

FSRH CEU recommendation on extended use of the etonogestrel implant and 52mg levonorgestrel-releasing intrauterine system during COVID restrictions 20 March 2020

At present, to reduce risk of coronavirus transmission, non-essential face-to-face contact with healthcare providers is being minimised where possible. Replacement procedures for long-acting reversible contraceptive (LARC) devices that have recently expired are non-essential.

The available evidence suggests that the risk of pregnancy in the 4th year of use of the etonogestrel implant (ENG-IMP) and the 6th year of use of a 52mg levonorgestrel-releasing intrauterine system (LNG-IUS) is likely to be very low. Unfortunately studies are too small to allow an accurate evidence-based estimate of contraceptive effectiveness to be made.

The evidence – etonogestrel implant (ENG-IMP) A total of 783 women across 5 observational studies used the ENG-IMP for 4 years and 306 for 5 years – no pregnancies were observed, but numbers are small.¹

The evidence – 52mg levonorgestrel-releasing intrauterine system (LNG-IUS) McNicholas *et al.* reported pregnancy rates for the 52mg LNG-IUS of 0.25 and 0.43 per 100 woman years for the 6th and 7th years of use respectively (347 subjects completed 6 years and 160 completed 7 years of use).² Rowe *et al.* reported a 7 year cumulative pregnancy rate for the 52mg LNG-IUS of 0.5% (681 women completed 6 years and 398 completed 7 years of use).³ Wu *et al.* reported on much smaller, earlier studies of under 100 women in which no pregnancies were observed in years 6 and 7 of 52mg LNG-IUS use).⁴ It is noted that all numbers are small.

FSRH CEU conclusion

FSRH CEU suggests that, in the current circumstances, individuals requesting replacement of their ENG-IMP at 3 years or 52mg LNG-IUS at 5 years can be advised that their risk of pregnancy is likely to be very small during the first year of extended use (up to 4 years for the ENG-IMP and up to 6 years for the 52mg LNG-IUS). Replacement can be delayed for up to a year after expiry to avoid unnecessary risk of coronavirus transmission due to contact with healthcare professionals. (Note that individuals using Mirena® for endometrial protection as part of HRT must have the IUS changed at 5 years, or switch to a combined HRT preparation.) Extended use of lower dose LNG-IUS devices is not recommended.

Users should be made aware that contraceptive effectiveness cannot be guaranteed. Individuals may wish to use condoms in addition, or to add in a progestogen-only contraceptive pill (POP). After 4 completed years of use of the ENG-IMP and 6 completed years of use of the 52mg LNG-IUS, all women should be advised to use condoms in addition or to add a POP (note that the contraceptive effectiveness of a POP is reduced by concomitant use of an enzyme inducing medication).

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Women aged over 45 years at the time of 52mg LNG-IUS insertion should continue to be advised that contraceptive effectiveness is maintained until age 55 at which time contraception is no longer required.

References

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