



Implants: Tools for Providers



INFO Project
Center for Communication
Programs



Counseling Clients About Implants

Women consider effectiveness the most important factor when they choose a contraceptive method, but also consider side effects and safety (1, 5, 14, 15). Counseling helps a woman decide if a method suits her needs, preferences, and current situation. During counseling, family planning providers can ensure that women interested in implants understand their effectiveness and side effects, are assured of their safety, and know how they are used. Providers can use the information in this table to inform women about implants and help them make decisions.

Key Points: Give Women This Information

Women need this information to make informed choices about implants

Implants:

- Are one of the most effective contraceptive methods.
- Are small flexible rods or capsules that are placed just under the skin of the upper arm.
- Are barely visible but can be felt under the skin.
- Require a specifically trained provider to insert and remove. A woman cannot start or stop using implants on her own.
- Will hurt a bit to have inserted and probably a bit more to have removed. The procedure may leave a small visible scar.
- May change her monthly bleeding pattern. These changes are common and are not harmful.
- Provide long-term protection from pregnancy. Very effective for 3 to 5 years, depending on the type of implant. (Explain when she will need her implant replaced.)
- Do not affect future fertility. Fertility returns immediately after implants are removed.
- Provide no protection against sexually transmitted infections (STIs), including HIV.

(Continued on page 3)





How to Use This Report

Family planning providers can use the checklists and tables in this report to:

- Counsel clients about implants (see pp. 1 and 3)
- Identify women who may not be able to use implants for medical reasons (see Checklist, p. 4)
- Review the steps for appropriate infection prevention during insertion and removal of implants (see Checklist, p. 5–6)
- Counsel women about changes in monthly bleeding (see p. 7)
- Review the insertion and removal steps for new implants (see pp. 8–9)
- Answer questions about implants (see Q&A, pp. 10–11)

This report accompanies *Population Reports*, “Implants: The Next Generation.” It also complements the information provided in the chapter on implants in *Family Planning: A Global Handbook for Providers*, available at: <http://www.fphandbook.org>. To request print copies contact: Orders, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA (E-mail: orders@jhuccp.org).

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New contraceptive implants are becoming available to family planning programs around the world—the one-rod system *Implanon*®, the two-rod system *Jadelle*®, and in some countries *Sino-Implant (II)*®, also two rods (not shown). By 2008 *Norplant*®, the six-capsule implant system, will no longer be available. Generally, counseling and screening clients is the same as for *Norplant* but providers will need training in insertion and removal procedures to offer the new implants.

Photo on Cover

At the PROFAMILIA Clinic in Santo Domingo, Dominican Republic, a family planning provider locates the implants in a woman’s arm before removing them. ©2007 Jose Miguel Renville

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The INFO Project appreciates the assistance of the following reviewers: Maaik Addicks, Vivian Brache, Gloria Coe, Carmela Cordero, Peggy D’Adamo, Juan Díaz, Laneta Dorflinger, Stephen Goldstein, David Hubacher, Barbara Janowitz, Monica Jasis, Enrique Lu, Olav Meirik, J.T. Mutihir, Nuriye Ortayli, Frank Roijmans, J. Joseph Speidel, Pauline Russell-Brown, Markus Steiner, and Vera Zlidar.

Suggested citation: Upadhyay, U.D. and Ramchandran, D. “*Implants: Tools for Providers.*” INFO Reports, No. 15. Baltimore, Johns Hopkins Bloomberg School of Public Health, The INFO Project, October 2007. Available online at: <http://www.infoforhealth.org/infoforhealth/>



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INFO Reports is designed to provide an accurate and authoritative report on important developments in family planning and related health issues. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development or the Johns Hopkins University.

Published with support from USAID, Global, GH/PRH/PEC, under the terms of Grant No. GPH-A-00-02-00003-00.

Counseling Clients About Implants (continued)

Effectiveness

Key Message

- Among the most effective methods, like intrauterine devices, female sterilization, and vasectomy.

How effective?

- Far less than 1 pregnancy per 100 women using implants over the first year.
- A small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using implants.

How implants prevent pregnancy

- Thicken cervical mucus. This blocks sperm from meeting an egg.
- Disrupt the menstrual cycle, including preventing the release of eggs from the ovaries (ovulation).
- Do not interrupt an existing pregnancy or interfere with implantation.

When users should return to have implants removed or replaced

- *Implanon*: As labeled, 3 years after insertion.
- *Jadelle*: As labeled, 5 years after insertion. If the woman weighs over 80 kg, she can consider having *Jadelle* replaced 4 years after insertion to maintain greatest effectiveness, especially if she is less than 30 years old.
- *Sino-Implant (II)*: As labeled, 4 years after insertion.
- *Norplant*: As labeled, 5 years after insertion. If the woman weighs less than 70 kg, *Norplant* provides good contraceptive protection for up to 7 years. If the woman weighs 70–79 kg, she can consider having *Norplant* replaced 5 years after insertion. If she weighs over 80 kg, she can consider having *Norplant* replaced 4 years after insertion, especially if she is less than 30 years old.

Return to fertility

- Fertility returns immediately after the implants are removed. Women who stop using implants can become pregnant as quickly as women who stop using nonhormonal methods. The bleeding pattern a woman had before she used implants generally returns after they are removed. Some women may have to wait a few months before their usual bleeding pattern returns.

Side Effects

Key Message

- The most common side effect is changes in bleeding patterns. These changes are usually not harmful and not signs of illness.

Changes in monthly bleeding

- Changes in bleeding patterns during the first year of use include lighter bleeding and fewer days of bleeding, irregular bleeding that lasts more than 8 days, infrequent bleeding, and no monthly bleeding.
- In the first few months of use, *Implanon* users are more likely than users of *Norplant*, *Jadelle*, or *Sino-Implant (II)* to have infrequent or no monthly bleeding and less likely to have frequent bleeding.
- Typical bleeding changes after about 1 year of use include lighter bleeding and fewer days of bleeding, irregular bleeding, and infrequent bleeding.

Other side effects

- Some users report headaches, abdominal pain, acne (can improve or worsen), weight change, breast tenderness, dizziness, mood changes, and nausea.

Known Health Benefits and Health Risks

Health benefits

- Implants help protect against the risks of pregnancy and symptomatic pelvic inflammatory disease. They may also help protect against iron-deficiency anemia.

Health risks or complications

- Infection at insertion site (most infections occur within the first 2 months after insertion).
- Difficult removal (rare if properly inserted and the provider is skilled at removal).
- Expulsion of implant (expulsions most often occur within the first 4 months after insertion).

Source: World Health Organization and Johns Hopkins Bloomberg School of Public Health 2007 (17)