



Action Centre

- Primary care urban reproductive and sexual health clinic for under 25s
- · Around 3300 clients per year
- ≈ 400 Implanon NXT inserted per year



Intitiaing the implant

- Traditional start
 - Day 1-5 of normal period
- · Pregnancy ruled out
 - Negative pregnancy test and no unprotected sex in the last 3 weeks
 - No intercourse since the start of the last normal menstrual period
 - Consistently and correctly using a reliable method of contraception
 - within 21 days post-partum
 - within 5 days post-abortion or post miscarriage



Initiating the implant

- · Traditional start
 - Pregnancies occur while waiting to initiate methods of contraception
 - Interval methods, e.g. condoms have a high typical failure rate
 - $\,-\,$ Getting the timing right for a repeat visit can be difficult
- Many studies show the benefit of immediate initiation
- Quick Start
 - Decreases the risk of pregnancy But
 - Pregnancy might not be excluded
 - Pregnancy might be masked



Implanon NXT (etonogestrel) Australian approved product information. Merck Sharp & Dohme. Approved 22 March 20
Bateson D, Harvey C, McNamee K. Contraception: an Australian clinical practice handbook. 3rd ed. Brisbane2012.

"Quick Start" comparison: pregnancy not excluded

	Method	Method is effective	Effect on continuing pregnancy	Method may mask pregnancy	Reversible	
Preferred methods for Quick Start	Combined hormonal	7 days	None known	Unlikely	Yes	Risk of teratogenesis well studied. Withdrawal bleed
	implant	7 days	None known	Yes	Yes	Teratogenesis, unlikely. Long acting, and effective; rapidly reversible.
	Mini pill	48 hours	None known	Possible	Yes	Rapid onset, Strict adherence to timing
Can be used	DMPA	7 days	None known	Yes	No	Irreversible. Small studies show no teratogenesis. Long acting, effective
Can't be used (exception copper IUD for emergency use)	IUD	Copper stat LNG: 7 days	niscarriage, esp 2nd trimester	Yes: LNG Possible CU	Threads may disappear	Possible effect on the outcome of a pregnancy if the IUD cannot be removed.



Excluding pregnancy

- is this a normal period?
 - on time
 - normal premenstrual symptoms
 - normal pain associated
 - normal flow
- were there any episodes of sex without contraception in the last cycle?



Case

- Jane is a 16 year old who presents for emergency contraception (EC) for a 3rd time. she lives and attends school about 15km from a family planning clinic. Her parents aren't aware that she's sexually active. She finds it difficult to explain why she's so late home when she attends the clinic.
- She was given a script for a contraceptive implant on her first visit for EC, and was asked to return when she menstruated.



"Quick Start": pregnancy not excluded

- Informed consent on pregnancy risk
- Pregnancy test if appropriate
- Initiate method
- Use condoms for 7 days
- Follow-up pregnancy test in 4/52 regardless of bleeding (essential to place on 'recall' when using implant or DMPA)
- Return to clinic for pregnancy test advisable in most cases



Excluding pregnancy- BHCG

Beta Human Chorionic Gonadotropin

Sperm survival	3-7days			
Implantation	5-10 days			
Detectable BHCG	1-2days			
Serum BHCG	(7+10+2=19) Up to 19 days after last sex			
Urinary pregnancy test	Up to 21 days 3 weeks after last sex			
Peaks	Week 8-9 then declines but continues to be detectable during pregnancy			



"Quick Start"

- · Potential disadvantages
 - may not be able to exclude pregnancy for the cycle
 - pregnancy diagnosis delay
 - potential for teratogenicity or concern for woman



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Study

- We analysed the practice of Implanon NXT® initiation in a CBD adolescent, sexual and reproductive health clinic
- · Per year the clinic
 - sees close to 6000 clients per year aged <25 years
 - inserts close to 300 Implanon NXT® devices per year



Methods

- A retrospective audit of records of all attendees who had electronic documentation of Implanon NXT® insertion from June 1st 2011- February 29th 2012, a total of 136 records were examined.
- 29 women having replacement of Implanon NXT ® were excluded leaving 107 records
- Unable to extract data on women given a script for Implanon NXT® who did not return for insertion.



Results

The mean age was 19.5 years age at time of insertion

Quick Start

Quick Start was employed for 66 women (61.7%, 95% CI: 52.2-70.3)

- Pregnancy was excluded in 55 women
 - 25: no vaginal sex since last normal menstruation (includes D1-5)
 - 25: were using another method of contraception consistently
 - 5: no vaginal sex ≥3/52 and negative pregnancy test
- Pregnancy was not excluded in 11/66 women (16.7%)



Results

Asked to return/delayed insertion

- Of these the remaining 41
 - 21 were asked to return day 1-5 of next menstruation
 - 6 were asked to return for other reasons
 - 3 clients had a preference to return at a later stage
 - 11 had no clear reason recorded for delay
- Pregnancy could not be excluded in 10/41 (24.3%) who returned for Implanon NXT insertion, including 6/21 who were asked to return day 1-5
 - Of these 4 had emergency contraception in the interim



Follow up pregnancy test

- · 21 women, pregnancy was not excluded
- All had documentation of being asked to have a pregnancy test in 4/52
- Follow up protocol is 2 documented attempts at contact using different methods, e.g. phone and email
- 11 had a documented pregnancy test result
 - All were negative



Jane

- Scenario 1
 - Has her Implant inserted when she presents for EC. She returns for a pregnancy test in the school holidays and it's negative.
- Scenario 2
 - Presented 12 days later with what she describes as a normal period
 - Pregnancy test negative
 - Has Implant inserted and has a renal US 15 weeks later. A pregnancy is discovered.





Conclusion and action

- · Quick start is a harm minimisation strategy
- Pregnancy was not excluded in close to 20% of adolescent women having Implanon NXT®
- The percentage where pregnancy could not be excluded was similar for "Quick Start" and delayed insertion
- The Quick Start initiation has a number of advantages
 - Document pregnancy risk and any advice
- A protocol for follow up of pregnancy testing, where indicated, is essential

