

## Contraception & Contraceptive Devices

**Policy Number** 1.095

**Policy Function** Continuum of Care

**Issue Date** 22 November 2021

**Summary** This policy ensures patients are informed about, and have access to, appropriate prescribed contraception where possible

**Responsible Officer** Executive Director Clinical Operations

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- The Forensic Hospital

**Previous Issue(s)** Policy 1.095 (August 2017; May 2014; Mar 2008)

**Change Summary**

- Amendments relating to medications
- Risk of Osteopenia noted with prolonged use of injectable progestogens
- Updated information relating to intrauterine devices including the addition of Kyleena IUD.
- Treatment options for Adolescent patients updated to reflect current practice.
- Inclusion of Justice Health & Forensic Mental Health Network policies on Consent and Guardianship.
- Cultural awareness and contraception in the custodial environment.

**TRIM Reference** POLJH/1095

**Authorised by** Chief Executive, Justice Health & Forensic Mental Health Network

## 1. Preface

Contraception and contraceptive devices are used to prevent pregnancy and manage menstrual irregularities and gynaecological disorders. Justice Health & Forensic Mental Health Network (the Network) recognises the need to provide information on contraception and contraceptive devices to ensure the health and safety of patients entering, residing in, and leaving the NSW Correctional, Forensic and Detention environments. When appropriate, the provision of contraception and contraceptive devices to patients entering, residing in and leaving the NSW Correctional, Forensic and Detention environments is done by appropriately trained health professionals.

## 2. Policy Content

### 2.1 Mandatory Requirements

During assessment staff must inform patients and provide access to, appropriately prescribed contraception and contraceptive devices wherever appropriate.

Staff must obtain informed consent and comply with the [1.085 Policy 1119.pdf](#) *Consent to Medical Treatment – Patient information*, with regards to providing contraception and contraceptive devices to patients who are from A CALD background, patients without capacity to consent, patient who have an appointed guardian or patients detained under the Mental Health Act

<https://www.legislation.nsw.gov.au/view/html/inforce/current/act-2007-008>.

Staff must comply with the [5.015 Policy 1219.pdf](#) *Children and Young Persons (Care and Protection) Act 1998 No 157* and related Network policies.

## 3. Procedure Content

### 3.1 Drugs for Contraception (Hormonal)

#### 3.1.1 Oral Contraception

Oral contraception may be prescribed for treatment of gynaecological disorders including moderate to severe acne, irregular or painful periods, hormonal imbalances, premenstrual disorders or prior to release/discharge if contraception is requested.

#### 3.1.2 Injectable Contraception

Injectable contraception may be prescribed to patients for gynaecological disorders, provided to a patient when their injectable contraception is due for re-administration, or if a patient requests this method of contraception and is due for release / discharge. Patients must be informed of the risk of osteopenia with young women or older women more vulnerable and with prolonged use (more than five years) of injectable progestogens. Please consult [Australian Medicines Handbook](#) for further information.

#### 3.1.3 Implantable Contraception

Implantable contraception may be provided to a patient prior to release / discharge from custody or if the patient requires a replacement or to manage gynaecological issues. The procedure must be performed by an accredited Medical Officer or an accredited Women's Health Nurse Practitioner.

## **3.2 Barrier Method**

All adult correctional centres provide Condoms or Dental Dams via Dispensers managed by Corrective Services NSW (CSNSW). Condoms offer protection against sexually transmitted infections. Should a Network staff member be advised, or be aware that Condoms or Dental Dams are not available via the dispensers, either through supply or operations problems, they must report this to CSNSW in the first instance. If the supply problem continues it should be reported to the Harm Reduction Coordinator, Population Health. Condoms and Dental Dams must be made freely available to patients in all Health centres via dispensers and/or other means. Condoms are not provided to young people when they are in detention, however they may be provided upon release with an "exit pack" upon request.

## **3.3 Youth Justice Centres**

### **3.3.1 Consent for Adolescent Patients**

Consent must be obtained for all adolescents prior to providing them with any form of contraception. For a mature minor (16 years and older) their own consent is sufficient providing they are competent to consent in accordance with the Network policy [1.085 Policy 1119 Consent to Medical Treatment - Patient Information](#), to hormonal contraceptives (including the oral contraceptive pill, emergency contraception, injectable and implantable contraception). Clinicians should seek advice from their clinical or Executive Director in circumstances whereby the young person may not have capacity to consent (ie, less than 16 years of age, an intellectual disability, serious mental illness or is statutory out-of-home-care and in the parental responsibility of the Minister for Families, Communities and Disability Services. A young person aged 14 years but less than 16 years old can provide consent provided they adequately understand and appreciate the nature and consequences of the consent and are competent to consent. Wherever possible, the practitioner must also obtain consent from the parent or guardian, unless the young person objects. For young people under 14 years old consent of the parent or guardian must be obtained.

## **3.4 Sterilisation**

The Network does not usually arrange surgical sterilisation procedures for either male or female patients. A gynaecologist may occasionally recommend a surgical sterilisation procedure for a female as part of their health management. In these instances, The Network will facilitate appropriate referral and management by external health care/service providers.

## **3.5 Intrauterine Devices (IUD)**

There are two types of intrauterine devices available:

- Copper IUD (Load 375, TT 380 & TT 380 Short).
- Hormonal IUD (Mirena and Kyleena – containing levonorgestrel) for contraception and period management.

IUDs require the completion of a prescription in the patient's medical chart and the completion of an IPU (Individual Patient Use) form. IUD are not available for Adolescent patients.

IUDs may be removed if requested by the patient, by a Network Medical Officer or Women's Health Nurse Practitioner.

An IUD may be inserted by a JH&FMHN accredited Medical Officer or Women's Health Nurse Practitioner, or if one is not available, at the nearest external health care provider (in which case the IUD is provided by The

Network). Levonorgestrel IUD (Mirena) may also be used in patients for the treatment of menorrhagia and the prevention of endometrial hyperplasia.

### **3.6 Emergency contraception**

There are two types of oral emergency contraception available:

- Levonorgestrel (*Levonelle-1, NorLevo-1, Postella-1, Postinor-1, Postrelle*) 1.5mg  
Provide levonorgestrel as soon as possible after unprotected intercourse, as its efficacy decreases with time. Provide within 96 hours (4 days) afterwards, but preferably within 72 hours (3 days). Levonorgestrel can still be considered 96–120 hours (4–5 days) afterwards (as its risks are minimal) but its efficacy is uncertain.
- Ulipristal (EllaOne) 30mg  
Provide ulipristal as soon as possible, up to 120 hours (5 days) after unprotected intercourse.

Appropriate referrals should be made in accordance with [1.363 Policy 1219](#) *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections*.

### **3.6 Cultural Awareness and Contraception in the Custodial Environment**

Aboriginal people are overrepresented in the custodial environment and are subject to obvious discrepancies in health outcomes when compared with non-Aboriginal people. These discrepancies are the result of a wide range of socioemotional, historical and transgenerational mitigating factors that may impact upon care provision and engagement with a health professional. It is important to consider cultural awareness and cultural safety when providing care to Aboriginal patients.

Obtaining and using contraception can be somewhat difficult for many Aboriginal people. Social factors that hinder access such as shame, ideas surrounding women's health, cultural disengagement, social isolation and using childbearing to control relationships can be contributing factors influencing Aboriginal patients decision making. The reproductive outcomes of Aboriginal women often do not reflect their preferences. A mandate exists to provide information about and access to postpartum contraception, empowering women with greater control over their reproductive practices. Health professionals can play a key role in dismantling barriers to autonomous family planning by offering information and resources for both antenatal and postnatal Aboriginal patients.

Aboriginal patients who are being prescribed or provided with contraception should be offered the opportunity to have an Aboriginal Health Worker (AHW) or alternative internal Aboriginal support person involved in their care provision, with preferences around the gender of the AHW or support person accommodated where possible. Health care professionals involved in the prescription of contraception for Aboriginal patients should be mindful of maintaining a holistic approach to care planning and provision, and should consider all of the varying factors that may impact upon compliance and acceptance of the new medication or device.

## 4. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Legislation	<a href="#">Children and Young Persons (Care and Protection) Act 1998</a> <a href="#">Privacy and Personal Information Protection Act (1998)</a>
JH&FMHN Policies, Procedures & Guidelines	<a href="#">1.085 Policy 1119.pdf</a> <i>Consent to Medical Treatment - Patient Information</i> <a href="#">1.363 Policy 1219.pdf</a> <i>Early Detection Program for Blood Bourne Viruses and Sexually Transmissible Infections</i> <a href="#">1.430 Policy 1217.pdf</a> <i>Management of Pregnant Women in Custody</i>
External Resources	<a href="#">Australian Medicines Handbook</a> <a href="#">The Royal Women's Hospital, Victoria Australia – Women's Health Information: Contraception</a> <a href="http://www.FPNSW.org.au">http://www.FPNSW.org.au</a> <a href="https://www.health.nsw.gov.au/policies/manuals/Pages/consent-manual.aspx">https://www.health.nsw.gov.au/policies/manuals/Pages/consent-manual.aspx</a> <a href="https://legislation.nsw.gov.au/view/pdf/asmade/act-1998-157">https://legislation.nsw.gov.au/view/pdf/asmade/act-1998-157</a>