

## PATIENT EDUCATION SERIES

# The Implant



(known as Nexplanon) is

a single plastic rod that is inserted into the upper arm.

How does it work? The implant releases a small amount of a hormone called etonogestrel (a form of progestin). It works by stopping ovulation, changing the cervical mucus, and thinning the lining of the uterus.

**How effective is it?** The implant is highly effective at preventing pregnancy. Less than 1 woman in 100 will become pregnant within the first year of using the implant.

**How long does it last?** It lasts for 3 years. It is reversible—it can be removed at any time if you want to become pregnant or switch methods.

How do you get it? It is inserted in the upper arm by your health-care provider.



- Implants are highly effective, reversible forms of birth control.
- \* "Reversible" means it's not permanent. You can stop using it or change to another method at any time.
- \* They last for 3 years.
- You can get an implant right after you have your baby while you are still in the hospital.

#### **Benefits**

- Very effective and long-lasting. The implant is one of the most effective birth control methods. It protects against pregnancy for up to 3 years.
- **Reversible.** You can have an implant removed at any time if you want to become pregnant or if you want to switch methods.
- Nothing to remember. You no longer have to think about birth control until the time when your implant is due to be replaced or removed.
- **No waiting period.** You can have the implant put into your arm right after you have your baby in the delivery room or at any time during your hospital stay.
- Compatible with breastfeeding. The implant has no effect on how much milk you make or when your milk comes in. Breastfeeding while using this method is safe for your baby.
- No estrogen. If you cannot take estrogen, this is a good method to use.

#### Possible Risks and Side Effects

- Changes in your period. Changes in menstrual bleeding are common. You may have changes in bleeding
  frequency (more frequent, less frequent, or no bleeding); amount (more or less bleeding); or duration
  (longer or shorter periods). One in 5 women stop having periods completely; another 1 in 5 have more
  frequent or longer periods.
- Other side effects. Less common side effects include nausea, headache, abdominal pain, breast pain, and vaginal infections.
- Insertion and removal problems. In a very small number of women, it may be hard to insert or remove the implant. In very rare cases, the implant can't be inserted. This is called a failed insertion. Your health-care provider will check for this by feeling for the implant under the skin after insertion to make sure it's in place.

### **Common Questions**

- Does getting an implant hurt? Some pain, slight bleeding, and mild bruising are common after getting an implant. Ice and over-the-counter pain relievers can help.
- Can an implant get "lost?" An implant can't get lost, but it's possible to insert the implant too deeply or



incorrectly so that it can't be felt. If this happens, your health-care provider will check to see if the implant is actually inside your body. It's important to know this because you can get pregnant with a failed insertion. Current implants can be seen on an X-ray, so that is usually the first step when you can't feel the implant. Other ways to find the implant include a sonogram, computerized tomography (CT), or magnetic resonance imaging (MRI). If it still can't be found, you can have a blood test for the hormone in the implant.

• How can I get an implant right after delivery? Tell your obstetric care provider during one of your prenatal care visits that you would like to have an implant inserted after delivery. Arrangements need to be made beforehand for this to happen. Some religiously affiliated hospitals do not prescribe birth control methods. Some insurance companies do not cover implant insertion right after delivery. It is a good idea to find out about your hospital's policies and your insurance coverage before you deliver your baby.

The Society for Maternal-Fetal Medicine's Patient Education Series reflects the content of current, published SMFM practice guidelines. Each series document has undergone extensive internal review prior to publication. Patient Education documents should not be used as a substitute for the advice and care of a medical professional.