

MEDICAL EXAMINATIONS BEFORE THE PILL

Tests at risk of being overused, as indicated by ANDRIA – the Italian Association for the Promotion of appropriate care in Obstetrics, Gynaecology and Perinatal Medicine

Contraception is an essential tool for the overall health and well-being of both women and couples. While there are many methods, the focus here is on the pill, the hormonal contraceptive listed as a key pharmaceutical by the World Health Organization (WHO). In reality, not all contraceptive pills are included in the WHO list, but only those of the so-called second-generation. These contain levonorgestrel as a progestin and, of those that have most recently come on to the market, carry the lowest risk for the occurrence of thromboembolisms.

MANAGE THE RISK

Upon reports of increased risk for the most recent pills (third generation), which contain desogestrel or gestodene or drospirenone as a progestin, many gynaecologists have started prescribing a series of preliminary analyses to women who request the pill, with the mistaken conviction of being able to select candidates for safe hormonal contraception. It is important to remember, though, that the risk is really minimal and any potential obstacle to hormonal contraception should be considered only for women with predetermined risk factors. It is for this reason that routinely prescribing generic blood tests, generic coagulation tests

and specific tests for thrombosis, including genetic tests, before prescribing or during a course of oestrogenic contraceptives, is not recommended and could well be considered unnecessary. Specific tests for thrombosis are considerably more complex than most common blood tests and should only be carried out by qualified lab technicians. Furthermore, the predictive value is poor which, broadly, creates a risk of over-diagnosis (or finding anomalies that in reality would not have created any problems)



and excessive medicalisation (further exams and unnecessary treatment). A negative result could be falsely reassuring, while a positive one could discourage the use of contraception in women for whom they could benefit.

A GYNAECOLOGICAL EXAMINATION IS NOT ALWAYS NECESSARY

According to the WHO, a good medical history, or an accurate account of the woman's state of health, is more than sufficient in understanding how to guide the choice of contraception. The medical criteria on which to base the choice may be evaluated by personnel who are not doctors, like midwives or health personnel who have received adequate training. This does not preclude a true physical examination, but an evaluation should be based on the presence of predetermined risk factors. The possible state of obesity will be evaluated and blood pressure and glycaemia will be measured, if there aren't already previous records. In any case, a preliminary gynaecological visit is not recommended, let alone be routinely performed. A good choice will depend on an accurate medical history and quality consultation, for the purpose of better knowledge and information.

To learn more: "La pillola senza pensieri", Test Salute 127, April 2017 (in Italian) available on www.altroconsumo.it in "magazine archive".

Project "Doing more does not mean doing better – Choosing Wisely Italy"
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CONTRACEPTIVE PILL: ADVICE FROM ALTROCONSUMO



- Choosing a contraceptive is a personal issue based on the preferences of an individual or couple. It requires quality information and occasionally good counselling in an appropriate environment and with qualified professionals. The family clinic is the most appropriate facility.
- Check with your doctor that your choice of contraception is compatible with your health. There are medical criteria, updated by the WHO, that allow you to evaluate the pros and cons of different contraceptive choices.
- Even the choice of the pill is important. There are various products that the doctor can prescribe based on different criteria (efficiency, safety, side effects, price).
- A good medical history, that includes age, weight, blood pressure, possible diabetes or smoking and family history of thromboembolism is the best way to evaluate the risk of thrombosis and guide a decision.
- Taking an oestrogenic pill is not recommended in the first weeks after child delivery and during breastfeeding. These are periods in which it is possible to use a pill that only contains progestin.