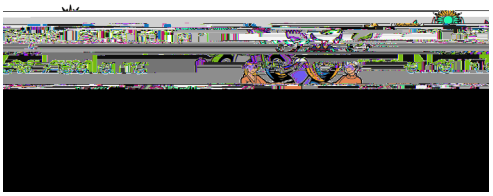

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3. Discussion and recommendations

3.1 Advantages as a method of contraception, CHCs

- Are very effective with correct use;
- Are readily accessible to most women;
- Are easily reversible;
- Provide predictable withdrawal bleeds and the ability to manipulate cycles;
- Can be used to manage menstrual problems, e.g. heavy menstrual bleeding (HMB),[2, 3] dysmenorrhea[4] and symptoms of endometriosis;[5]
- Can improve acne;[6]
- Can reduce the risk of endometrial[7] and ovarian cancer;[8]
- Can reduce the risk of bowel cancer;[9]
- Can be used to manage pre-menstrual syndrome (PMS), and its more severe form pre-menstrual dysphoric disorder (PMDD), in some women;[10-14]
- Can reduce the incidence of functional ovarian cysts[15] and benign ovarian tumours[16]
- Can be useful in managing symptoms of polycystic ovarian syndrome;[17, 18]
- Can assist with management of perimenopausal symptoms.[19]

3.2 Disadvantages as a method of contraception, CHCs

- Typical use failure rates are high;
- Some formulations are relatively expensive;
- As an oestrogen containing contraceptive method, there are rare but serious risks including venous thromboembolism (VTE) and arterial di

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Appendices

Appendix A Women's Health Committee Membership

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in November 2012 and was most recently reviewed in March 2019. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the November 2018 face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members

were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.