

## **FSRH CEU response to the decision of NICE not to update LARC guidelines**

**October 24, 2017**

The National Institute for Health and Care Excellence (NICE) has decided not to update their 2005 (updated September 2014) guidance on long-acting reversible contraception (LARC) at this time because changes to the current recommendations are not required.

However, there have been some updates over the past 10 years regarding LARC that are reflected in FSRH guidance but not in the 2005 NICE document. The FSRH CEU has summarised these below to support clinicians who provide LARC.

### **Regarding intrauterine contraception:**

1. NICE uses the term “intrauterine system” to refer only to Mirena<sup>®</sup>. It should be noted that as of 2017, other levonorgestrel-releasing intrauterine systems (IUS) are available: Jaydess<sup>®</sup> and Levosert<sup>®</sup>. These have different characteristics from Mirena and are currently licensed for 3 years for contraception.<sup>1</sup>
2. The NICE guideline states that testing for Chlamydia trachomatis (*C. trachomatis*) should be undertaken prior to intrauterine contraception (IUC) insertion in women at risk of STIs. There is no evidence of an increased risk of ascending infection if testing is undertaken at the time of IUC fitting. In the absence of symptoms, IUC fitting need not be delayed until test results are available.<sup>1</sup>
3. NICE advises that IUC can be inserted from 4 weeks after childbirth but does not include guidance for immediate post-placental insertion at the time of caesarean or vaginal delivery. This is an important strategy supported by FSRH to increase post-natal uptake of contraception and reduce the risk of short inter-pregnancy intervals.<sup>1</sup>
4. NICE recommends a follow-up visit after the first menses or 3–6 weeks following IUC insertion to exclude infection, perforation or expulsion. FSRH recommends that women are advised to check their IUC threads themselves; a routine follow-up appointment is not required.<sup>1</sup> This is now a “Choosing Wisely” recommendation.<sup>2</sup>
5. NICE recommends that women who are 45 years or older at the time of IUS insertion and who are amenorrhoeic can use the device until they no longer require contraception. The FSRH CEU agrees with the 45 year designation but recommends that extended use until age 55—when natural fertility can be assumed—can be offered to women regardless of bleeding pattern.<sup>3</sup>

### Regarding progestogen-only injectable contraception:

1. The NICE guideline states that injectable contraceptives should be given by deep intramuscular injection into the gluteal or deltoid muscle or the lateral thigh and that depot medroxyprogesterone acetate (DMPA) should be repeated every 12 weeks. DMPA is now available as Depo Provera® (intramuscular) and as Sayana Press® (subcutaneous). The FSRH supports administration of both at 13 week intervals.<sup>4</sup>
2. Sayana Press offers women the option of self-administering DMPA at home.<sup>4</sup>
3. NICE advises that there is no evidence that DMPA use increases the risk of STI or HIV acquisition. However, some evidence from international studies suggests that DMPA use could be associated with an increased risk of HIV acquisition amongst women in high-risk populations. UKMEC 2016 has been updated to reflect this; use of DMPA by women at high risk of HIV is now UKMEC2.<sup>5</sup>

Please see the FSRH website (<https://www.fsrh.org/standards-and-guidance/>) for full current FSRH guidance on all LARC methods.

### References:

1. Faculty of Sexual and Reproductive Healthcare. *Intrauterine Contraception*. 2015. Available at: <https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/> [Accessed 23/10/2017]
2. Choosing Wisely UK. *Recommendations*. 2017. Available at: <http://www.choosingwisely.co.uk/i-am-a-clinician/recommendations/> [Accessed 23/10/2017]
3. Faculty of Sexual and Reproductive Healthcare. *Progestogen-only Injectable contraception*. 2014. Available at: <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/> [Accessed 23/10/2017]
4. Faculty of Sexual and Reproductive Healthcare. *Contraception for Women Aged Over 40 Years*. 2017. Available at: <https://www.fsrh.org/standards-and-guidance/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017/> [Accessed 23/10/2017]
5. Faculty of Sexual and Reproductive Healthcare. *UK Medical Eligibility Criteria for Contraceptive Use*. 2016. Available at: <http://ukmec.pagelizard.com/2016> [Accessed 23/10/2017]

*The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual and Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The FSRH CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a member's enquiry service, evidence based guidance, new SRH product reviews and clinical audit/research. [Find out more here.](#)*