

Long-acting reversible contraception – information for the public

What is long-acting reversible contraception?

Long-acting contraceptives are ones that you do not have to think about every day or every time you have sex, as you would with methods such as the Pill or condoms. They include:

- contraceptive injections, which work for up to 12 weeks
- devices that are fitted inside your womb (intrauterine devices [IUDs] and the intrauterine system [IUS]), which last for between 5 and 8 years
- implants placed under your skin, which last for 3 years.

Injections, IUDs, the IUS and implants are called **long-acting reversible contraceptives** because you can stop using them if you decide you want to get pregnant.

This leaflet tells you about the care you can expect from the doctors and nurses who fit long-acting contraceptives. The table over the page has information to help you make the decision about whether long-acting reversible contraception is right for you and, if it is, which method to choose.

This leaflet does not tell you everything about the different methods of long-acting reversible contraception, or about other types of contraception. You can ask your doctor or family planning clinic for leaflets on any method you are interested in. Alternatively, contact NHS Direct (telephone 0845 46 47 or www.nhsdirect.nhs.uk).

Is it suitable for me?

When you go to your doctor or a family planning clinic for advice about contraception, you should be given information about different methods of contraception, including long-acting reversible methods, so that you can choose the one that suits you best. This information will include:

- how effective the method is at preventing pregnancy

- any other health benefits – for example, some methods may reduce period pain or heavy bleeding
- possible unwanted effects and other problems
- how the contraceptive is started, or fitted and removed
- how long it lasts
- when to get advice or help while using it.

Your doctor or nurse should make sure you have information you can understand, so that you can decide if a long-acting reversible contraceptive is right for you. As well as talking to you, he or she should also give you written information. If you need help from someone such as a translator or an advocate, let your doctor or nurse know.

The doctor or nurse will need to check whether there is any reason a particular method is not suitable for you. He or she will ask about your general health, any medical problems in your family, contraceptives you have used before and whether you have children or have been pregnant before. He or she will also ask questions to assess whether you could be at risk of having a sexually transmitted infection.

If you are considering an IUD or IUS, you may need an examination and you may be offered tests to make sure you do not have a sexually transmitted infection, because this would need to be treated before the device was fitted.

Not all health professionals are trained to fit IUDs, the IUS or implants. If your doctor or nurse cannot give you the method you choose, he or she will refer you to someone who can.

Safer sex

Whichever method of contraception you decide on, it is important to follow the advice about safer sex. Your doctor or nurse can give you more information about this. It is important always to use a condom with a new partner to reduce the risk of getting a sexually transmitted infection.

Where can I find out more?

NICE guidelines for health professionals This leaflet is based on guidance published by the National Institute for Health and Clinical Excellence (NICE) for health professionals. This covers the information women need to make a choice about long-acting reversible contraception, the care they should be offered, and practical points about using the different methods. There is more information about the guidance on the NICE website (www.nice.org.uk/CGXXX).

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Special circumstances

Any of the methods are generally suitable for:

- women of any age
- women who are breastfeeding, or have recently had a baby
- women who are overweight
- women with diabetes
- women with epilepsy
- women who are HIV-positive – but you should use a condom as well
- women with physical disabilities – unless there are reasons why fitting an IUD or IUS could be difficult
- women with learning disabilities
- women who have just had an abortion

Long-acting contraception: how the methods compare

	Intrauterine devices (IUDs)	Progestogen-only intrauterine system (IUS)	Injectable contraceptives	Contraceptive implants
What is it?	<ul style="list-style-type: none"> • A plastic and copper device that is placed in the womb 	<ul style="list-style-type: none"> • A plastic device that is placed in the womb and releases a hormone similar to progesterone 	<ul style="list-style-type: none"> • An injection of a hormone similar to progesterone, which is released slowly into the blood 	<ul style="list-style-type: none"> • A small rod that is placed under the skin, usually on the upper arm, and releases a hormone similar to progesterone
How does it work?	<ul style="list-style-type: none"> • Probably by helping kill eggs and sperm, and by stopping fertilised eggs from implanting in the womb 	<ul style="list-style-type: none"> • Mainly by preventing fertilised eggs from implanting in the wall of the womb 	<ul style="list-style-type: none"> • Stops ovulation (stops eggs being released) 	<ul style="list-style-type: none"> • Thickens mucus around the cervix so it is difficult for sperm to reach the eggs, and stops eggs being released
How long does it last?	<ul style="list-style-type: none"> • Between 5 and 8 years, depending on which IUD you use • If you are 40 or older, an IUD may stay in place until you no longer need contraception 	<ul style="list-style-type: none"> • 5 years • If you are 45 or older at the time of fitting and you stop having periods when using an IUS, it may stay in place until you no longer need contraception 	<ul style="list-style-type: none"> • 12 weeks for the most commonly used injectable contraceptive 	<ul style="list-style-type: none"> • 3 years
What is the chance of getting pregnant while using it?	<ul style="list-style-type: none"> • Fewer than 20 of every 1000 women who have an IUD for 5 years get pregnant 	<ul style="list-style-type: none"> • Fewer than 10 of every 1000 women using the IUS for 5 years get pregnant 	<ul style="list-style-type: none"> • No more than 4 in every 1000 women using injectable contraceptives for 2 years get pregnant 	<ul style="list-style-type: none"> • Fewer than 1 in 1000 women who have an implant for 3 years get pregnant
Could it affect my	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • It can take up to a year for 	<ul style="list-style-type: none"> • No

<p>chance of getting pregnant in the future?</p>			<p>fertility to return to normal after your last injection</p>	
<p>What checks do I need?</p>	<ul style="list-style-type: none"> You will need to see your doctor or nurse for a check- up after your first period IUDs have pieces of thread attached, which hang through the cervix. You need to check the threads regularly to make sure the IUD is still there You should see your doctor or nurse at any time if you think there is a problem related to the IUD, or you want to stop using it 	<ul style="list-style-type: none"> You will need to see your doctor or nurse for a check- up after your first period The IUD has pieces of thread attached, which hang through the cervix. You need to check the threads regularly to make sure the IUS is still there You should see your doctor or nurse at any time if you think there is a problem related to the IUS, or you want to stop using it 	<ul style="list-style-type: none"> None – but you need to go back every 12 (or 8) weeks for a repeat injection You should see your doctor or nurse at any time if you think there is a problem related to the injection You do not need to see a doctor or nurse to stop using it 	<ul style="list-style-type: none"> None You should see your doctor or nurse at any time if you think there is a problem related to the implant, or you want to stop using it
<p>How does it affect periods?</p>	<ul style="list-style-type: none"> Periods might become heavier or more painful 	<ul style="list-style-type: none"> Periods usually become less frequent or stop after about a year There may be persistent bleeding and spotting for the first 6 months 	<ul style="list-style-type: none"> Periods usually stop but may become irregular 	<ul style="list-style-type: none"> Periods may stop, or become longer or irregular, usually until the implant is removed Period pain may improve
<p>What unwanted</p>	<ul style="list-style-type: none"> If you become 	<p>A few women may</p>	<p>A few women may experience:</p>	<p>A few women may</p>

<p>effects does it have?</p>	<p>pregnant while using an IUD, you need a check to make sure it is not an ectopic pregnancy (where the fertilised egg implants outside the womb)</p>	<p>experience:</p> <ul style="list-style-type: none"> • pain • increased risk of acne 	<ul style="list-style-type: none"> • weight gain (2–3 kg over a year) • a small reduction in bone mineral density – but there is no evidence this makes breaking a bone more likely 	<p>experience:</p> <ul style="list-style-type: none"> • mood changes • acne
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