

## **IMPLANON (contraceptive implant) – Lines to take and Q&A: from the Department of Health Sexual Health Team.**

### **Top Lines**

DH spokesperson

"We understand why women are concerned. They should be reassured that the vast majority of people with the implants experience safe and effective care.

"The implant is one of the most reliable forms of contraception. It is over 99 % effective and less than one woman in every 1,000 will get pregnant over three years. However, no method is 100% effective and women should be informed of the risk of pregnancy as part of any discussion around contraception. It is essential that all health professionals who insert implants should have received appropriate training and certification. To put this in context, we estimate that around 800,000 women currently use Implanon, and that around 1.4 million women have used Implanon since it was first licensed in 1999."

On compensation

"If something goes wrong, hospitals have a duty to report it and it is right that patients are compensated where appropriate. It is essential that all health professionals who insert implants should have received appropriate training and certification and if they don't, doctors and nurses can find themselves up before GMC or nursing and midwifery council for poor practice."

### **Q&A**

#### **What is Implanon and how does it work?**

The Implanon contraceptive implant is a small flexible rod that is placed just under the skin of the upper arm. It releases a progestogen hormone similar to the natural progesterone that women produce in their ovaries. It works for up to three years.

#### **What training do doctors and nurses need to fit Implanon?**

All doctors offering Implanon insertion should hold the Letter of Competence in Subdermal Contraceptive Implants (LoC SDI) from the Faculty of Sexual and Reproductive Healthcare (FSRH).

Nurses should obtain accreditation from the Royal College of Nursing (RCN) after completion of the RCN training guidance.

Accreditation involves: demonstration of skills required for counselling for implants, knowledge of issues relevant to implant use, problem management, and observation of insertion and removal. In addition, a minimum number of supervised insertions and removals, as specified by the FSRH/RCN should be completed.

Evidence of maintaining skills should be sought by recertifying according to the FSRH/RCN guidelines and attending regular updates.

### **What is the Department doing to promote training etc?**

The Faculty of Sexual and Reproductive Healthcare has very strict rules in place about the training and revalidation that must be undertaken. In promoting choice in contraception, the Department has worked closely with the Faculty to increase training opportunities for health professionals to train to fit and remove LARC methods safely.

The Department has invested £33m over 3 years in the Improving Access to Contraception Fund (which included a number of LARC training and access projects). The figures also include amounts for work in Further Education colleges:

2008/09 - £10m

2009/10 - £11.6m

2010/11 - £11.4m

Total across the 3 years - £33m

No health professional should be doing procedures which they are not trained and competent to undertake - this includes implant insertion and removal. If they don't have the appropriate training then women can sue for negligence and doctors and nurses can find themselves up before GMC or nursing and midwifery council for poor practice.

### **How many women use Implanon?**

We estimate that around 800,000 women currently use Implanon, and that around 1.4 million women have used Implanon since it was first licensed in 1999. The number of women using Implanon has increased in recent years.

No method of contraception is 100% effective all of the time. Implanon is 99% effective, and the small number of unintended pregnancies mentioned in the article therefore needs to be seen in the context of the large number of women who have successfully used Implanon to help them to manage their fertility.

### **How many women use contraception**

Survey data shows that 58% of women aged 16-49 use some form of contraception. Around 3 million women use the pill and a similar number use male condoms.

### **How effective is Implanon? And what about failures?**

Implanon is over 99% effective. It is particularly effective because once it is fitted users do not need to take any further action themselves – unlike the pill, which users need to remember to take every day, or a condom, which users must use correctly every time they have sex.

But no method of contraception is 100% effective in every case. Doctors and nurses will need to discuss the possibilities of contraceptive failure with their patients to help them to come to a decision about which method of contraception is right for them.

### **How common is it for compensation to be paid on implanon?**

It is rare. NHS litigation authority has only ever had 14 claims, and we are aware of a few others through the Medical Defence organisations, but that is in the context of 1.4 million women having used this drug. So people should be reassured that in the vast majority of cases, people experience good care.

### **How much has been paid out?**

From the NHS Litigation Authority, via FOI on 11 Nov.

£200,000. £118,583 was paid in damages £80,000 is related to costs. This relates to 9 cases. There have only ever been 14 claims through NHS

LA, and again, this is in the context of 1.4million women having used this drug.

### **Other problems/side effects with Implanon**

Some women can experience side effects when using Implanon, such as changes in periods and some can experience prolonged bleeding just after the implant has been inserted. Women should be advised of any possible side effects before an implant is inserted, and advised to return to for a further discussion with their doctor or nurse if they experience any problems with side effects.

There are fifteen different methods of contraception, and not all of them will be suitable for everyone. However, doctors and nurses will be able to advise patients on a method which is suitable for them.

### **Problems with removal/scaring of skin**

No procedure is risk free but these are rare events.

### **Why has the Department been promoting Implanon – and other long-acting reversible contraception – if it doesn't work properly?**

There are fifteen different methods of contraception, and the Department is keen to promote contraceptive choice. We are keen to make sure that women are aware that contraceptive choice goes beyond condoms and the pill, and that they are aware of other options such as long-acting reversible contraceptives, such as Implanon.

### **What is the difference between Implanon and Nexplanon?**

Nexplanon replaced Implanon from October 2010. Nexplanon consists of a new delivery system which makes it easier for trained doctors and nurses to fit the implant correctly. Both Implanon and Nexplanon are identical in terms of how they work and their effectiveness, so there will be no need for Implanon users to have their implant replaced by Nexplanon before its normal replacement time.

### **What should users do if they have any concerns?**

Anyone who wants to talk about contraception – whether they currently use Implanon or not – can talk to their GP or to a healthcare professional at their local community sexual health clinic.