

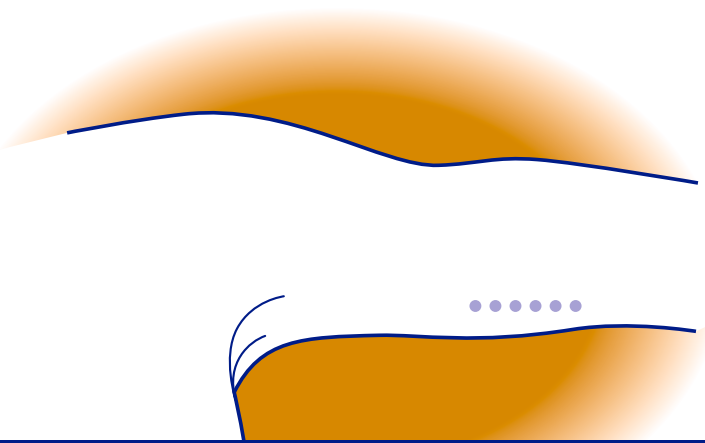
your guide to the contraceptive implant

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 your skin in your upper arm. It releases a progestogen hormone similar to the natural progesterone produced by the ovaries. It works for three years.



How effective is an implant?

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

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

The implant is over 99% effective. Less than one implant user in 100 will get pregnant in one year. When the implant is used for three years, less than one implant user in every 1,000 will get pregnant over three years. The implant is a method of long-acting reversible contraception (LARC). LARC is 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 (neck of the womb), making it difficult for sperm to move through it and reach an egg

Contents

How effective is an implant?.....	3	Can anything make an implant less effective?.....	8
How does an implant work?.....	3	How will an implant affect my periods?.....	8
Where can I get an implant?.....	4	What should I do if I want to stop using the implant or try to get pregnant?.....	9
Can anyone use an implant?.....	4	If I have to go into hospital for an operation should I stop using the implant?.....	9
What are the advantages of an implant?.....	4	How long can I use the implant for?.....	9
What are the disadvantages of an implant?.....	5	What should I do if I think that I'm pregnant?.....	9
Are there any risks?.....	5	How often do I need to see a doctor or nurse?.....	10
When can I start using an implant?.....	5	Where can I get more information and advice?.....	10
I've just had a baby. Can I use an implant?.....	6	Emergency contraception.....	11
Can I use an implant after a miscarriage or abortion?..	6	Sexually transmitted infections.....	11
How is an implant put in?.....	6		
How is an implant taken out?.....	7		

- makes the lining of your uterus (womb) thinner so it's less likely to accept a fertilised egg.

Where can I get an implant?

Only a doctor or nurse 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. All treatment is free and confidential (see Where can I get more information and advice? on page 10).

Can anyone use an implant?

Most women can have an implant fitted. The doctor or nurse will need to ask you about your own and your family's medical history to make sure that the implant is suitable. You should tell them about 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.

You have now, or had in the past:

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

What are the advantages of an implant?

- It works for three years.
- You can use it if you're breastfeeding.
- Your fertility will return to normal as soon as the implant is taken out.

- It may reduce heavy, painful periods.

What are the disadvantages of an implant?

- Your periods may change in a way that isn't acceptable to you (see page 8).
- You may get temporary side effects when you first start using the implant. These should stop within a few months. They may include headaches, breast tenderness and mood changes.
- You may get acne or your acne may get worse.
- It's not suitable if you use enzyme-inducing drugs (see page 8).
- It requires a small procedure to fit and remove it.
- An implant doesn't protect you against sexually transmitted infections, so you may need to use condoms as well.

Are there any risks?

- Very rarely, soon after the implant is put in, you may get an infection in your arm where it's been inserted.
- Research about the risk of breast cancer and hormonal contraception is complex and contradictory. Research suggests women who use hormonal contraception may have a small increase in the risk of being diagnosed with breast cancer compared to women who don't use hormonal contraception.

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 is put in during the first

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

If the implant is put in on any other day you won't be protected from pregnancy for the first seven days after it's been fitted. 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 put in any time after the birth. If it's put in on, or before, day 21 you'll be protected from pregnancy immediately. If the implant is put in later than day 21 you'll need to avoid sex or use additional contraception, such as condoms, for seven days.

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

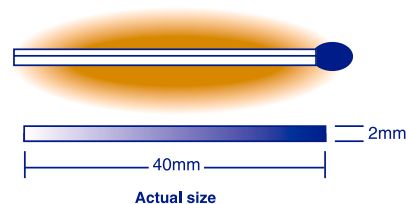
Can I use an implant after a miscarriage or abortion?

The implant can be put in immediately after a miscarriage or abortion. You'll be protected from pregnancy immediately.

How is an implant put in?

The implant is the size of a matchstick. It's placed just under your skin in the inner area of your upper arm. A trained doctor or nurse 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 put in and feels similar to having an injection. You won't need any stitches.

After it's been fitted the doctor or nurse will check your arm to make sure that the implant is in 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 doctor or nurse will put a dressing on it to keep it clean and dry and to help reduce the 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 to have a vaginal examination or cervical screening test to have an implant inserted.

How is an implant taken out?

An implant can be left in place for three years. It can be taken out sooner if you decide you want to stop using it. A specially trained doctor or nurse must take it out. The doctor or nurse will feel your arm to locate the implant. They'll give you a local anaesthetic injection in the area where the implant is. They'll then 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 has been put in correctly, it shouldn't be difficult to remove. Occasionally, an implant is 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, the

doctor or nurse can put a new one in at the same time. You'll 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 will be recommended that you use additional contraception, such as condoms, or that you change to a different method of contraception. Always tell your doctor or nurse that you're using an implant if you're prescribed any medicines.

The implant is **not** 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 become pregnant you should consider using emergency contraception (see page 11).

How will an implant affect my periods?

Your periods will probably change.

- Most implant users will have irregular periods.
- In some implant users periods will stop completely.
- Some implant users will have periods that last longer.

These changes may be a nuisance but they're not harmful. If you do have prolonged bleeding the doctor or nurse may be able to give you some additional hormone or medicine that can help

control the bleeding. They may also check that the bleeding isn't due to other causes, such as an infection.

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

If you want to stop using the implant you need to go back to the doctor or nurse and ask them to take it out. 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 become pregnant you should use another method of contraception from the day your implant is removed.

If you want to try for a baby, start pre-pregnancy care such as taking folic acid and stopping smoking. You can ask your doctor or nurse for further advice.

If I have to go into hospital for an operation should I stop using the implant?

No. It isn't necessary to stop using the implant if you're having an operation. However, it's always recommended that you tell the doctor that you're using the implant.

How long can I use the implant for?

If you have no medical problems you can continue to use the implant until you reach the menopause. Each implant will last for three years and will then need to be replaced.

What should I do if I think that I'm pregnant?

The implant is a highly effective method of contraception. If you haven't taken any medicine

that might make the implant less effective and you've had the implant changed on time it's very unlikely that you'll become pregnant. If you think that you might be pregnant then do a pregnancy test or speak to your doctor or nurse 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 that it'll harm the baby. The implant should be removed if you want to continue with the pregnancy.

How often do I need to see a doctor or nurse?

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 doctor or nurse.

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.

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

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

Clinics

To find your closest clinic you can:

- use Find a Clinic at www.fpa.org.uk/clinics
- download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in

Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhsinform.scot and in Northern Ireland at www.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might've failed there are different types of emergency contraception you can use.

- An IUD is the most effective option. It can be fitted up to five days after sex, or up to five days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to three days (72 hours) after sex. It's more effective the earlier it's taken after sex. It's available with a prescription or to buy from a pharmacy. There are different brands.

Emergency pills are available for free from some pharmacies. Age restrictions may apply.

Sexually transmitted infections

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

Condoms (male/external or female/internal), when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

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



the sexual health charity



www.fpa.org.uk

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The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next planned review by July 2020.

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

