



FACT SHEET FOR CLINICIANS – revised 7 Nov 2018

## 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 clinicians 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 nulliparas
- enjoy very high user satisfaction
- enjoy very high user continuation rates
- cost-saving when compared to oral contraceptive pills
- enjoy easy placement and removal by an insertion-certified clinician
- enable rapid return to fertility after removal

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

First year pregnancy probability is 0.5 - 0.8%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 10 years after placement. Can be placed at any point in the menstrual cycle and immediately after delivery of the placenta. Chlamydia testing can be performed at the time of placement. Common but benign side effects include menstrual disturbances, cramping and pain, expulsion of the device, and Actinomyces-like organisms on Pap smear. Spontaneous expulsion rate in the first year is 2-10%, (increased chance with nulliparity, age under 20, menorrhagia, or severe dysmenorrhea). Rare but serious health risks include infection, pregnancy complications, and uterine perforation (for skilled providers, rate is 1 per 1000 or less; perforation risk may be elevated during lactation). Absolute contraindications include current pregnancy, active pelvic infection, unexplained vaginal bleeding or severe uterine distortion. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Most women, including nulliparas, experience rapid return to fertility after IUD removal.

### Levonorgestrel (LNg) IUC (Mirena)

First year pregnancy probability is 0.1 – 0.2%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 5 years after placement. Can be placed at any point in the menstrual cycle but should be delayed until 6-8 weeks post-partum. Chlamydia testing can be performed at the time of placement. 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 and absolute contraindications are the same as for Paragard. Unlike hormonal contraception containing estrogen, Mirena is NOT associated with an increased risk of venous thrombosis. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Multiple noncontraceptive benefits. Most women, including nulliparas, experience rapid return to fertility after LNg IUC removal. Myrena is FDA approved for an effective during of 5 years. However, providers may, after thoroughly counseling their patient on the risks and benefits of use for up to 7 years, and make the decision for duration of extended use in partnership with their patient using a shared decision making model.

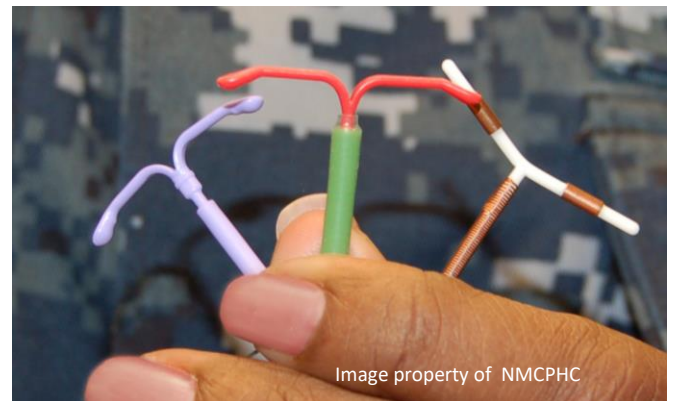


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**Other Levonorgestrel IUCs include Skyla** (FDA approved for use for up to 3 years), **Liletta** (4 years) and **Kyleena** (5 years).



**Nexplanon Hormonal Implant**

The implant is a single rod containing etonogestrel, placed under the skin of the upper arm. Pregnancy probability is estimated to be 0.5%. First year user continuation rate is 65-91%. Effective up to 3 years after placement. Ideal timing of placement depends on previous contraception used by the patient, but in general should be timed to minimize the possibility she is pregnant or might become pregnant between insertion and initiation of the contraceptive effects of the implant. Disadvantages include uterine bleeding abnormalities, 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, Nexplanon is NOT associated with thrombophlebitis, pulmonary embolism, or cardiovascular effects. Users may experience multiple noncontraceptive benefits. Most women experience rapid return to fertility after implant removal (most ovulate within 6 weeks). The implant is FDA approved for an effective duration of 3 years. However, providers may, after thoroughly counseling their patient on the risks and benefits of use for up to 5 years, and make the decision for duration of extended use in partnership with their patient using a shared decision making model.

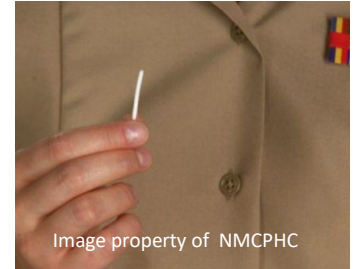


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**What are some Myths and Truths about Intrauterine Contraceptives (IUCs)?**

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.

\*Hatcher, et al (2011). Contraceptive Technology. 20<sup>th</sup> ed, pages 152,162

**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, 45% say her last pregnancy while in the Navy was unplanned (NAWCTSD, 2018). Among enlisted women aged 17-24, about 1 in 11 sailors (8.64%) and about 1 in 7 marines (14.98%) say she had an unplanned pregnancy in the past 12 months. (DoD-HRB, 2018). Current risk for an unplanned pregnancy was reported by about 1 in 8 female sailors (11.8% ) and female marines (12.9%) (NMCPHC-HRA, 2018).

**Do Navy and Marine Corps women like LARC?** In 2015, about 1 of 3 (32%) active duty Navy and Marine Corps women aged 18-29 who received any prescription contraception at a Navy medical treatment facility received a LARC (NMCPHC 2016). Patient satisfaction with LARC is very high in the U.S. and in the DoN. Among \_\_\_ female Navy and Marine Corps recruits who started LARCs during boot camp from Oct 2009-May 2015, most were still using their IUD (87.6%) or Implanon/Nexplanon 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:**

- 2015 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
- 2018 Personal and Profession Choices Survey Results. Naval Air Warfare Center Training Systems Division (NAWCTSD) Air Branch 4635 (Manpower and Personnel Studies); 2018, unpublished
- Navy and Marine Corps Public Health Center (2018). NMCPHC 2017 Workplace Health Risk Assessment: Sexual Health Supplement, March 2018 The EpiData Center NMCPHC-EDC-TR-138-2018
- Navy and Marine Corps Public Health Center; Trends in Long-Acting and Short-Acting Reversible Contraception among Women Who Visit Navy Military Treatment Centers, January 2009 – December 2015; April 2016
- Navy and Marine Corps Public Health Center; Long-Acting Reversible Contraception Placements and Continuation Rates Among Navy and Marine Corps Recruits; September 2015
- BUMED Office of Women's Health Statement on Long Acting Reversible Contraceptives October 15, 2018