are caused by a range of organisms, including parasites, viruses, bacterium and fungi. All infections can be treated and managed if diagnosed early enough, but most STIs have no symptoms. If left undiagnosed and untreated, STIs can have very serious consequences. These can include infertility, ectopic pregnancy, liver cancer and even death.

An STI screen should be recommended to your client if she or he feels exposed to the risk of contracting an STI. Screening is available from a range of service providers, including specialists in Genito Urinary Medicine (GUM), some family planning centres, and STI and GUM clinics. Some GPs may provide STI screening, treatment and referral; there is generally a charge for this service. It is important that the client does not take any antibiotics prior to STI screening.

Public STI clinics are operated by the Health Service Executive (HSE). They provide a free and confidential service to the public. They may be operated on an appointment-only system or on a drop-in basis. Clients can self-refer, or a doctor or another medical service can make referrals.

The following free and confidential services are provided at STI and GUM clinics:

- Screening, diagnosis and treatment of and medication for sexually transmitted infections
- Health advice
- Counselling
- Contact tracing
- HIV testing.

HIV

Human Immunodeficiency Virus (HIV) is the viral infection that leads to Acquired Immune Deficiency Syndrome (AIDS). A blood test detects the presence of HIV antibodies. The presence of HIV antibodies indicates that a person is HIV Positive. It can take up to 3 months for the antibodies to develop after exposure. This is known as the 'window period.' HIV testing is recommended if a client feels that she or he has exposed her/himself to the risk of contracting HIV. All pregnant women in Ireland are offered routine HIV testing as part of their antenatal care.

HIV testing is routinely offered as part of STI screening. Free and confidential HIV testing and referral is available from public HIV testing clinics, STI clinics and GUM clinics. Many GPs and family planning centres also provide HIV testing.

Common Sexually Transmitted Infections (STIs)

STI	HOW CONTRACTED	SYMPTOMS	TESTING	TREATMENT
Chlamydia	Sexual contact, including: oral, anal and vaginal sex	Women and men may have no symptoms. Men may experience a burning sensation and/or discharge from the penis.	Swab/urine test	Antibiotics
Genital Herpes/HSV (Herpes Simplex Virus)	Sexual contact, including: skin-to-skin, oral, anal and vaginal sex	Small, painful blisters, 'flu-like symptoms and pain passing urine.	Swab test	Antiviral treatment
Genital Warts or HPV (Human Papilloma Virus)	Sexual contact, including: skin-to-skin, oral, anal and vaginal sex	Small, painless, fleshy growths; it often takes several months before they develop.	Visual diagnosis	Freezing treatment. Antiviral creams/ointments
Gonorrhoea	Sexual contact, including: oral, anal and vaginal sex	Most women have no symptoms. Men may have pain when passing urine and penile discharge from the penis.	Swab test	Antibiotics
HIV	Vaginal or anal sexual intercourse or through the exchange of body fluids	Usually none.	Blood test*	Antiviral treatment
Syphilis	Sexual contact, including: skin-to-skin, oral, anal and vaginal sex	Often no symptoms. Sometimes a painless sore may appear, following this, a generalised rash and 'flu-like symptoms may occur.	Blood test*	Antibiotics

*It can take up to three months for infection to show in the blood, therefore testing should be repeated if necessary.

TRAVEL HEALTH

Specific difficulties may be associated with accessing sexual health information and services (including emergency contraception) while a client is in a foreign country. Language and communication issues can add to these difficulties. Research indicates that alcohol consumption and sexual risk-taking may increase while on holiday. Being prepared is very important.

If your client is going abroad, advise her or him:

- To bring sufficient supplies of any medication required
- To bring sufficient supplies of contraception
- To keep medication supplies in hand luggage in case checked luggage gets lost on the journey
- That condoms may not be readily available or may not have a CE mark so, it is better to travel with supplies
- If travelling to other time zones, pill users may need to alter the time at which the pill is taken in order to ensure effective contraceptive cover
- That anti-malarial medication can interfere with contraception and its efficacy; additional contraceptive precautions may need to be taken both during and after a course of anti-malarial medication
- That emergency contraception's availability varies from country to country. This is particularly important if your client is relying on condoms as a principle form of contraception

- To acquire health insurance and a valid EU health card if travelling within the EU
- To consult with a doctor prior to long plane journeys as Deep Vein Thrombosis (DVT) risk reduction measures may be recommended.

After the holiday, if your client complains of any unusual symptoms, pain or a missed menstrual period, rapid and appropriate referral is required.

ADDITIONAL SEXUAL HEALTH ISSUES AND CLIENT CONCERNS

In discussing reproductive and sexual health issues, you need to be prepared for a client to disclose other issues and needs. These can range from an unplanned pregnancy to specialised sexual health service requirements. It is important to acknowledge that you may not have the answer to every query, but you have information on all relevant services in your area in order to quickly refer clients.

These may include:

- Sexual assault services
- Rape crisis helplines and centres
- Domestic violence services
- Services for women working in prostitution
- Counselling for psycho-sexual issues
- Post-abortion medical and counselling supports
- Crisis pregnancy counselling.

USEFUL RESOURCES AND PUBLICATIONS FOR CLIENTS

Positive Options is a directory of agencies skilled in the area of crisis pregnancy. For details, visit www.positiveoptions.ie or Freetext the word LIST to 50444

The **Think Contraception** leaflet and website provide information for men and women who want to learn more about their sexual and reproductive health, especially contraception. It contains a handy reference guide to all available contraception. For details, visit www.thinkcontraception.ie

Health Promotion Unit leaflets are available on a range of relevant topics. For details, visit www.healthinfo.ie
TEL: 01 625 4000

Dublin Well Woman Centres provide a range of informational leaflets on many relevant topics. For details, visit www.wellwomancentre.ie
TEL: 01 874 9243

Irish Family Planning Association (IFPA) provides a range of informational leaflets and fact sheets on many relevant topics. For details, visit www.ifpa.ie
TEL: 01 806 9444

DIRECTORY OF AGENCIES, SUPPORT SERVICES & RESOURCES

This directory includes contact details of relevant services and organisations nationwide, listed in corresponding order with the contents page. **This resource is not an exhaustive source of information.** Content was correct at time of going to print (November 2005).

KEY FACTORS FOR CLIENTS

LITERACY ISSUES AND LANGUAGE NEEDS

IFPA BLACK AND WHITE GUIDES

The Irish Family Planning Association (IFPA) has produced the Black and White Guides to Contraception, Sexually Transmitted Infections and the Menopause. They are illustrated, literacy-proofed booklets, available in English, Russian, Romanian and French.

KEY CONTACT (REPRODUCTIVE HEALTH INFORMATION FOR MIGRANT WOMEN)

The resource is accompanied by a CD-ROM with information in six languages: English, Arabic, Chinese, French, Romanian and Russian. It is available from:
Treoir (National Federation of Services for Unmarried Parents and Their Children)
14 Gandon House, Custom House Square, IFSC, Dublin 1
TEL: 01 670 0120
LO CALL TEL: 1890 25 20 84
WEB: www.treoir.ie

FERTILITY CONSIDERATIONS

FOLIC ACID

Food Safety Authority of Ireland
Abbey Court, Lower Abbey St,
Dublin 1

LO CALL TEL: 1890 33 66 77

WEB: www.folicacid.ie

CONTRACEPTION

GENERAL PRACTITIONERS (GPs)

A number of GPs provide full family planning (contraceptive) services. To obtain a list of GPs who provide such services within a specific HSE area, contact the Primary Care Unit or GP Unit of the HSE area. Most GPs will provide information and access to many types of contraception. If a GP does not provide the service that a woman requires, she is encouraged to ask to be referred to another doctor or agency for this service.

Many contraceptives are covered by the General Medical Scheme (GMS), so medical card holders can access them without charge.

CORK FAMILY PLANNING CENTRE

23 Tuckey St, Grand Parade,
Cork

TEL: 021 427 7906

DUBLIN WELL WOMEN CENTRES

35 Lower Liffey St

Dublin 1

TEL: 01 872 8051

67 Pembroke Rd

Ballsbridge, Dublin 4

TEL: 01 660 9860

Northside Shopping Centre

Coolock, Dublin 5

TEL: 01 848 4511

WEB: www.wellwomenscentre.ie

GALWAY FAMILY PLANNING CENTRE

Lismoyle House, Augustine St,
Galway

TEL: 091 562 992

IRISH FAMILY PLANNING ASSOCIATION (IFPA)

5/7 Cathal Brugha St, Dublin 1

TEL: 01 872 7088/874 2110

Level 3, The Square

Tallaght, Dublin 24

TEL: 01 459 7685/6

WEB: www.ifpa.ie

LIMERICK FAMILY PLANNING CENTRE

27 Mallow St, Limerick

TEL: 061 312 026

NATIONAL ASSOCIATION OF THE OVULATION METHOD OF IRELAND (NAOMI)

16 North Great George's St

Dublin 1

TEL: 01 878 6156

36 Washington St, Cork

TEL: 021 272 213

WEB: www.naomi.ie

TRALEE FAMILY PLANNING CLINIC

29 Ashe St, Tralee, Co. Kerry

TEL: 066 712 5322

WOMEN'S HEALTH CLINIC

1 North Quay, Newcastle West,
Co. Limerick

TEL: 069 62933

YOUTH HEALTH SERVICE

73 Shandon St, Cork
TEL: 021 422 0490/1

SEXUAL AND REPRODUCTIVE HEALTH

SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIV

Treatment in an STI or GUM clinic is confidential, free and non-judgmental. Any medication or treatment is also provided free of charge. Clinic times and appointment systems may vary, so phone ahead to confirm. Many GPs and family planning centres offer STI screening, however, there may be a charge for this service.

BALLINASLOE STI CLINIC

Portiuncula Hospital, Ballinasloe, Co. Galway
TEL: 090 964 8200

CARLOW STI CLINIC

Carlow District Hospital, Co. Carlow
TEL: 051 842 646

CASTLEBAR STI CLINIC

Mayo General Hospital, Co. Mayo
TEL: 094 902 1733

CLONMEL STI CLINIC

South Tipperary Hospital (formerly St. Joseph's), Clonmel, Co. Tipperary
TEL: 051 854 149

CORK STI CLINIC

Victoria Hospital, Old Blackrock Rd, Cork
TEL: 021 496 6844

ENNIS STI CLINIC

Ennis General Hospital, Ennis, Co. Clare
TEL: 061 482 382

GALWAY STI CLINIC

University Hospital, Galway
TEL: 091 525 200

GENITO URINARY MEDICINE AND INFECTIOUS DISEASES (GUIDE) CLINIC

St James' Hospital, James' St, Dublin 8
TEL: 01 416 2315/6

LIMERICK STI CLINIC

Limerick Regional Hospital, Dooradoyle, Co. Limerick
TEL: 061 482 382

MATER MISERCORDIAE HOSPITAL

(4-6 WEEK WAIT FOR NEW PATIENTS)
Eccles St, Dublin 7
TEL: 01 803 2063

NENAGH STI CLINIC

Nenagh General Hospital, Co. Limerick
TEL: 061 482 382

SLIGO STI CLINIC

Regional Hospital, The Mall, Sligo
TEL: 071 917 0473

TRALEE STI CLINIC

Tralee General Hospital, Co. Kerry
TEL: 021 496 6844

WATERFORD STI CLINIC

Waterford Regional Hospital, Waterford
TEL: 051 842 646

HIV

DRUGS/HIV HELPLINE

A free, confidential helpline on issues relating to sexual health, drug misuse and HIV.

FREEPHONE: 1800 45 94 59

HIV SERVICES NETWORK

Online directory of services related to HIV and sexual health.

WEB: www.hivireland.ie

ADDITIONAL SEXUAL HEALTH ISSUES AND CLIENT CONCERNS

RAPE CRISIS CENTRES/SEXUAL ASSAULT SERVICES

RAPE CRISIS NETWORK OF IRELAND

The Halls, Quay St, Galway

TEL: 091 563 676

WEB: www.rcni.ie

DUBLIN RAPE CRISIS CENTRE

70 Lower Leeson St, Dublin 2

TEL: 01 661 4911

24 HOUR HELPLINE:

1800 77 88 88

WEB: www.drcc.ie

SEXUAL ASSAULT UNITS

Rotunda Hospital

Parnell St, Dublin 1

24 HOUR TEL: 01 873 0700

WEB: www.rotunda.ie

South Infirmary Victoria Hospital

Old Blackrock Rd, Cork

TEL: 021 492 6100

WEB: www.sivh.ie

Waterford Regional Hospital

Dunmore Rd, Waterford

TEL: 051 873 321

DOMESTIC VIOLENCE

NATIONAL NETWORK OF WOMEN'S REFUGES AND SUPPORT SERVICES

Elliot House, 27 Church St,

Athlone, Co. Westmeath

TEL: 090 647 9078

WOMEN'S AID

Provides a range of services to give appropriate support to women and children who are experiencing abuse, and also provides training on the issue of violence against women.

Everton House, 47 Old Cabra Rd, Dublin 7

TEL: 01 868 4721

FREEPHONE HELPLINE:

1800 34 19 00

WEB: www.womensaid.ie

WOMEN WORKING IN PROSTITUTION

WOMEN'S HEALTH PROJECT

Baggot St Clinic, 19 Haddington Rd, Dublin 4

TEL: 01 660 2189

CRISIS PREGNANCY COUNSELLING AND POST- ABORTION MEDICAL AND COUNSELLING SUPPORTS

Positive Options is a directory of agencies skilled in the area of crisis pregnancy. For details, visit www.positiveoptions.ie or Freetext the word LIST to 50444

KEY CONTACT: RESPONDING TO CRISIS PREGNANCY INFORMATION AND SERVICE DIRECTORY FOR COMMUNITY AND HEALTH PROFESSIONALS

This resource has been produced by the Crisis Pregnancy Agency and the HSE Dublin North City and County/North Eastern Areas. It is available from:

HSE DUBLIN NORTH CITY AND COUNTY

3rd Floor, Park House, North
Circular Rd, Dublin 7
TEL: 01 882 3403

Women's Health Unit

3rd Floor, Park House, North
Circular Rd, Dublin 7
TEL: 01 882 3464/20

HSE NORTH EASTERN AREA

Railway St, Navan, Co. Meath
TEL: 046 907 6400

24 HOUR INFORMATION LINE:
1850 24 18 50