



## P12. SUBDERMAL IMPLANT, AN OPTIMAL CHOICE IN PUBLIC HEALTH

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**Contex:** long-acting reversible contraceptive methods (LARCs) offer women the option of safe, effectiveness, reversible contraception and requires no action on the part of the user once inserted.

**Objectives:** the aim of the study was to determine demographic profile, factors that influenced women to choose the new contraceptive implant method, side effects and reasons for discontinuation.

**Methods:** descriptive, multicenter study involving 223 women who chose the subdermal implant as a contraceptive method, in three integrated Health Care Programs at Santojanni Hospital, CABA, Argentina.

**Patients:** study participants were women in fertile age of any nationality, willingness to change or start a new method of contraception, the ability to give signed consent.

Data of filiation, weight/height, parity, and date of last childbirth or abortion, reasons for choice, side effects, satisfaction, and reasons for discontinuation were evaluated from 2013 to 2016 followed up for 3,6 and 12 month after placement.

We further excluded 79 women for failure to follow up.

**Main Outcome Measure:** subdermal Implants were inserted in a 29% (n=223) of (n=760) patients after counselling. Effectiveness, safety and long-acting protection were some of the reasons why the 98% of the participants chose them. The recent date of an obstetrical event delivery or recent abortion were decisive in choosing the contraceptive implant.

Most of them had one or more children (85%) and low-income, with unsatisfied basic needs, and a great need to plan their pregnancies. The average age was 22.4 years. Parity: 43% (n = 223) of the cases were multiparous women.

**Results:** once implants were inserted, amenorrhea was the characteristic of bleeding reported 69,86% (n=102), infrequent bleeding at 15.06% (n=22), bleeding extended in 6.10% (n=9), 4.1% (n=6), frequent bleeding and a 4.79% of the patients (n=7) presented normal cycle.

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Seven cases discontinued the use: 2 for headache, 2 weight gain, 1 frequent bleeding, 1 with an arm pain and 1 due to a phisiquiatric crisis. None of them got pregnant.

Conclusions: gynecologists must provide good information for the choice of the birth control methods. Implant should be promoted as a first choice in Public Health, because of its high effectiveness, acceptable and cost-effective

With an adequate counseling, explaining changes in bleeding patterns we avoid premature discontinuation of the implant.