

# Effective and appropriate use of long-acting reversible contraception

## **Intra-uterine devices (CuIUD)**

T-Safe Cu380A · Flexi-T 300 · GyneFix · Multiload Cu250 · Multiload Cu250 Short Multiload Cu375 · Nova-T 380

- Non-hormonal
- Lasts: 3–8 years dependent on device
- Failure: < 2 in 100 over 5 years
- Effectiveness independent of user compliance
- Heavy/longer menstrual periods
- No effect on return to fertility
- Requires fitting

## **Intrauterine systems (IUS) Mirena**

- Hormonal
- Lasts: 5 years
- Failure: < 0.5 in 100 over 5 years
- Effectiveness independent of user compliance
- Oligo/amenorrhoea likely; but spotting common in first 3 months
- May be associated with acne
- Rapid return to fertility
- Requires fitting

## **Progestogen-only injectable contraceptive (POIC) Depo-Provera**

- Hormonal
- Lasts: 12 weeks
- Failure: < 0.4 in 100 over 2 years
- Oligo/amenorrhoea likely
- Small reduction in bone mineral density may occur
- Weight gain may occur
- Delay in return to fertility (6-9 months)

## **Progestogen-only subdermal implants (POSDI) Implanon**

- Hormonal
- Lasts: 3 years
- Failure: < 0.1 in 100 over 3 years
- Effectiveness independent of user compliance
- Irregular bleeding patterns can occur throughout use
- Rapid return to fertility
- Requires minor procedure for both fitting and removal

**Women of reproductive age requesting contraception, including long acting reversible contraception**

### **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**

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

### **Assessment**

- Medical, family, reproductive, sexual and contraceptive history
- To identify contra-indications

### **CHOICE**

(supply interim method if required)

### **Initiation of method**

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

### **Routine follow up**

- **Progestogen-only injectable contraceptive**  
Every 12 weeks for repeat injection
- **Intrauterine devices/systems**  
4-6 weeks. No further routine follow up necessary
- **Progestogen-only subdermal implants**  
None

### **Investigation and management**

- By a trained professional

## **Specific groups of women**

### **Adolescents**

- No specific restrictions to use
- Recommend condoms as well
- Use Fraser guidelines if < 16 years

### **HIV/AIDS**

- No restrictions to use
- Recommend condoms as well

### **At risk of STI**

- Exclude STI before IUD/IUS insertion
- Recommend condoms as well

### **Postpartum, including breastfeeding**

- Delay IUD/IUS insertion until 4 weeks after childbirth
- Initiate other methods from 3 weeks

### **After termination of pregnancy**

- Surgical: initiate at time of procedure or any time thereafter
- Medical: initiate any time after completion of procedure

### **Diabetes**

- No specific restrictions

### **Epilepsy**

- No specific restrictions

### **Body mass index > 30**

- No specific restrictions

### **Learning disabilities**

- Consider special consent issues

### **Physical disabilities**

- Amenorrhoea maybe an advantage
- May be difficulties inserting an IUD/IUS

### **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