

The etonogestrel implant is a safe and effective method of contraception for people who have a raised body mass index (BMI). (1, 2) The effect of obesity on contraceptive steroid metabolism and pharmacokinetics is poorly understood. (3) There are limited data addressing use in those with a BMI  $\geq 30$  kg/m<sup>2</sup>. Two studies have shown an association with decreased serum ENG levels and increased body weight (4, 5) however other studies have shown no association. (6, 7) No association between body mass index (BMI) and risk of failure has been documented. (1)

While the manufacturer advises that “Clinicians may... consider earlier replacement of the implant in heavier women” (8), method failures are evenly spread across the three years of use with no evidence that people with a raised BMI are over-represented among those experiencing failures. (9, 10)

## Recommendations

Regardless of BMI:

- The etonogestrel implant should be changed every three years
- There is no indication for the insertion of two etonogestrel implants
- The etonogestrel implant is an effective method of contraception for people who have a raised BMI

## References

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SHQ (Sexual Health Quarters)  
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Association of NT  
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