

Your guide to
**long-acting reversible
contraception (LARC)**

There are many different contraceptive methods available in the UK and you should choose one that suits *you*. This leaflet provides information about four methods that do not depend on you remembering to take or use them to be effective. The figures quoted in this leaflet for how well each method works are based on extensive independent research.

Contact FPA for more information about all contraceptive methods.

Q Is contraception free and where can I go to get it?

A You can obtain **free** contraception, including emergency contraception, from most general practices, a contraception or sexual health clinic, a young people's service (these have an upper age limit) and some genitourinary medicine (GUM) clinics.

Q How do I find out about contraception services?

A Contact **sexual health direct**, the helpline run by FPA, on 0845 122 8690 or visit www.fpa.org.uk.

- See www.nhs.uk, www.wales.nhs.uk, www.show.scot.nhs.uk or www.n-i.nhs.uk. In England and Wales call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 0845 4 24 24 24. In Northern Ireland call the FPA helpline

on 0845 122 8687.

- Ask a health centre, pharmacy, hospital, midwife, health visitor or advice centre.
- Young people can contact Brook on 0808 802 1234.

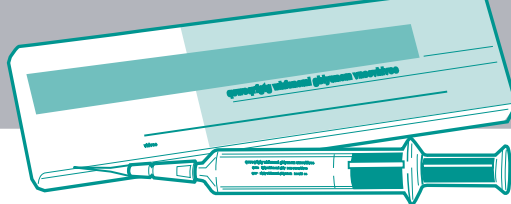
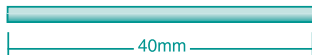
Emergency contraception

If you have had sex without using contraception, or think your method might have failed there are different types of emergency contraception you can use.

- The emergency contraceptive pill, Levonelle – can be taken up to 72 hours after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne – can be taken up to 120 hours after sex. It is only available with a prescription.
- An emergency IUD – can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Sexually transmitted infections

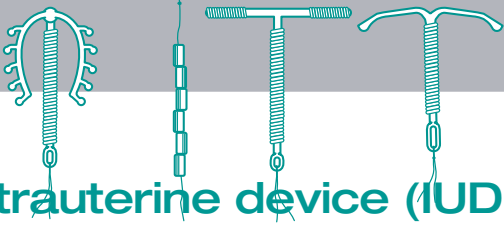
Most methods of contraception do not protect you from sexually transmitted infections. Male and female condoms, when used correctly and consistently, can help protect against STIs. Avoid using spermicidally lubricated condoms as the spermicide does not protect against HIV and may even increase the risk of infection.



Contraceptive implant

Contraceptive injection

Effectiveness	Over 99 per cent effective. Less than one woman in 1,000 will get pregnant over three years.	Over 99 per cent effective. Less than four women in 1,000 will get pregnant over two years.
How it works	A small flexible rod is put under the skin of the upper arm. It releases the hormone progestogen. It stops ovulation, thickens cervical mucus to stop sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilised egg implanting.	It releases the hormone progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting.
How long it lasts	Works for three years but can be taken out sooner.	Lasts for 12 weeks (Depo-Provera) or eight weeks (Noristerat).
How it affects periods	Your periods may stop, be irregular or longer.	Your periods may stop, be irregular or longer.
How it affects fertility	When the implant is removed your fertility will return to normal.	Your periods and fertility may take time to return after you stop using the injection.
How it is inserted/removed	A doctor or nurse numbs your skin in the inner area of your upper arm with a local anaesthetic and inserts the implant. It takes a few minutes and feels similar to having an injection. To remove it, the doctor or nurse uses a local anaesthetic, makes a tiny cut and gently pulls the implant out.	The hormone is injected into a muscle, usually in your buttocks. Depo-Provera can also be injected into the arm. Noristerat is a thicker solution so may be more painful to receive. The injection cannot be removed from the body so any side effects may continue for as long as it works and for some time afterwards.



Intrauterine device (IUD)

Over 99 per cent effective. Less than two women in 100 will get pregnant over five years. Older IUDs have less copper and are less effective.

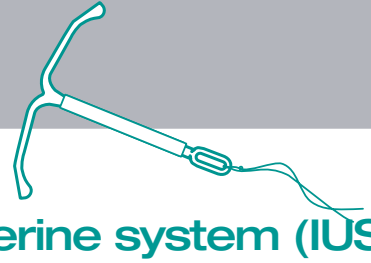
A small plastic and copper device is put into the uterus. It stops sperm reaching an egg, and may also stop a fertilised egg implanting in the uterus.

Can stay in 5–10 years depending on type but can be taken out sooner.

Your periods may be heavier or longer or more painful.

When the IUD is removed your fertility will return to normal.

A doctor or nurse will insert the IUD. This takes 15–20 minutes. It can be uncomfortable or painful and you may want to use a local anaesthetic. The IUD has two soft threads which hang through the opening of the uterus. A doctor or nurse can remove the IUD by pulling gently on its threads.



Intrauterine system (IUS)

Over 99 per cent effective. Less than one woman in 100 will get pregnant over five years.

A small, T-shaped plastic device, which releases the hormone progesterone, is put into the uterus. This thickens cervical mucus to prevent sperm reaching an egg, thins the lining of the uterus to prevent a fertilised egg implanting, and may stop ovulation.

Works for five years but can be taken out sooner.

Your periods usually become lighter, shorter and sometimes less painful. They may stop altogether.

When the IUS is removed your fertility will return to normal.

A doctor or nurse will insert the IUS. This takes 15–20 minutes. It can be uncomfortable or painful and you may want to use a local anaesthetic. The IUS has two soft threads which hang through the opening of the uterus. A doctor or nurse can remove the IUS by pulling gently on its threads.

How FPA can help you

Call **sexual health direct**, the helpline run by FPA. It provides:

- confidential information and advice on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

FPA helplines

England – helpline 0845 122 8690, 9am to 6pm Monday to Friday

Northern Ireland – helpline 0845 122 8687, 9am to 5pm Monday to Friday

www.fpa.org.uk – visit for information and advice or send your enquiry to Ask WES.

A final word

The information in this booklet is based on evidence-guided research from the World Health Organization, the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and National Institute for Health and Clinical Excellence guidance. Different people may give you different information and advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method.

Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.



talking sense about sex



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