

Which long-acting reversible contraception is right for me?

Long-Acting Reversible Contraception (LARC) has gained popularity for several reasons:

1. **It takes away the need to remember to do something every day, week, or month.** By placing a device with a one-time procedure, use of one of these methods eliminates the chance that you can “mess up” by forgetting to take a pill, or forgetting to change a patch or ring. For that reason, LARCs are very effective methods to prevent pregnancy.
2. **Each of these methods provides birth control without estrogen.** Estrogen is a main component of most contraceptive pills, as well as the patch and the ring. However, the IUDs and the implant do not contain estrogen. Progesterone-only contraception is safe for women who cannot use estrogen, such as those suffering from migraines with aura, clotting disorder, or smokers after age 35. LARCs are safe in all of these women.
3. **Each of these methods is >99% effective at preventing pregnancy.**
4. **Upon discontinuation/removal of any of these methods, you can begin trying for pregnancy immediately.**
5. Women with a history of malignancy (cancer) or other major medical problems may or may not be appropriate candidates for birth control pills OR LARCs, and any health problem should be discussed with your doctor before a contraceptive method is chosen.
6. Under the Affordable Care Act, LARCs are currently available at no copay to insured patients. However, we still will verify with your insurance prior to insertion.

With each of these contraceptive methods, your bleeding pattern will likely not be fully established until after the first 3-6 months. Therefore, we do not recommend removal for abnormal bleeding unless 6 months has passed and the abnormal bleeding continues.

On the day of IUD insertion, it is recommended that you take 600 mg of ibuprofen and 500 mg of acetaminophen (Tylenol) around 1 hour prior to your appointment.

Type	What is it?	# of years of protection	Who is this right for?
Mirena IUD	52 mg levonorgestrel (progesterone IUD)	5 years (Women older than 45 years old may experience up to 7 years of contraception)	Mirena is indicated for prevention of pregnancy for up to 5 years. Women with heavy menstrual or irregular menstrual bleeding also benefit from the use of the Mirena. The Mirena is approved to treat abnormal uterine bleeding, and 20% of users may have no period at all (amenorrhea) after the first 3-6 months.
Kyleena IUD	19.5 mg levonorgestrel (progesterone IUD)	5 years	Kyleena was created by the same makers as Mirena to provide a smaller IUD that is thought to be more comfortable to place in women who have not had children. Unlike the Skyla, the Kyleena IUD can last up to 5 years. In studies, after one year of use, about 12% of women stopped having periods; by 5 years of use, about 23% of women stopped having periods.
Skyla IUD	13.5 mg levonorgestrel (progesterone IUD)	3 years	Skyla is very similar to Kyleena, but has a lower dose of hormones and therefore is only approved for pregnancy prevention for up to 3 years. The Skyla may be right for you if you want effective contraception for up to 3 years and also want the lowest dose of hormones possible. More women do continue to menstruate on the Skyla -- only 6% of users stop having periods after 1 year of use.
Liletta IUD	52 mg levonorgestrel (progesterone IUD)	3 years, but currently in studies to be extended to 5-7 years	Liletta is almost the same device as Mirena, but is made by a different manufacturer with a commitment to helping underserved women (in the US and abroad) to obtain this IUD as well. Because it is newer, it is currently only approved for 3 years. The Liletta+Liletta rewards program offers eligible patients wishing to continue their Liletta after 3 years a second Liletta at no out-of-pocket cost. This may be a good option if you desire pregnancy within the next 3 years: we can place a Liletta now, remove it for pregnancy, and place the second Liletta at no charge postpartum for pregnancy spacing.
ParaGard IUD	Copper IUD	10 years	The ParaGard IUD may be a good choice in women who do not want to use ANY hormones. Because it works by promoting an inflammatory response in your uterus, many women experience more painful, heavier periods with this IUD. It also is slightly less effective than the progesterone-releasing IUDs, but still has a >99% pregnancy prevention rate.
Nexplanon	68 mg etonogestrel implant (progesterone implant)	3 years	Because the Nexplanon is placed after using a numbing injection, the Nexplanon may be a good option if you are unable to tolerate a pelvic exam. The major complaint of the Nexplanon is unpredictable bleeding - In studies, 1/10 women discontinued due to an unfavorable change in bleeding pattern.

