YOUR GUIDE TO

Injections and Implants

Helping you choose the method of contraception that is best for you
Injections and Implants

This leaflet gives you information about progestogen-only injections and implants. These are very effective, long-term hormonal methods of contraception.

Questions & Answers

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Contraceptive injections

There are two types of contraceptive injection.

- Depo-Provera is the most commonly used contraceptive injection. It protects you against pregnancy for 12 weeks. The other injection, Noristerat, gives contraceptive protection for 8 weeks.
- Injections use a progestogen hormone. This is injected into a muscle and is released very slowly into your body.
**How effective is a contraceptive injection?**

It is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year. If 100 sexually active women don't use any contraception, 80 to 90 will become pregnant in a year.

**Can anything make injections less effective?**

Your injection may be less effective if you don't have your next injection on time, or if you take a prescribed medicine that affects the injection. These include medicines that treat epilepsy and tuberculosis. Always say that you are using a contraceptive injection if you are prescribed any medicines.

Any medicines which you buy over the counter at a pharmacy in the UK will not affect the injection.

If you take a prescribed medicine that affects the injection, you may need to have your next injection a few weeks earlier than normal.

**How do contraceptive injections work?**

- They stop your ovaries releasing an egg each month (ovulation).
- They thicken the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg.
- They make the lining of your womb thinner so it is less likely to accept a fertilised egg.

**What are the advantages of contraceptive injections?**

- You don’t have to think about contraception for as long as the injection lasts.
- They do not interfere with sex.
- You can use them if you are breastfeeding.
- They give you some protection against cancer of the womb.
- They give some protection against pelvic inflammatory disease.
- They are useful if you cannot take oestrogens, like those in the combined pill.

**What are the disadvantages of contraceptive injections?**

- Your periods will probably change. At first, bleeding can be irregular and may last for longer than usual. Or your periods may stop altogether. A few women have frequent light bleeding. This may be a nuisance but is not harmful.
- Irregular bleeding may continue for some months after you stop the injections. See your doctor if you are worried.
- Some women put on weight when they use Depo-Provera.
- Other possible side-effects include headaches, acne, tender breasts, mood swings and bloating.
- The injection works for 12 or 8 weeks, depending on which type you have. It cannot be removed from your body, so if you have any side-effects, they may continue during this time and for some time afterwards.
- Your periods, and fertility, will usually take a few months to return after stopping Depo-Provera injections. Sometimes it can take more than a year for your periods and fertility to get back to normal.
- Studies are looking at whether using Depo-Provera for a long time affects oestrogen levels,
as this may increase osteoporosis. (This is bone loss which some women suffer from after the menopause.) Research is conflicting.

- Contraceptive injections do not protect you against sexually transmitted infections, so you may have to use condoms as well.

**Can anyone have a contraceptive injection?**

Not everyone can have a contraceptive injection and your doctor or nurse will need to ask you about your own and your family's medical history. Do mention any illness or operations you have had. Some of the conditions which may mean you should not have an injection are:

- you think you might already be pregnant
- you do not want your periods to change

You have now or have had in the past:

- cancer of the reproductive organs, for example, breast cancer or cancer of the womb
- unexplained vaginal bleeding (for example bleeding between periods or after sex)
- a heart attack or stroke (serious arterial disease)
- active liver disease
- severe depression.

**When can I start using a contraceptive injection?**

You will usually be given an injection on the first day of your period or during the first five days of your period. If you have an injection on days one to five, you will be immediately protected against becoming pregnant.

If you have the injection on any other day you will not be protected for the first seven days. So use another method of contraception, such as condoms, for seven days.

If you wait until six weeks after you have given birth before you have the injection, you will be less likely to have heavy and irregular bleeding. If you have sex during these six weeks, you will need to use another method of contraception. You can breastfeed if you have a contraceptive injection.

The hormone is injected into a muscle, usually in your bottom. Noristerat is a thicker solution than Depo-Provera so this injection may be slightly more painful. If you want to carry on using this method of contraception, you will need to have injections every eight weeks if you have Noristerat, or every 12 weeks if you have Depo-Provera injections.
Implants

An implant is a small flexible tube(s) which is placed just under your skin. It releases a progestogen hormone over a number of years. There are two different types of implant, Implanon and Norplant®. Other varieties are being researched.

Implanon is a very small, flexible tube, about the size of a hair grip. It is placed just under the skin of your inner upper arm. It steadily releases a progestogen hormone into your bloodstream. It works for three years.

Norplant® is made up of six tubes and works for five years. It is no longer available in the UK, but as it works for five years some women will still have it in place.

How effective is an implant?

It is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year. If 100 sexually active women don’t use any contraception, 80 to 90 will become pregnant in a year.

Can anything make an implant less effective?

Some prescribed medicines may make an implant less effective. These include medicines that treat epilepsy and tuberculosis. Some complementary medicines may also affect how an implant works. Always say you are using an implant if you are prescribed any medicines.

How does an implant work?

- It thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg.
- It makes the lining of your womb thinner so it is less likely to accept a fertilised egg.
- It may also stop your ovaries releasing an egg each month (ovulation).

What are the advantages of an implant?

- You don’t have to think about contraception for as long as you have the implant.
- It does not interfere with sex.
- You can breastfeed if you have an implant.
- It is useful if you cannot take oestrogens, like those in the combined pill.
- Your normal level of fertility will return as soon as the implant is taken out.
- It offers some protection against pelvic inflammatory disease.

What are the disadvantages of an implant?

- Your periods will probably change. In the first year of using an implant, most women have irregular bleeding. This is usual. Most women have regular periods after the first year, but some women will still have irregular bleeding. Some women have heavy and prolonged bleeding. A few women will not bleed at all. These changes may be a nuisance but they are not harmful.