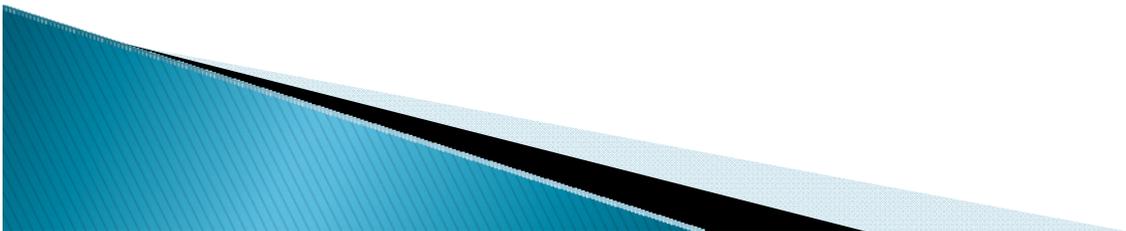


Intra-uterine Contraception

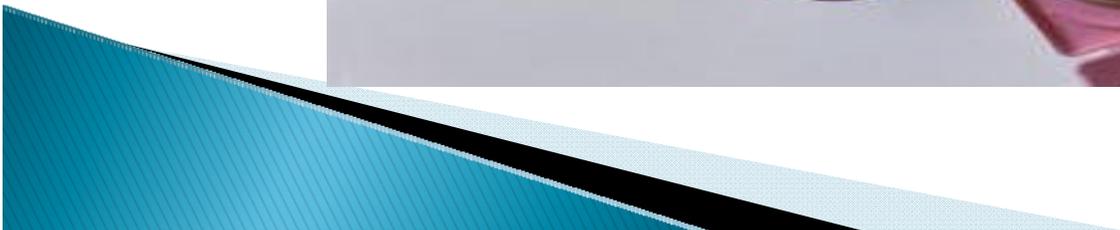
- ▶ Dr Angela Ford
- ▶ Speciality Doctor Sandyford Initiative





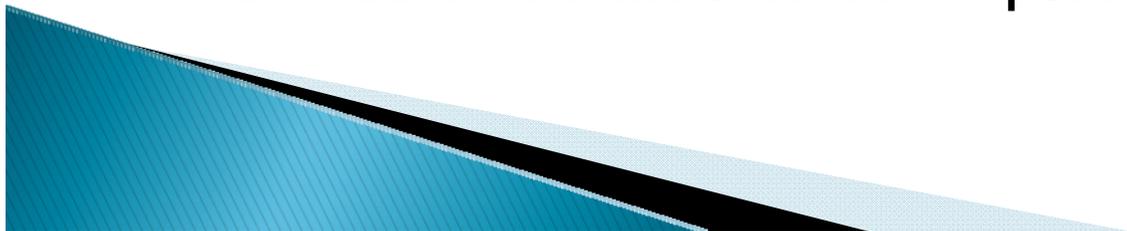
The "Best"
form of
Contraception

Contraceptive Choices



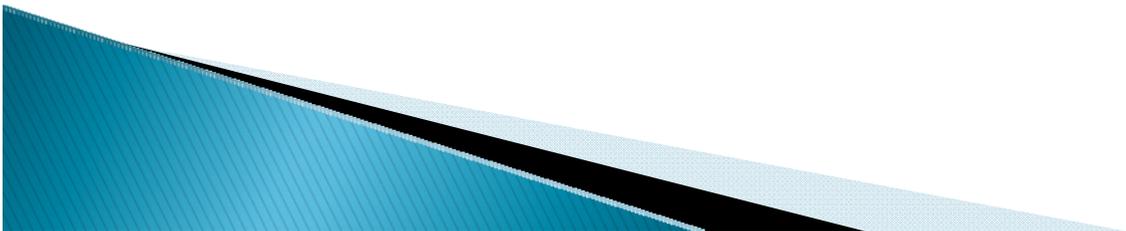
NICE Guideline 30

- ▶ Women requiring contraception should be given information about and offered a choice of all methods, including LARC methods.
- ▶ Women should be provided with the method of contraception that is most acceptable to them provided it is not contra-indicated.
- ▶ All LARC methods are more cost-effective than the combined pill even at 1 year use.
- ▶ IUDs/IUS and implants are more cost effective than the injectable contraceptives.
- ▶ Increasing the uptake of LARC methods will reduce the number of unplanned pregnancies.



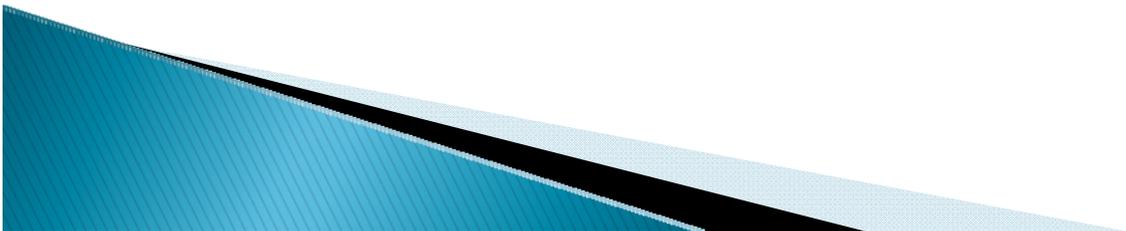
Advantages of IUC

- ▶ Long acting
- ▶ Not user dependant
- ▶ Rapid return of fertility
- ▶ Cost effective



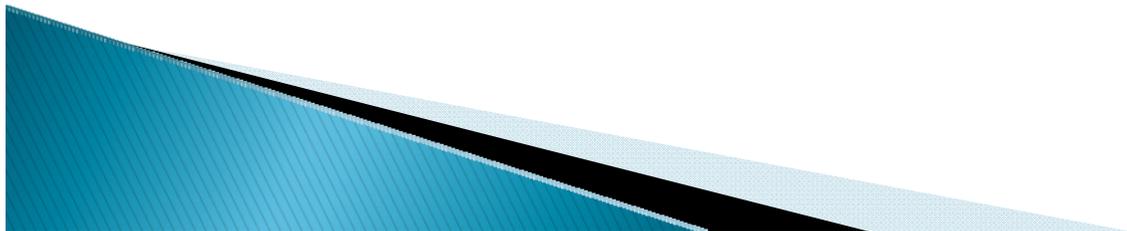
Disadvantages of IUC

- ▶ Require to be fitted by trained clinician
- ▶ Insertion may cause discomfort



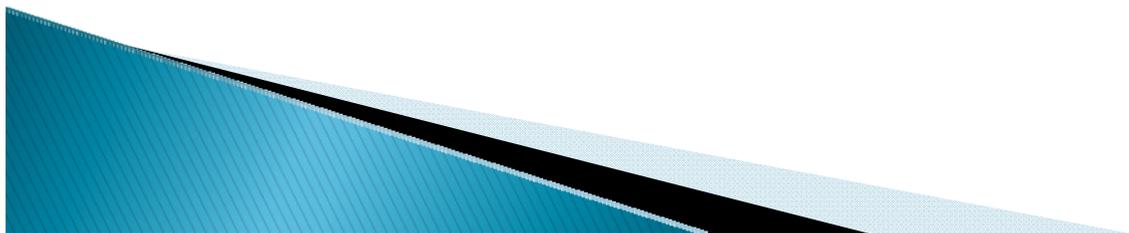
IUDs

- ▶ **Mode of Action**
 - Affects ovum and sperm
 - Affects cervical mucus
 - Inhibits implantation
- ▶ **Advantages**
 - No hormonal side-effects.
 - Little effect on menstrual cycle
 - Licensed for up to 10 years.
- ▶ **Disadvantages**
 - Increased blood loss during menstruation.
 - Historic bad press



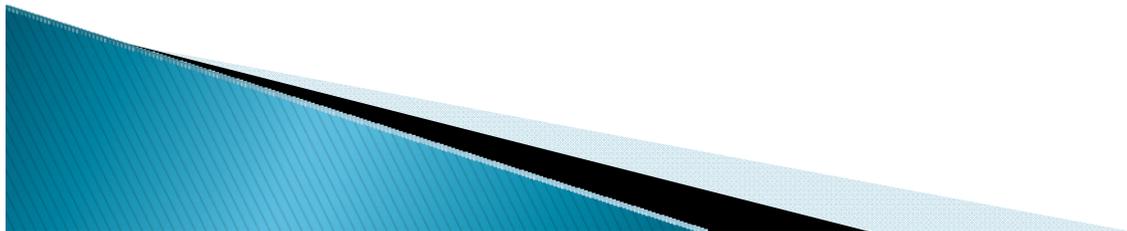
Types of IUD

- ▶ 20 different IUDs listed in the BNF.
- ▶ The most effective IUDs have at least 380mm² of copper and have banded copper on the arms.
- ▶ IUDs with longest duration of use should ideally be used.



IUS

- ▶ **Mode of Action**
 - Prevention of penetration of cervical mucus by sperm
 - Prevention of implantation via progestogenic effect on endometrium
- ▶ **Advantages**
 - Reduced blood loss during menstruation.
 - Reduced pain associated with primary dysmenorrhea, endometriosis or adenomyosis
- ▶ **Disadvantages**
 - Initial erratic bleeding
 - Minor hormonal side-effects



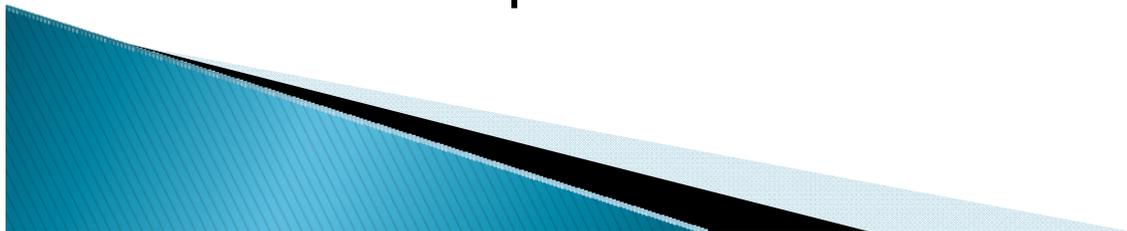
Types of IUS

▶ Mirena

- Contains 52mg levonorgestrel
- Licenced for contraception for 5 years
- Licenced for control of heavy menstrual bleeding
- Licenced for endometrial protection in hormone replacement therapy
- Causes amenorrhoea in 23.6% of women

▶ Levosert

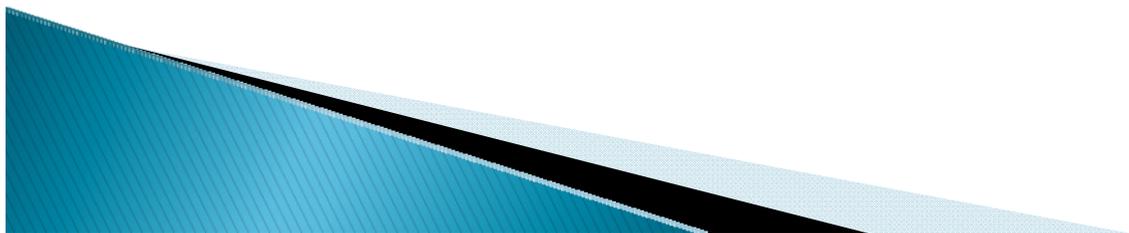
- generic IUS with the same pharmacokinetics as Mirena but licenced for 3 years and only for contraception.



Types of IUS

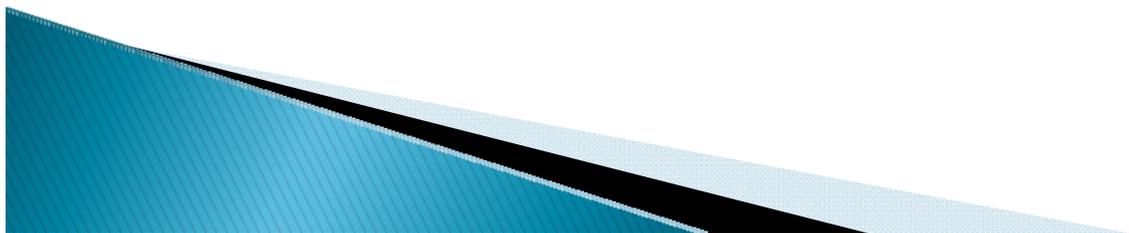
▶ Jaydess

- Contains 13.5mg levonorgestrel
- Licenced for contraception for 3 years
- Causes amenorrhoea in 12.7% of women



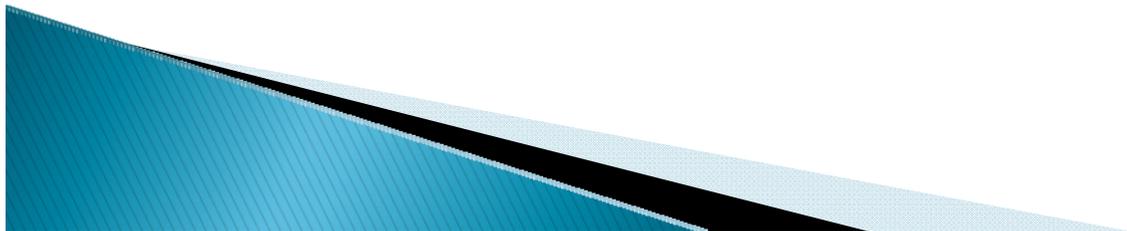
Licence Limit

- ▶ Any IUD with $> 380\text{mm}^2$ copper inserted at 40+ years of age can remain until after the menopause
- ▶ Any Mirena inserted at or after the age of 45 can be used for contraception for 7 years (FSRH unlicensed use)
- ▶ Any Mirena inserted at or after the age of 45 can be retained until contraception no longer needed if woman remains amenorrhoeic. (NICE unlicensed use)



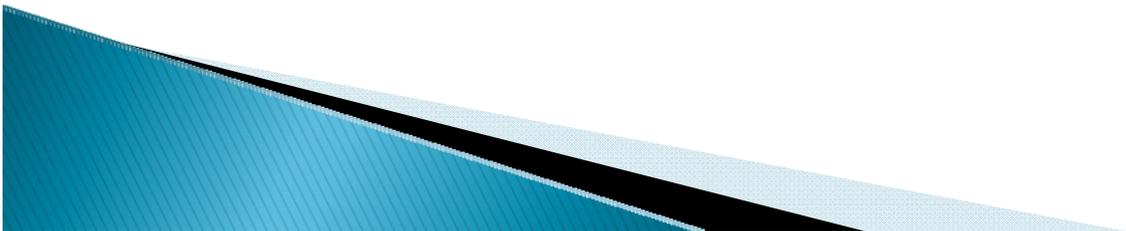
UK MEC 4

- ▶ Pregnancy
- ▶ Pelvic Infection
- ▶ Unexplained vaginal bleeding, initiation
- ▶ Cervical cancer, initiation
- ▶ Endometrial cancer, initiation
- ▶ Breast cancer, current



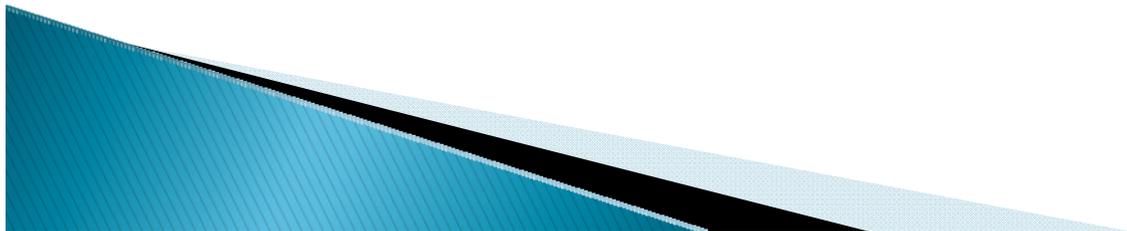
History

- ▶ PMH
- ▶ Drugs
- ▶ Allergies
- ▶ Reproductive
- ▶ Sexual health



Counselling

- ▶ Mode of action
- ▶ Failure rate
- ▶ Licence limit
- ▶ Rapid return of fertility
- ▶ Insertion
- ▶ Risk of infection, expulsion, perforation, ectopic pregnancy
- ▶ Bleeding pattern
- ▶ With IUS initial minor hormonal side-effects
- ▶ Additional contraception for 7 days with IUS if fitted after day 7 of menstrual cycle.



Risks

▶ Infection

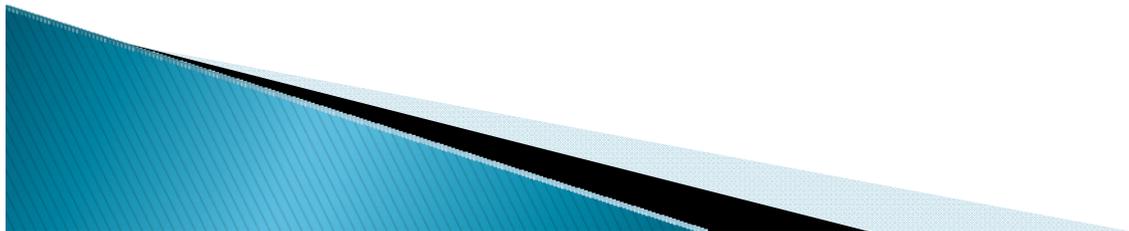
- Increased risk of pelvic infection for 20 days following IUD/IUS insertion but the risk is the same as the non IUC using population thereafter.
- All women should be assessed for risk of STI
- High risk
 - Age <25
 - Age >25 with a new sexual partner or more than one partner in the last year.
 - Regular partner has other partners
 - History of STIs
 - Contact of STI
 - Alcohol/substance abuse



Risks

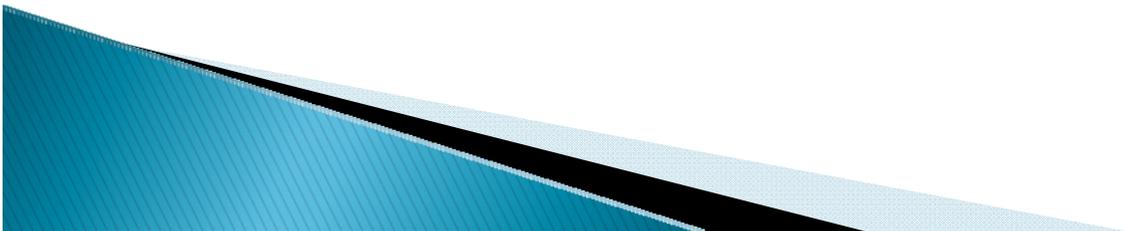
▶ Expulsion

- Expulsion is the commonest reason for failure of intrauterine contraception
- Risk is 1:20 over 5 years
- Commonest in first 3 months after fitting
- Often occurs during menstruation.
- Slightly commoner in nulliparous women



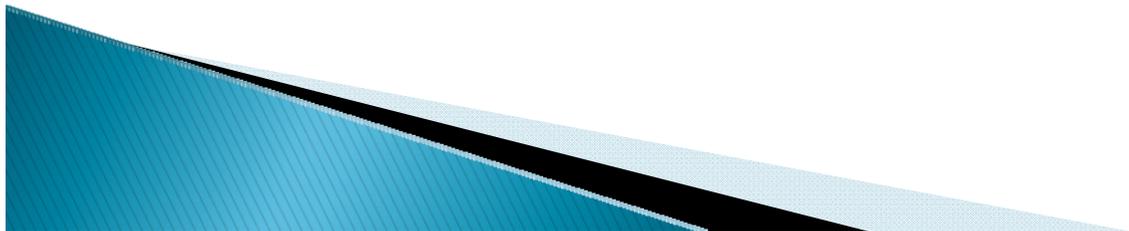
Risks

- ▶ Perforation of cervix or uterus
 - Overall risk about 2:1000
 - 6 fold higher in women who are breast feeding
 - Significant pain
 - No threads seen at 6 week check



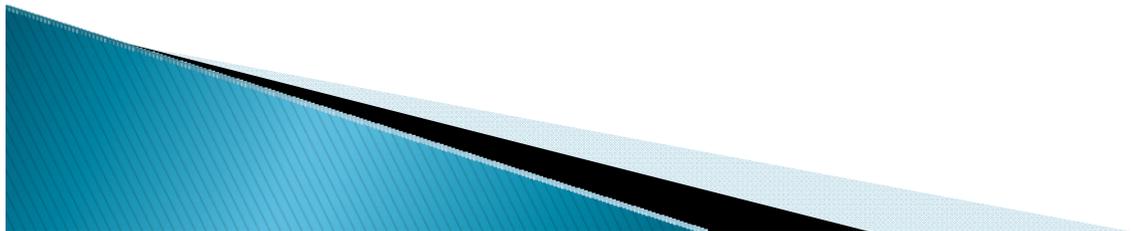
Risks

- ▶ Ectopic pregnancy
 - The risk of ectopic pregnancy is greater in women who are not using contraception than in women using IUC.
 - If a woman using IUC becomes pregnant there is a greater risk of the pregnancy being ectopic.



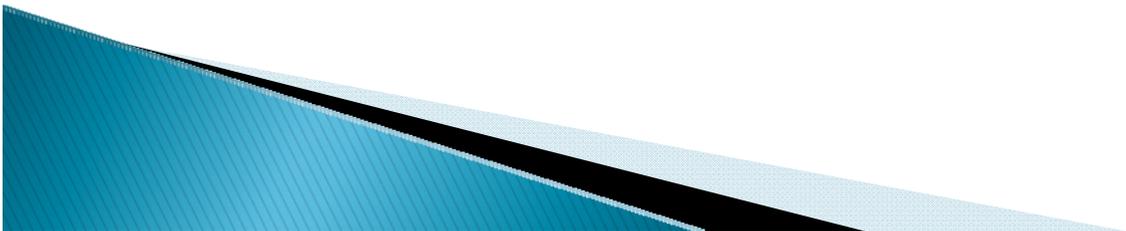
Insertion

- ▶ Timing, no risk of pregnancy
- ▶ Chaperone
- ▶ Lighting
- ▶ Equipment, oxygen, emergency drugs
- ▶ Analgesia—simple analgesia prior to insertion—instill gel—cervical block
- ▶ Tissue forceps
- ▶ Children



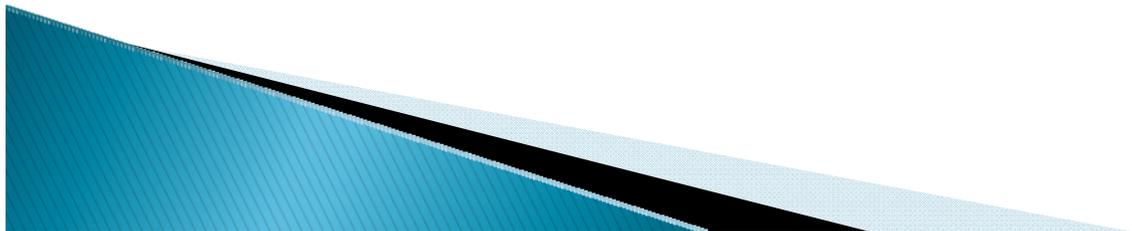
Clinical Problems

- ▶ Insertion difficult
- ▶ Unscheduled bleeding
- ▶ Missing threads
- ▶ ALOs



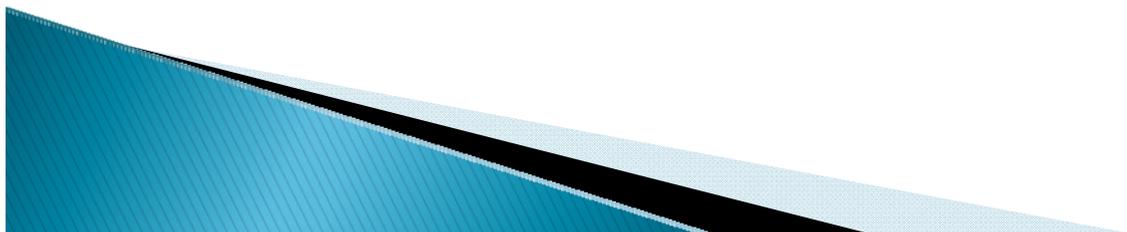
Follow Up

- ▶ Check at 6 weeks
- ▶ Thereafter if the patient has any problems or if she wishes device removed/replaced



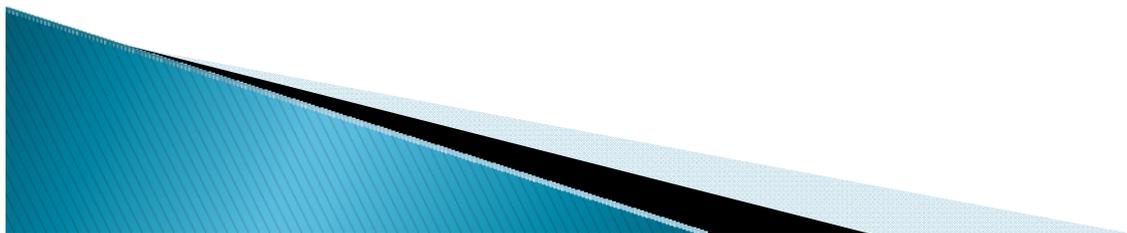
Emergency Contraception

- ▶ All women requesting EC should be offered insertion of IUD
- ▶ Can fit up to 120 hours after first SI in a cycle or up to 5 days after earliest expected date of ovulation
- ▶ Offer STI screening



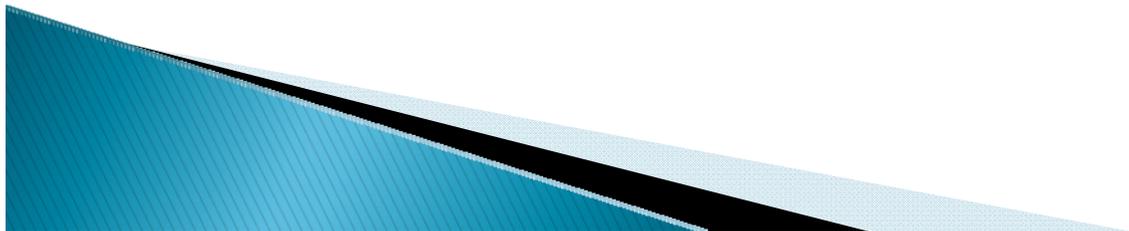
Eclipse Trial

- Randomised controlled trial involving 571 women to assess the clinical effectiveness of LNG-IUS for HMB compared with usual medical treatment in primary care.
- All participants found symptoms and quality of life significantly improved.
- LNG-IUS as compared to usual medical treatment leads to greater improvement over 2 years, these findings no longer significantly different at 5 years.
- NICE guidelines recommend medical treatment first.
- Women with HMB, relatively normal sized uterus and no other risk factors can be successfully treated.
- Low rates of surgery.



Additional Information

- ▶ Vibrating gym plates, advised not to use for first 6 weeks after insertion
- ▶ MRIs No recommendation to remove either IUDs or IUSs
- ▶ Mooncups and tampons, no evidence of associated risk of IUC expulsion
- ▶ Prophylactic antibiotics for endocarditis not required for IUC procedures.



Recertification

- ▶ Paid annual subscription
- ▶ 2 CPD credits relevant to IUT
- ▶ eSRH module 18 or FSRH approved distance learning
- ▶ Life Support and Anaphylaxis update
- ▶ 12 insertions within a 12 month period within 24 months of recertification at least 2 different types of IUC in conscious women

