

# Midwifery Led Subdermal Contraceptive Implant (SDI) Clinic

## Standard Operating Procedure

<b>Document Type:</b>	Clinical Standard Operating Procedure
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### Target Audience:

<b>People who need to know about this document in detail</b>	All Midwifery, Obstetric and pharmacy staff working within CTM UHB
<b>People who need to have a broad understanding of this document</b>	As above
<b>People who need to know that this document exists</b>	As above

### Integrated Impact Assessment:

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date:</b> November 2024 <b>Outcome:</b> Neutral impact
<b>Welsh Language Standard</b>	Choose an item.
<b>Date of approval by Equality Team:</b>	(00/00/0000)
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	Provide high quality, evidence based, and accessible care





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**Disclaimer:**

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM\\_Corporate\\_Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

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## 1. Staffing and Competence

Only midwives or nurses who have received subdermal implant training and who hold a Faculty of Reproductive and Sexual Health (FRSH) Letter of Competence (LOC) can provide and fit an SDI under PGD. Skills and competence should be maintained as per local and FRSH guidance.

## 2. How to refer women for a subdermal contraceptive implant (SDI)

### 2.1. Inpatient Service

SDI's can be accessed on an inpatient basis whenever there is a trained midwife (or nurse) available on site. Due to the small number of midwives trained so far, midwifery led SDI's cannot be routinely offered to all women on the postnatal wards or birth centres at present. However, the trained midwives will make every effort to offer the SDI on an opportunistic basis wherever possible.

### 2.2. Outpatient Clinic

Any woman still under the care of maternity services (acute or community) can be referred to the midwifery led SDI clinic. Clinics can be booked by calling 01443 443524.

Clinics are currently offered at Tirion Birth centre.

## 3. SDI Clinic stock maintenance

Stock should be maintained as per Appendix One. Stock for the midwifery led clinic will be supplied as needed by Integrated Sexual Health (ISH) colleagues. The contacts for ordering additional stock are [Kelly.turner@wales.nhs.uk](mailto:Kelly.turner@wales.nhs.uk) and [marie.davies3@wales.nhs.uk](mailto:marie.davies3@wales.nhs.uk).

## 4. Recording of insertion procedures

All procedures should be documented on the SDI pro forma in Appendix Two. The pro forma should be printed, completed in full and filed in the woman's postnatal record.

## Appendix One: Clinic Stock Requirements

- Either: FSRH/ Organon approved subdermal implant OR Nexplanon Subdermal Implant (68mg Etonogestrel)
- Basic procedure packs
- 365 Transparent Island Dressing
- 5ml 1% Lidocaine
- Green needles
- 2ml syringes
- SDI pro formas (appendix 2)
- Sharps bin
- Sterile gloves
- Non sterile gloves
- Sterile water

## Appendix Two: Pro forma for fitting an SDI

### Midwifery Led Sub-Dermal Contraceptive Implant (SDI) Clinic Checklist

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Body Mass Index (BMI): \_\_\_\_\_

#### UK MEC 4/ WHO 4: Absolute Contraindications.

The presence of **ONE** risk factor contraindicates the usage of the implant.

CONDITION	PRESENT	ABSENT
Known or suspected pregnancy.		
Hypersensitivity to any component.		
Current breast cancer		

#### UK MEC 3/ WHO 3: Relative contraindications

Conditions requiring careful consideration where risks generally outweigh advantages & where Implanon should not generally be used.

CONDITION	PRESENT	ABSENT
Severe Liver cirrhosis. Liver tumours		
Current & H/O ischaemic heart disease, H/O stroke ( <b>developed while on Implant</b> )		
Unexplained vaginal bleeding(suspicious underlying condition) before evaluation		
<b>Check Drug interaction - Liver enzyme inducers</b> (Use condoms)		
Past history of breast cancer with no evidence of recurrence for 5 years		

#### UK MEC 2/WHO 2:

Conditions requiring caution but where the advantages generally outweigh the theoretical or proven risks.

CONDITION	PRESENT	ABSENT
Multiple risk factors for arterial cardiovascular disease (smoking, diabetes, obesity hypertension)		
Past history of VTE, major surgery with prolonged immobilisation,		
Known thrombogenic mutation (e.g. Factor V Leiden),		



Current VTE on anticoagulants		
Current & H/O ischaemic heart disease, H/O stroke ( <b>before starting Implant</b> )		
Dyslipidaemia		
Hypertension with vascular disease		
SLE with or without Antibodies, Rheumatoid arthritis		
Migraine with or without aura (present or past history)		
Diabetes with or without complications		
Heavy or prolonged vaginal bleeding (regular or irregular patterns), irregular pattern without heavy bleeding. Unexplained heavy vaginal bleeding		
Cervical cancer (awaiting treatment)		
Breast disease – undiagnosed mass, carrier of known gene mutation associated with breast cancer (e.g. BRCA1)		
Cardiomyopathy with impaired function. Atrial fibrillation		
Mild liver cirrhosis, gall bladder disease, history of cholestasis (past COC-related)		
Organ transplant		

**CHECKLIST FOR 1<sup>ST</sup> COUNSELLING/CONSENT**

- |   |  |
|---|--|
| <input type="checkbox"/> Mode of action | <input type="checkbox"/> Option to discontinue       |
| <input type="checkbox"/> Safer sex      | <input type="checkbox"/> Perseverance for 3-6 months |

**ADVANTAGES**

- Effectiveness
- Non user dependent
- 3 year lifespan
- Easily reversible /Return of pre-existing fertility
- Decrease in painful periods

**DISADVANTAGES**

- Headaches 1 in 100
- Possible change acne 1 in 100
- Possible mood change 1 in 20
- Possible weight gain 1 in 20
- Changes in bleeding pattern 1 in 5/6



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**INSERTION & REMOVAL TECHNIQUE EXPLAINED**

- Site  Due date for removal (no reminder will be given)
- Equipment / Local anaesthesia
- Possible problems: - pain, itching, bruising, tenderness at site, possible infection at site, scarring.

**Date of baby's birth:**...../...../.....

**PATIENT DECLARATION**

**I confirm that I have been counselled prior the referral of the Nexplanon contraceptive implant and consent to the procedure.**

**Patient signature:** ..... **Date:** .....

**Midwife signature**.....

**Print Name:**..... **Date:**.....



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**IMPLANON BATCH STICKER**

**Credit Card Issued:**

**Date Inserted:**

**Due date for removal:**

**Implant felt in arm after insertion:** (please circle as appropriate)

**Practitioner Yes/ No**

**Patient Yes /No**

Chaparone offered: accepted / declined (please circle as appropriate)

Local anaesthetic used:  Lidocaine 1% 1-2.mls

Pressure dressing:

Advise clean/dry 24hrs:

Expiry card:

Info leaflet:

Comments:

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Signed Midwife:.....

Print Name:.....

Date:.....

