

Long-Acting Reversible Birth Control Methods

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



	IMPLANT	HORMONAL IUD	COPPER IUD
How is it used?	A health care provider puts a flexible device the size of a matchstick under the skin of your arm ¹	A health care provider puts a small, T-shaped, plastic device in your uterus ¹	A health care provider puts a small, T-shaped plastic and copper device in your uterus ¹
How often?	Every 3 years ¹	Every 3 to 5 years (depends on the brand) ¹	Every 10 years ¹
How does it work?	Releases progestin ¹	Releases progestin ¹	Releases copper ²
When does it start working?	Immediately or after 7 days (depends on when you get the implant) ³	Immediately or after 7 days (depends on when you get the IUD) ³	Immediately ³
How many people become pregnant in the first year?			
Not always following the instructions:	Fewer than 1 in 100 people ⁴ ○○○○○○○○○○	Fewer than 1 in 100 people ⁴ ○○○○○○○○○○	Fewer than 1 in 100 people ⁴ ○○○○○○○○○○
Always following the instructions:	Fewer than 1 in 100 people ⁴ ○○○○○○○○○○	Fewer than 1 in 100 people ⁴ ○○○○○○○○○○	Fewer than 1 in 100 people ⁴ ○○○○○○○○○○
What are some of the side effects?			
Unscheduled spotting or bleeding?	Possible, may or may not improve over time ^{1,3}	Possible, usually improves over time ^{1,3}	Possible, usually improves over time ^{1,3}
Heavy or prolonged bleeding?	Possible ³		Possible, usually improves over time ^{1,3}
More painful periods?			Possible, usually improves over time ¹
Fewer or no periods?	Possible ^{1,3}	Possible ³	
Other side effects (e.g., nausea, headaches, breast tenderness, mood changes or depression)?	Possible ¹	Possible ¹	
Device comes out?		Possible ¹	Possible ¹
Does it protect against sexually transmitted infections (STIs)?	No ⁵	No ⁵	No ⁵

This decision aid is for use only during a visit with your health care provider. It is not intended to give you medical advice or recommend a birth control method. For more information, including authors, information sources, and terms of use, see www.rightforme.org/decision

Version 1.1



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Supporting Document

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Authors: Rachel Thompson, Kyla Donnelly, Tina Foster, Lisa Stern, Lyndal Trevena, Glyn Elwyn, Pearl Brady, Ruth Manski, Daniela Agusti, Krishna Upadhya, Judy Norsigian, Maureen Boardman, Ardis Olson, Michelle Banach, Christina Colon Bradt, Gabrielle Stevens, Tor Tosteson

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

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Notes:

- This decision aid includes a statement about the general safety of the birth control methods described. The *U.S. Medical Eligibility Criteria for Contraceptive Use*⁶ and published updates^{7,8} provide guidance on who can safely use each birth control method and may be used to facilitate the provision of individualized information on method safety.
- For the Implant, 12-month typical-use and perfect-use effectiveness data are for Implanon®. For the Hormonal IUD, 12-month typical-use and perfect-use effectiveness data are for Mirena®. For the Copper IUD, 12-month typical-use and perfect-use effectiveness data are for ParaGard®.
- 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%: ●●●○○○○○○○○○

Information Sources:

1. American College of Obstetricians and Gynecologists. *Long-Acting Reversible Contraception (LARC): IUD and Implant (FAQ184)*; 2014.
2. National Collaborating Centre for Women’s and Children’s Health. *Long-Acting Reversible Contraception: The Effective and Appropriate Use of Long-Acting Reversible Contraception*. London, UK; 2005.
3. Centers for Disease Control and Prevention. U.S. Selected Practice Recommendations for Contraceptive Use, 2013. *MMWR Recomm Rep*. 2013;62(5):1-60. <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usspr.htm>.
4. Trussell J. Contraceptive Efficacy. In: Hatcher R, Trussell J, Nelson A, Cates W, Kowal D, Policar M, eds. *Contraceptive Technology*. 20th ed. New York, NY: Ardent Media; 2011.
5. Workowski KA, Bolan GA. Sexually Transmitted Diseases Treatment Guidelines, 2015. *MMWR Recomm Rep*. 2015;64(3):1-137. doi:10.1097/00008480-200308000-00006.
6. Centers for Disease Control and Prevention. U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. *MMWR Recomm Rep*. 2010;59(4):1-85. <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm>.
7. Centers for Disease Control and Prevention. Update to CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period. *MMWR*. 2011;60(26):878-883. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a3.htm>.
8. Centers for Disease Control and Prevention. Update to CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal Contraception Among Women at High Risk for HIV Infection or Infected with HIV. *MMWR*. 2012;61(24):449-452. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6124a4.htm>.