

LONG ACTING REVERSIBLE CONTRACEPTION (LARC)

If you're having sex and you don't want to get pregnant, you need to use contraception. Contraception is also called birth control or family planning.

Every month your ovaries release an egg. The semen that is released when a man ejaculates contains millions of sperm. It takes only one of these sperm to fertilise one of your eggs to begin a pregnancy. Using contraception reduces your risk of getting pregnant when you have sex.

What is LARC?

LARC will stop you getting pregnant for a number of months or years. There are three types of LARC that you can use:

- » a contraceptive implant that is placed under the skin of your arm – lasts for 3 years
- » an IUD (intra uterine device). This is a small device that is placed inside your uterus – lasts for 5 to 10 years
- » a contraceptive injection (DMPA) given every 12 weeks.

You don't need to go to a hospital to get a LARC. In most cases you can get a LARC fitted (or injected) in a simple visit to a clinic or by your doctor.

How well do LARCs work?

No contraception is 100 per cent effective, but LARCs are an excellent method of preventing pregnancy. Less than one in 100 who use a LARC will get pregnant.

Advantages of using LARCs

- » Effective, low cost contraception that lasts for a long time.
- » You don't have to remember to use contraception every day.
- » Doesn't interfere with you having sex.
- » Once an IUD or implant is removed, fertility returns quickly. (Does not apply to DMPA injection.)
- » No one can see that you are using a LARC.

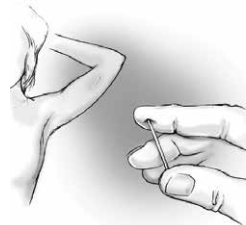
What is the contraceptive implant?

The contraceptive implant is a small thin flexible rod inserted just under the skin on the inside of your arm. It is 4 cm long, made of plastic and contains a hormone called progestogen. The implant works for three years and it must be removed at the end of this time. Another one can then be inserted.

How does the implant work?

Small amounts of progestogen are released steadily, which:

- » stop your ovaries from releasing an egg each month
- » thicken the mucus in your cervix (the entrance to your uterus), making it difficult for sperm to get through and fertilise an egg.



How is the implant put in and taken out?

The implant is placed under your skin after the area has been numbed with a local anaesthetic. Removing the implant is also done under local anaesthetic, and with a small cut to your skin. This may leave a very small scar. After the implant is put in, you should be able to feel it but not see it. If you can't feel it, see your doctor. Use another method of contraception (like condoms) until the doctor tells you the implant is still in place.

Will it hurt?

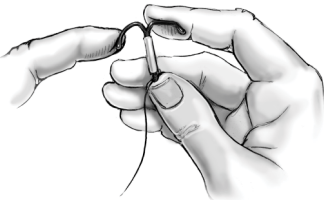
Using an implant doesn't hurt. You may have some bruising and tenderness on your arm after having it put in or removed. This may last for up to a week. Wearing a bandage over your arm for 24 hours helps reduce bruising and tenderness. The area may itch slightly for a few days. It's important to avoid rubbing the skin over the implant.

What are the disadvantages of using the contraceptive implant?

- » Irregular periods is the most common side effect, especially in the first 3 to 6 months. Most users will have less bleeding and some will stop having periods altogether. Some users have more frequent or longer periods.
- » You may get temporary side effects when you first start using the implant. These should stop within a few months. They include headaches, sore breasts and mood changes.
- » Less common side effects of the contraceptive implant include acne, nausea (feeling sick in the stomach) and weight gain.

What is the intrauterine device (IUD)?

The IUD is a small device placed in the uterus to prevent pregnancy.



There are two kinds of IUD available in Australia:

- » copper IUD (Cu-IUD), which is plastic and has copper wrapped around its stem
- » hormonal IUD, a small T-shaped device with a cylinder containing progestogen.

How does the IUD work?

The IUD prevents pregnancy mostly by stopping the sperm reaching the egg to fertilise it. It also changes the lining of your uterus so a fertilised egg won't stick to it.

The Cu-IUD works immediately once it is put in. The hormonal IUD works immediately **ONLY** if it is inserted within six days after the first day of your period. Otherwise it will take seven days to become effective.

How is an IUD fitted?

Before you have an IUD fitted you should:

- » talk to your doctor to see if you need swabs to check for vaginal infection
- » have a cervical screening test (CST) if due. A CST is a quick and simple check for the human papilloma virus (HPV) that can cause changes to the cells of the cervix (the opening to your uterus) that may lead to cervical cancer if left untreated
- » make sure you are not pregnant.

The IUD is placed inside your uterus through the cervix. The string is cut so that it is well up into the vagina. You or your sexual partner usually won't notice it but you should be able to feel the string if you reach right up into your vagina.

You will wait at the clinic for about 15 minutes to ensure that you feel no unusual discomfort or pain.

It is important that you do not have sex or use tampons for 48 hours after the IUD is put in to prevent infection.

What if I feel that something is wrong with my IUD?

Contact your doctor when:

- » the string feels like it is shorter or longer than normal or you cannot feel the string at all; the IUD may have shifted. It is important to check the length of string after each period
- » you have persistent low back or abdominal pain, particularly if you also have a fever
- » you have an unusual discharge or bleeding from your vagina or there is pain with sex
- » either you or your partner may have been exposed to an STI
- » six weeks after insertion and then when your regular cervical screening test is due.

Also contact your doctor if you think you may be pregnant.

What are the disadvantages of IUDs?

- » IUDs do not protect against sexually transmitted infections (STIs).
- » The IUD may slip out of place, usually during a period.
- » There is an increased risk of miscarriage if an IUD is left in the uterus during pregnancy.
- » There is a small risk of pelvic infection in the three weeks following insertion.
- » There is a small risk of having a tiny hole made in your uterus.
- » Serious complications are rare.

The hormonal IUD can also have the following side effects:

- » Irregular bleeding or periods are likely in the first three to five months. Eventually you are likely to have very light periods or they may stop altogether.
- » It may cause headaches, nausea, breast tenderness, acne and mood changes. These usually settle after a few months.

The copper IUD may cause your periods to become heavier.

What is the DMPA injection?

DMPA (Depot medroxyprogesterone acetate) is a long-acting progesterone hormone that is given as an injection every 12 weeks.

How does the DMPA injection work?

The hormone in the injection stops your ovaries from releasing an egg each month. It thickens the mucus in your cervix (the entrance to your uterus), making it difficult for sperm to get through and fertilise an egg.

What are the disadvantages of the DMPA injection?

- » You must visit your doctor or clinic every 12 weeks to have an injection.
- » Irregular periods. Some will have less bleeding, but occasionally, a user will have more bleeding.
- » Once the injection is given, the hormone can't be removed from your body. You must wait for it to wear off. Your period may be slow to return to normal after you stop taking it.
- » Some users will have side effects like headaches, mood changes, loss of interest in sex and feeling sick in the stomach.
- » It may take longer to get pregnant when you stop DMPA compared to other methods.
- » It can cause thinning of the bones. Your bones should come back to normal after stopping DMPA.

What is best for you?

Contraceptive implants, IUDs and contraceptive injections are only three of many different contraceptives and may not be suitable for a small number of users. Talk to your doctor or nurse about the one that will suit you best.

Did you know?

- » You have the right to access contraception and control your fertility.
- » You can choose to use contraception that is temporary and reversible.
- » There are methods of contraception that do not have to involve your partner.
- » Some contraception is available relatively cheaply from some providers.
- » Most of those who use contraception have little trouble with side effects.

A condom is always a good idea

No matter what contraception you choose, using a condom is the only way to protect yourself against sexually transmitted infections (STIs).

One of the most common STIs in Australia is chlamydia. Chlamydia can lead to infertility if left untreated. Using a condom every time you have sex is your best protection against HIV/AIDS and other STIs. **Other contraception will not protect you against sexually transmitted infections.**

The male condom

The male condom is a fine rubber or synthetic sheath that is worn on an erect (stiff) penis. It collects the sperm and stops them entering the vagina and uterus (where a baby grows).

You must use a new condom every time you have sex and take care to put it on and take it off correctly. Condoms are for single use only and can be bought at pharmacies (chemists) and some supermarkets.

Where to get more information

- » Your local doctor (GP)
- » Nurse on Call – 1300 60 60 24
- » **Family Planning Victoria**
Tel: 03 9257 0100 or 1800 013 952 (freecall)
Web: www.fpv.org.au
- » **Women's Medicines Information Service**
Royal Women's Hospital
Tel: (03) 8345 3190
Email: drug.information@thewomens.org.au

Related fact sheets

- » Contraception – Your Choices
- » The Contraceptive Pill
- » Emergency Contraception