Contraception

LARC primacy, method selection & special populations

CLINICAL PATHWAY

LARCs (IUDs & implant) are first-line for all ages — there is no nulliparity bar. Quick-start (starting any method on the day of the visit) is appropriate for most patients once pregnancy is reasonably excluded.

TIER 1 — LARC (FIRST-LINE)

- Hormonal IUDs (52 mg & 19.5 mg LNG): 5–8 years; the 52 mg device cuts bleeding by ~90% and is also first-line therapy for HMB
- Copper IUD: 5–10 years, hormone-free; doubles as emergency contraception up to 5 days; may increase bleeding
- Etonogestrel implant: 3 years, subdermal, GP-inserted; failure <0.1%

TIER 2 — SHORT-ACTING METHODS

- COCP, progestogen-only pill, vaginal ring, patch: all ~9% typical-use failure — effectiveness depends heavily on adherence
- Depot medroxyprogesterone: ~6% typical-use failure; watch bone mineral density with long-term use; reversal can be slow

SPECIAL POPULATIONS

- Adolescents: LARC first-line; no minimum age; no parental consent needed if Gillick-competent; consider an STI screen at insertion
- Postpartum: progestogen-only methods from day 1; IUD from 6 weeks; combined hormonal methods from 6 weeks (breastfeeding) or 21 days (not breastfeeding, no VTE risk factors)
- Perimenopause: continue contraception to 50 (hormonal) or 55 (non-hormonal); the hormonal IUD can double as the progestogen component of MHT

CONTRAINDICATIONS — UKMEC 3/4

- Combined hormonal contraception: age >35 plus smoking, migraine with aura, active breast cancer, VTE history, uncontrolled hypertension
- Enzyme inducers (rifampicin, carbamazepine, phenytoin, St John's Wort) reduce combined hormonal efficacy
- IUDs avoided in active pelvic infection (treat first), current STI, confirmed or suspected pregnancy, or a distorted uterine cavity

EMERGENCY CONTRACEPTION

- Copper IUD up to 5 days: most effective option, and can stay in for ongoing contraception
- Ulipristal up to 120 hours: more effective than levonorgestrel at higher BMI or later presentation; delay starting hormonal contraception for 5 days after
- Levonorgestrel up to 72 hours: available over the counter; less effective at higher BMI; restart usual contraception the same day

MBS / PBS ITEM NUMBERS

IUD insertion and removal item numbers, and current PBS listings for LARC devices, change — confirm at mbsonline.gov.au and pbs.gov.au before billing or prescribing.

■ SAFETY

- New migraine with aura on combined hormonal contraception — stop immediately, this is an absolute contraindication
- Counsel on UKMEC category before starting any combined hormonal method in a patient with vascular or hepatic risk factors
- Confirm pregnancy status before IUD insertion or a quick-start initiation

■ RED FLAGS / REFER

- Significant pain or bleeding after IUD insertion → exclude perforation, expulsion or ectopic pregnancy
- Suspected IUD malposition → pelvic ultrasound and gynaecology review; don't attempt removal blind
- New heavy menstrual bleeding on a LARC, or symptoms not settling with the expected method → investigate, consider the hormonal IUD as therapy