

Contraceptive choices

In the last issue I revealed my new-found interest in contraceptives, sparked by a new division of our company – Durbin Clinic Sales – that sells every type of contraceptive to healthcare professionals (GPs and family planning clinics).

In the last column I took the opportunity to run through the group of contraceptives known as ‘methods with no user failure’. These include the contraceptive injection, implant, intrauterine system (IUS), intrauterine device (IUD) and male and female sterilisation. They’re categorised in this way because they do not depend on the user remembering to take or use them.

The other group of contraceptives is known as ‘methods with user failure’, and includes types of contraception the user has to use and think about every time they have sex. For these methods to be effective they must be used according to the instructions given.

The contraceptive pill for women is 99% effective if the instructions are followed. The combined pill contains two hormones – oestrogen and progesterone – that work by stopping ovulation, thickening the cervical mucus to prevent sperm meeting an egg and thinning the lining of the womb to prevent an egg implanting. The progesterone-



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only pill simply thickens the cervical mucus and thins the lining of the womb. Both must be taken daily.

The contraceptive patch is stuck onto the skin and, if the instructions are followed correctly, less than one in one hundred women will get pregnant in a year. The patch also works by releasing hormones – oestrogen and progesterone –

into the body to stop ovulation, thicken the cervical mucus to prevent sperm meeting an egg and thin the lining of the womb to prevent an egg implanting. A new patch must be used each week for three weeks out of four.

The male condom, if used correctly it is 98% effective. The female condom, a soft polyurethane sheath that

lines the vagina and the area just outside, is 95% effective if used correctly.

The diaphragm – a small flexible latex device used with spermicide – is put into the vagina to cover the cervix to stop sperm from entering the womb and meeting the egg. If used properly it is 92-96% effective. Silicone caps, which work in the same way, are less effective. The correct size of diaphragm needs to be used and fitting should be checked every 12 months. Silicone caps are available in disposable and reusable types.

Finally, there’s natural family planning – where the woman monitors various fertility indicators, such as her temperature and cervical mucus, so that she knows when she can have sex without risking pregnancy. If instructions are followed, only two women in 100 following this method will get pregnant in a year.

Contraception is such a fascinating subject area because there are so many different methods available designed to suit different people at different times in their lives. From what I’ve learnt over the past year since Durbin became involved in the contraceptive market, it’s clear that there have never been so many choices to deal with the challenge of preventing pregnancy.

Durbin PLC is a British company based in South Harrow, London. Established in 1963, the company specialises in supplying quality assured pharmaceuticals, medical equipment and consumable supplies to healthcare professionals and aid agencies in over 140 countries. As well as reacting rapidly to emergency situations, Durbin PLC responds to healthcare supply needs from local project level to national scale programmes. Web address: www.durbin.co.uk Email: L.morgan@durbin.co.uk