West of Scotland Guideline ***Approved August 2018***

CONTRACEPTIVE IMPLANT

Whats new

Delay insertion of implant after ellaOne

Timing of insertions updated for post-partum women

Introduction

Nexplanon is a progestogen only subdermal implant containing 68mg etonogestrel with a 3-year duration of action. It is radio-opaque.

Mode of Action

The primary mode of action is to prevent ovulation.

Dosing Interval

The implant is normally inserted into the nondominant upper arm and should be removed or replaced after three years.

Efficacy

The pregnancy rate associated with use of an implant is very low < 1 in 1000 over 3 years. Most pregnancies have occurred when the client was already pregnant prior to insertion of the implant or had not observed contraceptive cover after initial fitting.

No increased risk of pregnancy has been demonstrated in women weighing up to 149kg. However because of the inverse relationship between weight and serum etonogestrel levels a reduction in the duration of contraceptive efficacy cannot be completely excluded. Women using the contraceptive implant should be informed that earlier replacement can be considered in obese women (but there is no direct evidence to support earlier replacement).

Side Effects

- Bleeding: Altered bleeding patterns are common among women using an implant. Women should be advised that 20% of users will have no bleeding 33% will have infrequent bleeding and 25% have frequent or prolonged bleeding. Women should be advised altered bleeding patterns are likely to remain irregular
- Weight change, mood change, loss of libido: Women should be advised that there is no evidence of a causal association between use of the implant these symptoms
- Acne: Women should be advised that acne may improve, occur or worsen during the use of an implant.
- Headache: There is no evidence of causal association between use of an implant and headache
- Migraine: Women who develop new symptoms of migraine with aura whilst using an implant should be advised to seek medical advice to discuss risks/benefits

Assessment of Client Suitability

A medical history (including sexual history) and a clinical assessment together with consideration of the recommendations in the UK Medical Eligibility Criteria (UKMEC) should be used to assess the use of the implant https://www.fsrh.org/documents/ukmec-2016.

Possible Drug Interactions

It is recommended that you check the current status of drug interaction of new preparations with current CEU Guidance, BNF (www.bnf.org) and, if necessary, any interaction with HIV drugs (www.hiv-druginteractions.org)

Concomitant use of enzyme inducing drugs reduces the efficacy of the 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 treatment.

Assessment of method suitability for the client

- Efficacy and failure rate discussed and written method information should be given
- Procedure fully explained and demonstration implant shown
- Decision to proceed taken by client and clinician
- **All clients should be counselled and given the opportunity to take time to consider all their contraceptive options, and possible side effects, including changes to bleeding patterns, before implant insertion**
- Further appointment made by client for insertion if required.

Timing of insertion of subdermal implant

Women having Menstrual Cycles

An implant can be inserted up to and including day 5 of cycle without additional contraceptive precautions.
An implant can be inserted after day 5 if reasonably certain the woman is not pregnant. See Appendix 1. A careful history should be taken to ensure that the women has not had unprotected intercourse since last menses and has been correctly and consistently using a reliable method of contraception. Additional contraceptive precautions should be used for 7 days.

Women who are Amenorrhoeic

An implant can be inserted at any time if reasonably certain the woman is not pregnant. Additional contraceptive precautions should be used for 7 days.

Following abortion or miscarriage

If inserted within 5 days of surgical or second part of a medical abortion - no additional precautions required.
If started beyond 5 days after event then 7 days of additional contraceptive precautions is required.

Postpartum

If inserted up to day 21, no additional contraceptive cover is required.
If started on or after day 21, 7 days of additional contraceptive precautions is required.

Switching from another method

Ensure adequate contraceptive cover from previous method continues for 7 days post insertion of implant.

After Emergency Contraception

Following ellaOne an implant should not be inserted for 5 days, thereafter it can be inserted with additional contraceptive cover required for a further 7 days.
Following Levonelle an implant can be inserted immediately with additional contraceptive cover required for 7 days.

Documentation

- The full visit history should be completed or updated as required.
- Written method information including contact number is given to client
- Prescription is recorded
- Site of implant, batch number and expiry date of medication recorded
- Record of implant site and date due for removal given to client
- Nurse supplying where appropriate under patient group direction
- GP notified of prescription, if permission is given for correspondence

Post- Insertion instructions & follow up arrangements

- Advised additional contraception for seven days if necessary.
- Wound care instructions should be given at time of insertion.
- Advised to take simple analgesia if required.
- Routine post-insertion follow up is not necessary. Women should be advised to return at any time to discuss problems or if they want to change their contraceptive method.
- Women should be advised to specifically return if they: cannot feel the implant; notice any change in shape or changes to the skin around the site of the implant; experience any pain; become pregnant or develop any condition that would contraindicate its use.
- It should be documented that the implant is palpated in situ post insertion

Management of Bleeding Problems with Progesterone Implants

- A sexual history should be taken from women who experience unacceptable bleeding while using the implant to establish STI risk
- Investigation for gynaecological pathology may be clinically indicated, ie, inspection of the cervix is recommended to exclude local causes
- Only perform a cervical smear test if it is due
- There is very little evidence supporting the use of any particular drug regimen in the management of persistent unacceptable bleeding patterns with implant use. Women who are eligible may be offered a COC cyclically or continuously for 3 months (outwith the product Licence)

If other pathology is excluded or treated, the client can be reassured that irregular bleeding patterns is an expected side effect of an implant, but she should report any further changes.

Timing of Removal

Implants work by preventing ovulation. Contraceptive cover is present until the device is removed, irrespective of when last sexual intercourse occurred. Any sexual intercourse after removal must be covered by an alternative method of contraception if pregnancy is to be avoided.

Timing of Change

If an implant is removed prior to its licence limit (3 years) and another implant reinserted immediately, there is no need for additional contraceptive precautions.

Deep Implant/ Lost Implant

Women with an impalpable implant should be advised to use additional precautions or avoid intercourse until presence of the implant is confirmed.

If the implant is impalpable, no attempt should be made to remove it. The client should be referred for ultrasound location.

High frequency linear ultrasound remains the recommended first line imaging technique for locating a non palpable or deep implant. Nexplanon is radio-opaque and can be seen on X-ray.

Deeply inserted implants may need to be removed by an expert and should be referred to the local expert removal centre.

If after imaging the implant cannot be located then advice from a Senior Clinician should be sought to see whether blood levels for etonorgestrel need performed.

APPENDIX 1

Health professionals can be 'reasonably certain' that a woman is **not currently pregnant** if any one or more of the following criteria are met and there are no symptoms or signs of pregnancy:

- She has not had intercourse since last normal menses
- She has been correctly and consistently using a reliable method of contraception
- She is within the first 7 days of the onset of a normal menstrual period
- She is within 4 weeks postpartum for non-lactating women
- She is within the first 7 days post-abortion or miscarriage
- She is fully or nearly fully breastfeeding, amenorrhoeic, and less than 6 months postpartum

A pregnancy test, if available, adds weight to the exclusion of pregnancy, but only if≥3 weeks since the last episode of unprotected sexual intercourse

References:

FSRH Guidance (April 2008 – updated January 2009) Progestogen Only Implants
FSRH CEU Statement Nexplanon (Sept 2010 updated Nov 2010)
CEU statement – response to new data as quick staring hormonal contraception after use of miliprista acetate 30mgs (ellane) for emergency contraception (September 2015)
CEU Statement - Intravascular insertion of Nexplanon® - June 2016

FSRH. Progestogen-only injectable contraception. December 2014
http://www.fsrh.org/pdfs/CEUGuidanceProgestogenOnlyInjectables.pdf

FSRH. UK Medical eligibilitycriteria for contraceptive use.July 2016.
http://www.fsrh.org/pdfs/UKMEC2009.pdf

FSRH. Problematic bleeding with using hormonal contraception. July 2015.
http://www.fsrh.org/pdfs/CEUGuidanceProblematicBleedingHormonalContraception.pdf

FSRH Drug Interactions with Hormonal Contraception January 2017
http://www.fsrh.org/pdfs/CEUGuidanceDrugInteractionsHormonal.pdf