

Member's Evidence Request response

Request Reference: ED20/143

Received: 15/05/2020

Completed: 15/05/2020

A: Question

Please can you explain why it is OK to use a Nexplanon[®] for 4 years and Mirena[®] for 6 years during Covid-19 but not under normal circumstances?

B: Response

The risk of pregnancy during one additional year of use of Nexplanon and the 52mg LNG-IUS is likely to be small (as indicated by the available evidence), but we do not know for certain that it is as low as that during the licensed duration of use. There is inadequate evidence to recommend this as standard practice in "normal" times as women expect extremely low failure rates from LARC. We note that effectiveness may still be greater than with user-dependent contraceptive methods (further studies are required to confirm this) and that extended use is standard in some parts of the world (where, for example individuals have limited access to contraception or pay a lot of money for it).

This comes down to a balance of risk and benefit at all times:-

At a time when there is a significant risk of coronavirus transmission associated with medical procedures, any small possible risk of pregnancy during a year of extended use is considered to be outweighed by the benefit of avoiding virus transmission. However, FSRH guidance has been clear that contraceptive effectiveness cannot be guaranteed during this time and that women may wish to use additional contraceptive precautions.

In "normal" times in the UK, when LARC replacement is not associated with significant risk of virus transmission, the benefit of achieving extremely effective contraception by replacing the LARC at the end of the licence is likely to outweigh the risks associated with replacement (certainly until we have more study evidence). Thus, at times other than during the current pandemic, FSRH advice will be that Nexplanon should generally be changed after 3 years and the 52mg LNG-IUS at 5 years (except in older women)."

In summary, because of different risk/benefit balance, slightly differing guidance may be applicable to different situations. A message has recently been sent out in our newsletter to ensure that clinicians are applying the published advice correctly.

Enquiry response by SMRH