



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ184
CONTRACEPTION

Long-Acting Reversible Contraception (LARC): IUD and Implant

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What are long-acting reversible contraception (LARC) methods?

Long-acting reversible contraception (LARC) methods include the ***intrauterine device (IUD)*** and the ***birth control implant***. Both methods are highly effective in preventing pregnancy, last for several years, and are easy to use. Both are reversible—if you want to become pregnant or if you want to stop using them, you can have them removed at any time.

How effective are LARC methods?

The IUD and the implant are the most effective forms of reversible birth control available. During the first year of typical use, fewer than 1 in 100 women using an IUD or an implant will become pregnant. This rate is in the same range as that for ***sterilization***.

How do LARC methods compare with other methods of contraception?

Over the long term, LARC methods are 20 times more effective than birth control pills, the patch, or the ring.

What is the intrauterine device (IUD)?

The IUD is a small, T-shaped, plastic device that is inserted into and left inside the **uterus**. There are two types of IUDs:

1. The hormonal IUD releases **progestin**. One hormonal IUD is approved for use for up to 5 years. Another is approved for use for up to 3 years.
2. The copper IUD does not contain hormones. It is approved for use for up to 10 years.

How does the IUD work?

Both types of IUDs work mainly by preventing **fertilization** of the **egg** by the **sperm**. The hormonal IUD also thickens cervical mucus, which makes it harder for sperm to enter the uterus and fertilize the egg, and keeps the lining of the uterus thin, which makes it less likely that a fertilized egg will attach to it.

What are the benefits of the IUD?

The IUD has the following benefits:

- Once it is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control.
- It does not interfere with sex or daily activities.
- It can be inserted immediately after an abortion, a miscarriage, or childbirth and while breastfeeding.
- Almost all women are able to use an IUD.
- If you wish to become pregnant or if you want to stop using it, you can simply have the IUD removed.
- The hormonal IUD helps decrease menstrual pain and heavy menstrual bleeding.
- The copper IUD also is the most effective form of **emergency contraception**.

How is the IUD inserted?

A health care provider must insert and remove the IUD. He or she will review your medical history and will perform a **pelvic exam**. To insert the IUD, the health care provider puts the IUD in a slender plastic tube. He or she places the tube into the **vagina** and guides it through the **cervix** into the uterus. The tube is withdrawn, leaving the IUD in place.

Will I feel anything when the IUD is inserted?

Insertion of the IUD may cause some discomfort. Taking over-the-counter pain relief medication before the procedure may help. The IUD has a string made of thin plastic threads. After insertion, the strings are trimmed so that 1–2 inches extend past the cervix into your vagina. The strings should not bother you.

What are possible side effects of use of the IUD?

With the copper IUD, menstrual pain and bleeding may increase. Bleeding between periods may occur. Both effects are common in the first few months of use. Pain and heavy bleeding usually decrease within 1 year of use.

Both hormonal IUDs may cause spotting and irregular bleeding in the first 3–6 months of use. The amount of menstrual bleeding and the length of the menstrual period usually decrease over time. Menstrual pain also usually decreases. A few women also may have side effects related to the hormones in these IUDs. These side effects may include headaches, nausea, depression, and breast tenderness.

What are possible risks of use of the IUD?

Serious complications from use of an IUD are rare. However, some women do have problems. These problems usually happen during or soon after insertion:

- The IUD may come out of the uterus. This happens in about 5% of users in the first year of using the IUD.
- The IUD can perforate (or pierce) the wall of the uterus during insertion. It is rare and occurs in only about 1 out of every 1,000 insertions.
- **Pelvic inflammatory disease (PID)** is an infection of the uterus and fallopian tubes. PID may cause scarring in the reproductive organs, which may make it harder to become pregnant later. The risk of PID is only slightly increased in the first 20 days after insertion of an IUD, but the overall risk still is low (fewer than 1 in 100 women).
- Rarely, pregnancy may occur while a woman is using an IUD.
- In the rare case that a pregnancy occurs with the IUD in place, there is a higher chance that it will be an **ectopic pregnancy**.

What is the birth control implant?

The birth control implant is a single flexible rod about the size of a matchstick that is inserted under the skin in the upper arm. It releases progestin into the body. It protects against pregnancy for up to 3 years.

How does the birth control implant work?

The progestin in the implant prevents pregnancy mainly by stopping **ovulation**. In addition, the progestin in the implant thickens cervical mucus, which makes it harder for sperm to enter the uterus and fertilize the egg. Progestin also keeps the lining of the uterus thin, making it less likely that a fertilized egg will attach to it.

What are the benefits of the birth control implant?

The implant has the following benefits:

- Once it is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control.
- It can be inserted immediately after an abortion, a miscarriage, or childbirth and while breastfeeding.
- It does not interfere with sex or daily activities.
- Almost all women are able to use the implant.
- If you wish to become pregnant or if you want to stop using it, you can simply have the implant removed.

How is the birth control implant inserted?

The implant is inserted into your arm by a health care provider. A small area on your upper arm is numbed with a local anesthetic. No incision is made. Your health care provider places the implant under the skin with a special inserter. The procedure takes only a few minutes.

How is the birth control implant removed?

To remove the implant, your health care provider again numbs the area. One small incision is made. The implant then is removed.

What are possible side effects of use of the birth control implant?

The most common side effect of the implant is unpredictable bleeding. For some women, these bleeding patterns improve over time. Some women have less menstrual pain while using the implant. In some women, bleeding stops completely. Other common side effects include mood changes, headaches, acne, and depression. Some women have reported weight gain while using the implant, but it is not clear whether it is related to the implant.

What are possible risks of use of the birth control implant?

Possible risks include problems with insertion or removal of the implant. These problems occur in less than 2% of women. Although rare, if a woman becomes pregnant while the implant is inserted, there is a slightly increased risk that it will be an ectopic pregnancy.

Glossary

Birth Control Implant: A small, single rod that is inserted under the skin in the upper arm by a health care provider. It releases a hormone and protects against pregnancy for up to 3 years.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

Egg: The female reproductive cell produced in and released from the ovaries; also called the ovum.

Emergency Contraception: Methods that are used to prevent pregnancy after a woman has had sex without birth control, after the method she used has failed, or if a woman is raped.

Fertilization: Joining of the egg and sperm.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Ovulation: The release of an egg from one of the ovaries.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Pelvic Inflammatory Disease (PID): An infection of the uterus, fallopian tubes, and nearby pelvic structures.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Sperm: A cell produced in the male testes that can fertilize a female egg.

Sterilization: A permanent method of birth control.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

FAQ184: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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