

Effective and appropriate use of long-acting reversible contraception

Intra-uterine devices (IUD)

TCu380A is the IUD of choice

Others available: Flexi-T 300, GyneFix, Multiload Cu375, Nova-T 380

- Non-hormonal
- Licensed: 5-8 years dependent on device
- Failure: < 2 in 100 over 5 years (if pregnant, exclude ectopic)
- Expulsion: < 1 in 20 in 3 years
- Discontinuation: 50% in 5 years
- Ectopic pregnancy: < 0.2%
- Heavy/longer menstrual periods: treatment with NSAID/tranexamic acid
- If unacceptable bleeding, advise switching to IUS
- No delay in return to fertility
- Women aged over 40 may retain the TCu380A for longer than the licensed 8 years

Intrauterine systems (IUS) Mirena

- Hormonal
- Licensed: 5 years
- Failure: < 1 in 100 over 5 years (If pregnant, exclude ectopic)
- Expulsion: < 1 in 10 in 5 years
- Discontinuation: 60% in 5 years
- Ectopic pregnancy: < 0.1%
- Oligo/amenorrhoea likely; but spotting common in first 3 months
- May be associated with acne
- No delay in return to fertility
- Women aged over 45 may retain the IUS for longer than the licensed 5 years

Progestogen-only injectable contraceptive (POIC) Depo-Provera

- Hormonal
- Licensed: 12 weeks
- Failure: < 0.4 in 100 over 2 years
- Discontinuation: 50% at 1 year
- Oligo/amenorrhoea likely
- Small reduction in bone mineral density may occur
- Weight gain may occur
- Delay in return to fertility of up to 1 year

Progestogen-only subdermal implants (POSDI) Implanon

- Hormonal
- Licensed: 3 years
- Failure: < 0.1 in 100 over 3 years
- Discontinuation: 33% at 3 years
- Irregular bleeding patterns can occur throughout use
- No delay in return to fertility

Women of reproductive age requesting contraception, including long-acting reversible contraception **LARC more cost-effective than male condom and COC, even for 1 year**

Principles of care

Women should be given high quality information about the full range of contraceptive methods and be free to choose the method that is most appropriate and acceptable given their personal circumstances

Information (verbal and written)

- Mode/duration of action
- Efficacy
- Side effects/risks
- Benefits
- Use of method and follow up
- When to seek specific advice
- **Safer sex**

Assessment

- Medical, family, reproductive, sexual and contraceptive history
- To identify contraindications
- Exclusion of STIs and offer prophylactic antibiotics

CHOICE

(supply interim method at 1st appointment if required)

Initiation of method

- By trained health care professional on site or by local referral
- Exclude pregnancy by menstrual and sexual history, pregnancy test only if indicated

Routine follow up

- **Intrauterine devices/systems**
4-6 weeks (to check threads and perforations)
• No further routine follow up necessary
- **Progestogen-only injectable contraceptive**
Every 12 weeks for repeat injection
- **Progestogen-only subdermal implants**
No follow-up

Investigation and management of problems

- By a trained professional

Specific groups of women

Adolescents

- IUDs, IUS, implants: No specific restrictions to use
- Implants: lower pregnancy rates than COC or condoms
- DMPA: only if other methods unacceptable; regular review
- Dual protection with condom use: **safer sex**
- Fraser guidelines if < 16 years (3.13 full guideline)

Women aged over 40

- IUDs, IUS, implants: No specific restrictions to use
- DMPA: benefit outweighs risks

Nulliparity

- IUD/IUS: no contraindication

HIV/AIDS and at risk of STI

- All LARC methods: no restrictions to use
- Dual protection with condom use: **safer sex**

Postpartum, including breastfeeding

- IUD/IUS insertion from 4 weeks after childbirth if other methods unacceptable
- Implants: any time after childbirth (exclude pregnancy first)

After termination of pregnancy

- All LARC methods: initiate any time at or after completion of procedure

Diabetes

- All LARC methods: no specific restrictions to use

Epilepsy

- All LARC methods: no specific restrictions
- Anti-epileptic drugs and emergency drugs available at time of IUD/IUS initiation

Body mass index > 30

- All LARC methods: no specific restrictions

Learning difficulties

- Consider consent issues
- Information in appropriate format
- Support in decision making

Physical disabilities

- Support in decision making

Non-English speaking

- Information in appropriate format; interpreter if needed

Additional follow-up

- Users should be encouraged to return if problems occur, or for reassurance

This algorithm should, when necessary, be interpreted with reference to the full guideline