Contraception and Diabetes What you need to know

If you or your partner have diabetes, it's important to understand your contraception options. Having diabetes does not prevent pregnancy. If you are sexually active and not planning to become pregnant, using contraception is essential.

Taking steps to avoid unplanned pregnancy helps you look after your own health and gives any future baby the best start in life.

There are many types of contraception available. A conversation with your healthcare team can help you find the option that's best for you. Remember, as you grow up, your needs may change, and it's okay to explore different ones as time goes on.

Most types of contraception are safe to use for people with diabetes, but some hormonal options may affect glucose levels. It is important to monitor this and ask for help if this is something that happens. Here are some of the options to consider.

Curious about Type 1 diabetes and pregnancy? **Scan here.**

For more information follow this link: **contraceptionchoices.org**

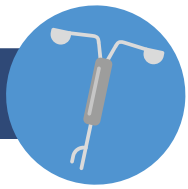
When you start a new treatment, check your glucose levels more often so you know how your body reacts.

Non-hormonal IUD
(Intra uterine device)
Duration: 5-10 years

Benefits
- Typically fewer than 1 in 100 will get pregnant in one year
- Good for those wanting long-term contraception without hormones
- Fertility should return to expected levels after removal
- This IUD rarely effects blood glucose levels

Considerations
- Insertion and removal must be performed by a trained healthcare professional
- In some cases may make periods heavier
- Changes in menstrual patterns (periods)
- There may be an increased risk of pelvic infection

Hormonal IUD (Intra uterine device)
Duration: 3-8 years



Benefits
- Typically fewer than 1 in 100 will get pregnant in one year
- Fertility should return to expected levels after removal
- Can help with heavy periods - can make them lighter or stop them all together
- Can be used for hormone therapy (HRT)
- For people with endometriosis it can help with heavy periods

Considerations
- Insertion and removal must be performed by a trained healthcare professional
- There may be an increased risk of pelvic infection
- Changes in menstrual patterns (periods) which may affect glucose levels

Contraceptive Implant
(common terms – the rod)
Duration: up to 3 years

Benefits
- Using the implant typically fewer than 1 in 100 will get pregnant in one year
- Fertility should return to expected levels after removal
- This is hidden under the skin, it will not effect the placement of other devices such as continuous glucose monitoring (CGM)/ pump cannula/pod on your body.

Considerations
- Changes in menstrual patterns (periods) which may affect glucose levels
- Insertion and removal must be performed by a trained healthcare professional
- This is the most effective reversible method of contraception

Children and Young People's Wales Diabetes Network and Brecon Group

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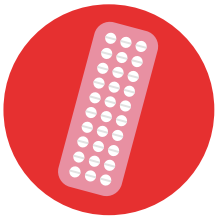
Progestogen-only Pill
(common terms – mini pill)
Duration: 1 day (taken daily)

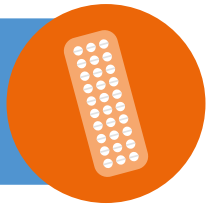


Benefits
- Typically 7 in 100 will get pregnant in one year
- Suitable for those who can't take oestrogen

Considerations
- Changes in menstrual patterns (periods) may also affect your glucose levels
- Effectiveness affected by vomiting or diarrhoea (for example illness and/or diabetic ketoacidosis (DKA))
- Works only if taken daily

Combined Oral Contraceptive Pill
(common terms – the pill)
Duration: 1 day (taken daily)

Regulating periods to manage glucose levels.



Benefits
- Typically 7 in 100 will get pregnant in one year
- Can reduce bleeding, period pains and premenstrual syndrome (PMS)

Considerations
- Oestrogen may not be suitable for some
- Works only if taken daily
- Effectiveness affected by vomiting or diarrhoea (for example illness and/or DKA)

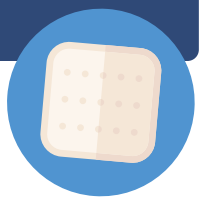
Contraceptive Injection
(common term – Sayana Press, Depo-Provera)
Duration: 10-13 weeks

Because of the hormone release, there is a higher risk of weight gain which could lead to being more resistant to insulin.

Benefits
- Typically 4 in 100 will get pregnant in one year
- 1 injection every 3 months
- Can be inserted by the clinician or self injected

Considerations
- Changes in menstrual patterns (periods) that may affect glucose levels
- Fertility can take time to return after stopping
- May affect bone mineral density

Contraceptive Patch
Duration: 1 weeks (changed weekly)



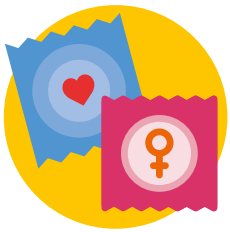
Benefits
- Typically 9 in 100 will get pregnant in one year
- Weekly application for three weeks each month
- Not affected by vomiting or diarrhoea

Considerations
- Patch may be visible and finding an appropriate location alongside other tech devices you might wear, may be need to be considered.
- Oestrogen may not be suitable for some

Condoms
(male and female)
Duration: 1 use (each time you have sex)

Benefits
- Typically 13 in 100 will get pregnant in one year
- Can/should be used alongside other contraception methods to reduce risk of sexually transmitted infections (STIs)
- Only method protecting against many STIs – infections may have an impact on glucose levels
- Hormone-free contraception

Considerations
- Possible interruption during intercourse
- Different sizes are available
- Condoms can split or be displaced
- Check the expiry date before use



Natural Family Planning
(Fertility awareness methods)

Benefits
- Typically 2-23/100 will get pregnant in one year
- Usable throughout reproductive life

Considerations
- Takes time to learn
- Stress/illness can affect reliability
- Requires you to avoid having sex on days when someone is more likely to get pregnant

Emergency Contraception
(common term – the morning after pill)

You can get it for free in the UK from your GP, pharmacies, A&E, or a sexual health clinic.

This is a safe way to help prevent pregnancy after unprotected sex or if your birth control didn't work. **It works best if taken as soon as possible**, within 3 days. **It's safe to use even if you have diabetes**, and you don't need to contact your diabetes team first.

The non hormonal IUD can also be used as emergency contraception and is 10 times more effective than the morning after pill. Please discuss these options with a medical professional.

But remember, it's for emergencies only not a regular form of birth control.

Remember

If you are drinking alcohol, remember it can affect your decisions and glucose levels. You might forget your pill or condom. Alcohol can cause increased risk of hypo. Plan ahead if you can.