

# HerLife HerHealth

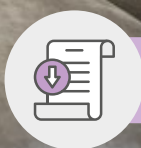


PRIMARY CARE  
WOMEN'S HEALTH FORUM

## MSD Nexplanon learning resource

Following changes to the Nexplanon insertion site, the PCWHF ran a free webinar masterclass for all primary care clinicians, *Nexplanon masterclass: Optimising uptake and continuation*, including the updated fitting procedure.

THIS RESOURCE BY WEBINAR HOSTS DR ANNE CONNOLLY, DR CAROLINE COOPER AND ADVANCED NURSE PRACTITIONER TRACEY ELLIOT HAS BEEN PRODUCED AS PART OF THE PCWHF'S EDUCATIONAL PROGRAMME.



For more resources visit  
[www.pcwhf.co.uk/HLHH](http://www.pcwhf.co.uk/HLHH)

## MSD Nexplanon learning resource

### Advantages of Implant:

- The implant is the most effective form of long acting reversible contraception (LARC). It will remain effective for up to three years from the date of insertion: 'Fit and Forget'
- It may make periods less heavy and painful – 1/3 of women have infrequent bleeding
- Safe to use when breastfeeding or with many health risks including diabetes or hypertension
- Can be initiated at any point in the menstrual cycle if pregnancy risk is low and it can be removed at any time
- No routine follow-up is needed, but women should be reviewed if they have any concerns
- Implants can be reversed easily - as soon as the implant is removed patient's normal fertility resumes

### Disadvantages of Implant:

- Possible progestogenic side effects such as acne or mood changes
- Small procedure required for insertion and removal
- Trained clinician required for procedure to prevent incorrectly placed implant
- No protection from STIs
- Unpredictable bleeding  
exclude pregnancy, STI, cervical disease then manage by addition of:
  - any combined hormonal contraception after UKMEC assessment
  - desogestrel pill
  - medroxyprogesterone acetate
  - tranexamic acid (short use only)



THE IMPLANT IS THE MOST EFFECTIVE FORM OF LONG ACTING REVERSIBLE CONTRACEPTION

### LARC FACTS

- Use of LARC is presently at 12.9% with the sub-dermal implant, Nexplanon, being the most common<sup>1</sup>
- The implant is over 99% effective

### PREGNANCY FACTS

- 45% of pregnancies in England are unplanned or ambivalent
- 1/3 of births in England are unplanned or ambivalent<sup>2</sup>

1 NHS Digital (2014) NHS Contraceptive Services, England - 2013-14, Community contraceptive clinics

2 Public Health England

## MSD Nexplanon learning resource

### Nexplanon Myth Buster for patients

#### NEXPLANON DOES NOT:

- Move in the body unless it is fitted in fascia or muscle
- Make you infertile
- Make you gain weight
- Protect against STIs
- Stop working in year 3 if you are overweight
- Become visible under UV lights



### Quickstarting Nexplanon:

- Fit between day 1-5 of cycle for immediate contraceptive effect
- Fit at any time of the cycle if pregnancy can be excluded but condoms/abstinence required for 7 days if inserted after day 5
- If using an effective contraceptive method (may need to continue existing method for 7 days to ensure contraceptive cover)

### IF PREGNANCY CANNOT BE EXCLUDED

- Quick start with pregnancy test 3/52 after last UPSI
- Quick start at same time as levonelle or 5 days after ulipristal acetate with pregnancy test three weeks after insertion.
- If unable to fit consider quick starting bridging method<sup>3</sup>

### IF PREGNANCY TEST POSITIVE

- No adverse effect on pregnancy outcome or developing foetus. Remove implant as soon as possible if pregnancy continues.
- Refer for abortion if chosen option and leave implant to provide ongoing contraception

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MSD Ltd has no editorial control over the content.

3 FSRH clinical guideline: Quick starting contraception (April 2017)