## Where can you get an implant?

Insertion is done by a qualified health care provider. Call your local family planning clinic for information. Ask your provider about the availability of Nexplanon® which is the implant that is replacing Implanon® in 2012.

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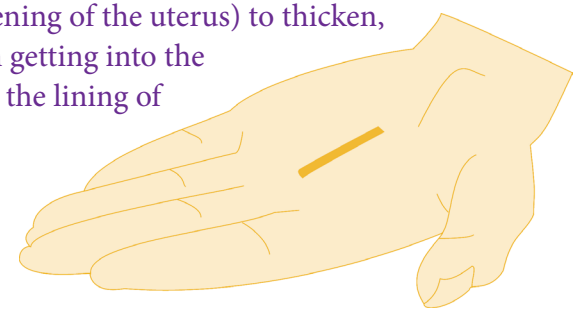
# Implants

## How an implant works

An implant is a small, flexible capsule or rod that is placed under the skin of the upper, inner arm. An implant is filled with a low-dose hormone (progestin) that is continually released into your body and is effective for three years.

Because of the constant presence of the progestin hormone, implants work by stopping your body from releasing an egg so that no egg is present to be fertilized, by causing the cervical mucus (liquid at the opening of the uterus) to thicken, which stops sperm from getting into the uterus, and by changing the lining of the uterus.



## How to use an implant

To insert an implant, your health care provider will give you a local anesthetic (similar to what dentists use). Your provider will insert the implant into your upper arm through a special needle. You will feel pressure and later you may have some discomfort and bruising at the place of insertion for a short time. Your health care provider will give you follow up instructions.

Removal of an implant requires a minor surgical procedure that typically takes only a few minutes. An implant can be removed at any time; it is not required that the implant be used for the full three years.

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## Effectiveness

The implant is a highly effective, long-acting, reversible contraceptive method with almost no difference between perfect-use and typical-use. Less than 1 woman in 1,000 will have an unintended pregnancy in one year using an implant (99.9% effective). An implant is effective for three years. Once you get your implant removed, you could get pregnant immediately.

## Benefits of an implant

Implants provide continuous and easy protection from pregnancy and it does not interrupt sexual activity. Some women with an implant will have very light bleeding throughout the month. Other women may stop having periods, especially after the first year. Women who cannot take estrogen because of certain health problems can use an implant. As with other progestin-only methods of contraception, implants lower the risk of endometrial and cervical cancer, anemia, ectopic pregnancy, and pelvic infection.

Women can use an implant while breastfeeding.

## Potential side effects and disadvantages

During the first year, many women report irregular bleeding, spotting or (rarely) longer, heavier periods. The longer a woman uses the implant, the more likely her periods will stop. If a woman is not comfortable with irregular bleeding, or not having a period, the implant may not be a good option of birth control for her.

Some women report headaches, minor weight gain, mood changes, and/or depression.

Using an implant will not give you protection against HIV (AIDS) or sexually transmitted infections (STIs) such as chlamydia, herpes, genital warts (HPV), gonorrhea, hepatitis B and syphilis.

## Potential risks

Some women should not use implants because of certain health conditions. Your health care provider will talk with you about potential health conditions that would prevent you from using the implant. There are very few complications with the use of an implant.

GENERAL REFERENCE: Contraceptive Technology (CT):
20th Rev. Ed., 2011 and CT Update (monthly newsletter).