

CONTRACEPTION

**CONTRACEPTIVE METHODS
USED BY ACTIVE WOMEN
REFLECT THOSE OF THE
GENERAL COMMUNITY**

for active women

Different groups of active women may choose one form of contraception over another for reasons such as perceived health risks, weight gain and possible negative effects on performance.

ORAL CONTRACEPTIVE PILL (OCP)

The OCP is the most widely used form of contraception by both active women and the general community. The main reason for its popularity is its high effectiveness in preventing pregnancy (99 per cent when used correctly).

HOW DOES THE OCP WORK?

The main action is preventing ovulation (release of egg). Other actions include making cervical mucus hostile to sperm and making

the lining of the uterus less receptive to the fertilised egg. There has been considerable discussion about the OCP's safety and side effects. The OCP should not be taken if there is a history of:

- Cardiovascular disease
- Previous blood clots
- Abnormal liver function
- Oestrogen dependent cancer eg breast cancer
- Focal migraine
- Uncontrolled hypertension (high blood pressure).

ORAL CONTRACEPTIVE PILL USE

Advantages

- Highly effective / convenient / reversible
- Provides a source of oestrogen for active women without periods decreasing their risk of stress fractures and osteoporosis
- May decrease menstrual blood loss which decreases the risk of iron deficiency anaemia
- Reduces painful period cramps
- May decrease premenstrual symptoms (eg mood swings, nausea, headaches) which may negatively effect training and competition
- Can be used to manipulate the menstrual cycle for important events and travel
- Associated with a decreased risk of cancer of ovary and uterus
- No long term effect on fertility

Disadvantages

- Possibility of breakthrough bleeding, fluid retention, weight gain, breast tenderness and headaches. However, these usually settle within a few months and can be controlled by changing to a different OCP
- No protection from sexually transmitted diseases
- Associated with a small increased risk of breast cancer in using the OCP for greater than 10 years without having children
- Possibility of decreased VO₂ max/endurance performance.



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WHAT FORMS DOES THE OCP TAKE?

The hormones can be combined into four formulations depending on the ratio of oestrogen to progesterone. The most common OCP is a combination of oestrogen and progesterone.

Monophasic—has a low total oestrogen content and the dose of oestrogen and progesterone is the same throughout the cycles. Examples include Yasmin, Microgynon, Nordette, Marvelon, Diane- 35, Minulet and Femoden. The low oestrogen content makes it suitable for most women with an easily manipulated cycle. There are pills now available eg Loette, with even less oestrogen (20mg) than the lowest dose pills (30mg) previously available. Whilst the side effects may be less with the smaller doses, no studies comparing the 20mg and 30mg pill have been conducted at this stage.

Biphasic—has the same oestrogen dose with a change in progesterone dosage mid cycle (eg Biphasil). It is not often prescribed.

Triphasic—has three different dosages of hormones during the cycle (eg Tri- Minules, Triquilar and Triphasil). There is less total progesterone than on the monophasic and it is difficult to manipulate the cycle. It is suggested for women who suffer side-effects on the monophasic pill, eg weight gain or breakthrough bleeding.

Minipill—contains progesterone only, eg Microlut, Noriday, Microval. It is suggested for breastfeeding women and those who suffer oestrogen side-effects on the other pills. This form has a higher failure rate than the others.

Depo-Provera—is an injectable form of hormonal contraception giving protection for up to 14 weeks with one injection. Depo-Provera can cause weight gain which may not make it acceptable for some athletes and is therefore not recommended.

BARRIER METHODS (CONDOMS, DIAPHRAGMS AND IUCD)

These methods were traditionally the first choice for active women before the introduction of the new lower dose OCP. These methods still have some advantage for women. The condom is the only form of contraception that offers protection from sexually transmitted disease (including genital herpes, warts and HIV). The condom, as a sole method of contraception, is used in approximately 10 per cent of athletes. The diaphragm is not used widely by Australian athletes. When used consistently and correctly, the effectiveness of the condom is around 95 per cent.



for active women

Use of the diaphragm is not advised in women who have:

- An allergy to rubber or latex
- Utero-vaginal prolapse
- Weak vaginal/pelvic floor muscles,
- Aversion to touching the genital area
- Recurrent urinary tract infections or thrush.

CONDOM USE		THE DIAPHRAGM	
Advantages <ul style="list-style-type: none">• Easily obtainable/relatively inexpensive• No medical side-effects• No long term effects on fertility• Protection against most sexually transmitted diseases.	Disadvantages <ul style="list-style-type: none">• Not as effective as OCP in preventing pregnancy• Can interrupt spontaneity of sexual intercourse• Care and practice required for effective use• May decrease sensitivity for the male partner.	Advantages <ul style="list-style-type: none">• Few medical side-effects• No long term effect on fertility• Can be inserted a few hours in advance of intercourse• Decreased risk of cervical cancer.	Disadvantages <ul style="list-style-type: none">• Less effective than the pill & condom (90 per cent)• Need for forward planning (insertion prior to intercourse is required)• Requires specialist fitting for correct size• Local side-effects (due to irritation/allergy to rubber or latex).



EXERCISE

for active women

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INTRAUTERINE CONTRACEPTIVE DEVICES (IUCD)

Advantages

- effective
- provides two or five year protection
- overcomes problems associated with forgetting contraception
- convenient

Disadvantages

- may increase menstrual flow
- may increase period pain
- requires specialist fitting
- slight increase in the risk of infection which can result in pelvic inflammatory disease (PID).

Whilst IUCDs are an effective form of contraception they are not recommended for women who have had any children.



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