

Long-acting contraception

Dr Katherine Gilmore and Dr Diana Mansour on the rules for different contraceptives

Dr Katherine Gilmore is a specialty registrar in community sexual and reproductive healthcare and Dr Diana Mansour is a consultant in community gynaecology and reproductive healthcare, at New Croft Centre, Newcastle upon Tyne Hospitals NHS Foundation Trust

Type of contraception	Efficacy (% of women experiencing an unintended pregnancy in first year of use)		Starting or switching methods of contraception		
	Typical use	Perfect use	Situation	Start when	Additional contraception (7 days)
DMPA	6	0.2	Quick starting	Any time (if reasonably certain not pregnant) and if no other method suitable	Yes
			Menstruating	≤cycle day 5	No
			Amenorrhoeic	>cycle day 5	Yes
			Post miscarriage/abortion	Any time (if reasonably certain not pregnant)	Yes
			Postpartum (breastfeeding or bottle feeding)	≤5 days	No
				>5 days	Yes
				≤day 21	No. Delay to day 21 - risk of prolonged bleeding
				>day 21	Yes
			Switching from CHC	Immediate start	No
				Switching in week 1 or ≤day 2 of hormone-free interval	Continue CHC for 7 days
			Switching from LNG-IUS	Immediate start	Give DMPA and remove LNG-IUS 7 days later
			Switching from POP	Immediate start	Give DMPA and continue POP for 7 days
			Switching from implant	Immediate start	No
Switching from IUD	≤cycle day 5	Give DMPA. If no UPSI in last 7 days, IUD can be removed at same time			
	At any other time or if UPSI in last 7 days	*Give DMPA and remove IUD 7 days later			
Contraceptive implant	0.05	0.05	Quick starting	Any time (if reasonably certain not pregnant) and no other method suitable	Yes
			Menstruating	≤cycle day 5	No
			Amenorrhoeic	>cycle day 5 (if reasonably certain not pregnant)	Yes
			Post miscarriage/abortion	Any time (if reasonably certain not pregnant)	Yes
				≤5 days	No
				>5 days (if reasonably certain not pregnant)	Yes
			Postpartum (breastfeeding or bottle fed)	≤day 21 postpartum	No
				>day 22 postpartum	Yes
			Switching from CHC	Immediate start	No
				Switching in week 1 or ≤day 2 of hormone-free interval of 7 days	Continue CHC for 7 days
			Switching from DMPA	<14 weeks	No
				≥14 weeks	Yes
			Switching from POP	Any time	Continue POP for 7 days
LNG-IUS	0.2	0.2	Switching from LNG-IUS	Any time	Remove LNG-IUS 7 days later
			Switching from IUD	≤cycle day 5	No
				>cycle day 5 or amenorrhoeic	If UPSI in previous 7 days, remove IUD 7 days later
			Menstruating	≤cycle day 5	No
				>cycle day 5 (if reasonably certain not pregnant)	Yes
			Amenorrhoeic	Any time (if reasonably certain not pregnant)	Yes
			Post miscarriage/abortion	≤7 days	No
				>7 days	Yes
			Postpartum breastfeeding or bottle feeding	≤48 hours postpartum	No
				>day 28 (should not be inserted between 48 hours and 28 days postpartum)	Yes
			Switching from other hormonal methods	Immediately start	No
				Switching in week 1 or ≥ day 2 of hormone-free interval	Continue CHC for 7 days
			Switching from copper IUD to LNG-IUS	Insert LNG-IUS ≤cycle day 5	No
Replacing LNG-IUS before expiry	Insert LNG-IUS >cycle day 5	Yes			
Copper IUD	0.8	0.6	Menstruating	Any time (if reasonably certain not pregnant)	No
			Amenorrhoeic	Any time (if reasonably certain not pregnant)	No
			Post miscarriage/abortion	Immediately	No
			Postpartum (breastfeeding or bottle feeding)	Any time if no concern of ongoing pregnancy	No
			Switching from other hormonal methods	Before 48 hours or after 28 days postpartum	No
	Immediately start if previous method used consistently and correctly	No			

Key to abbreviations
CHC - combined hormonal contraception
COC - combined oral contraception
DMPA - depot medroxyprogesterone acetate
LNG-IUS - levonorgestrel-releasing intrauterine system (LNG-IUS 52-mirena)
POP - progestogen only pill
(UP)SI - (un)protected sexual intercourse
AC - additional contraception/abstinence required for (number of days)
LAM - lactational amenorrhoea method

***Late injections**
 • DMPA given every 13 weeks • If <14 weeks no action needed • If ≥14 weeks but no UPSI, next DMPA given, AC (7 days) • If ≥14 weeks and UPSI, exclude pregnancy and consider emergency contraception (if UPSI in last 5 days), give DMPA and AC (7 days), pregnancy test in 3 weeks