



## Long-Acting Reversible Contraception

### *Intrauterine Device and Implant*

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#### **What are long-acting reversible contraception methods?**

The **intrauterine device (IUD)** and the **birth control implant** are long-acting reversible contraception methods. Both are highly effective in preventing pregnancy. They last for several years and are easy to use. Both methods are reversible—if you want to get pregnant or if you want to stop using them, you can have them removed at any time.

#### **How effective are long-acting reversible contraception methods?**

The IUD and the implant are the most effective forms of reversible birth control available. During the first year of use, fewer than 1 in 100 women using an IUD or implant will get pregnant. Over time, LARC methods are 20 times more effective than birth control pills, the patch, or the ring.

#### **Do long-acting reversible contraception methods protect against sexually transmitted infections?**

The IUD and the implant do not protect against **sexually transmitted infections (STIs)**, including **human immunodeficiency virus (HIV)**. A male or female condom also should be used to provide STI protection if you are at risk of getting an STI. You are at risk of getting an STI if you

- have more than one sexual partner

- have a partner who has or has had more than one sexual partner
- have sex with someone who has an STI
- have a history of STIs
- use intravenous drugs (injected into a vein) or have a partner who uses intravenous drugs

### What is the intrauterine device?

The IUD is a small, T-shaped, plastic device that is inserted into and left inside the **uterus**. There are two types of IUDs:

1. The hormonal IUD releases the hormone **progestin** into the uterus. There are different brands of hormonal IUDs that last for different lengths of time. Depending on the brand, they are approved for up to 3–5 years of use.
2. The copper IUD releases copper into the uterus. This IUD does not contain hormones. It is approved for up to 10 years of use.

### How does the intrauterine device work?

The IUD works mainly by preventing **fertilization** of an **egg** by **sperm**. The progestin in the hormonal IUD thickens mucus found in the **cervix**. Thicker mucus makes it harder for sperm to enter the uterus and reach an egg. Progestin also thins the lining of the uterus.

The copper in the copper IUD interferes with sperm's ability to move. When sperm stop acting normally, it is harder for them to enter the uterus and reach an egg.

### What are the benefits of the intrauterine device?

The IUD has the following benefits:

- It is easy to use. Once it is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control.
- It does not interfere with sex or daily activities. You can use a tampon with it.
- It can be inserted immediately after an abortion, a **miscarriage**, or childbirth and be used while breastfeeding.
- Almost all women are able to use an IUD. There are few medical problems that prevent its use.
- If you wish to get pregnant or if you want to stop using it, you can have the IUD removed. Using an IUD does not affect your ability to get pregnant in the future.
- Over time, the hormonal IUDs help decrease menstrual pain and heavy menstrual bleeding.
- The copper IUD also is the most effective form of **emergency contraception**.

### How is the intrauterine device placed?

An **obstetrician–gynecologist (ob-gyn)** or other health care professional must place an IUD. He or she will review your medical history and will perform a **pelvic exam**. The IUD will be guided through the **vagina** and the cervix and then into the uterus.

### Will I feel anything when the intrauterine device is placed?

Placement of the IUD may cause some temporary discomfort. Taking over-the-counter pain relief medication such as ibuprofen before or after placement may help.

The IUD has strings made of thin plastic threads. Your ob-gyn or other health care professional will use the strings to remove the IUD when you decide to stop using it. The strings should not bother you, but in rare cases your sexual partner may feel them during sex. If this occurs and it is a concern, your ob-gyn or other health care professional may be able to trim the strings.

### How is the intrauterine device removed?

When you are ready to stop using the IUD, your ob-gyn or other health care professional will remove it during a pelvic exam. He or she will grasp the strings with an instrument and gently pull out the IUD. Removal of an IUD usually takes less time than IUD placement.

### What are possible side effects of using the intrauterine device?

When a woman uses an IUD, changes in menstrual bleeding are normal and not harmful. With the copper IUD, painful periods and bleeding may increase during the first months of use. Over-the-counter pain relievers may be used for pain and bleeding.

Hormonal IUDs may cause frequent spotting, more days of bleeding, and heavier bleeding in the first months of use. Over time, the amount of menstrual bleeding and the length of your menstrual period usually decrease. Menstrual pain also usually decreases. For some women using a hormonal IUD, menstrual bleeding stops completely. Some women also may experience other side effects, including headaches, nausea, breast tenderness, and mood changes.

## What are possible risks of using the intrauterine device?

Serious complications from IUDs are rare. However, some women do have problems. These problems usually happen during or soon after insertion:

- In a small number of women, the IUD may come out of the uterus. The risk is higher in teenagers, women with heavy menstrual bleeding, and women who have an IUD inserted immediately after childbirth. If the IUD comes out, it is no longer effective. You may be able to have a new IUD placed.
- The IUD can go through the wall of the uterus during placement. This usually does not cause any major health problems, but the IUD will need to be removed. It is rare and occurs in only about 1 out of every 1,000 placements.
- **Pelvic inflammatory disease (PID)** after IUD insertion happens very rarely. Using an IUD does not by itself increase the risk of PID. Women with an undiagnosed STI at the time of IUD insertion are more likely to develop PID than women without an STI. If you are at risk of STIs, you may be screened before you get an IUD.
- Rarely, pregnancy may occur while a woman is using an IUD. If pregnancy occurs, and you wish to continue the pregnancy, the IUD should be removed if your ob-gyn or other health care professional can see the IUD in the cervix or if the strings are visible. If the IUD remains in place during pregnancy, there are increased risks of miscarriage and infection.
- In the rare case that a pregnancy occurs with the IUD in place, there is a higher chance that it will be an **ectopic pregnancy**. This is a serious condition that needs medical attention right away.

## What is the birth control implant?

The birth control implant is a flexible, plastic rod about the size of a matchstick that is inserted just under the skin in the upper arm. It releases progestin into the body. The implant is approved for up to 3 years of use.

## How does the birth control implant work?

The progestin in the implant prevents pregnancy mainly by stopping **ovulation**. The progestin in the implant also thickens the mucus of the cervix, which makes it harder for sperm to enter the uterus and reach the egg. Progestin also thins the lining of the uterus.

## What are the benefits of the birth control implant?

The implant has the following benefits:

- It is easy to use. Once it is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control. The implant cannot be seen under the skin (but it can be felt).
- It can be inserted immediately after an abortion, a miscarriage, or childbirth and while breastfeeding.
- It does not interfere with sex or daily activities.
- Almost all women are able to use the implant. There are few medical conditions that prevent its use.
- It reduces pain during your menstrual period.
- If you wish to get pregnant or if you want to stop using it, you can simply have the implant removed.

## How is the birth control implant inserted?

An ob-gyn or other health care professional will insert the implant into your arm. He or she will numb a small area on the inside of your upper arm with a local pain medicine. The implant is placed under the skin with a special inserter. The procedure takes only a few minutes.

## How is the birth control implant removed?

When you are ready to stop using the implant, an ob-gyn or other health care professional must remove it. A small area on your upper arm is numbed with a local anesthetic. One small incision is made. The implant is removed through the small incision. The procedure usually takes only a few minutes.

## What are possible side effects of using the birth control implant?

Like IUDs, the implant can cause changes in menstrual bleeding. The most common change is unpredictable bleeding. Menstrual periods may be less frequent and may stop completely. But in some women, periods are more frequent and last longer. Other side effects may include digestive difficulties, headaches, breast pain, weight gain, and acne.

## What are possible risks of using the birth control implant?

Possible risks with use of the implant include the following:

- Problems with insertion or removal of the implant. These problems are rare.
- Although rare, if a woman gets pregnant while the implant is inserted, there is a slightly increased risk of ectopic pregnancy. The implant should be removed if pregnancy occurs.

## Glossary

**Birth Control Implant:** A small, single rod that is inserted under the skin in the upper arm by a health care professional. It releases a hormone and protects against pregnancy.

**Cervix:** The lower, narrow end of uterus at the top of the vagina.

**Ectopic Pregnancy:** A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

**Egg:** The female reproductive cell produced in and released from the ovaries; also called the ovum.

**Emergency Contraception:** Methods that are used to prevent pregnancy after a woman has had sex without birth control, after the method she used has failed, or if a woman is raped.

**Fertilization:** Joining of the egg and sperm.

**Human Immunodeficiency Virus (HIV):** A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

**Intrauterine Device (IUD):** A small device that is inserted and left inside the uterus to prevent pregnancy.

**Miscarriage:** Loss of a pregnancy.

**Obstetrician–Gynecologist (Ob-Gyn):** A physician with special skills, training, and education in women's health.

**Ovulation:** The release of an egg from one of the ovaries.

**Pelvic Exam:** A physical examination of a woman's reproductive organs.

**Pelvic Inflammatory Disease (PID):** An infection of the uterus, fallopian tubes, and nearby pelvic structures.

**Progestin:** A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

**Sexually Transmitted Infections (STIs):** Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

**Sperm:** A cell produced in the male testes that can fertilize a female egg.

**Uterus:** A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

**Vagina:** A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

## If you have further questions, contact your obstetrician–gynecologist.

**FAQ184:** Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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