Long-acting reversible contraception

Key practice points

Advising women on contraceptive options

Woman requests contraception



Provide information tailored to the woman's needs and offer a choice of all methods, including LARC methods



INFORMATION

- Give verbal and written information on:
- failure rate
- mode and duration of action
- side-effects and risks
- -benefits
- use of method
- when to seek advice (See Table 2, overleaf)
- Advise on safer sex



ASSESSMENT

- Take medical, family, reproductive, sexual and contraceptive history
- Identify any contraindications (See Table 1, right)





Woman makes informed choice



INITIATING THE LARC METHOD

- By trained healthcare professional, on site or by referral
- Exclude pregnancy by menstrual and sexual history
- Supply interim method if needed



ROUTINE FOLLOW-UP

- IUD/IUS:
- at 3-6 weeks to check threads and exclude perforation
- no further follow-up needed until removal unless problems occur
- Injectable contraceptives:
- every 12 weeks for repeat injection of DMPA; every 8 weeks for NET-EN
- no routine follow-up needed until removal unless problems occur





INVESTIGATION AND MANAGEMENT OF PROBLEMS

By trained professionals



ADDITIONAL FOLLOW-UP

 Encourage woman to return if problems occur or for reassurance

Table 1

LARC choices for specific groups of women

ALL LARC METHODS ARE SUITABLE FOR:

nulliparous women; women who are breastfeeding; women who have had an abortion; women with BMI >30; women with HIV (but encourage safer sex); women with diabetes; women with migraine with or without aura (all progestogen-only methods may be used); women with contraindication to oestrogen

ADOLESCENTS:

IUD, IUS, implants: no specific restrictions to use DMPA: care needed; use only if other methods unacceptable or unsuitable (see CSM advice, Nov 2004)

Fraser guidelines on informed consent apply if <16; consider child protection

WOMEN OVER 40:

IUD, IUS, implants: no specific restrictions to use DMPA: care needed, but benefits generally outweigh risks (see CSM advice, Nov 2004)

POST-PARTUM, INCLUDING BREASTFEEDING WOMEN:

IUD, IUS: can be inserted from 4 weeks after childbirth DMPA, implants: any time after childbirth

WOMEN WITH EPILEPSY:

IUD, IUS, DMPA: no specific contraindications; DMPA use may be associated with reduced seizure frequency

Implants: not recommended for women taking enzyme-inducing drugs

WOMEN AT RISK OF STIS:

IUD, IUS: tests may be needed before insertion DMPA, implants: no specific contraindications Advise on safer sex