

Long-Acting Reversible Contraception (Duration and Special Circumstances)

Table of Contents

BACKGROUND ON DURATION OF USE	2
SPECIFIC LARCS.....	2
PARAGARD	2
MIRENA	2
LILETTA	2
KYLEENA	2
SKYLA.....	3
NEXPLANON	3
SUMMARY OF RECOMMENDED DURATIONS OF USE	3
POSTPARTUM LARC INITIATION	3
IUDs FOR MENOPAUSAL HORMONE REPLACEMENT THERAPY	4
IUDs FOR EMERGENCY CONTRACEPTION	4
REFERENCES	5
VERSION HISTORY	5

BACKGROUND ON DURATION OF USE

Following FDA approval, further studies have since been completed which demonstrate that many Long-Acting Reversible Contraceptives (LARCs) are safe and effective for a longer duration than previously known. Examples of LARCs include intrauterine devices (IUDs) both with and without levonorgestrel (LNG) and arm inserts containing etonogestrel. There are, however, a range of recommendations from national organizations, such as the American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), Society of Family Planning (SFP), and Planned Parenthood, for what the optimal duration of use is.

Our recommendations are designed to reflect the best available evidence, with the intention of continuing to minimize the risk of unintended pregnancies, while also reducing the frequency of invasive procedures required for LARC removal or exchange.

SPECIFIC LARCS

PARAGARD - TCu380A Copper IUD

1. FDA approved for 10 years of use.
2. Both Planned Parenthood and ACOG support 12 years of use.¹ This threshold is defined based on loss to follow-up in the primarily literature, rather than evidence of contraceptive failure. “Women who are at least 35 years old at the time of insertion of a TCu380A IUD can continue use until menopause with a negligible risk of pregnancy.”¹
3. In keeping with this data, we support a 12-year duration of use.

MIRENA - 52-mg levonorgestrel (LNG) IUD

1. Dose reported either as total drug in device or as maximum daily release (20 mcg).
2. FDA approved for eight years for contraception and five years for heavy menstrual bleeding.
3. Multicenter data demonstrates efficacy through seven years of use. Additionally, the data showed no additional pregnancies among 398 LNG-IUD users who had continued use of between eight to eleven years.¹ Further studies on Liletta, as listed below, have demonstrated eight-year efficacy.
4. In keeping with updated FDA guidance, we support an eight-year duration of use for contraception and five-year duration of use for management of abnormal uterine bleeding.

LILETTA - 52-mg levonorgestrel (LNG) IUD

1. Dose reported either as total drug in device or as maximum daily release (18.5 mcg).
2. FDA approved for eight years for contraception and five years for heavy menstrual bleeding.
3. Initial studies, cited by ACOG, compared hormone release to Mirena, and demonstrated similar values over the five-and-a-half-year study duration, leading to ACOG recommending a five-to-seven-year duration of use, while awaiting further data. AbbVie subsequently completed an eight-year multicenter study, and updated their prescribing instructions, to recommend use for up to eight years.²
4. In keeping with updated FDA guidance, we support an eight-year duration of use for contraception and five-year duration of use for management of abnormal uterine bleeding.

KYLEENA – 19.5-mg levonorgestrel (LNG) IUD

1. Dose reported either as total drug in device or as maximum daily release (9 mcg).
2. FDA approved for five years.

3. There is insufficient follow-up data for Planned Parenthood or ACOG to recommend extended use beyond five years.
4. In keeping with this data, we support a five-year duration of use.

SKYLA – 13.5-mg levonorgestrel (LNG) IUD

1. Dose reported either as total drug in device or as maximum daily release (8 mcg).
2. FDA approved for three years.
3. There is insufficient follow-up data for Planned Parenthood or ACOG to recommend extended use beyond three years.
4. In keeping with this data, we support a three-year duration of use.

NEXPLANON – 68 mg etonogestrel (ENG) implant

1. FDA approved for five years. Supported by Planned Parenthood and ACOG.
2. ACOG recommendation acknowledges on-going data collection. Initial data was from single center cohort study and found no pregnancies in fourth and fifth years of use. However, they examined ENG blood levels, and found that in overweight and obese individuals, some had blood ENG levels below the 90 pm/ml threshold thought to prevent ovulation.¹ A subsequent multicenter cohort study similarly found no pregnancies in fourth and fifth years of use.²
3. In keeping with this data, we support a five-year duration of use.

SUMMARY OF RECOMMENDED DURATIONS OF USE

	Planned Parenthood	FDA	ACOG	SCF OB/GYN
Paragard	12	10	12	12
Mirena	8	8	7	8*
Liletta	8	8	5-7	8*
Kyleena	5	5	-	5
Skyla	3	3	-	3
Nexplanon	5	5	5	5

*For AUB or postmenopausal endometrial protection, five-year duration is recommended (see below).

POSTPARTUM LARC INITIATION

All the above-mentioned LARC methods are considered safe and effective for postpartum initiation. Both hormonal and non-hormonal options may be offered regardless of lactation status or route of delivery. Hormonal options are generally MEC Category 2 in the first 30 days after delivery for lactating people, and otherwise MEC Category 1 due to theoretical risks with milk supply.¹³ However, the 52-mg levonorgestrel IUD has been specifically studied with respect to lactation and was found not to have any statistical difference in timing of lactogenesis or of exclusive breastfeeding on postpartum follow-up.⁷

The Nexplanon can be placed at any point during the postpartum course.

Intrauterine devices are typically placed either immediately following placental delivery (within 10 minutes), or as an interval placement (six weeks postpartum).⁷ Immediate postpartum IUD insertion is contraindicated for individuals in whom uterine infection or ongoing postpartum hemorrhage are diagnosed (US MEC Category 4).^{8, 13}

Risks of post-placental placement are similar to non-pregnancy-associated placement and include rare risks of uterine perforation or infection. There is an increased risk, however, of device expulsion with post-placental placement (10-27%).

For individuals who strongly desire early postpartum IUD placement, there is evidence that early postpartum placement (>10 minutes to 48 hours) may be considered.⁹ However, some studies suggest an increased risk of IUD expulsion in this timeframe.⁷ This option should be considered through shared decision making, especially if there are barriers to interval placement.

IUDs FOR MENOPAUSAL HORMONE THERAPY

According to expert opinion from the Menopause Society, the 52-mg levonorgestrel IUDs (Mirena and Liletta) can be safely used in perimenopausal and menopausal patients to provide endometrial protection as part of hormonal therapy regimens for up to five years.¹⁰ Extended use of the IUDs beyond five years in combination with estrogen in both perimenopausal and menopausal patient populations is not currently advised, due to the decreasing levels of levonorgestrel released in years six through eight along with insufficient research to establish the safety and efficacy of extended use beyond five years for these IUDs.

Additionally, the use of the lower-dose IUDs (Kyleena and Skyla) for this purpose is not recommended as there is limited data in the setting of hormonal therapy regimens. These devices may not provide adequate protection for the entire length of their contraceptive efficacy of three to five years.

Patients should be informed that the use of any IUD for this purpose is currently considered off-label. In the private sector, this could additionally pose challenges with insurance coverage for an IUD placed for this reason.

IUDs FOR EMERGENCY CONTRACEPTION

The Paragard IUD has been used for emergency contraception over the past several decades. Paragard is currently the only IUD recommended by the CDC (US SPR) for this purpose. It can be placed up to five days after unprotected intercourse and has a less than 1% failure rate in this setting. Additionally, when the day of ovulation can be estimated, the Paragard may be placed more than five days after sexual intercourse, as long as placement does not occur more than five days after ovulation.¹¹ A negative pregnancy test should be confirmed prior to placement.

The 52-mg levonorgestrel IUDs (Mirena and Liletta) are increasingly becoming a popular choice for emergency contraception as well, and are both offered as alternatives to the Paragard by Planned Parenthood. This is supported by a 2021 non-inferiority study which found a 0.3% failure rate when the 52-mg levonorgestrel IUD was used following the same parameters as for Paragard placement.¹²

SCF supports the use of either of the 52-mg levonorgestrel IUDs or Paragard IUD for emergency contraception.

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VERSION HISTORY

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