

## Long-acting reversible contraception overview

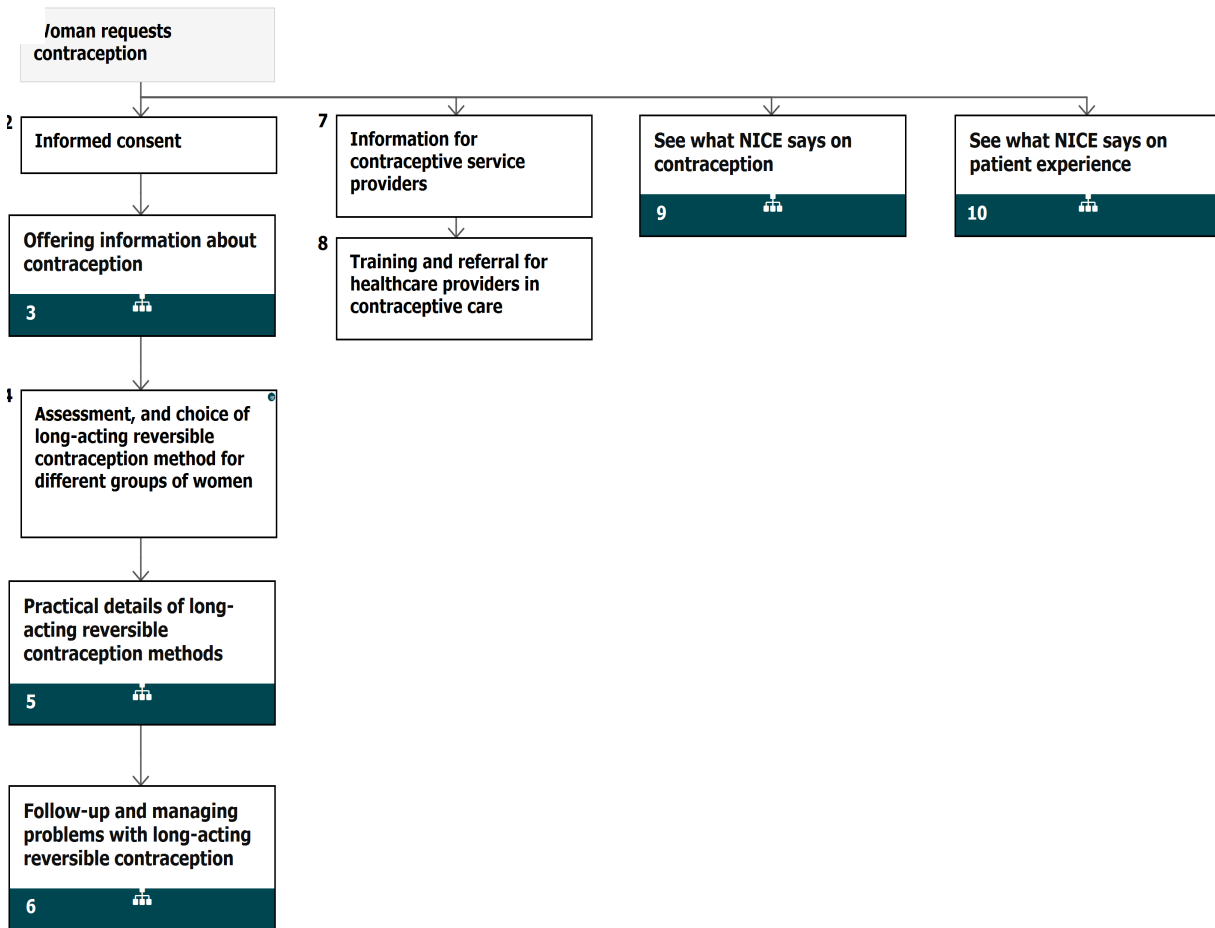
NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/long-acting-reversible-contraception>

Pathway last updated: June 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



## 1 Woman requests contraception

No additional information

## 2 Informed consent

### Special groups

Information should take into account the woman's needs.

If needed, offer support with decision-making such as:

- an interpreter for women who do not speak English
- an advocate for women with sensory impairments or learning disabilities.

Be aware of the law on providing contraceptives for young people and people with learning disabilities.

Women with learning and/or physical disabilities should be supported in making their own decisions about contraception.

Consider child protection issues and the [Fraser guidelines](#) when providing contraception for women younger than 16 years.

Look at contraceptive choices in terms of the needs of the woman, rather than relieving anxieties of carers or relatives.

If a woman with learning disabilities is unable to understand and take responsibility for decisions about contraception, carers and others should meet to agree a care plan.

### Consent for unlicensed use

When using a LARC method outside its UK marketing authorisation, always discuss this, obtain informed consent, and document this in the notes.

## 3 Offering information about contraception

[See Long-acting reversible contraception / Offering information about contraception](#)

## 4 Assessment, and choice of long-acting reversible contraception method for different groups of women

Take medical, family, reproductive, sexual and contraceptive history.

Identify any contraindications (see below for choice of methods and possible contraindications in specific groups of women).

When considering choice of LARC methods for specific groups of women and women with medical conditions, be aware of and discuss with each woman any issues that might affect her choice (see below; also see [offering information about contraception](#), [practical details of long-acting reversible contraception methods](#), and [follow-up and managing problems with long-acting reversible contraception](#)).

### Choosing a long-acting reversible contraception method

All LARC methods<sup>1</sup> are suitable for:

- nulliparous women
- women who are breastfeeding
- women who have had an abortion – at time of abortion or later
- women with a BMI greater than 30
- women with HIV – 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.

NICE has published evidence summaries on:

- [long-acting reversible contraception: levonorgestrel 13.5 mg intrauterine delivery system](#)
- [long-acting reversible contraception: subcutaneous depot medroxyprogesterone acetate \(DMPA-SC\)](#).

### Choices for adolescents

**Intrauterine devices, the intrauterine system, progestogen-only subdermal implants:** no specific restrictions to use.

<sup>1</sup> The **progestogen-only subdermal implant** (Implanon) recommended in 'Long-acting reversible contraception' (NICE clinical guideline 30) is no longer available. Healthcare professionals considering offering the replacement device, Nexplanon, should refer to the [summary of product characteristics](#).

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**Depo medroxyprogesterone acetate:** care needed; use only if other methods unacceptable or not suitable (refer to Medicines & Healthcare products Regulatory Agency advice: search for 'Depo Provera' on the [GOV.UK website](https://www.gov.uk)).

See NICE says on [preventing sexually transmitted infections and under-18 conceptions](#).

### Choices for women more than 40 years old

**Intrauterine devices, the intrauterine system, progestogen-only subdermal implants:** no specific restrictions to use.

**Depo medroxyprogesterone acetate:** care needed, but generally benefits outweigh risks (refer to Medicines & Healthcare products Regulatory Agency advice: search for 'Depo Provera' on the [GOV.UK website](https://www.gov.uk)).

### Choices for women post-partum, including breastfeeding

**Intrauterine devices, intrauterine system:** can be inserted from 4 weeks after childbirth<sup>1</sup>.

**Depo medroxyprogesterone acetate, progestogen-only subdermal implants:** any time after childbirth.

See what NICE says on [postnatal care](#).

### Choices for women taking other medication

**Intrauterine system, depo medroxyprogesterone acetate:** no evidence that effectiveness of other medication reduced.

**Progestogen-only subdermal implants:** not recommended for women taking enzyme-inducing drugs.

### Choices for women with epilepsy

**Intrauterine devices, intrauterine system, depo medroxyprogesterone acetate:** no specific contraindications; DMPA use may be associated with reduced seizure frequency.

**Progestogen-only subdermal implants:** not recommended for women taking enzyme-inducing drugs.

See what NICE says on [contraception](#) for women and girls with epilepsy.

<sup>1</sup> At the time this guidance was created (April 2013), use before 6 weeks post-partum was outside the UK marketing authorisation for the IUS. Check the summary of product characteristics for current licensed indications; if using outside licensed indications, discuss, obtain informed consent and document this in the notes.

## Choices for women at risk of sexually transmitted infections

**Intrauterine devices, intrauterine system:** tests may be needed before insertion.

**Depo medroxyprogesterone acetate, progestogen-only subdermal implants:** no specific contraindications.

Provide advice on safer sex.

See what NICE says on [preventing sexually transmitted infections and under-18 conceptions](#).

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Contraception after an abortion

### 5 Practical details of long-acting reversible contraception methods

See [Long-acting reversible contraception / Practical details of long-acting reversible contraception methods](#)

### 6 Follow-up and managing problems with long-acting reversible contraception

See [Long-acting reversible contraception / Follow-up and managing problems with long-acting reversible contraception](#)

### 7 Information for contraceptive service providers

Long-acting reversible contraception methods are more cost effective than the combined oral contraceptive pill even at 1 year of use.

Intrauterine devices, the IUS and the implant are more cost effective than injectable contraceptives.

Increasing the use of LARC will reduce unwanted pregnancies.



Healthcare professionals considering offering Nexplanon should consult the [summary of product characteristics](#).

## 8 Training and referral for healthcare providers in contraceptive care

### Training

Healthcare professionals advising women about contraceptive choices should be competent to:

- help women to consider and compare the risks and benefits of all methods relevant to their individual needs
- manage common side effects and problems.

Healthcare professionals providing intrauterine or subdermal contraceptives should receive training to develop and maintain the relevant skills to provide these methods.

Staff should fit IUDs and the IUS only if they are trained, and if they fit at least one IUD or IUS a month.

Only healthcare professionals trained in the procedure should insert and remove contraceptive implants.

Healthcare professionals providing contraceptive advice should be able to assess risk for STIs and advise testing when appropriate.

Healthcare professionals should be able to provide information about local services for STI screening, investigation and treatment.

See what NICE says on [preventing sexually transmitted infections and under-18 conceptions](#).

### Referral

Practices and services that do not offer LARC methods should have an agreed mechanism for referring women.

If a woman being treated for a current VTE needs hormonal contraception, refer her to a specialist in contraceptive care.

See what NICE says on [venous thromboembolism](#).

**9 See what NICE says on contraception**

[See Contraception](#)

**10 See what NICE says on patient experience**

[See Patient experience in adult NHS services](#)

## Glossary

### **DMPA**

depo medroxyprogesterone acetate

### **IUD**

intrauterine device

### **IUDs**

intrauterine devices

### **IUS**

intrauterine system

### **LARC**

long-acting reversible contraception

### **NET-EN**

norethisterone enantate

### **STI**

sexually transmitted infection

### **STIs**

sexually transmitted infections

### **VTE**

venous thromboembolism

## Progestogen-only subdermal implants

The progestogen-only subdermal implant (Implanon) recommended in 'Long-acting reversible contraception' (NICE guideline CG30) is no longer available. Healthcare professionals considering offering the replacement device, Nexplanon, should refer to the [summary of product characteristics](#).

## Sources

[Long-acting reversible contraception](#) (2005 updated 2014) NICE guideline CG30

## Your responsibility

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