

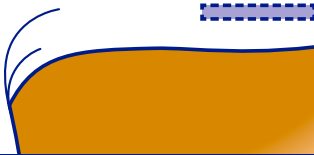
your guide to the contraceptive implant

Helping you choose the method of
contraception that's best for you



The contraceptive implant

A contraceptive implant is a small, flexible rod that's placed just under the skin of your upper arm. It releases a progestogen hormone similar to the natural progesterone produced by the ovaries. It works for 3 years.



Contents

How effective is an implant?.....	3
How does an implant work?	3
Where can I get an implant?	4
Can anyone use an implant?.....	4
What are the advantages?	4
What are the disadvantages?	5
Are there any risks?	5
When can I start using an implant?	5
I've just had a baby. Can I use an implant?.....	6
Can I use an implant after a miscarriage or abortion?..	6
How's the implant inserted?.....	6
How's the implant removed?	7

How effective is an implant?

If 100 sexually active women don't use any contraception, 80 to 90 will get pregnant in a year.

The implant's the most effective method of contraception. It's well over 99% effective. Fewer than 1 in 1,000 implant users will get pregnant in the first year of use.

The implant's a method of long-acting reversible contraception (LARC). LARC's very effective because it doesn't depend on you remembering to take or use it.

How does an implant work?

The main way it works is to stop your ovaries releasing an egg each month (ovulation). It also:

- thickens the mucus from your cervix (entrance to the womb), making it difficult for sperm to move through it and reach an egg
- makes the lining of your uterus (womb) thinner to stop a fertilised egg implanting.

Can anything make an implant less effective?	8
How will an implant affect my periods?.....	8
What if I want to stop using the implant or try to get pregnant?	9
If I need to have an operation should I stop using the implant?.....	9
How long can I use the implant for?.....	9
What if I think I'm pregnant?	10
How often do I need a check-up?	10
Where can I get more information and advice?.....	10
Emergency contraception.....	11
Sexually transmitted infections.....	11

Where can I get an implant?

Only a doctor, nurse or other healthcare professional trained to fit implants can insert the implant. You can go to a contraception or sexual health clinic or to the doctor or nurse at a general practice. Some midwives can insert an implant soon after you have a baby. All treatment is free and confidential.

Can anyone use an implant?

The implant's suitable for most people. The healthcare professional fitting your implant will need to ask about your own and your family's medical history to make sure the implant's suitable for you. Do mention any illnesses or operations you've had. An implant may not be suitable for you if:

- you think you might already be pregnant
- you don't want your periods to change
- you take certain medicines.

It may not be suitable if you have, or had in the past:

- breast cancer
 - unexplained vaginal bleeding (for example, bleeding between periods or after sex)
- heart disease or stroke
- serious liver disease.

What are the advantages?

- It works for 3 years.
- You can use it if you're breastfeeding.
- Your fertility will return to normal as soon as the implant's taken out.
- It may reduce heavy, painful periods.
- It may improve acne for some people.

What are the disadvantages?

- Your periods may change in a way that isn't acceptable to you (see page 8).
- You may get side effects like headaches, breast tenderness or mood changes.
- You may get acne or your acne may get worse.
- It won't work if you use enzyme-inducing drugs (see page 8).
- It requires a small procedure to insert and remove it.
- An implant doesn't protect you from sexually transmitted infections, so you may need to use condoms as well.

Are there any risks?

- Very rarely, you may get an infection in your arm where the implant's been inserted.
- Rarely, the implant may be inserted too deeply into your arm. It can be removed by an experienced healthcare professional.
- Very rarely, the implant may be inserted into a blood vessel and may move to a different area of the body. If this happens, an operation is needed to remove it.

If you can't feel the implant in your arm, ask a healthcare professional to check it for you.

Research on the risk of breast cancer and hormonal contraception use is complicated and hasn't given definitive answers. Available research suggests that using the implant doesn't appear to increase the risk of breast cancer.

When can I start using an implant?

You can have an implant fitted at any time in your menstrual cycle if it's certain that you're not pregnant. If the implant's put in during the first

5 days of your period, you'll be protected from pregnancy immediately.

If the implant's put in on any other day, you won't be protected from pregnancy for the first 7 days after it's been inserted. You'll need to avoid sex or use additional contraception, such as condoms, during this time.

I've just had a baby. Can I use an implant?

The implant can be inserted any time after the birth. If it's inserted on, or before, day 21 you'll be protected from pregnancy immediately. If the implant's inserted later than day 21, you'll need to avoid sex or use additional contraception, such as condoms, for 7 days.

An implant can be used safely while you're breastfeeding and won't affect your milk supply.

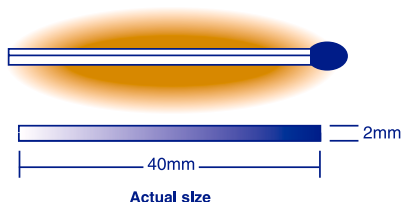
Can I use an implant after a miscarriage or abortion?

The implant can be inserted immediately after a miscarriage or abortion. If it's inserted on, or before, day 5 you'll be protected from pregnancy immediately. If the implant's inserted later than day 5, you'll need to avoid sex or use additional contraception, such as condoms, for 7 days.

How's the implant inserted?

The implant is the size of a matchstick. It's placed just under your skin, in the inner side of your upper arm. A trained healthcare professional will give you a local anaesthetic to numb the part of your arm where the implant will go, so it won't hurt. It only takes a few minutes to insert and feels like having an injection. You won't need stitches. After it's been inserted, the healthcare

professional will check your arm to make sure the implant's in the correct place. You'll be shown how to feel the implant with your fingers, so you can check it's in place.



The area may be tender for a day or two and may be bruised and slightly swollen. The healthcare professional will put a dressing on it to keep it clean and dry and to help reduce any bruising. Keep this dressing on for a few days and try not to knock the area.

Don't worry about knocking the implant once the area has healed. It shouldn't break or move around your arm. You'll be able to do normal activities and you won't be able to see it.

You don't need a vaginal examination or cervical screening (smear) test to have an implant inserted.

How's the implant removed?

An implant can be left in place for 3 years. It can be removed sooner if you want to stop using it. A specially trained healthcare professional must take it out. They'll feel your arm to locate the implant. They'll give you a local anaesthetic injection in the area where the implant is. They'll make a tiny cut in your skin and gently pull the implant out. They'll put a dressing on the arm to keep it clean and dry and to help reduce any bruising. Keep this dressing on for a few days.

It usually only takes a few minutes to remove an implant. If the implant's been inserted correctly, it shouldn't be difficult to remove. Occasionally,

an implant's difficult to feel under the skin and it may not be so easy to remove. If this happens, you may be referred to a specialist centre to have it removed with the help of an ultrasound scan.

If you want to carry on using an implant, you can get a new one at the same time. You'll then continue to be protected from pregnancy.

Can anything make an implant less effective?

Some medicines may make an implant less effective. These include some of the medicines used to treat HIV, epilepsy and tuberculosis (TB), and the complementary medicine St John's Wort. These are called enzyme-inducing drugs. If you take these medicines, it'll be recommended that you use additional contraception, such as condoms, or that you change to a different method of contraception. Always tell your healthcare professional that you're using an implant if you're prescribed any medicines.

The implant **isn't** affected by common antibiotics, diarrhoea or vomiting.

It's important to have your implant changed at the right time. If it isn't, you won't be protected from pregnancy. If you have sex without using another method of contraception and don't want to get pregnant you may need to consider using emergency contraception (see page 11).

How will an implant affect my periods?

Your bleeding will probably change. It's common for it to be unpredictable and it may change at any time over the 3 years the implant lasts.

- Most implant users will have irregular and unpredictable bleeding.
- Sometimes bleeding stops completely.

- A few implant users will have bleeding that's more frequent or lasts longer.

These changes may be a nuisance but they're not harmful. If you have bleeding that's a problem for you in the first few months after starting the implant, there's about a 1 in 2 (50%) chance that this will improve over time.

If you have bleeding that's a problem for you at any time, talk to your healthcare professional. They may be able to give you some additional hormone or medicine that can help control it. They may also check that the bleeding isn't due to other causes, such as an infection.

What if I want to stop using the implant or try to get pregnant?

If you want to stop using the implant, a healthcare professional can remove it. Your periods and fertility will return to normal and it's possible to get pregnant before you have your first period after stopping the implant. If you don't want to get pregnant, use another method of contraception from the day your implant's removed.

If you want to try for a baby, start pre-pregnancy care such as taking folic acid and stopping smoking. Ask your healthcare professional for further advice.

If I need to have an operation should I stop using the implant?

No. It's not necessary to stop using the implant if you're having an operation. However, it's always recommended that you mention you're using it.

How long can I use the implant for?

Each implant lasts for 3 years and will then need to be replaced. If you have no medical problems, you can use the implant until menopause, when contraception's no longer needed.

What if I think I'm pregnant?

The implant's a highly effective method of contraception. If you haven't taken any medicine that might make the implant less effective and you've had it changed on time, it's very unlikely that you'll get pregnant. If you think you might be pregnant, do a pregnancy test or speak to your healthcare professional as soon as possible. Using the implant won't affect a pregnancy test. If you do get pregnant while you're using the implant, there's no evidence it'll harm the pregnancy. The implant should be removed if you want to continue with the pregnancy.

How often do I need a check-up?

You only need to go to the clinic or your general practice if you have any problems with your implant or when it needs to be replaced. If you have any problems, questions or want the implant removed, contact your healthcare professional.

Where can I get more information and advice?

The National Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is **0300 123 7123**. It's open Monday to Friday from 9am-8pm and at weekends from 11am-4pm.

For more information on sexual health visit www.sexwise.org.uk

Information for young people can be found at www.brook.org.uk

You can find details of sexual health clinics and services and details of general practices and pharmacies on these websites:

- England, www.nhs.uk
- Wales, 111.wales.nhs.uk

- Scotland, www.nhsinform.scot
- Northern Ireland, www.sexualhealthni.info and online.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might've failed, you can use emergency contraception. An intrauterine device (IUD) is the most effective option. Some people will get pregnant even when they take emergency pills correctly.

- An emergency IUD (copper coil) can be fitted up to 5 days after sex, or up to 5 days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate (UPA) can be taken up to 5 days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to 3 days (72 hours) after sex. It's available with a prescription or to buy from a pharmacy.

Try and get emergency contraception as soon as possible after unprotected sex.

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections (STIs).

Condoms and internal condoms (also known as female condoms), used correctly and consistently, can help protect against STIs. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called nonoxinol-9, which may increase the risk of HIV and other infections.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, and the World Health Organization.

All methods of contraception come with a Patient Information Leaflet which has detailed information about the method.

Contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.



the sexual health company



sexwise.org.uk

www.fpa.org.uk

To order more copies of this booklet, go to fpa.org.uk/shop

This booklet was originally produced by the sexual health charity FPA and is now published by McCorquodale trading as FPA. FPA is owned by McCorquodale (Midlands) Ltd, a company limited by guarantee, registration number 11912315.

© FPA Printed July 2021.

© Crown Copyright Public Health England.

ISBN 978-1-912202-56-0

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly.

If you'd like information on the evidence used to produce this booklet or would like to give feedback, email fpadirect@fpa.org.uk