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Intrauterine contraception
for Nulliparous women:
Translating Research
into Action

Straight to the Point: Talking IUC

Simple steps to successfully counselling women about intrauterine contraception (IUC) in under 7 minutes

< 7 minutes

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This booklet has been developed by the **INTRA** group: **I**ntrauterine contraception for **N**ulliparous women: **T**ranslating **R**esearch into **A**ction, an international panel of independent experts.

The booklet is intended to assist physicians when counselling women about intrauterine contraception (IUC) only. It is beyond the scope of this guide to discuss all methods of contraception.

The contents of this booklet reflect the evidence-base and opinion of the INTRA group members.

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About Straight to the Point: Talking IUC

Despite the availability of a wide range of contraceptive methods, unintended pregnancy rates remain high globally.

Greater use of long-acting reversible contraceptive (LARC) methods, including intrauterine contraception (IUC), is a well-recognized and recommended strategy to reduce unintended pregnancy.[1]

However, introducing a woman to IUC during a short contraceptive counselling session may seem challenging, particularly in the time available to most physicians. This guide aims to demonstrate that it is possible. Studies tell us that women are interested in hearing about IUC,[2] so as an healthcare professional (HCP), you play an important role in delivering this information.

Straight to the Point: Talking IUC guides you through a brief, six-step discussion with your patients to help them reach an informed decision where IUC is actively considered and offered as a contraceptive option in under 7 minutes.

Much of the information provided you may already know; however this guide aims to help deliver the right information in the short time available. Further evidence to dispel myths and barriers preventing the wider use of IUC is listed on **pages 13 and 14**.

This symbol indicates an estimate of the time it might take to address each step in a typical consultation.

Just in case you have extra time available during a consultation, the symbol is used to indicate additional information or discussion elements that you could include.

Get to the point

These steps aim to support you in counselling a woman to reach an informed decision where IUC is actively considered and offered as a contraceptive choice:

1 Establish her contraceptive needs — 45 seconds

2 Introduce long-acting reversible contraception (LARC) — 30 seconds

3 Communicate the potential benefits of IUC — 90 seconds

4 Provide reassurance and address her concerns — 90 seconds

5 Help her decide — 60 seconds

6 Confirm her choice and schedule placement (if choice was IUC) — 60 seconds

There are ways to focus discussion using the time available, for example:

- You could provide a **questionnaire** in the waiting room, assessing her contraceptive needs (e.g. WHO reproductive health questions)
- Offer simple, basic information on the different contraceptive methods that she can review whilst waiting (examples are available on **page 14**)
- If appropriate and alongside further information, have the devices available to look at

Hold an effective discussion

The way you talk about IUC is just as important as what you say:

- Tailor your discussion to the needs of your patient to identify the most appropriate choice for her as an individual – IUC won't be a suitable choice for everyone
- Identify a woman's level of understanding of IUC – ask about how much she knows about her options, whether she has tried LARC before or if she knows someone who has
- Base your discussions around her questions – address her concerns and be open about the advantages and potential disadvantages
- Balance factual information – display personal confidence in IUC and be comfortable discussing the benefits and side-effects
- Use your own style and words in every consultation
- Be confident, positive and honest in the advice that you offer

1

Establish her contraceptive needs

45 seconds

Form questions that match a woman's goals and needs, example questions include:

- 'Are you sexually active at the moment?'
- 'Do you have any plans to get pregnant? If yes, how soon?'
- 'How important is it for you not to be pregnant right now?'
- 'How would your relationship/job/education be affected by becoming pregnant?'
- 'What kind of things do you want to achieve before you get pregnant?'
- 'Have you tried to get pregnant in the past?'

And establish her experience of different methods using the following types of questions:

- 'What contraception do you use now (if any)? What have you used before (if any)?'
- 'How happy are/were you with those methods? What did you like most about your previous/current method? What did you like least?'
- 'If you've used (or are using) an oral contraceptive, how did you get on with it? Did you ever miss a pill?'
- 'What is the most important factor to you about your next method of contraception?'

Sometimes it's helpful to use a personal or past experience to normalize the question and avoid confrontation.

2

Introduce LARC

30 seconds

A woman's contraceptive needs change throughout her reproductive life, so it's worth continuing to ask a woman about her contraception.

Contraceptive options can be presented and discussed with a woman very simply. Example tools to support this conversation are listed on **page 14** which work by comparing each method's effectiveness, duration of use, additional benefits (e.g. amenorrhea), satisfaction rates, side-effect profiles and suitability.

Based on each woman's individual goals, you can use simple linking phrases to increase awareness and knowledge about long-acting reversible methods of contraception.

- 'There are different contraception options: some you need to remember to take each day, some you use each month and some that you use longer term (lasting up to 10 years).'
- 'Contraception options have a range of levels of effectiveness – one of the most effective among the reversible methods is intrauterine contraception, other options include…'

Once interest in a long-acting method of contraception is confirmed, IUC can be introduced as a potential method.

- 'You seem quite knowledgeable about intrauterine contraception, is there something that has stopped you considering it as an option in the past?'
- 'There are many myths associated with intrauterine contraception, let me tell you some of the real facts which may help…'
- 'You mentioned you have heavy periods, one benefit of some types of intrauterine contraception can be reduced bleeding or for your periods to stop altogether…'

It may also be helpful to show her examples of the devices at this point, or at least ask if she is interested in seeing the devices. **This can be a simple but effective way of correcting misperceptions about the size and shape of IUC.**

3

Communicate the potential benefits of IUC

90 seconds

Once you have established an interest in using intrauterine contraception, you can expand on the benefits.

Key message for the woman	Supporting information for the healthcare professional
It is highly effective	Successful in more than 99% of women in the first year[3] The efficacy for perfect use and typical use are almost identical[3]
There is no need for daily, weekly or even monthly administration	Once inserted by the healthcare professional, IUC can be left in place and is effective for up to 3, 5, 6, or 10 years, depending on the device inserted.[4,5,6]
Rapidly reversible	When the IUC is removed, fertility rapidly returns to normal[1]
It is cost-effective	Over time, IUC is often more cost-effective when compared to other methods[5,6]
It has potential non-contraceptive benefits	Some IUC may reduce menstrual bleeding[8-10]
It can be inserted quickly in most women	In almost all women of all ages, including nulliparous women[4,5,6]* In women who have had a first-trimester abortion In women who have recently given birth (until the uterus is fully involuted, however not earlier than six weeks after delivery)[3] and in breast feeding women[3†]

* Please consult your local product label for the IUC method selected for further information

† Uterine perforation may occur rarely, however this risk is increased in breast feeding women and post-partum insertions[4]

More time available?

You can extend the discussion by showing:

- The effectiveness of IUC compared to oral contraceptives and/or other methods
- The effect of some IUC methods on menstrual blood loss in women experiencing heavy menstrual bleeding

4

Provide reassurance and address her concerns

90 seconds

Any method of contraception has risks and side effects. Helping a woman make an informed choice about IUC, one of the most effective methods of contraception, involves an appropriate discussion of these. If the patient enquires further, it is important to provide context around risks and side effects in relation to other methods of contraception, for example risk of ectopic pregnancy, perforation, expulsion, infection and changes to her monthly bleeding pattern. Furthermore, it is also worth comparing potential risks and side effects to pregnancy itself.

There are some myths around the use of IUC that we have discussed in depth in one of our recent publications detailed on **page 14**, which includes supporting data to dispel many of these barriers.[11]

Even if a woman does not choose IUC as her method of contraception now, every consultation is an opportunity to provide accurate information and dispel any myths that may affect her decision in the future.

More time available?

Extend the discussion by talking about evidence presented in the CHOICE study, where over 9,000 adolescents and women at risk of unintended pregnancy were offered a choice of all reversible methods of contraception at no cost:[2]

- 60% of women chose IUC
- Where LARC methods were compared with oral contraceptive pills (OCPs) IUC had higher continuation rates (86%) and higher satisfaction rates (80%) at one year, than OCPs

5

Help her decide

60 seconds

Share your knowledge and clinical experience to support her decision to use IUC. It is important to repeat your key discussion points, whilst honestly addressing any additional questions or concerns. Bear in mind that IUC won't be the right choice for every woman. Include risks and potential side effects into your counselling.

- 'Based on what you've told me, these are the most effective options to suit your needs – which of these options do you think would suit you best?'

Be honest when addressing concerns about discomfort during insertion, which will differ for every woman:

- 'For most women, placement can cause a little pain, a bit like period pain, which quickly passes. For some women placement can hurt more than others. However, insertion only takes 5 minutes and provides years of birth control.'

If pertinent, personal disclosure has been found to be useful at this time:

- 'Amongst the patients I see, there are many who opt for an IUC.'
- 'In our practice we have a large number of women using this method.'

If you and your colleagues are comfortable you may also say; 'Many of the women who work here use IUC.'

6

Confirm her choice and schedule placement (if choice was IUC)

60 seconds

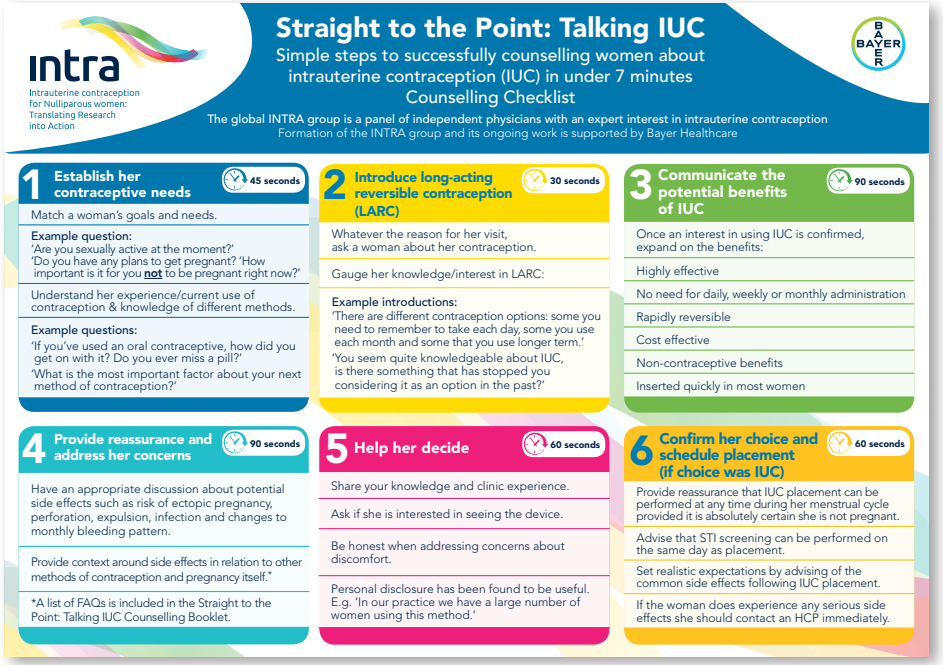
Once the choice of IUC is confirmed, the timing of placement can be agreed.

- Provide reassurance that IUC placement can be performed at any time during her menstrual cycle, if absolutely certain she is not at risk of being pregnant. If inserting IUC outside of the first seven days after the onset of menstruation, particular care should be taken to first exclude pregnancy or risk of pregnancy, as well as advising on use of barrier methods/avoiding sex for seven days (LNG-IUS only).[12]
- If relevant, advise her that STI screening can be performed on the same day as placement and, if the screen comes back positive, the infection can be treated with the device/system *in situ*.
- Reassure the woman that if she has any concerns following placement, she can return to discuss these with you at any time or call the clinic.
- Ensure you meet your local requirements for informed consent at the time when the woman returns for the device to be inserted. When gaining this consent, remind her of the potential risks and side effects in the context of other contraceptive methods and of pregnancy itself.
- If the woman does experience side effects she should contact her healthcare professional immediately including pain, fever, unusual discharge, or severe bleeding.

It is important to note that cervical screening is independent of IUC placement and not a pre-requisite.

Counselling Checklist

The key parts of the six steps are summarised in this one page checklist



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Counselling Checklist

The global INTRA group is a panel of independent physicians with an expert interest in intrauterine contraception

Formation of the INTRA group and its ongoing work is supported by Bayer Healthcare

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1 Establish her contraceptive needs — 45 seconds

Match a woman's goals and needs.

Example question:
'Are you sexually active at the moment?'
'Do you have any plans to get pregnant? 'How important is it for you **not** to be pregnant right now?'

Understand her experience/current use of contraception & knowledge of different methods.

Example questions:
'If you've used an oral contraceptive, how did you get on with it? Do you ever miss a pill?'
'What is the most important factor about your next method of contraception?'

2 Introduce long-acting reversible contraception (LARC) — 30 seconds

Whatever the reason for her visit, ask a woman about her contraception.

Gauge her knowledge/interest in LARC:

Example introductions:
'There are different contraception options: some you need to remember to take each day, some you use each month and some that you use longer term.'
'You seem quite knowledgeable about IUC, is there something that has stopped you considering it as an option in the past?'

3 Communicate the potential benefits of IUC — 90 seconds

Once an interest in using IUC is confirmed, expand on the benefits:

- Highly effective
- No need for daily, weekly or monthly administration
- Rapidly reversible
- Cost effective
- Non-contraceptive benefits
- Inserted quickly in most women

4 Provide reassurance and address her concerns — 90 seconds

Have an appropriate discussion about potential side effects such as risk of ectopic pregnancy, perforation, expulsion, infection and changes to monthly bleeding pattern.

Provide context around side effects in relation to other methods of contraception and pregnancy itself.*

*A list of FAQs is included in the Straight to the Point: Talking IUC Counselling Booklet.

5 Help her decide — 60 seconds

Share your knowledge and clinic experience.

Ask if she is interested in seeing the device.

Be honest when addressing concerns about discomfort.

Personal disclosure has been found to be useful. E.g. 'In our practice we have a large number of women using this method.'

6 Confirm her choice and schedule placement (if choice was IUC) — 60 seconds

Provide reassurance that IUC placement can be performed at any time during her menstrual cycle provided it is absolutely certain she is not pregnant.

Advise that STI screening can be performed on the same day as placement.

Set realistic expectations by advising of the common side effects following IUC placement.

If the woman does experience any serious side effects she should contact an HCP immediately.

Responding to frequently asked questions about IUC

Many women will ask other questions about IUC and you need to tailor your responses to their needs. You may not be able to satisfy all patient's needs.

Q. Can IUC cause infections, for example pelvic inflammatory disease (PID), and resulting infertility?

A. *There is a misperception that use of IUC increases the risk of pelvic inflammatory disease (PID), which may, in turn, cause infertility. However, PID is caused by sexually transmitted infections (STIs), NOT the presence of an intrauterine device (IUD). There is a small increase in the risk of PID in the first 20 days after IUD placement – the infection risk related to insertion is 0.5%.[13] After this, IUD users have the same risk of PID as non-users.[13]*

Q. Do I have to continue with IUC for the full 3 or 5 or 10 years (depending on the device)?

A. *No. If your plans for pregnancy change or you have problems with an intrauterine method you can make an appointment and it can be quickly removed. A healthcare professional will simply remove the device by pulling the strings.*

Q. How quickly can I get pregnant after IUC is removed?

A. *After the IUC is removed you could rapidly get pregnant.*

Q. How much does IUC placement actually hurt?

A. *When responding to this question, it's important to emphasize that:*

- *Every woman experiences pain differently.*
- *In the majority of women, placement can cause a little pain, a bit like period pain, which passes quickly.*
- *Insertion only takes 5 minutes and provides up to 10 years of contraception.*

Q. Do I need a PAP smear before having an IUC fitted?

A. *There is extremely limited evidence to link cervical cancer to contraception. Undertaking a PAP smear prior to placement depends on your country guidelines.*

Q. Will my partner be able to feel the device?

A. *No. Neither you nor your partner should feel the IUC. If you do, call your healthcare professional, because the IUC may be out of place. However, you may or may not be able to feel the strings attached to the end of the IUC if you place a finger high up into the vagina. During sexual intercourse, it is possible your partner may feel the strings.*

Responding to frequently asked questions about IUC

Q. Is amenorrhea unhealthy?

A. *Amenorrhea is not unhealthy, although some women dislike changes in their monthly bleeding. It is important to educate women about the bleeding pattern changes to be expected with some methods of IUC, so that they are able to select the method that is best and most acceptable for them and hopefully continue until they decide to get pregnant.*

Resources for you and your patients

(Neither Bayer or the INTRA group are responsible for the content on the internet pages)

- The Contraceptive CHOICE Project: www.choiceproject.wustl.edu provides further information on a study of women's preference for the most effective methods of contraception.
- Black K, Lotke P, Bühling K, Zite N on behalf of the Intrauterine contraception for Nulliparous women: Translating Research into Action (INTRA) group. Barriers and myths preventing the more widespread use of intrauterine contraception in nulliparous women. *Eur J Contracept Reprod Health Care* 2012;17(5):340-50.
- Faculty of Sexual & Reproductive Healthcare (FSRH) Clinical Guidance, including a simple decision making algorithm for quick starting contraception (http://www.fsrh.org/pages/clinical_guidance.asp).
- www.mycontraception.ie is a patient website that provides information on all contraceptive methods including Long Acting Reversible Contraception (LARC) and Intrauterine options.

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▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professional are asked to report any suspected adverse reactions.

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