HEALTH BASICS

Birth control - slow release methods

Slow-release birth control uses an implant, hormonal IUD, or injection to provide contraception over time.

WHAT IT IS
Hormonal contraception released steadily from a device or injection

WHERE IT COMES UP
When choosing an implant, hormonal IUD, or contraceptive injection

WHY IT MATTERS
Long-lasting pregnancy prevention without daily pills

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Sexual health or primary care service

HOW IT IS CHECKED
Pregnancy testing and method-specific placement checks

Overview

"Slow-release birth control" is a plain-language term, not one formal medical category. It usually means contraception that releases a hormone gradually over months or years.

The main methods are:

These methods use a form of the hormone progesterone called a progestogen or progestin. They do not contain estrogen.

The hormonal IUD may also be called an intrauterine system, IUS, or hormonal coil. The injection may be called a depot injection because the medicine forms a store, or "depot," that is released over time.

The copper IUD is also long-acting, but it does not release a hormone. Patches and vaginal rings release hormones steadily, but they usually are not described as slow-release methods because you must replace them more often.

Slow-release contraception is not a disease or diagnosis. It is a group of birth control options.

- A contraceptive implant placed under the skin of the upper arm

- A hormonal intrauterine device, or IUD, placed inside the uterus
- A contraceptive injection given at scheduled intervals

How it works

Each method releases progestogen, but it does so in a different place and affects the body differently.

The implant is a small flexible rod under the skin. It releases hormone into the bloodstream. This usually stops the ovaries from releasing an egg, which is called ovulation. It also thickens mucus at the cervix, the opening of the uterus, making it harder for sperm to pass.

A hormonal IUD releases most of its hormone inside the uterus. It thickens cervical mucus and makes the uterine lining thinner. Ovulation may continue, depending on the device and the person using it.

The contraceptive injection releases hormone into the bloodstream. It mainly works by stopping ovulation. Repeat injections must be received on the schedule for the product being used.

Implants and IUDs work continuously after placement. A trained clinician can remove them if you want to stop. An injection cannot be removed after it has been given; its effect fades as the medicine leaves the body.

None of these methods protects against sexually transmitted infections. Condoms can reduce the risk of many sexually transmitted infections.

Why it matters for your health

Slow-release methods do not rely on remembering a pill every day. Implants and hormonal IUDs are among the most effective reversible forms of contraception. Injections can also work well, but protection may be reduced if a repeat injection is late.

Changes in bleeding are common. Periods may become lighter, less painful, irregular, longer, or absent. The pattern depends on the method and may change over time. Not having periods while using one of these methods does not mean blood is building up inside the body.

Some people value lighter periods. Others find unpredictable bleeding inconvenient. A clinician can explain which bleeding patterns are more likely with each option, but no one can predict your exact pattern.

Fertility usually returns quickly after an implant or hormonal IUD is removed. After stopping

injections, ovulation and fertility may take longer to return. This delay is not the same as permanent infertility.

The contraceptive injection can reduce bone mineral density while it is being used. Bone mineral density describes how much mineral is present in bone. It generally improves after injections stop, but your health history and other bone-health risks may affect whether this method suits you.

Some medicines and herbal products can make the implant less reliable by speeding up the breakdown of its hormone. Examples include certain medicines used for epilepsy, tuberculosis, or HIV, and the herbal product St John's wort. Tell the prescribing clinician or pharmacist which contraception you use before starting another medicine.

What can go wrong

All medical procedures and medicines can cause unwanted effects. Serious complications are uncommon, but knowing what needs routine care and what needs urgent help is useful.

With a hormonal IUD, possible problems include the device moving or coming out, injury to the wall of the uterus during insertion, and pelvic infection around the time of insertion. With an implant, possible problems include infection, deep or incorrect placement, and difficulty finding or removing the rod. Injection-related concerns include late doses, delayed return of fertility, and reduced bone mineral density during use.

Pregnancy is unusual with these methods, but no contraceptive is perfect. If pregnancy occurs with an IUD in place, it needs prompt medical assessment. A pregnancy outside the uterus, called an ectopic pregnancy, must be ruled out.

Seek urgent medical advice if you have a positive pregnancy test while using an implant or IUD, or if you cannot feel an implant that was previously easy to feel. After IUD placement, worsening pelvic pain, fever, unusual or bad-smelling discharge, or very heavy bleeding also needs prompt assessment.

Get emergency help for severe lower abdominal pain with fainting, marked weakness, shoulder-tip pain, or heavy bleeding, especially if pregnancy is possible. These can be signs of internal bleeding or ectopic pregnancy.

Irregular spotting without severe pain, fever, pregnancy concerns, or very heavy bleeding is usually suitable for routine follow-up rather than emergency care.

What you can do

Ask a sexual health or primary care service how each option may affect bleeding, how long it is approved to work, and how removal or repeat treatment is arranged. Product schedules differ, so record the replacement date or next injection date given by your service.

Before placement or injection, tell the clinician about your medical history, recent unprotected sex, current medicines, and any chance of pregnancy. A pregnancy test may be offered, but its timing matters because a very recent pregnancy may not yet appear on a test.

Keep any method card or electronic reminder you receive. If an injection is late, contact a contraception service promptly. Ask whether you need condoms, a pregnancy test, or emergency contraception rather than guessing when protection ended.

After an IUD is fitted, you may be shown how to feel for its threads. Routine thread checking is not required by every service. If you were told to check and cannot feel them, or you can feel the hard part of the device, use another form of contraception and arrange an assessment.

You should usually be able to feel an implant as a small rod beneath the skin. Do not try to move or remove it yourself. Contact the fitting service if it cannot be felt, seems to have changed position, or the area becomes increasingly red, swollen, or painful.

There is no home test that confirms a method is releasing the right hormone amount. Checking mainly involves confirming pregnancy status when needed, reviewing bleeding or other concerns, and making sure the device is present or the injection is on schedule.

Common questions

Which method lasts longest?

The approved length of use depends on the specific implant or IUD. Hormonal IUDs often last for several years, while injections need repeating after a shorter interval. Use the date supplied for your exact product.

Can these methods cause weight gain?

Weight can change for many reasons. Weight gain is reported more consistently with the contraceptive injection than with implants or hormonal IUDs, but individual experiences differ. Ask about alternatives if weight change is an important concern for you.

Can I stop whenever I want?

An implant or IUD can be removed by a trained clinician. You do not need to wait until its scheduled replacement date. An injection cannot be taken back once given, so any effects may continue until the medicine wears off.

Do I need regular check-ups?

Implants and IUDs do not usually require frequent routine checks when there are no concerns, although local services may arrange follow-up. Injections require appointments for repeat doses. Seek earlier advice for pregnancy concerns, new pelvic pain, troublesome bleeding, or a device that cannot be felt as expected.

Can I use slow-release contraception after giving birth?

An implant, hormonal IUD, or injection may be an option after childbirth, including for many people who are breastfeeding. The best timing and method depend on delivery details, health history, and personal preference. A maternity or contraception service can discuss this before or after birth.

What if I want a hormone-free method?

The copper IUD is long-acting and contains no hormone. It works differently from the methods discussed here and may make periods heavier or more painful, especially at first.

Sources

- U.S. Selected Practice Recommendations for Contraceptive Use, 2024 , Centers for Disease Control and Prevention, MMWR Recommendations and Reports , 2024
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- Long-Acting Reversible Contraception: Intrauterine Device and Implant , American College of Obstetricians and Gynecologists
- Contraceptive implant , NHS
- Hormonal coil (IUS) , NHS
- Contraceptive injection , NHS