

## Long-Acting Reversible Contraceptive Methods

This decision aid is to help you and your healthcare provider talk about methods of contraception and choose what's right for you. Most people can safely use these methods. Your healthcare provider can tell you whether these methods are safe for you.



	IMPLANT	HORMONAL IUD (52MG LEVONORGESTREL IUD)	COPPER IUD
<b>How is it used?</b>	A healthcare provider puts a flexible device the size of a matchstick under the skin of your arm <sup>1</sup>	A healthcare provider puts a small, T-shaped, plastic device with small amount of hormone in your uterus <sup>2</sup>	A healthcare provider puts a small, T-shaped plastic and copper device in your uterus <sup>2</sup>
<b>How often?</b>	Every 3 years <sup>1</sup>	Every 5 years <sup>2</sup>	Every 5 or 10 years depending on the type <sup>2</sup>
<b>How does it work?</b>	Releases a progestogen hormone to <ul style="list-style-type: none"> <li>• stop ovaries from releasing an egg</li> <li>• stop sperm from entering the uterus by thickening the mucus at the cervix<sup>3</sup></li> </ul>	Releases a progestogen hormone to <ul style="list-style-type: none"> <li>• stop sperm from entering the uterus by thickening the mucus at the cervix<sup>4,5</sup></li> <li>• prevent sperm meeting an egg by stopping its movement</li> <li>• stop a fertilized egg from implanting by thinning the lining of the uterus<sup>6-8</sup></li> </ul>	Releases copper to <ul style="list-style-type: none"> <li>• prevent sperm meeting an egg by stopping its movement</li> <li>• stop a fertilized egg from implanting by thinning the lining of the uterus<sup>6-8</sup></li> </ul>
<b>When does it start working?</b>	Immediately or after 7 days (depends on when you get the implant) <sup>9</sup>	Immediately or after 7 days (depends on when you get the IUD) <sup>9,10</sup>	Immediately <sup>9,10</sup>
<b>How long does it take to return to previous level of fertility after taking it out?</b>	Returns immediately after removal <sup>11</sup>	Returns immediately after removal <sup>11,12</sup>	Returns immediately after removal <sup>11,12</sup>
<b>How many people become pregnant in the first year?</b>	Fewer than 1 in 100 people <sup>13</sup> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people <sup>13</sup> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Fewer than 1 in 100 people <sup>13</sup> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
<b>What are some of the side effects?</b>			
A change in bleeding or period?	<ul style="list-style-type: none"> <li>• Unscheduled bleeding is likely in the first 3 months, may or may not improve overtime<sup>11,14</sup></li> <li>• Around 20 in 100 women have no bleeding at 12 months of use<sup>14</sup></li> <li>• Around 35 in 100 women have infrequent bleeding, 7 have frequent bleeding, 18 have prolonged bleeding at 12 months of use<sup>14</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Unscheduled bleeding is likely in the first 3 to 6 months, usually improves over time<sup>10,15</sup></li> <li>• Around 20 in 100 women have no bleeding at 12 months of use<sup>16</sup></li> <li>• Can be used to treat heavy and painful periods<sup>10,17</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Unscheduled bleeding is likely in the first 3 months, usually improves over time<sup>10,15</sup></li> <li>• Not associated with absent periods<sup>18</sup></li> <li>• Around 50 in 100 women have heavier periods than before<sup>18</sup></li> <li>• Around 30 in 100 women have more painful periods than before<sup>18</sup></li> </ul>
Mood change?	Possible but no clear evidence of a causal link <sup>19</sup>	Possible but no clear evidence of a causal link <sup>19</sup>	No <sup>20</sup>
Weight gain?	Unlikely <sup>21,22</sup>	Unlikely <sup>22</sup>	No <sup>23</sup>
Device comes out?	No <sup>24</sup>	Very unlikely (around 5 in 100 people in the first year, mostly in the first 3 months) <sup>6</sup>	Very unlikely <sup>6</sup> (around 5 in 100 people in the first year, mostly in the first 3 months) <sup>6</sup>
<b>Does it protect against sexually transmitted infections (STIs)?</b>	No <sup>25</sup>	No <sup>25</sup>	No <sup>25</sup>

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## Supporting Document

### Decision aids:

The following decision aids are part of this collection:

1. Types of contraceptive methods
2. Long-acting reversible contraceptive methods
3. Shorter-acting reversible contraceptive methods
4. Barrier contraceptive methods
5. Fertility awareness and traditional contraceptive methods
6. Permanent contraceptive methods
7. Emergency contraceptive methods

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These decision aids were adapted as part of Hankiz Dolan's PhD project and, at the time of publication, there are no plans to update them further.

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### Authors:

Hankiz Dolan, Deborah Bateson, Lyndal Trevena, Mu Li, Chun Wah Michael Tam, Carissa Bonner

The authors do not stand to gain or lose anything by the contraceptive choices people make after using this decision aid

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This decision aid is adapted from the 'Right For Me' decision aid tool.

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### Notes:

- This decision aid includes a statement about the general safety of the contraceptive methods described. The *UK Medical Eligibility Criteria for Contraceptive Use*<sup>9</sup> and published updates provide guidance on who can safely use each contraceptive method and may be used to facilitate the provision of individualized information on method safety.
- To enhance comprehension, 12-month typical-use and perfect-use effectiveness data are displayed both using raw numbers ("X in 100 people") and using a visual aid based on the following:
  - Less than 1%: ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
  - 1% to 9%: ● ○ ○ ○ ○ ○ ○ ○ ○ ○
  - 10% to 19%: ● ● ○ ○ ○ ○ ○ ○ ○ ○
  - 20% to 29%: ● ● ● ○ ○ ○ ○ ○ ○ ○
- Definitions of the bleeding patterns according to the information sources<sup>14,16</sup> included in this decision aid:
  - No bleeding (no period, amenorrhoea) : No bleeding or spotting episodes throughout a 90-day period
  - Infrequent bleeding: less than three bleeding episodes in a 90-day period
  - Frequent bleeding: more than five bleeding episodes in a 90-day period
  - Prolonged bleeding: any bleeding episode that lasts for more than 14 days in a 90-day period

### Information Sources:

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