

**NEXAPLANON (etonogestrel) IMPLANT INSERTION:
TIMING OF INSERTION**

Many parents and ***sexually active adolescent patients*** are being referred to us from the community or from other clinics within the hospital for nexaplanon insertion and are expecting/anticipating insertion of the nexaplanon implant at their first/initial clinic visit.

The first rule for placing the implant is to be certain that the teenager is not pregnant. In our clinical experience ensuring absence of pregnancy based on the adolescent's self report of sexual activity and/or the parent's assurance of this history is unreliable

As a result inserting a same-day LARC insertion in the above context is problematic.

Guidelines for referring physicians and parents:

- ***The parent should be advised to determine if their insurance will cover the Nexaplanon implant.***
- The parent needs to be reassured that we understand that they do NOT want their teens to become pregnant
- We take their concerns seriously and agree that their daughter needs to be on reliable birth control
- We agree the implant is the most reliable birth control method but:
 - (a) We have to be absolutely sure that their daughter is not pregnant;
 - (b) We cannot rely on report of sexual abstinence, 100% condom use, being on daily OCPs, the weekly Patch or the three-week ring; and
 - (c) We strongly recommend the next most reliable birth control method which is one depo provera shot.
- One depoprovera shot will provide continuous contraceptive compliance for 8-12 weeks
- If the adolescent is already on the depo shot and the physician is comfortable inserting the implant at the first/initial visit, the parent must anticipate at least 2-4 hours in the clinic