Developed to assist and support Australian primary health care nurses in their consultations with patients to promote effective family planning throughout reproductive life.
The APNA Family Planning Decision Support Tool is a four card series.
- Contraception methods available in Australia
- Preparing for pregnancy: Women
- Preparing for pregnancy: Men
- Pregnancy Algorithm and resources

This resource can be adapted to best suit you and your practice and may be used in a variety of ways. You may use it as a visual prompt when talking to patients about a recent UPSI (unprotected sexual intercourse) and subsequent request for emergency contraception, to engage them in considering long-acting reversible contraception as well as discussing the need to protect against sexually transmitted infections.

You may use it to introduce the concept of planning for a future pregnancy or when assisting with obstetric/antenatal shared care appointments, to reinforce guidelines and recommendations such as smoking cessation, immunisation and alcohol consumption. The A4-sized cards can be placed on a binder ring and hung in an office or clinical area, placed in a flip folder with other relevant resources, as wall displays, or in a desktop or wall mounted document holder for easy access. It’s up to you how you utilise this resource in your interactions with patients.

Published August 2014
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Australian Primary Health Care Nurses Association (APNA)
Level 2/159 Dorcas Street
South Melbourne VIC 3205 P: 1300 303 184
APNA developed this Family Planning Decision Support Tool with funding from the Australia Government Department of Health.
Contraceptive methods available in Australia

This decision support tool provides an overview of contraception, with the aim of improving accurate information on contraceptive methods, to women and men seeking contraceptive advice. A comprehensive medical assessment is required by a trained health professional prior to initiation of a contraceptive method.

<table>
<thead>
<tr>
<th>Name</th>
<th>Action</th>
<th>Efficacy</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Acting Reversible Contraception (LARC)</strong></td>
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</tr>
<tr>
<td>Levonorgestrel IUD (LNG-IUD) – progestrone only (Mirena ®)</td>
<td>Thickenens mucous at the cervix, thin the lining of the uterus, inhibits sperm migration</td>
<td>99%</td>
<td>Effective for 5 years, reduces menstrual bleeding, inexpensive, alternative to sterilisation and an option for women who have contraindications to oestrogen, easily reversible.</td>
<td>Requires procedure for insertion and removal by trained health professional, risk of infection or perforation, may experience discomfort/pain during procedure, may experience irregular bleeding, offers no protection against STIs.</td>
</tr>
<tr>
<td>Etonogestrel implant – progestrone only (Implanon NXT ®)</td>
<td>Prevents ovulation and thickens mucous at cervix</td>
<td>&gt;99.9%</td>
<td>Effective for 3 years, inexpensive, option for women who have contraindications or side effects to oestrogen, minimal action required on the part of the user, easily reversible.</td>
<td>Requires procedure for insertion and removal by trained health professional, may cause bruising and bleeding, may cause a small scar at site of insertion, may experience irregular bleeding, provides no protection against STIs.</td>
</tr>
<tr>
<td>Copper IUD</td>
<td>Inhibits sperm migration, ovum transport and prevents implantation</td>
<td>99%</td>
<td>Effective for 5 to 10 years depending on the type used, for use when hormonal methods are contraindicated, can be used as emergency contraceptive inserted within 120 hours (5 days) after potential pregnancy risk.</td>
<td>Menstrualation may become heavier, requires procedure for insertion with risk of infection or perforation, requires insertion by trained health professional, may experience discomfort/pain during procedure. Further disadvantages may be cost; both the initial purchase price of the device and insertion charges. Also requires removal by a trained health professional and offers no protection against STIs.</td>
</tr>
<tr>
<td>Contraceptive injection – depot medroxyprogesterone (DMPA) (Depo Provera ® and Depo Falvorad ®)</td>
<td>Prevents ovulation, thickens cervical mucous</td>
<td>Perfect use 97%, typical use 97%</td>
<td>Highly-effective, lasts for 12 weeks, reduces heavy menstrual bleeding.</td>
<td>Injection can not be reversed once administered, requires attendance for injection every 12 weeks, may delay resumption of fertility, may cause irregular bleeding, offers no protection against STIs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other hormonal methods</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Combined oral contraceptive pill</td>
<td>Prevents ovulation, thickens cervical mucous</td>
<td>Perfect use 99.7%, typical use 92%</td>
<td>Can predict or stop monthly bleeding, can reduce menstrual bleeding, can improve period pain, can improve acne.</td>
<td>Requires a pill to be taken each day, some pills can be expensive, efficacy may be affected by some medical conditions and medications, does not protect against STIs.</td>
</tr>
<tr>
<td>Progestogen-only pill – contains oestrogen and progestogen</td>
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<tr>
<td>Progestogen-only pill (mini pill)</td>
<td>Thickenens mucous at the cervix to prevent sperm entering the uterus</td>
<td>Perfect use 99.7%, typical use 92%</td>
<td>Small dose of one hormone (progestogen) suitable for women who have contraindications or side effects from oestrogen and breastfeeding women.</td>
<td>Requires a pill to be taken each day with small margin for error, menstrual bleeding may be irregular, does not protect against STIs.</td>
</tr>
<tr>
<td>Vaginal ring – plastic ring placed in the vagina, containing oestrogen and progestogen (NuvaRing ®)</td>
<td>Prevents ovulation, thickens cervical mucous</td>
<td>Perfect use 99%, typical use 92%</td>
<td>Lower dose of hormones, remains in vagina for 3 weeks, highly effective, better cycle control than combined pill.</td>
<td>Expensive, requires user to remove ring after 3 weeks and reinsert after 7 day break, does not protect against STIs.</td>
</tr>
<tr>
<td>Emergency contraception – Levonorgestrel (LNG), available as a single tablet containing 1.5mg LNG or 2 doses of 750mcg LNG (depending on the brand used)</td>
<td>Mainly works by preventing or delaying ovulation</td>
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</table>

**Key messages:**
- Take as soon as possible after unprotected sexual intercourse (most effective when taken within 24 hours after intercourse, but can be taken up to 120 hours after intercourse)
- Can be purchased over the counter at a pharmacy following a consultation with a pharmacist, or on prescription
- A repeat dose should be taken if unprotected intercourse occurs any time more than 12 hours after emergency contraception was taken.
- Follow up with health professionals to discuss ongoing contraception and STI check if appropriate
- Commonly but incorrectly referred to as the ‘morning after pill’
### Contraceptive methods available in Australia

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<thead>
<tr>
<th>Name</th>
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<th>Efficacy</th>
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<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barrier methods</strong></td>
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<tr>
<td>Male condom</td>
<td>Collects semen containing sperm</td>
<td>Perfect use 98%, typical use 85%</td>
<td>Decreases the risk of STIs, back-up to other methods e.g. missed pill/s, inexpensive, usually easily available.</td>
<td>Needs high degree of motivation by user and partner, less effective than hormonal methods.</td>
</tr>
<tr>
<td>Female condom</td>
<td>Acts as a barrier to sperm entering the cervix and uterus</td>
<td>Perfect use 95%, typical use 79%</td>
<td>Provides protection against STIs, suitable for people with latex allergy.</td>
<td>Needs high degree of motivation by user and partner, more expensive than male condoms.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Covers the cervix and prevents sperm travelling into the uterus</td>
<td>Perfect use 94%, typical use 84%</td>
<td>No hormones, suitable for use when there are medical conditions or contraindications to other methods, back-up to other methods, can be used with the male or female condom for added protection against pregnancy and STIs.</td>
<td>Less effective than hormonal methods, needs high degree of motivation.</td>
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<tr>
<td><strong>Sterilisation</strong></td>
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<tr>
<td>Female</td>
<td>Surgical procedure, performed to block the fallopian tubes preventing sperm fertilisation of an egg (ovum). The most common procedure is done under anaesthetic using a laparoscope. A clip or ring is place on the fallopian tube. A newer procedure is called Essure®. A micro-insert is placed inside the fallopian tube. This procedure can be performed under local anaesthetic with no incisions required.</td>
<td>&gt;99%</td>
<td>Permanent method, does not alter sexual function or the menstrual cycle.</td>
<td>Requires a procedure, difficult to reverse, Essure® procedure is not effective for 3 months.</td>
</tr>
<tr>
<td>Male</td>
<td>Vasectomy is a surgical procedure which prevents sperm from entering the seminal fluid. A small incision is made in the scrotum and the tubes which carry sperm (vas deferens) are cut and blocked.</td>
<td>&gt;98%</td>
<td>Permanent method, does not affect sexual function, procedure can be undertaken in a surgery and takes around 30 minutes, no stitches required.</td>
<td>Requires trained health practitioner, may be some swelling, bruising and pain immediately after the procedure lasting a few days.</td>
</tr>
<tr>
<td><strong>Fertility awareness-based methods (FABMs) / Natural Family Planning</strong></td>
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<tr>
<td>Key messages:</td>
<td>Based on an awareness of the menstrual cycle in order to identify the fertile phase of the cycle</td>
<td></td>
<td>Requires high motivation by user and her partner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can include observation of cervical mucous, cervical changes, basal body temperature and lctaloman amenorrhea</td>
<td></td>
<td>Cost effective, women gain knowledge about their menstrual cycle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can be used to achieve or prevent a pregnancy</td>
<td></td>
<td>Not suitable for women with an irregular cycle</td>
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<td></td>
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<td></td>
<td>May require long periods of abstinence</td>
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<td></td>
<td></td>
<td></td>
<td>Refer to trained health professional for education and instruction</td>
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</tr>
</tbody>
</table>

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Preparing for pregnancy: Women

What advice should women be offered in a preconception health check?

- Age
- Immunisations
- Weight
- Timing of sexual intercourse
- Medical, reproductive and family history
- Healthy environment
- Healthy lifestyle, diet and exercise
- Health screening
- Smoking and drug use
- Alcohol
- Mental health
- Iodine and folic acid supplements

APNA developed this Family Planning Decision Support Tool with funding from the Australia Government Department of Health.
What advice should women be offered in a preconception health check?

**Age**
Fertility decreases as women age, and the chances of conceiving naturally declines markedly after the age of 35 years. The risk factor of having a child with fetal abnormality increases with the age of the mother, as does the risk of pregnancy complications such as gestational diabetes, pre-eclampsia, premature birth and the need for a caesarean section. Consider the number, spacing and timing of children desired.

**Medical/reproductive/family history**
Review medical history and past obstetric history. Are there any medical conditions that might impact a future pregnancy? Are chronic diseases such as diabetes, epilepsy and thyroid disease well controlled? Are there any concerns regarding mental health and the impact this might have on conception and pregnancy? Are prescribed or OTC medications safe to use in pregnancy? Is there any family history of genetic disorders on either side of the family? Review history and refer accordingly, to a GP or medical specialist.

**Health screening**
Is cervical screening up to date? Screen in accordance with the National Clinical Practice Guidelines. Assess past history of periodontal disease, this may be a good time to visit the dentist. Body mass index (BMI) and blood pressure review.

**Weight**
Being overweight is a risk factor for both infertility and adverse pregnancy outcomes. Obese women take longer to conceive than women in a healthy weight range. Being underweight (BMI<18) has also been shown to interfere with ovulation and fertility.

**Healthy lifestyle, diet and exercise**
Encourage regular daily exercise and assess the risk of nutritional deficiencies. Review the Australian Guide to Healthy Eating. Diets containing little or no red meat, chicken or fish, may be low in iron. Iron deficiency anaemia (IDA) is one of the most common nutritional deficiencies globally. Screening and/or referral to a dietitian may be warranted. Review the risk of being vitamin D deficient – and/or referral to a dietitian may be warranted.

**Immunisations**
Assess the need for immunisation against hepatitis B, measles, mumps, rubella, varicella, tetanus and pertussis. Consider serology testing if immunity is uncertain.

**Influenza, diphtheria, tetanus and pertussis (dTPa)**
Immunisations are recommended for women planning a pregnancy (NHMRC, 2013). Varicella and MMR immunisations are live vaccines and are contraindicated in pregnancy. Therefore, check the date of the last normal menstruation and contraception cover and advise to avoid pregnancy for 28 days following immunisation (NHMRC, 2013).

**Alcohol**
NHMRC (2009) advises that women attempting a pregnancy or currently pregnant do not drink alcohol.

**Smoking and drug use**
Smoking reduces the chances of achieving a pregnancy, and smoking during pregnancy is associated with an increased incidence of threatened and spontaneous miscarriage, premature birth, and low birth weight for gestational age, perinatal death and sudden infant death syndrome (SIDS). Consider recommending counselling and pharmacotherapy for facilitating smoking cessation (RANZCOG, 2011), or refer to QUIT.

Assess for the use of recreational drugs and encourage women to cease using them. Women who are concerned regarding the use of recreational drugs or drug dependency may require referral to specialist drug and alcohol services.

**Iodine and folic acid supplements**
The NHMRC (2010) recommends that women planning a pregnancy, pregnant or breastfeeding take an iodine supplement of 150 micrograms per day. Women with pre-existing thyroid conditions should seek advice from their medical practitioner prior to taking an iodine supplement. The RACGP (2009) recommends that all women commence a 0.4–0.5mg daily dose of folic acid supplement at least one month prior to pregnancy and for the first three months after conception to reduce the risk of neural tube defect (NTD). Women at high risk of conceiving a child with a NTD, women with diabetes, or women taking prescribed anti-epileptic medication are recommended to take a 5mg daily dose of folic acid.

**Healthy environment**
Ongoing exposure to toxins in the household and within the workplace may have a negative impact on fertility and increase the risk of adverse pregnancy outcomes.
Consider and assess risk factors for cytomegalovirus, toxoplasmosis and listeriosis. Avoidance of foods with high risk listeria includes soft cheeses, pre-packaged salads, raw seafood, processed meat, pâté and soft serve ice-cream (NSW Food Authority).

**Timing of sexual intercourse**
Ovulation usually occurs around 14 days before the commencement of a woman’s period. The most fertile time is three to four days leading up to and around ovulation, therefore having sexual intercourse during this time increases the possibility of conception. For example, in a 28 day cycle ovulation will generally occur around day 14, and in a 35 day cycle, ovulation will occur around day 21. Some women may be able to recognise signs of ovulation, such as changes in vaginal secretions to a more clear and slippery discharge, and some may begin to discern the characteristics of ovulation pain.

**References**
Royal Australian College of General Practitioners. RACGP Standards for General Practice. South Melbourne: Royal Australian College of General Practitioners; 2010.

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![The Age Factor](image-url)

Preparing for pregnancy: Men

What advice should men be offered in a preconception health check?

- Age
- Alcohol and fertility
- Smoking and fertility
- Weight
- Timing of sexual intercourse
- Healthy lifestyle, diet and exercise
- Immunisations
- Health screening

Healthy lifestyle, diet and exercise
What advice should men be offered in a preconception health check?

Age
Age matters for men too! The quantity and quality of the male sperm declines with age (from approximately 45 years), increasing the risk of chromosomal abnormalities, resulting in potential birth defects. Consider the number, spacing and timing of children desired.

Weight and healthy lifestyle
Obesity reduces fertility by lowering testosterone levels, reducing the number of motile sperm and increasing the risk of erectile dysfunction (Andrology Australia, 2008; Hammoud et al, 2012). There is little evidence that supports specific foods or natural therapies boosting fertility and aiding conception. Adopting a healthy lifestyle, by eating a well-balanced diet, managing weight and being active are encouraged for improving overall physical and mental wellbeing (Andrology Australia, 2008).

Smoking and fertility
Heavy smokers produce fewer sperm and have increased numbers of abnormally shaped sperm. There is evidence that some chemicals in the tobacco can damage sperm DNA, potentially affecting the health of a conceived baby (Andrology Australia, 2008).

Alcohol and fertility
Excessive consumption of alcohol can affect sperm production, potentially affecting the length of time it takes to conceive. Refer to the Australian Alcohol Guidelines.

Health screening
As well as assessing alcohol intake, smoking and other lifestyle issues, consider screening for STIs as appropriate. Is there a family history of genetic disorders? This may require review by a GP and referral to a specialist genetic screening service provider.

Immunisations
Assess immunisation status, check for immunisation against MMR and varicella, and consider influenza immunisation. Consider the impact of contracting a vaccine preventable disease and passing this on to a newborn. Fathers and other carers of infants less than six months of age should be immunised against pertussis (dTpa). This should be given at least two weeks prior to contact with the infant (NHMRC, 2013).

Timing of sexual intercourse
Ovulation usually occurs 14 days before the commencement of a woman’s period. The most fertile time is three to four days leading up to and around ovulation, therefore having sexual intercourse during this time increases the possibility of conception. For example, in a 28 day cycle ovulation will generally occur around day 14, and in a 35 day cycle, ovulation will occur around day 21. Some women may be able to recognise signs of ovulation, such as changes in vaginal secretions to a more clear and slippery discharge, and some may begin to discern the characteristics of ovulation pain.

References
Pregnancy Algorithm

Pregnancy options:
• Consultation with a Women's Health Nurse to discuss pregnancy options
• Utilising non directive pregnancy support counselling service providers: a GP referral is required to eligible psychologists, social workers and Mental Health Nurses
• Referral to Pregnancy, Birth & Baby Helpline 1800 882 436

Pregnancy confirmed
Positive urine/blood pregnancy test

Unintended pregnancy
Establish gestation
Continuation of pregnancy
Termination of pregnancy (TOP)
Adoption/fostering

Planned pregnancy
Establish gestation

Antenatal bloods/consider dating scan

Referral pathway
Public
GP/Shared care
Private obstetrician

Medical TOP
Surgical TOP

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Resources

Sexual Health and Family Planning Australia
www.shfpa.org.au

Family Planning NSW
www.fpnsw.org.au

Family Planning Queensland
www.fpq.com.au

Family Planning Tasmania
www.fpt.asn.au

Family Planning Victoria
www.fpv.org.au

Family Planning Northern Territory
www.fpwnt.com.au

FPWA Sexual Health Services
www.fpwa.org.au

Sexual Health and Family Planning ACT
www.shfpact.org.au

Sexual Health information networking & education SA
www.shinesa.org.au

Family Planning NSW Talkline
1300 658 886
Contraceptive, reproductive and sexual health information and referral.

Pregnancy, birth & baby
www.pregnancybirthbaby.org.au
1800 882 436
A non-commercial, government funded health information service, operated by Healthdirect Australia.

Marie Stopes International Australia
www.mariestopes.org.au

Children by Choice
www.childrenbychoice.org.au

Andrology Australia
www.andrologyaustralia.org
www.andrologyaustralia.org/booklets/your-sperm
www.andrologyaustralia.org/booklets/male-infertility

Jean Hailes
www.jeanhailes.org.au

Your Fertility
www.yourfertility.org.au

Guidelines for preventive activities in general practice 8th edition (the red book)
www.racgp.org.au/your-practice/guidelines/redbook


The Australian Guide to Healthy Eating

Food safety during pregnancy

Australian Guidelines to Reduce Health Risks from Drinking Alcohol

Iodine Supplementation for Pregnant and Breastfeeding Women

Pregnancy support counselling

National Male Health Policy

National Antenatal Care Guidelines

Family Planning NSW. Reproductive and Sexual Health: an Australian clinical practice handbook 2nd edition 2011

www.contraceptionhandbook.org.au

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