

Fact Sheet

Long-Acting Reversible Contraceptives



What are LARCs?

Long-acting reversible contraceptives (LARCs) are a group of methods that:

- provide very effective contraception
- are long acting
- don't require you to do anything to prevent pregnancy every day or every time that you have sex
- are reversible when stopped

The "fit and forget" LARCs include intrauterine devices (IUDs) and hormonal implants. These methods are all more than 99% effective. While this means they are just as effective as permanent sterilisation, there is a rapid return to usual fertility as soon as LARCs are removed.

LARCs are generally inexpensive over time, although there may be upfront costs with their purchase and initial insertion. Other than the copper IUD, they are listed on the Pharmaceutical Benefits Scheme (PBS) in Australia which makes the cost similar to or less than a short supply of oral contraceptive pills.

Thinking about using a LARC?

There are many myths about contraceptive methods, including who is or isn't suitable to use different types, so it is important to find out the facts.

LARCs can be used by most women of any age including those who:

- can't use contraceptives containing the hormone oestrogen due to health problems
- experience side effects with oestrogen, such as nausea or breast tenderness
- have migraines
- are heavy smokers
- have never had a baby
- are breastfeeding or have recently had a baby
- have recently had an abortion
- are overweight

- have diabetes
- have epilepsy
- are HIV-positive
- have inflammatory bowel disease

Choosing a LARC?

Prior to commencing a LARC there will be an assessment of your health and suitability for different methods. The practitioner should discuss benefits and any side effects or disadvantages of the different options and encourage you to ask questions to help you decide which method you prefer.

Brief information about the LARC methods available in Australia is provided below. More detailed information on these methods is available on the websites of State and Territory Family Planning organisations.

LARC methods include implants, IUDs, and injections

Progestogen implants: ImplanonNXT®



The implant is inserted directly under the skin, on the inner arm above the elbow, where it continuously releases a low dose of a progestogen hormone into the blood stream over a 3 year timeframe.

The implant works by preventing ovulation and is 99.9% effective. It is immediately reversible on removal.

Implant insertion and removal involves a small procedure, with local anaesthetic, by a doctor or nurse trained in this procedure. Most GPs will be able to provide this service.

Implants:

- are suitable for women of any age if they have started menstruating
- can be used in most women, even if they have any significant health issues
- can be inserted immediately after a pregnancy



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- will change a woman's usual bleeding pattern – for some women this will mean little or no bleeding at all but about 1 in 5 women have irregular or persistent bleeding

Intrauterine devices:

IUD insertion and removal is performed by a doctor or nurse who has been trained in this procedure. Devices need to be replaced every 5-10 years depending on their type. IUDs can be removed easily at any time by a health professional and are immediately reversible on removal.

Both types of IUDs:

- are suitable for women of any age
- can be used by most women, even if they have any significant health issues
- require an insertion procedure which for some women may be uncomfortable

The hormonal IUD (Mirena®) is a T-shaped plastic device fitted inside the uterus, which slowly releases a progestogen hormone into the womb over a 5 year timeframe.



It thickens the mucus in the cervix; thins the lining of the uterus and effects the implantation of the egg. It is 99.8% effective.

The hormonal IUDs:

- reduce the amount of bleeding with periods and can be used to manage heavy menstrual bleeding
- may cause irregular bleeding and spotting in first few months after insertion
- can be left in until after menopause, if inserted after the age of 45

The Copper IUD is a small device made from plastic and copper that is fitted inside the uterus.

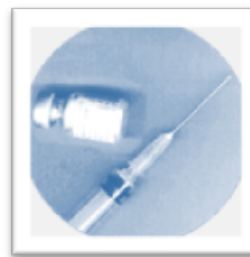


It works by blocking sperm from reaching the egg and any fertilised egg from sticking to the wall of the womb (uterus) and is 99.2% effective.

Copper IUDs:

- may increase the amount of bleeding with usual periods
- can be left in until after menopause if inserted after age 40

Contraceptive injections: Depot medroxyprogesterone acetate (DMPA)



DMPA is given as an intramuscular injection every 12 weeks.

DMPA works by preventing ovulation and is 99.8% effective with perfect use. However, DMPA is less effective (94%) than the other LARC methods in typical use because sometimes regular injections are not given on time.

For continuing protection it is important to have follow-up injections every 12 weeks. DMPA requires a prescription by a doctor.

For some women return of normal fertility and periods can take quite a few months after stopping DMPA. However, fertility is not permanently affected.

The contraceptive injection DMPA:

- can be used by most women, even if they have any significant health issues
- requires a visit to a clinic for a repeat injection every 12 weeks
- will change a woman's usual bleeding pattern – for most women this will mean little or no bleeding at all, particularly with ongoing use
- may result in a slower return to usual fertility when stopped than the other LARC methods
- if side effects are experienced, the method cannot be reversed until the injection effects have worn off

Where are LARCs available?

Implants and DMPAs are available from GPs and Family Planning clinics. IUDs are inserted at Family Planning clinics, gynaecologists and some GPs.

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