



## Family Planning

Evaluation	Management	Referral Guidelines
<p><b>(If for Mirena)</b>            Endocervical swabs for chlamydia and gonorrhoea            PCR            HVS for M,C&amp;S – note 6 month wait list</p>	<p>Refer to Family Planning Clinic</p>	<p><b>Routine (Cat 3)</b></p> <ul style="list-style-type: none"> <li>• Mirena requested &lt;40 years</li> <li>• Mirena change &gt;40 years and no abnormal bleeding</li> <li>• Removal of Mirena, Implanon</li> <li>• Sterilization</li> <li>• Contraception or contraceptive advice (OCP, Implanon, Mirena)</li> </ul>