

Long-acting reversible contraception

Understanding NICE guidance

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. These methods include:

- contraceptive injections, which work for up to 12 weeks and can be repeated
- devices that are fitted inside your womb – intrauterine devices (IUDs) and the intrauterine system (IUS), which last for between 5 and 10 years, and can be replaced after this
- implants placed under your skin, which last for 3 years, and can be replaced after this.

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. These methods are all for women – currently there are no long-acting reversible contraceptives for men.

This leaflet tells you about the care you can expect from the doctors and nurses who provide long-acting reversible contraceptives. The table over the page has some 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.

But this leaflet does not tell you everything you may need to know about choosing and using the different methods of long-acting reversible contraception, or about other types of contraception. You can ask your doctor, nurse or family planning (or contraception) clinic for leaflets on any method you are interested in. Alternatively, contact fpa (formerly known as the Family Planning Association), which provides a national information and helpline service on contraception and sexual health for men and women. Phone the helpline on 0845 310 1334 or visit the website (www.fpa.org.uk).

Is it suitable for me?

When you go to your doctor, nurse 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 should include:

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

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Information about NICE Clinical Guideline 30

Four versions of this guideline are available from www.nice.org.uk/CG030: this leaflet; a quick reference guide for health professionals; the NICE guideline, which contains all the recommendations; and the full guideline, which contains the recommendations and information about how they were developed and the evidence on which they were based.

For more copies of this leaflet, phone the NHS Response line on 0870 1555 455 and quote reference number N0916



Long-acting contraception: how the methods compare

	Intrauterine devices (IUDs)	Intrauterine system (IUS)	Contraceptive injections	Contraceptive implants
What is it?	<ul style="list-style-type: none"> A small plastic and copper device that is placed in the womb 	<ul style="list-style-type: none"> A small plastic device that is placed in the womb and slowly releases progesterone 	<ul style="list-style-type: none"> An injection that slowly releases progesterone 	<ul style="list-style-type: none"> A small flexible rod that is placed under the skin, usually on the upper arm, and slowly releases progesterone
How does it work?	<ul style="list-style-type: none"> Can work by preventing sperm from fertilising an egg, or by stopping a fertilised egg from implanting in the womb 	<ul style="list-style-type: none"> Mainly by preventing a fertilised egg from implanting in the womb. In some women it prevents sperm from fertilising an egg 	<ul style="list-style-type: none"> Mainly by stopping the ovaries releasing an egg each month 	<ul style="list-style-type: none"> By stopping the ovaries releasing an egg each month
How long does it last?	<ul style="list-style-type: none"> Between 5 and 10 years for the most effective types of IUD, which contain 380 mm² of copper But if you are 40 or older when an IUD is fitted, it may stay in place until you no longer need contraception after the menopause. Your doctor will discuss this with you 	<ul style="list-style-type: none"> 5 years If you are 45 or older when an IUS is fitted and you are not having periods when using it, it may stay in place until you no longer need contraception after the menopause. Your doctor will discuss this with you 	<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"> Fewer 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 chance of getting pregnant in the future?	<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 fertility to return to normal after your last injection, but if you do not want to get pregnant you should start using another method of contraception as soon as your last injection runs out, even if your periods have not re-started 	<ul style="list-style-type: none"> No
How might it affect periods?	<ul style="list-style-type: none"> Periods might become heavier or more painful 	<ul style="list-style-type: none"> There may be irregular bleeding and spotting for the first 6 months Periods usually become less frequent or stop after about a year 	<ul style="list-style-type: none"> Periods often stop But some women have irregular or persistent bleeding when using contraceptive injections 	<ul style="list-style-type: none"> Periods may stop, or become longer or irregular, usually until the implant is removed Period pain may improve

continued

Long-acting contraception: how the methods compare *continued*

	Intrauterine devices (IUDs)	Intrauterine system (IUS)	Contraceptive injections	Contraceptive implants
What unwanted effects does it have?	<ul style="list-style-type: none"> Overall, the risk of ectopic pregnancy (where the fertilised egg implants outside the womb) is lower in women using IUDs than in women using no contraception, but in women who do become pregnant while using an IUD, the risk is higher. If you become pregnant while using an IUD, you need a check to make sure the pregnancy is not ectopic 	<ul style="list-style-type: none"> A few women may develop acne Overall, the risk of ectopic pregnancy (where the fertilised egg implants outside the womb) is lower in women using the IUS than in women using no contraception, but in women who do become pregnant while using an IUS, the risk is higher. If you become pregnant while using an IUS, you need a check to make sure the pregnancy is not ectopic 	<ul style="list-style-type: none"> Women may gain weight (2–3 kg over a year) There may be some thinning of the bones, but this largely recovers after stopping the injections and it does not seem to make breaking a bone more likely 	<ul style="list-style-type: none"> A few women may develop acne
What checks will I need while 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 IUDs have short threads attached, which hang through the cervix into the top of the vagina. Your doctor or nurse will teach you how to feel for these, to make sure the IUD is still there. You need to do this regularly You should see your doctor or nurse at any time if you think there is a problem related to the IUD, you want to stop using it or it is time to have it removed 	<ul style="list-style-type: none"> The checks are the same as for the IUD You should see your doctor or nurse at any time if you think there is a problem related to the IUS, you want to stop using it or it is time to have it removed 	<ul style="list-style-type: none"> None – but you need to go back regularly for repeat injections You should see your doctor or nurse at any time if you think there is a problem related to the injection 	<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, you want to stop using it, or it is time to have it removed

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. You can ask any questions you want. As well as talking to you, he or she should also give you written information. The doctor or nurse should be able to arrange an interpreter or an advocate (someone who supports you in asking for what you want) if needed. If a woman with learning disabilities is unable to make a decision on contraception for herself, those involved in caring for her (such as family members, carers and her GP) should discuss the options available.

The doctor or nurse will need to check whether there is any reason a particular method may not be suitable for you. He or she will ask about your general health, any medical problems in your family, your periods and contraceptives you have used before. He or she may also ask questions to check whether you could be at risk of having a sexually transmitted infection. Before you start using any of these methods the doctor or nurse will need to check that you are not pregnant.

Some long-acting contraceptive methods may not take effect immediately, depending on when in your monthly cycle you start using them, or you may not be able to start using the method immediately. At your first appointment your doctor or nurse should give you a suitable contraceptive if you need one in the mean time.

If you are considering an IUD or IUS, you will need a vaginal examination. 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 should refer you to someone who can.

Protection against sexually transmitted infections

Long-acting reversible contraceptive methods do not protect against sexually transmitted infections. Condoms can help protect against these infections. Your doctor or nurse will give you more information about this.

Special circumstances

All the methods described in this leaflet can generally be used by:

- women of any age
- women who have never had a baby
- women who are breastfeeding, or have recently had a baby
- women who have recently had an abortion
- women who are overweight
- women with diabetes
- women with epilepsy
- women who have migraines
- women who can't use contraceptives containing a hormone called oestrogen
- women who are HIV-positive.

But if you are considering contraceptive injections, you should discuss the advantages and disadvantages with your doctor if you are:

- a teenager
- more than 40 years old.

Where can I find out more?

NICE guidelines for health professionals This leaflet is a short summary of guidance published by the National Institute for Health and Clinical Excellence (NICE) for health professionals. The guidance 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/CG030).

Glossary

Cervix: the entrance to the womb.

Hormone: substances that control different processes in the body. Some medicines are similar to hormones naturally produced in the body.

Progesterone: one of the hormones that control periods and fertility.

Progestogen: a synthetic hormone similar to progesterone naturally produced in the body.