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# Contraception and Kidney Problems: Advice for Young Adults

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# Contraception and Kidney Problems

This leaflet aims to provide you with the information you will need to make a safe and informed decision on the contraception available to you. This leaflet is for young adults with kidney problems, some of whom may have had a transplant or be on dialysis.

## Who can give me advice?

Talking about contraception and sex can seem scary, especially with a doctor. But it is necessary to keep you and your kidney healthy. Doctors and nurses within the young adult team are very experienced in giving this advice, so feel free to ask any team member for advice. We will routinely mention contraception in your appointments, however, if we don't bring it up that doesn't mean you can't!

If you don't feel comfortable talking to the young adult team, advice can also be sought from:

- Your GP
- Your GP Practice Nurse
- A Sexual Health Clinic

Any information you tell us or advice we give you is strictly confidential and will not be shared with anyone outside the medical team.

## What is recommended?

Safe	Check with your Doctor
Progestogen Only Pill Contraceptive Implant Contraceptive Injection	Intrauterine Coil* Combined oral contraceptive pill

\*Only to be provided by a contraception specialist

*All of these alone DO NOT protect against sexually transmitted infections (STIs). They should all be used with a barrier method of contraception, e.g. condoms.*

The following information is a brief overview of the contraceptive forms mentioned above. Please consult NHS.uk for further information.



Image sourced by: <http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Pages/guide-to-sexual-health-services.aspx>

## The Progestogen Only Pill 'Mini Pill' (Desogestrel/ Cerazette/Cerelle)

One tablet taken every day with no breaks. It's extremely important to take the tablet at the same time each day for it to be effective (within a 12 hour window). Common side effects include lighter or more irregular periods and spottier skin. Traditional mini pills such as micronor are not recommended due to the narrow window you have to take them in for them to be effective.

## Combined Oral Contraceptive Pill (eg. Microgynon, Rigevidon, Livest)

This tablet is taken once a day for 21 days, followed by a 7 day break when a withdrawal bleed (like a period) will occur. The tablet must be taken at the same time each day (within a 12 hour window) to be fully effective. This method is associated with an increased risk of blood clots. The risk of clots can be higher in transplant patients. A discussion with your kidney doctor is recommended before choosing this method. This method is not recommended if you suffer from high blood pressure.

## Progestogen Injection (Depo-Provera, Sayana-Press)

A progestogen hormone injection into the muscle of the bottom or under the skin on the abdomen which lasts twelve weeks. This is a good option if you would struggle to remember to take a tablet each day. Common side effects include irregular periods, and weight gain. Once stopped, it can take some months for periods to return to normal and up to 18 months for fertility to return.

## Progestogen Implant (Nexplanon)

A small flexible, rod (about the size of a matchstick) which is inserted under the skin of the upper arm. This releases the progestogen hormone and is effective for three years. This is a good option if you would struggle to remember to take a tablet each day. Common side effects include irregular periods, mood changes and periods stopping completely.



Image sourced by: <http://www.nhs.uk/Conditions/contraception-guide/Pages/contraceptive-implant.aspx>

## Intrauterine system (‘Coil’- Mirena, LNG releasing IUS)

A small T shaped device which releases the hormone progestogen. It is inserted into the uterus by a trained doctor or nurse. Effective for three to five years. This is a good option if you would struggle to remember to take a tablet each day. Common side effects include irregular periods and bloatedness.



Please let your kidney doctor know if you have recently started contraception and are on Tacrolimus as levels need to be checked.

Sometimes, when your kidneys aren't working well, periods may stop or become irregular. This is common whilst on dialysis. This does not mean you can't become pregnant: contraception is still very important!

## What if I want a baby?

This needs to be discussed with your kidney doctor as soon as possible, as it will likely require changes to your medications. It may be dangerous for you and the baby if you become pregnant without first discussing this. Pregnancy is not recommended in the first year after transplant or whilst on dialysis. UHB run a pre-pregnancy counselling clinic for those patients who wish to have a baby, so please inform us as soon as possible so we can provide support.

## Emergency contraception (‘morning after pill’)

Sometimes things don’t go to plan and you may have unprotected sex or contraception may fail (e.g. you’ve forgotten take your pill/ condom has ripped). Emergency contraception is available and safe in those patients with kidney problems and transplants. This is available from your GP, local sexual health clinic and some pharmacies. There are three different types available:

- Levonelle: Is a tablet and can be taken up to 72 hours after unprotected sex.
- Ella one: Is a tablet and can be taken up to 5 days after unprotected sex.
- Copper Coil: Can be inserted up to 5 days after unprotected sex (or later in some cases depending on where you are in your menstrual cycle).

It is important to get emergency contraception as soon as possible. An STI test is also important to rule out any sexually transmitted infections, as emergency contraception does not protect against STIs.

## Sexually transmitted infection (STI) testing

Testing for sexually transmitted infections such as gonorrhoea and chlamydia involves a vaginal swab and sometimes a blood test. Usually the swab can be taken by you in private (even sent to you in the post to do in your own home!). However, sometimes a member of the medical team may need to examine you. STI screening should be carried out if you have had sex without using condoms, as other forms of contraception do NOT protect against STIs. All testing is carried out confidentially.

Symptoms that can be seen with STIs include:

- An unusual vaginal discharge
- A burning sensation on passing urine
- Lower abdominal pain
- Pain during sex
- Bleeding after sex or in between periods
- Sores, ulcers, scratches, a rash or blisters in the genital area, or around the anus
- Itching or soreness

However, commonly STIs have no symptoms at all. Untreated, they can lead to reduced fertility (i.e. ability to have a baby) or a more serious infection. STI testing can be carried out at sexual health clinics such as the Umbrella clinics (which are run by University Hospitals Birmingham NHS Foundation Trust). See details below.

## Useful Contacts

- Young Adult Team Secretary: 0121 371 5837
- Young Adult Support Nurse: 07867 180386
- <http://www.fpa.org.uk/>: To find your closest family planning clinic
- <http://www.nhs.uk/Conditions/contraception-guide/Pages/contraception.aspx>: for detailed information about contraceptive choices.
- <https://umbrellahealth.co.uk/>: Birmingham and Solihull Sexual Health Service. (Provides contraception and STI testing/advice)







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