Subdermal Progestogen Implant (Jadelle) - Management of Issues

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Managing common issues with Jadelle

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Bent / broken rods

Bent / broken rods

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:
- management of issues relating to use of Jadelle

Out of scope:
- presentation for planned contraception
- 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
- presentation for planned contraception using methods other than other contraceptive options (combined hormonal vaginal ring)

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
- Pros, cons and contraindications for contraceptive options in young adolescents
- 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.
For further information on contributors and references please see the care map's Provenance.

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
- List of local Maori/Pacific Health Providers
- Central PHO Pacific Health website
6. Managing common issues with Jadelle

For many of the reported side effects there is little supporting evidence for a causal association nor advice on management. However, causal relationships may not yet have been shown and individual responses are averaged out in studies therefore the likelihood of a causal relationship should be critically considered in each case.

Investigation and management of the symptom should not entirely focus on the contraceptive method as the cause of the symptom. The presence of a side effect does not invalidate the contraceptive method nor suggest a change in method is required, but should instead invite reflection on the patient experience and preferences.

Always consider the usefulness of a wait and see approach.

7. Red Flags

Pregnancy:
- subdermal progestogen implant is not known to be harmful in pregnancy but women with a continuing pregnancy should be advised to have the implant removed
- women may retain the implant if they wish to continue the method after a non-continuing pregnancy

9. Bleeding issues

Amenorrhea, apparently regular and irregular bleeding are all common with Jadelle. Statistics for bleeding are very dependant on the population studied.

There are several treatment options for bleeding on Jadelle such as progestogen (norethisterone, Provera), NSAID, combined oral contraceptive pill and tranexamic acid. Choice of method depends upon user suitability, the pattern of bleeding and user preference.

NB: For all the following options consider contraindications for individual use. There is evidence to support the short term use of oestrogens, tranexamic acid and mfenamic acid but these options may not confer long-term benefits (FSRH). However their use may facilitate the continuation of long acting contraception.

NB: Consider other causes of bleeding in all cases.

Combined oral contraceptive pill:
- most suitable for control of erratic or irregular bleeding
- Ava, Norimin and Brevinor are best choice. Brevinor-1 can be useful. Microgynon 50 can be used in difficult cases but only after careful consideration of risks and full information provided to patient, and then ONLY ever for short courses of less than 3 months
- consider tricycling if reduction in frequency of bleeding is required

Tranexamic acid:
- has been demonstrated to be effective for treating bleeding episodes (FSRH)
- 1.5gm TDS initially, and reducing
- often lesser doses are quite effective but need to be individualised

NSAID:
- e.g. mfenamic acid 500mg bd for 5 days to treat a bleeding episode (FSRH)

Progestogen:
- although often recommended its use in this situation is not evidence based
• can be considered for control of erratic or irregular bleeding, especially useful where oestrogen is contraindicated
• norethisterone 5mg TDS for 21 days or Provera 20mg OD for 21 days

13. Impalpable rod(s)

**Impalpable rod(s):**
- check other sites/arm. Check proximal to expected site especially. The patient is sometimes not accurate in their recollection of insertion site/side
- remember Implanon has only one rod, Jadelle has two rods
- if rods incorrectly positioned they often feel like a single rod
- if truly only one or no rod palpable then refer to experienced rod removal clinician

14. Weight gain

**Weight gain:**
- NICE states no causal association demonstrated
- there is a tendency for women to gain weight with age in any case
- dietary and exercise advice should be given if there are concerns
- undertake objective measurement of weight and BMI
- removal of Jadelle should only be considered after full assessment and advice

15. Mood change

Although some women do report changes in mood when using the subdermal progestogen implant, there is no evidence of a causal association.

16. High blood pressure

**High blood pressure:**
- there is no evidence that subdermal progestogen implant increases blood pressure
- manage as per hypertension best practice guideline

17. Insertion related local symptoms

**Insertion related local symptoms:**
- pain is usually very minor and easily managed with simple protection and or analgesia
- bleeding is rare. Bruising can sometimes be significant, requires reassurance only and settles within a week
- inflammation at site of insertion is uncommon and can be managed conservatively. Significant inflammation could indicate infection which is very uncommon. Systemic antibiotic can be trialed before consideration of removal

18. Acne

**Acne:**
- acne may improve, worsen or appear on Jadelle
- in view of transient higher plasma levels post insertion a wait and see approach can be appropriate
- consider trial of medical treatment of acne:
19. Headaches

Headaches:
- assess all possible causes: e.g:
  - check BP
  - eye exam
  - tension / stress
  - see "Headache in Primary Care" - BPAC

Although some women report headache with use of the subdermal progestogen implant, there is no evidence of a causal association.

Migraines both with and without aura are UKMEC 2, management will depend on other risk factors and should be discussed with the patient.

20. Reduced libido

Although some women do report changes in libido when using the subdermal progestogen implant, there is no evidence of a causal association.

21. Clots

Few studies have been large enough to evaluate the risk of venous thromboembolism (VTE) with progestogen-only contraception. Data have thus far generally suggested that there is little or no risk of VTE associated with progestogen-only contraception.

Should VTE occur with subdermal progestogen implant in situ, expert advice should be sought as to the continuation of subdermal progestogen implant as contraception.

22. Breast tenderness

Breast tenderness:
- there is no proven association but anecdotal cases are reported
- advise that tenderness is likely to settle within 3 months
- advise re. simple analgesia and wearing of supportive bra for strenuous activity and at night time

23. Ongoing local symptoms

Ongoing local symptoms:
- pain or discomfort is uncommon. As it reflects insertion positioning, reinsertion may be required
- cosmetic changes can be concerning, usually with very superficial placement of Jadelle. Reinsertion may be required
- atrophy of skin overlying rods has been reported and could suggest removal of rods as an option

24. Hirsutism

Hirsutism:

- at least 3-6 months trial of acne therapy before consideration of alternative contraceptive method
• androgenic affects are often transient therefore conservative management is advised
• initially wait up to 3 months
• if no improvement add combined pill
• if cannot have combined pill consider normal management of hirsutism such as laser, creams, bleaching, shaving, spironolactone
• consider other causes of hirsutism

25. Bent / broken rods

Bent rods:
• almost always indicate poor insertion technique but unless they are causing particular symptoms such as pain or cosmetic disfigurement can be left in-situ as functional and effective rods

Broken rods:
• vary rare reports of broken rods following localised trauma have occurred:
  • there is no evidence that effectiveness nor duration of action is compromised with a broken rod
• more likely rods are broken at attempted removal:
  • great care must be taken to ensure complete removal
  • the parts of the affected rod should be reassembled and the length of the rod checked to ensure no pieces have been missed
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.
1. UK MEC Guidelines
2. Faculty of Sexual and Reproductive Healthcare (FSRH)
3. World Health Organisation (WHO)
4. Family Planning
5. NZ Formulary
6. The Best Practice Advocacy Centre New Zealand (bpac)

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.