Jacobs Institute of Women's Health

THE GEORGE WASHINGTON UNIVERSITY

LONG-ACTING REVERSIBLE CONTRACEPTION

Summary Tables

Bridging the Divide:

A Project of the Jacobs Institute of Women's Health

June 2016

Table 1. Summary of LARC Methods

	Available Since	Years Effective	Use	Possible Side Effects	Dosage
Copper IUD					
ParaGard	1988	10 years	Approved only in parous women, but available to all women regardless of parity.* Can be used as emergency contraception.	Abnormal menstrual bleeding. Higher frequency or intensity of cramps/ pain.	n/a
Hormonal IUDs					
Mirena	2001	5 years	Approved only in parous women, but available to all women regardless of parity.*	Inter-menstrual spotting in the early months. Reduces menstrual blood loss significantly. Hormone-related: headaches, nausea, breast tenderness, depression, cyst formation.	Initial: 20 mcg/day Before removal: 10 mcg/day
Skyla	2013	3 years	Approved for women regardless of parity.		Initial: 14 mcg/day Before removal: 5-6 mcg/day
Liletta	2015	3 years	Approved for women regardless of parity.		Initial: 18.6 mcg/day Before removal: 12.6 mcg/day
Implants					
Nexplanon	2011	3 years	Approved for women regardless of parity.	Inter-menstrual spotting in the early months. Hormone-related: headaches, nausea, breast tenderness, depression, cyst formation.	Initial:60-70 mcg/day Before removal: 25-30 mcg/day

*In 2005, the package label for the ParaGard IUD changed. The new label no longer contains language that suggests the IUD is appropriate only for women with one or more children. However, the Mirena label has not yet undergone a similar change (American College of Obstetricians and Gynecologists, 2011).

Source: Kaiser Family Foundation, 2015

Table 2. CDC Guidance for LARC Initiation

	Copper IUD	**Hormonal IUDs**	**Implant**
Timing of Initiation			
Any Time Pregnancy Can Be Reasonably Ruled Out	Can be inserted at any time	Can be inserted at any time Back-up method may be needed for up to 7 days post-insertion	Can be inserted at any time Back-up method may be needed for up to 7 days post-insertion
Postpartum	Can be inserted immediately postpartum Back-up method may be needed for up to 7 days post-insertion for women ≥21 days postpartum	Can be inserted immediately postpartum Back-up method may be needed for up to 7 days post-insertion for women ≥21 days postpartum	Can be inserted immediately postpartum Back-up method may be needed for up to 7 days post-insertion for women ≥21 days postpartum
Post-Abortion	Can be inserted within the first 7 days post-abortion	Can be inserted within the first 7 days post-abortion Should not be inserted after septic abortion	Can be inserted within the first 7 days post-abortion Back-up method may be needed for up to 7 days post-insertion, unless placed at the time of a surgical abortion

Source: Centers for Disease Control and Prevention: Division of Reproductive Health, 2013

Table 3. CDC Guidance for Pre-Insertion Procedures and Contraindications

	Copper IUD	Hormonal IUDs	Implant
Weight	Obese women can use Cu IUDs	Obese women can use LNG IUDs	Obese women can use implants
Bimanual (Pelvic) Exam & Cervical Exam	Necessary pre-insertion to assess uterine size and position and to detect any cervical or uterine abnormalities	Necessary pre-insertion to assess uterine size and position and to detect any cervical or uterine abnormalities	Not necessary
Screening for STIs & Provision of Prophylactic Antibiotics	Not needed if STI screening guidelines have been followed Prophylactic antibiotics generally not recommended Insertion should be delayed in women who have a very high individual likelihood of STI exposure	Not needed if STI screening guidelines have been followed Prophylactic antibiotics generally not recommended Insertion should be delayed in women who have a very high individual likelihood of STI exposure	Not needed
Breast Exam	Not necessary in any women Women with breast disease can use the Cu-IUD	Not necessary in asymptomatic women Women with current breast cancer should not use LNG IUDs	Not necessary in asymptomatic women Women with current breast cancer should not use implants
Cervical Cytology (e.g., Pap test)	Not necessary in asymptomatic women Women with cervical cancer should not use the Cu-IUD	Not necessary in asymptomatic women Women with cervical cancer should not use LNG IUDs	Not necessary in any women Women with cervical disease can generally use implants
HIV Screening & Acquired Immunodeficiency Syndrome (AIDS)	Not necessary Women with AIDS who are not clinically well should generally not undergo IUD insertion	Not necessary Women with AIDS who are not clinically well should generally not undergo IUD insertion	Not necessary Women with HIV infection can generally use implants

Source: Centers for Disease Control and Prevention: Division of Reproductive Health, 2013

Table 4. CDC Guidance for LARC Follow-Up Care

	Copper IUD	Hormonal IUDs	Implant
Routine Follow-Up	No routine follow-up visit required	No routine follow-up visit required	No routine follow-up visit required
Bleeding Irregularities	Unscheduled spotting or light bleeding, as well as heavy or prolonged bleeding, are common and generally not harmful, and decrease with continued use.	Unscheduled spotting, light bleeding, or amenorrhea are common and generally not harmful, and decrease with continued use.	Unscheduled spotting, light bleeding, or amenorrhea are common and generally not harmful, and might or might not decrease with continued use.
PID	Does not need to be removed immediately if the woman needs ongoing contraception. If no clinical improvement occurs 48-72 hours after treatment, continue antibiotics and consider removal of the IUD.	Does not need to be removed immediately if the woman needs ongoing contraception. If no clinical improvement occurs 48-72 hours after treatment, continue antibiotics and consider removal of the IUD.	N/A
Pregnancy	Provider should advise the woman that she has an increased risk for spontaneous abortion, septic abortion, and preterm delivery if the IUD is left in place. Provider should also evaluate for possible ectopic pregnancy.	Provider should advise the woman that she has an increased risk for spontaneous abortion, septic abortion, and preterm delivery if the IUD is left in place. Provider should also evaluate for possible ectopic pregnancy.	N/A*

* There are few documented risks to the woman or the fetus if the implant is left in place; there is no evidence that the risks associated with the hormones in implants are different from those of combination oral contraceptives. Providers may counsel patients to have the implant removed, (Bayer HealthCare Pharmaceuticals 2013).

Source: Centers for Disease Control and Prevention: Division of Reproductive Health, 2013