## 4.4 SUBDERMAL IMPLANT

### DEFINITION:
The etonogestrel implant (Nexplanon) is a single rod with 68 mg etonogestrel. This is a long-acting reversible contraceptive method (LARC). The method is a progestin-only method. A small amount of hormone is released daily for suppression of ovulation. The implant is over 99% effective and is labeled to provide contraception for 3 years. The implant can be removed, and a new device inserted at the same time if the client desires to continue with an implant as a contraceptive method. Unscheduled spotting or light bleeding is common with implant use and some women experience amenorrhea. Insertion of contraceptive implant **must be done** by a trained medical provider.

### SUBJECTIVE:

**Must Include**
1. LMP.

**Should Include**:
1. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated).
2. Evaluation for allergies to antiseptic, local anesthesia to be used and components of the implant.
3. Client’s desire for long-term contraception.
4. Reasonable certainty the client is not pregnant.

**Must Exclude**:
Any condition listed as a category 4 in the current CDC U.S. Medical Eligibility Criteria for Contraceptive Use.

### OBJECTIVE:

**Should Include**:
1. For initial assessment: weight including BMI and BP.
2. Periodic physical assessment as indicated.

### LABORATORY:

**May Include**:
1. Negative sensitive urine pregnancy test (UCG) only if client has unexplained irregular or delayed menses or symptoms of pregnancy. Routine pregnancy testing is not necessary.
2. STI screening as indicated.
3. Pap test (per current guidelines).
4. Other lab work as indicated.

### ASSESSMENT:
Client is candidate for contraceptive implant.

### PLAN:
Follow manufacturer guidelines for appropriate and safe insertion and/or removal of device.
1. **Initiation of Contraceptive Implant**
   a. Implant can be placed at any time in cycle; back-up method is needed 7 days.
   b. If the implant is inserted within the first 5 days of LMP, no additional contraceptive protection is needed.
   If the implant is inserted > 5 days of LMP, the client will need to abstain
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<td>from sexual intercourse or use additional contraceptive protection for the next 7 days.</td>
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<td>c. The implant can be inserted anytime it is reasonably certain the woman is not pregnant.</td>
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2. **If Postpartum and **Breastfeeding**:**
   a. Immediately post-delivery the implant can be placed.
   b. If breastfeeding nearly exclusively < 6 months postpartum & amenorrheic no additional contraceptive protection is needed. *Otherwise*, a client who is ≥ 21 days postpartum and has not experienced return of her menstrual cycle will need to abstain from intercourse or use additional contraceptive protection for the next 7 days.
   c. If menses has returned and it has been > 5 days since menstrual bleeding started, she will need to abstain from intercourse or use additional contraceptive protection for the next 7 days.

3. **If Postpartum and not Breastfeeding:**
   a. The postpartum client is < 21 days postpartum no additional contraceptive is needed.
   b. If > 21 days postpartum and has not experienced return of her menstrual cycle she will need to abstain from intercourse or use additional contraceptive protection for the next 7 days.
   c. If menses has returned and it has been > 5 days since menstrual bleeding started, she needs to abstain from intercourse or use additional contraceptive protection for the next 7 days.

4. **Post abortion (Spontaneous or Induced)**
   a. The implant can be inserted within the first 7 days, including immediately post abortion.
   b. The woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days unless the implant is placed at the time of a surgical abortion.

5. **Switching from another contraceptive method:**
   a. The implant can be started immediately if it is reasonably certain that the woman is not pregnant. Waiting for her next menstrual cycle is not necessary.
   b. If it has been > 5 days since menstrual bleeding started, the woman needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.

6. **Switching from an IUC:** If the woman has had sexual intercourse since the start of her current menstrual cycle and it has been > 5 days since menstrual bleeding started, theoretically, residual sperm might be in the genital tract, which could lead to fertilization if ovulation occurs. A health care provider may consider any of the following options:
   a. Advise the women to retain the IUC for at least 7 days after the implant is inserted and return for IUC removal.
   b. Advise the woman to abstain from sexual intercourse or use barrier contraception for 7 days before removing the IUC and switching to the new method.
   c. If the woman cannot return for IUC removal and has not abstained from sexual intercourse or used barrier contraception for 7 days, advise the woman to use ECPs (except for ulipristal acetate) at the time of IUC removal.
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<td>removal.</td>
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<td>7. Client must demonstrate clear understanding of all information and counseling provided, as documented in her medical record.</td>
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<td>8. Advise the client to return at any time to discuss side effects or other problems, if she wants to change the method being used and/or when it is time to remove or replace the contraceptive method. No routine follow-up visit is required.</td>
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<td>9. Treatment of bleeding irregularities with the implant:</td>
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<td>a. Oral celecoxib 200mg daily x 5 days.</td>
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<td>b. Oral mefenamic acid 500mg 3 times daily x 5 days.</td>
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<td>c. Ibuprofen 800mg 3 times daily x 5 days with food.</td>
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<td>d. CHCs daily if not contraindicated</td>
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<td>e. Conjugated estrogen 1.25 mg daily x 21 days</td>
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### EDUCATION:

| 1. Provide information on effectiveness, benefits, side effects, and risks specific to hormonal implant. Client must demonstrate clear understanding of all information and counseling provided, as documented in the medical record. This must include a signed consent from either the manufacturer or clinic specific. |
| 2. Discuss with client there will be a change in her menstrual cycle. Bleeding may be irregular and unpredictable throughout the period of implant use. |
| 3. Advise contraceptive implant does not provide any protection against HIV or other STIs. |
| 4. Counsel client once implant is removed her fertility can return very quickly and if she does not desire a pregnancy she needs to use another form of contraception. |
| 5. Discuss with client mechanism of how implant works. |
| 6. Discuss after insertion care of site with the client. |
| 7. Advise client to contact clinic if she develops symptoms of infection at insertion site (tenderness, redness, swelling, discharge). |
| 8. Discuss with client certain medications (prescriptive & OTC) and/or herbs (e.g. St. John’s Wort) may have an impact on the effectiveness of the implant. |
| 9. Provide user card to client that has documented date for implant removal. |

### REFERRAL TO MEDICAL PROVIDER:

Any client with category 3 condition(s) per the current U.S. Medical Eligibility Criteria for Contraceptive Use. Refer to physician for difficult insertion and/or removal.

### REFERENCES:

1. Nexplanon manufacturer’s insertion instruction for Nexplanon.