FHIBriefs

MENU OF PRACTICES

Improving Provision of the IUD

Practices

- Promote IUDs as both a spacing method and a limiting method.
- Identify and train health care workers who are appropriate for the provision of IUDs.
- Support tailored provider training.
- Promote the availability of services.
- Offer IUDs as an option for HIV-positive clients.
- Screen both parous and nulliparous women for IUD eligibility.
- Do not use unnecessary antibiotics at the time of IUD insertion.
- Support IUD clients after initiation.

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Summary: Intrauterine devices (IUDs) are the most popular reversible contraceptive method worldwide, yet access to and use of IUDs is low or in decline in many countries, particularly in Africa. Increasing access to high-quality IUD services will ensure that women can choose from a balanced mix of contraceptive methods and fulfill their reproductive intentions. The IUD is an extremely safe, effective, and low-cost method and provides women—especially those seeking an alternative to hormonal contraception—with an important option.

In places where IUD services are historically few or nonexistent, national family planning programs may be interested in introducing the IUD into the national method mix in order to expand women's choices and promote a sustainable program. Determining how and when to add the IUD to the range of methods offered will vary depending on the context. Information resources and programmatic guidance are available to inform key decision-makers.

Promote IUDs as both a spacing method and a limiting method.

IUDs can be used as a medium-term spacing method (for two to five years) or a long-term spacing or limiting method (at least 12 years).[1] Clients may find IUDs to be a cost-effective and convenient spacing method or a less costly and less invasive alternative to female sterilization.

Identify and train health care workers who are appropriate for the provision of IUDs.

IUDs can be safely provided by a variety of health care providers, including clinical officers, midwives, or nurse auxiliaries. Training and equipping these health workers to provide IUDs can improve access and increase uptake,[2,3] and doing so may decrease the workload of physicians and nurses, allowing them to spend more time on more medically complicated services.

Support tailored provider training.

- Reach providers with the latest evidence and best practices. In parallel with efforts to update national policies and guidelines, professional updates and provider training are essential to ensure that IUD services are being administered efficiently and correctly.
- Carefully select trainees for IUD provision versus "training everyone." This strategic approach can create potential champions and improve provider and trainee support through improved work structure, recognition, and other positive reinforcement.

Suggested Resource:

A Guide to IUD In-Service Training and Pre-Service Education. IUD Toolkit. Maximizing Access and Quality Initiative, 2006. *http://www.iudtoolkit.org*

Promote the availability of services.

Counseling; information, education, and communication (IEC); and marketing efforts are essential to raising awareness of IUD services, dispel myths and misperceptions within the community, and provide enhanced counseling on side effects.

Menu of Practices

FHI has extensive clinical, social science, and programmatic IUD experience, and currently co-chairs USAID's Global Maximizing Access and Quality IUD Subcommittee.

FHI can provide:

(1) background safety and effectiveness data

(2) technical assistance on stakeholder engagement and mobilization

(3) technical assistance on how to conduct advocacy on the IUD

(4) continuing professional development support or medical education workshops

(5) assistance with updating policies

FHI has high-quality scientific and advocacy materials on IUDs, in English and French, that can be easily adapted for local use.

Research to **Practice**

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Offer IUDs as an option for HIV-positive clients.

The World Health Organization's (WHO's) *Medical Eligibility Criteria for Contraceptive Use* for IUDs have been revised. The IUD can be provided to HIV-positive women who wish to prevent pregnancy and have ongoing access to clinical services, with no increased risk to themselves or their partners. Women with AIDS who are taking antiretroviral drugs and are doing clinically well may also initiate use of an IUD.

Suggested Resource:

IUD Checklist. FHI, 2006. *http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/iud/index.htm*

Screen both parous and nulliparous women for IUD eligibility.

IUDs can safely be used by most women, whether or not they have had a pregnancy (parous or nulliparous women).[4] The U.S. Food and Drug Administration removed the barrier on IUD use by nulliparous women. The ParaGard product is now void of language that discouraged uptake by these women. And, WHO states that nulliparous women can generally use IUDs. The IUD itself does not increase the risk of pelvic infection and subsequent infertility if the woman, including nulliparous women, has no gonorrhea or chlamydial infection at the time of insertion. While some studies found that nulliparous women are slightly more likely to expel the IUD (10 percent compared to 5 percent to 8 percent in parous women), the advantages of using the IUD greatly outweigh the risk of expulsion. Ensure that IUDs are available for eligible women through the use of a simple provider checklist to assess eligibility.

Suggested Resource:

IUD Checklist. FHI, 2006. *http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/iud/index.htm*

Do not use unnecessary antibiotics at the time of IUD insertion.

WHO's *Selected Practice Recommendations for Contraceptive Use* states that prophylactic use of antibiotics during IUD insertion does not decrease the risk of infection during insertion and is not recommended for women at a low risk of sexually transmitted infection. In general, risk of pelvic inflammatory disease (PID) from IUD insertions is very low, but providers should counsel women using the IUD to watch for symptoms, especially during the first month after insertion.[5]

Support IUD clients after initiation.

- Require only one follow-up visit after IUD insertion. Research on the safety and effectiveness of IUD follow-up visits have resulted in WHO recommending only one follow-up visit after IUD insertion. Multiple follow-up visits do not increase quality of care, add to cost of services, and often prove difficult for clients.[6] Women should be encouraged to come back for follow-up visits if they experience any problems or have any concerns.
- Encourage use of a nonsteroidal, anti-inflammatory medication to treat bothersome side effects if they occur. Such medications can reduce menstrual blood loss and pelvic pain. IUD users should consider these effective treatments for side effects before having the IUD removed. Providers should not recommend aspirin, because it may increase menstrual blood loss.
- Initiation and a four- to six-week follow-up visit should include discussion of normal side effects and how to best manage them.
- If a woman using an IUD is diagnosed with PID, treat her with appropriate antibiotics without removing the device. IUD removal is not necessary if the woman wishes to continue use.

Additional Resource

Selected Practice Recommendations for Contraceptive Use. Second Edition. WHO, 2004. Follow-up visits: recommendation 32. Prophylactic antibiotic use: recommendation 10. IUD and PID: recommendation 26. *http://www.who.int/reproductive-health/publications/spr/index.htm*

References

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4 Hubacher D, Lara-Ricalde R, Taylor DJ, et al. Use of copper intrauterine devices and the risk of tubal infertility among nulligravid women. *N Engl J Med* 2001;23;345(8):561–67.

5 Grimes DA, Schulz KF. Antibiotic prophylaxis for intrauterine contraceptive device insertion. *Cochrane Database Syst Rev* 2001;(2):CD001327.

6 Hubacher D, Fortney J. Follow-up visits after IUD insertion. Are more better? *J Reprod Med* 1999;44(9):801–6.