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A CLINICAL EVALUATION OF PATIENT COMPLIANCE AND ADVERSE EFFECTS OF ETONOGESTREL IMPLANTS DURING THE LACTATION PERIOD

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ABSTRACT **Background:** Postpartum contraception is essential to prevent closely spaced pregnancies and safeguard maternal and child health. Implanon (etonogestrel implant) is a single-rod, long-acting reversible contraceptive (LARC) considered safe in lactating women. **Aim:** To analyse the compliance and adverse effects of Implanon among lactating women. **Methods:** A prospective study was conducted at the Department of Obstetrics and Gynaecology, Zanana Hospital, SMS Medical College, Jaipur, from May 2024 to May 2025. A total of 200 postpartum women opting for Implanon were followed up at 6 weeks and every 3 months up to 1 year. Menstrual and non-menstrual side effects, compliance, and implant removal were recorded. **Results:** The mean age of participants was 25.95±5.04 years, mean BMI 24.27±3.23, and mean postpartum day of insertion 2.12±5.19. Continuation rates were 98% at 6 months and 95% at 1 year. The most common menstrual side effect was amenorrhoea (32%), while non-menstrual effects included weight gain and headache. Implanon was removed in 10 women (5%), mainly due to bleeding disturbances. **Conclusion:** Despite side effects, Implanon was well tolerated and demonstrated high continuation rates among lactating women, making it an effective and acceptable contraceptive option when women are well informed.

KEYWORDS : Postpartum contraception, Etonogestrel implant, Implanon, Breastfeeding, Compliance, Adverse effects

INTRODUCTION

Fertility control during the postpartum period is crucial in reducing maternal morbidity and mortality by preventing unplanned and closely spaced pregnancies. The choice of contraception is influenced by the woman's recovery, breastfeeding status, and future reproductive goals. Implanon is a single-rod etonogestrel-releasing implant, 4 cm in length, placed subdermally in the upper arm. It inhibits ovulation, thickens cervical mucus, and alters the endometrium, ensuring highly effective contraception.

The implant protects for up to three years and is safe during lactation, as etonogestrel has minimal effect on breast milk and infant growth. This study was conducted to evaluate compliance and adverse effects of Implanon among lactating women in a tertiary care hospital setting in India.

Methodology

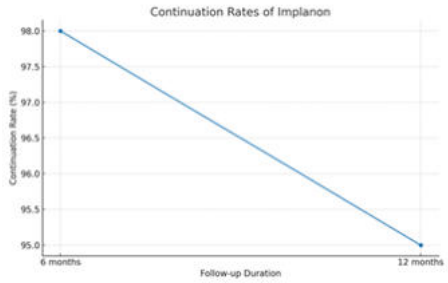
A prospective observational study was conducted in the Department of Obstetrics and Gynaecology, Zanana Hospital, SMS Medical College, Jaipur, from May 2024 to May 2025. A total of 200 postpartum women who opted for Implanon within 1 week of delivery were included. Inclusion criteria: lactating women, medically eligible, and willing to use Implanon. Exclusion criteria: women with contraindications to progestin use, thromboembolic disease, liver disease, or unexplained vaginal bleeding.

Implanon was inserted under aseptic precautions in the non-dominant arm. Follow-up visits were scheduled at 6 weeks, 3 months, 6 months, 9 months, and 12 months. Compliance, menstrual and non-menstrual side effects, and removals were documented. Informed consent was obtained from all participants, and ethical approval was taken from the Institutional Ethics Committee of SMS Medical College, Jaipur.

RESULTS

Parameter	Value
Mean Age (years)	25.95 ± 5.04
Mean BMI	24.27 ± 3.23
Mean Postpartum Day of Insertion	2.12 ± 5.19

Side Effect	n	%
Amenorrhoea	64	32
Irregular Bleeding	40	20
Prolonged Bleeding	20	10
Weight Gain	16	8
Headache	13	6.5
Breast Tenderness	10	5



DISCUSSION

The postpartum period is a critical time for contraceptive intervention. In this study, Implanon demonstrated a high continuation rate (95% at 1 year), which is higher compared to reports from Australia (74% at 1 year) and Turkey (75% at 1 year). The most common menstrual side effect was amenorrhoea, consistent with international studies. Non-menstrual side effects were relatively less frequent in our population compared to global data. The low removal rate (5%) indicates better acceptance among Indian women, possibly due to thorough pre-insertion counselling. From a public health perspective, high continuation rates with Implanon can significantly reduce unplanned pregnancies and maternal morbidity. Our study was limited by being single-centre and lacking a control group, but findings strongly support Implanon as a safe and effective choice for lactating women.

CONCLUSION

Despite side effects, Implanon demonstrated excellent compliance and high continuation rates among postpartum lactating women. Pre-insertion counselling is crucial to improve satisfaction and reduce discontinuation rates. Implanon should be promoted as a reliable and acceptable method of contraception in the postpartum period.

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