Long-Acting Reversible Contraceptives (LARC)
Obstetrics and Gynaecology > Gynaecology > Contraception

RED FLAG - Medical Eligibility Criteria

LONG-AGING REVERSIBLE CONTRACEPTIVES (LARC)

April 2018

This map was published by MidCentral District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.
1. Care map information

In scope:
• presentation for planned contraception using long acting reversible methods

Out of scope:
• this pathway does not cover emergency contraception
• use of contraception methods for medical conditions e.g. menstrual control, PCOS, PMS, endometriosis etc.
• non-reversible forms of contraception
• management of issues relating to contraception type
• presentation for planned contraception using methods other than long acting reversible methods

References:
See Provenance Certificate for full list of references.

2. Information resources: patients and providers

Provider information:
• Hook Me Up Services Directory

Patient and Carer information:
Family Planning patient handouts:
• Long-Acting Reversible Contraception:
  • Depo Provera injection
  • Intra Uterine Device (IUD)
  • Contraceptive implant
    • Implant instructions
Subdermal progestogen implant patient information sheets:
• contraceptive Implant pamphlet
• implant insertion instructions

DepoProvera patient information sheet:
• DepoProvera pamphlet

IUD - Copper intrauterine device patient information sheets:
• Intra Uterine Device (IUD) pamphlet
• Instructions for IUD use

IUS - Progestogen intrauterine system patient information sheets:
• Intra Uterine Device (IUD/IUS) pamphlet
• Instructions for IUD/IUS use

Pros, cons and contraindications for contraceptive options in young adolescents
Condoms - NZAF website (How to put on a condom)
American Family Physician - family planning and contraception
Family Doctor - birth control options
FAQ's - contraception
Te Ara Whānau Ora Brochure:
• Te Ara Whānau Ora Brochure

3. Updates to this care map

Date of publication: August 2016.

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4. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health. This knowledge can be actualised by (not in any order of priority):

- acknowledging [Te Whare Tapa Wha (Māori model of health)] when working with Māori whānau
- asking Māori clients if they would like their whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their whānau have that might impact on assessment and treatment of the particular health issue ([Cultural issues])
- consider the importance of [whānaungatanga (making meaningful connections)] with their Māori client / whānau
- knowledge of [Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators] where appropriate
- having a historical overview of legislation that has impacted on Māori well-being

For further information:
- Hauora Māori
- Central PHO Maori Health website

5. Pasifika

Pacific Cultural Guidelines (Central PHO) 6MB file

Our Pasifika community:
- is a diverse and dynamic population:
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:
- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging [The FonoFale Model (pasifika model of health)] when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:
- Cultural protocols and greetings
- Building relationships with your pasifika patients
- Involving family support, involving religion, during assessments and in the hospital
- Home visits
- Contact information

Pasifika Health Service - Better Health for Pasifika Communities:
- the Pasifika Health Service is a service provided free of charge for:
  - all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  - all Pasifika mothers and children aged 0-5 years
  - an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
  - Palmerston North Office - 06 354 9107
  - Horowhenua Office - 06 367 6433
- Better Health for Pasifika Communities brochure

Additional resources:
- Ala Mo’ui - [Pathways to Pacific Health and Wellbeing 2010-2014](#)
- Primary care for pacific people: [a pacific health systems approach](#)
- Tupu Ola Moui: [The Pacific Health Chart Book 2004](#)
- Pacific Health [resources](#)
6. RED FLAG - Medical Eligibility Criteria

DEPO Provera and Progestogen Implant -
UKMEC 4: do not use
  • breast cancer
  • pregnancy
  • acute porphyria
  • previous anaphylaxis to any ingredient, note that the Jadelle contains silicone
UKMEC 3:
  • multiple risk factors for cardiovascular disease for Depo-Provera (UKMEC 2 for subdermal progestogen implant)
  • hypertension with vascular disease
  • current and history of ischaemic heart disease
  • current VTE/DVT
  • unexplained vaginal bleeding (i.e. haemophilia)
  • diabetes with complications
  • severe liver disease
  • gestational trophoblastic disease
  • osteoporosis/osteopaenia or at high risk (DepoProvera)
Other serious illnesses, may be classed as MEC 3. Check FSRH guidelines for injectables and FSRH guidelines for implants for further information.
Please note there are some differences between the various international guidelines especially around MEC 3 criteria.

Contraindications to Cu IUD:
  • pregnancy
  • postpartum – puerperal sepsis and also <4 weeks postnatal (MEC 3) as risk of perforation is increased
  • post-abortion – septic abortion
  • unexplained vaginal bleeding
  • gestational trophoblastic disease
  • cervical cancer
  • endometrial cancer
  • ovarian cancer
  • pelvic inflammatory disease (PID)
  • C/I: distorted uterine cavity MEC 3 SLE with severe thrombocytopenia MEC 3 AIDS MEC 3 for insertion unless well and on antiretroviral treatment
  • also copper allergy is MEC 4

7. Long-acting reversible contraceptives (LARC’s)

Long-acting reversible contraceptives:
  • intra-uterine contraceptives
  • subdermal progestogen implant
  • progestogen injection
Injectable, implants, and the levonorgestrel-releasing intrauterine system do not appear to be associated with an increased risk of venous thromboembolism (VTE) [8].
See WINZ Special Needs Grant Factsheet
8. Switching Method

For guidance on switching contraceptive method:

- **Progestogen-only implant**
- **Depo-Provera injection**
- **Intrauterine device**

9. Subdermal progestogen implant

Subdermal progestogen implant:

- **levonorgestrel** (Jadelle)
- **etnonogestrel** (Implanon)

**Key Practice Points:**
- subdermal implant containing 75mg levonorgestrel, effective for 5 years
- prevents ovulation, thickens cervical mucus, and suppresses endometrial development
- discuss the possibility of bleeding and management options

10. DepoProvera injection

Medroxyprogesterone acetate:

- **DepoProvera injection**

**Key Practice Points:**
- DepoProvera is given by deep intramuscular (IM) injection, providing contraception for 12 weeks
- prevents ovulation, thickens cervical mucus, and suppresses endometrial development

11. IUD - Copper intrauterine device

**Copper intra-uterine device** (IUD)

**Key practice points:**
- prophylactic antibiotics are not required for the insertion or removal of intrauterine contraception, even in women with conditions where the risk of infective endocarditis may be increased. However consideration of prophylactic antibiotics to cover STIs should be considered in high risk women especially with emergency contraception use
- the healthcare professional inserting CuIUD should be credentialed by their workplace to perform this procedure

12. IUS - Progestogen intrauterine system

Intra-uterine progestogen-only device:

- **levonorgestrel** (Mirena 52mg)
- **levonorgestrel** (Jaydess 13.5mg)

**Key practice points:**
- prophylactic antibiotics are not required for the insertion or removal of intrauterine contraception, even in women with conditions where the risk of infective endocarditis may be increased. However consideration of prophylactic antibiotics to cover STIs should be considered in high risk women especially with emergency contraception use
- the healthcare professional inserting IUS should be credentialed by their workplace to perform this procedure
- device releases levonorgestrel, which suppresses endometrial development, thickens the cervical mucus and impairs sperm migration
- is effective for 5 years
- Progestogen intrauterine system (Mirena) **MUST NOT** be used as emergency contraception
13. When to Start

When to start subdermal progestogen implant:
• handy start guide

14. When to Start

When to start DepoProvera injection:
• handy start guide

15. When to Start

When to start IUD:
• handy start guide

16. When to Start

When to start IUS:
• handy start guide

17. Drug Interactions

Drug interactions - subdermal progestogen implant:
Concomitant use of enzyme-inducing drugs may reduce the efficacy of the progestogen-only implant. Women should be advised to switch to a method unaffected by enzyme-inducing drugs or to use additional contraception until 28 days after stopping the treatment.

18. Drug Interactions

Drug interactions - DepoProvera injection:
The efficacy of DMPA contraception is not reduced with concurrent use of enzyme-inducing drugs.

19. Drug Interactions

Drug interactions - IUD:
There are no drug interactions.

20. Drug Interactions

Drug interactions - IUS:
There are no drug interactions.

21. Risks
22. Risks

Risks - subdermal progestogen implant:
- **cardiovascular health/VTE**: little or no increased risk of VTE, CVA or MI associated with use
- **bone mineral density**: no evidence of clinically significant adverse effect on bone mineral density
- **breast cancer**: insufficient data. Limited data on all progestogen only methods suggests any risk is small and reduces with time after stopping
- **ectopic pregnancy**: absolute risk of ectopic pregnancy extremely low
- **gynaecological cancers**: limited data with no apparent risk
- **return to fertility**: return of fertility after subdermal progestogen implant use is generally similar to fertility rates after discontinuation of CuIUD, IUS, COC or barrier methods, i.e. within one month but evidence is limited

23. Risks

Risks - DepoProvera injection:
- **bone mineral density**: DepoProvera is associated with a small loss of BMD which is usually recovered after discontinuation. The loss of BMD is particularly significant prior to attainment of peak bone mass (<18 years) and in those with additional BMD loss (menopause)
  - in age <18 years DepoProvera can be used after all contraceptive options have been discussed and considered unsuitable or unacceptable
  - DepoProvera continued use should be reviewed every two years to assess individual situations and to discuss benefits and potential risks
  - women are advised to switch to another method at age 50 although consideration may be given to continuation providing benefits/risk assessed and woman informed of potential risk
  - women with significant lifestyle or medical risk factors for osteoporosis should consider other methods of contraception
- **breast cancer**: there is possibly a weak association between current use of DepoProvera and breast cancer but this is likely to be small and reduce with time after stopping
- **cardiovascular health/VTE**: a causal association between DepoProvera and VTE has not been demonstrated
  - from limited evidence no apparent association between DepoProvera and MI or stroke
- **cervical cancer**: weak association between cervical cancer and >5 years DepoProvera use, which reduces with time after stopping and may be due to confounding factors
- **return to fertility**: return of fertility after DepoProvera use can be delayed up to 18 months

24. Risks

Risks - IUD:
- **bone mineral density**: no significant differences with BMD with use of CuIUD
- **ectopic pregnancy**: absolute risk of ectopic pregnancy is reduced with use of CuIUD when compared to using no contraception. If pregnancy does occur with CuIUD the relative risk of an ectopic pregnancy is increased
- **ovarian cysts and use in women with ovarian cancer**: CuIUD no association with functional ovarian cysts
- **pelvic inflammatory disease**: evidence of a link between CuIUD use and PID is subject to limitations, confounding and bias and good evidence is lacking. One study shows increased risk within first 20 days but overall risk is low
- **return to fertility**: return of fertility after CuIUD use is generally similar to fertility rates after discontinuation of IUS, COC or barrier methods, i.e. within one month

Risks - IUS:

LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS)

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• **bone mineral density** - no significant differences with BMD with use of IUS 52mg
• **breast cancer** - evidence does not support a link between breast cancer and use of IUS
• **cardiovascular health/VTE** - evidence suggests there is little or no increased risk of VTE or MI with use of IUS
• **ectopic pregnancy** - absolute risk of ectopic pregnancy is reduced with use of IUS when compared to using no contraception. If pregnancy does occur with IUS the relative risk of an ectopic pregnancy is increased. Insufficient data to determine ectopic pregnancy risk with IUS 13.5mg
• **ovarian cysts and use in women with ovarian cancer** - Ovarian cysts may occur when using IUS but most cysts are asymptomatic and resolve spontaneously
• **pelvic inflammatory disease** - evidence of a link between IUS use and PID is subject to limitations, confounding and bias and good evidence is lacking
• **return to fertility** - return of fertility after IUS use is generally similar to fertility rates after discontinuation of CuIUD, COC or barrier methods, i.e. within one month

### 25. Non-contraceptive Health Benefits

**Non-contraceptive health benefits - subdermal progestogen implant:**
- dysmenorrhoea and ovulatory pain that are not associated with any identifiable pathological condition may be alleviated by hormonal methods that inhibit ovulation, and improvements have been noted with the progestogen-only implant

### 26. Non-contraceptive Health Benefits

**Non-contraceptive health benefits - DepoProvera injection:**
- **bleeding and dysmenorrhoea** - amenorrhea or reduced bleeding may benefit women with menstrual problems. DepoProvera may reduce pain associated with endometriosis
- **ovarian and endometrial cancers** - not associated with an increased risk of ovarian or endometrial cancer and may offer some protection
- **sickle cell disease** - a contraceptive option for women with sickle cell disease and may reduce the severity of sickle crisis pain

### 27. Non-contraceptive Health Benefits

**Non-contraceptive health benefits - IUD:**
- **endometrial and other cancer protection** - CuIUD may be associated with reduced risk of endometrial and cervical cancers

### 28. Non-contraceptive Health Benefits

**Non-contraceptive health benefits - IUS:**
- **endometrial and other cancer protection** - IUS 52mg can be used to provide endometrial protection in conjunction with oestrogen therapy for up to five years (however this is outside product licence)
- **dysmenorrhoea/pelvic pain** - IUS 52mg may reduce pain associated with primary dysmenorrhea, endometriosis or adenomyosis
- **heavy menstrual bleeding** - IUS 52mg is effective in reducing menstrual blood loss and indicated for use in management of heavy menstrual bleeding

### 29. Patient Education

**Subdermal progestogen implant patient information sheets:**
- contraceptive implant pamphlet
- implant insertion instructions
30. Patient Education

DepoProvera pamphlet

31. Patient Education

IUD - Copper intrauterine device patient information sheets:
  • Intra Uterine Device (IUD) pamphlet
  • Instructions for IUD use

32. Patient Education

IUS - Progestogen intrauterine system patient information sheets:
  • Intra Uterine Device (IUD/IUS) pamphlet
  • Instructions for IUD/IUS use

33. Review

Review - subdermal progestogen implant:
Jadelle is considered effective for 5 years regardless of patients weight.
No need for routine follow up of women who have a Jadelle inserted. However, women should be encouraged to attend for a review at any time with concerns.
Quick start with Jadelle should have at minimum a three week follow up for HCG.
Women should be advised to return if they:
  • cannot feel their implant
  • appears to have changed shape
  • notice skin changes or pain around the implant
  • become pregnant
  • have a change in their contraceptive needs
  • commence enzyme inducing drugs

34. Quick info:

Review - DepoProvera injection:
DepoProvera continued use should be reviewed every two years to assess individual situations and to discuss benefits and potential risks.
Prior to every DepoProvera injection, consideration should be given to:
  • excluding pregnancy
Repeat injections should be administered every 11-13 weeks. There is variable guidance on this matter with 13 weeks often being recommended and a limit of up to 14 weeks being regarded as the cut-off before there is a reduction in efficacy (NZ consensus). Recall at 12 weeks allows time for effective administration if missed appointments.

35. Review

Review - IUD:
Follow-up 3-6 weeks following insertion of the Cu IUD to exclude:
  • infection
  • uterine perforation
• device expulsion

36. Review

Review - IUS:
Follow-up 3-6 weeks following insertion of the IUS to exclude:
• infection
• uterine perforation
• device expulsion
Contraception

Provenance Certificate

Overview
This document describes the provenance of MidCentral District Health Board’s Contraception Pathways. This localised pathway was last updated in August 2016.

One feature of the “Better, Sooner, More Convenient” (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP).

The aims of the ‘Contraception’ Pathways are to:

- facilitate better understanding of contraception options available
- provide guidance to health professionals and patients when considering contraceptive options
- promote and encourage the use of a contraception assessment template
- provide clinicians with information on clinical risk assessment (UK MEC Guidelines), social risk factors and age and consentability when a patient presents regarding contraception
- encourage appropriate use of contraceptive options
- promote use of best practice guidelines
- provide clinicians with information on the management of issues relating to the different contraceptive methods
- provide easy access to information resources for patients/carers and providers

To cite this pathway, use the following format:

Editorial methodology
This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.
References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

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<td>6</td>
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Headache Classification Committee of the International Headache Society (HIS). The International Classification of Headache Disorders, 3rd edition.

Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

The following individuals have contributed to this care map:

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Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.