



FACT SHEET FOR INDIVIDUALS (revised 6 Jan 2016)

## LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC)



### What is Long-Acting Reversible Contraception (LARC)?

LARCs available in the U.S. include contraceptive implants and intrauterine contraceptives.

In general, LARCs are:

- extremely effective in preventing pregnancy (>99% effective)
- low maintenance for doctors and users
- discreet
- provide continuous contraception for 3-12 years
- safe for most women, including teens and HIV positive women
- safe for women who have had a cesarean section, STIs, PID, ectopic pregnancy and for non-monogamous women
- well tolerated by adolescents and most women who have never had a baby
- enjoy very high user satisfaction
- enjoy very high user continuation rates
- cost-saving when compared to oral contraceptive pills
- enjoy easy placement and removal
- enable rapid return to fertility after removal

### Copper T 380A (TCu380A) (Paragard)

The Paragard is inserted by a doctor into a woman's uterus. This is a quick procedure that can be done in a doctor's office. The IUD is over 99% effective at preventing pregnancy, and has a very high user satisfaction rate - 85-90% of women were still using the IUD after the first year. The IUD may reduce a woman's risk of developing endometrial cancer. The IUD is effective for up to 10 years after placement. It can be placed in the uterus at any point in the menstrual cycle and immediately after delivery of the placenta. Common but benign side effects include menstrual disturbances, cramping and pain, and expulsion of the device. Spontaneous expulsion rate in the first year is 2-10%. Rare but serious health risks include infection, pregnancy complications, and uterine perforation (among skilled doctors, the rate is 1 per 1000). A woman should not use an IUD if she is currently pregnant, has an active pelvic infection, unexplained vaginal bleeding or if her doctor says she has severe uterine distortion. Women who can safely use the IUD include those who have had a prior STI, PID, ectopic pregnancy or are currently non-monogamous. Most women, including those that have never had a baby, experience rapid return to fertility after IUD removal.

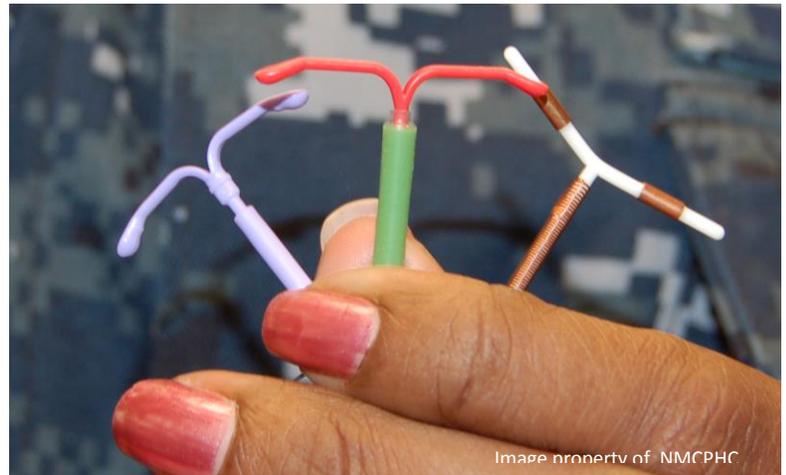


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### Levonorgestrel (LNg) IUC (Mirena)

The Mirena is inserted by a doctor into a woman's uterus. This is a quick procedure that can be done in a doctor's office. The Mirena is over 99% effective at preventing pregnancy, and has a very high user satisfaction rate - 85-90% of women were still using the Mirena after a the first year. The Mirena

may reduce a woman's risk of developing endometrial cancer and is effective up to 5 years after placement. It can be placed at any point in the menstrual cycle but should be delayed until 6-8 weeks after giving birth. Common but benign side effects include menstrual disturbances, cramping and pain, and expulsion of the device (2-10% in the first year of use). Rare but serious health risks include infection, pregnancy complications and uterine perforation (about 1 in 1000 when placed by an experienced health care provider). A woman should not use the Mirena if she is currently pregnant, has an active pelvic infection, unexplained vaginal bleeding or if her doctor says she has severe uterine distortion. Unlike hormonal contraception containing estrogen, Women who can safely use the IUD include those who have had a prior STI, PID, ectopic pregnancy or are currently non-monogamous. Most women, including those that have never had a baby, experience rapid return to fertility after IUD removal. Like some other hormonal contraceptives, the Mirena has many non-contraceptive benefits.



**Implanon / Nexplanon Hormonal Implant**

The implant is a single rod containing the hormone etonogestrel, and is placed under the skin of the upper arm. It is over 99% effective in preventing pregnancy and lasts for 3 years. The implant has a high user satisfaction rate, with 65-91% of users continuing this method after the first year. The implant can be inserted in just a couple minutes in your doctor's office. Removal is also quick and easy. Disadvantages include changes in a woman's period, rare insertion and removal complications, possible weight gain, ovarian cysts in a small proportion of users, and possible decrease in bone density. Unlike hormonal contraception containing estrogen, Implanon/Nexplanon are NOT associated with thrombophlebitis, pulmonary embolism, or cardiovascular effects. Users may experience multiple non-contraceptive benefits. Most women experience rapid return to fertility after implant removal (most ovulate within 6 weeks). Nexplanon, approved by the FDA in 2011, is the new bioequivalent to Implanon but contains barium to allow localization on X-ray or CT scan and has a different insertion mechanism from Implanon, designed to reduce implantation errors.

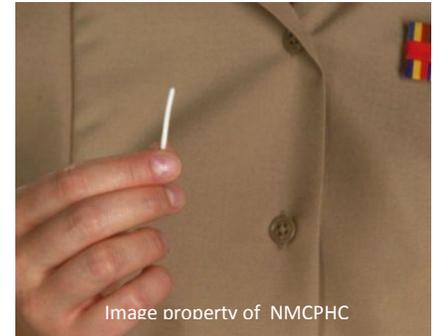


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**What are some Myths and Truths about Intrauterine Contraceptives (IUCs)?**

Myth	Fact*
IUCs should not be used in women who have not had a child	IUCs are safe for nulliparous women and most have a rapid return of fertility after removal
IUCs expose the provider to medicolegal risk	Litigation related to IUCs has virtually disappeared
IUCs increase the risk of PID	The IUC itself appears to have no effect on risk. Rather, placement carries a small, transient risk of post-procedure infection.
IUCs increase the risk of ectopic pregnancy	IUCs significantly reduce the risk of ectopic pregnancy compared to not using contraception.
IUCs increase the risk of Sexually Transmitted Infections (STIs)	IUC users are not at increased risk for STIs. Women at risk should be advised to use condoms but are generally still good candidates for IUCs
IUCs are too expensive	By 5 years of use, IUCs and Implanon are the two most cost-effective methods of reversible contraception.

**To what extent do unplanned pregnancies occur among women in the Navy?**

Like their young American civilian counterparts, unplanned pregnancy among young Navy and Marine Corps enlisted women is not uncommon. Among Navy enlisted women, 56% say her last pregnancy while in the Navy was unplanned. Among enlisted women aged 21-25, about 1 in 6 sailors and marines say she had an unplanned pregnancy in the past 12 months.

**What forms of contraception do Navy women typically use?**

Among Navy women who said they were using birth control when they became pregnant, most were using the birth control pill (56% among female enlisted women). Birth control pills are more failure-prone than LARCs. In 2014, 37% of surveyed active duty Navy women used LARC. User satisfaction with LARC is very high in the U.S. and in the DoN. Among 1,721 female Navy and Marine Corps recruits who started LARCs during boot camp during FY2010 and FY2011, most were still using their IUD (81%) or Implanon (91%) 12 months post-insertion.

**Where can I read more?** Please visit the NMCPHC SHARP- "LARC" webpage at:  
<http://www.med.navy.mil/sites/nmcpHC/health-promotion/reproductive-sexual-health/Pages/larc.aspx>

Sources:

- 2011 Department of Defense (DoD) Survey of Health Related Behaviors Among Military Personnel.
- CDC (2010). MMWR June 18, 2010 / 59(RR04);1-6, United States Medical Eligibility Criteria (USMEC) for Contraceptive Use
- Hatcher et al (2011) Contraceptive Technology, 20<sup>th</sup> ed
- Rosenfeld P., Uriell, Z. (2011) Results of the 2010 Pregnancy and Parenthood Survey Navy Personnel Research, Studies, & Technology, Millington TN, (unpublished briefing, 27 Sept 2011)
- Navy and Marine Corps Public Health Center (2012). Analysis of LARC Implantation and Extraction Among Female Sailors and Recruits. Sep 2012 (unpublished)
- Hatcher et al (2011) Contraceptive Technology, 20<sup>th</sup> ed
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