

## Long-acting contraceptive choices

	Description	Typical failure rates	Advantages	Disadvantages	Approximate initial costs*
Intrauterine Device 	Small plastic and copper device put into the uterus. Stops sperm reaching the egg. May also stop a fertilised egg implanting in the uterus.	<b>First year:</b> 0.1 to 1%. <b>Long term:</b> Around 10 to 30 per 1000 women over four years.	Can stay in for five to ten years.  Women over 40 can retain any copper IUD until menopause.  No delay in return to fertility if removed.	1% chance of pelvic infection near time of insertion.  3 to 5% expelled by the uterus.  Periods may be heavier or more painful. This can be managed with anti-inflammatory medication (NSAIDs).	Fully subsidised (normal pharmacy charges apply). Insertion and removal fees apply but subsidies may be available.
Mirena IUS 	Small plastic device that releases a small amount of progestogen into the uterus.	<b>First year:</b> 0.2%. <b>Long term:</b> Less than 10 out of 1000 women over five years.	Lasts for five years.  Periods become lighter, shorter, and less painful.  One in five women have no periods.  Reduces the need for investigation and surgical management of heavy bleeding.  Can improve pain in endometriosis.	Light irregular bleeding or spotting common in the first 6 months.  1% notice minor hormonal side effects.  1% chance of pelvic infection near time of insertion.  3 to 5% expelled by the uterus.	Fully subsidised (normal pharmacy charges apply). Insertion and removal fees apply but subsidies may be available.



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Jaydess IUS	Similar to the Mirena IUS but smaller and releases a lower dose of progestogen.  	<b>First year:</b> 0.4%. <b>Long term:</b> Less than 10 out of 1000 women over three years.	Lasts for three years. Smaller so may give less pain on insertion, but this hasn't been formally compared to other devices.	Light irregular bleeding or spotting common in the first 6 months. 1% notice minor hormonal side effects. 1% chance of pelvic infection near time of insertion. 3 to 5% expelled by the uterus.	Fully subsidised (normal pharmacy charges apply). Insertion and removal fees apply but subsidies may be available.
Implants	Small, flexible rod(s) that are put under the skin and release small amounts of progestogen. Thickens cervical mucus and/or stops ovaries releasing an egg.  	<b>First year:</b> 0.1%. <b>Long term:</b> Around 10 out of 1000 women over three years.	Lasts five years. No delay in return to fertility.	Bleeding pattern will change with one in five having no bleeding, one in five having bleeding that causes distress. Small percentage notice minor hormonal side effects. Requires small procedure to place and remove the implant.	Fully subsidised (normal pharmacy charges apply). Insertion and removal fees apply but subsidies may be available.
Depo Provera	An injection of progestogen that lasts 12 weeks. Stops the ovaries releasing an egg.  	<b>First year:</b> 0.3%. <b>Long term:</b> Less than four out of 1000 women over two years.	Lasts for 12 weeks. Chance of little or no bleeding increases with length of time used.  With continued use, around 75% have no bleeding.	Unwanted effects can include weight gain and acne. Irregular bleeding may occur in first six to 12 months of use. Can't be removed, must wait for it to wear off if side effects occur. Can be delay in return to fertility of up to one year after stopping. Small reversible reduction in bone density may occur during use.	Depo injection is free. You'll need to visit a doctor or nurse every 12 weeks. There may be a cost.



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Vasectomy (male sterilisation) 	The tubes that carry sperm from the testicles to the penis are cut.	<b>First year:</b> 0.15%. <b>Long term:</b> One out of 2000 procedures.	Permanent. Short operation done under local anaesthetic.	Can't rely on vasectomy as contraception for about two months. Not easily reversible. May be bruising or swelling for a short time. Avoid strenuous exercise for one week.	\$300 – \$400.
Tubal sterilisation (female sterilisation) 	The fallopian tubes are removed or blocked, which stops the egg getting to the uterus. Requires a general anaesthetic. Usually an operation through two small cuts in your abdomen (called laparoscopy).	0% if both fallopian tubes are removed. Around 1 in 200 if they are blocked.	Permanent.	Requires a general anaesthetic. All operations carry some risk but the risk of serious complications is low. Need to use or continue alternative contraception for one month. If hormonal contraception is stopped, periods may become heavier or more painful. Procedure is permanent. Discomfort for a few days and may need to take things easy for about one week.	Free in public health system if you meet specific criteria but funding is very limited. Otherwise several thousand dollars.

\*Please note that in some situations there are alternative ways of funding these methods. Your GP will be aware of these.

Written by HealthInfo clinical advisers. Last reviewed May 2022.

**Canterbury**

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Te Poari Hauora o Waitaha

  
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