



Did you know?

Based on the most recent estimate (2006), nearly half of all pregnancies in the U.S. are unintended (49%), and 43% of these pregnancies end in abortion.ⁱ In the U.S. each year, there are an estimated 1.5 million births resulting from unintended pregnancies.ⁱⁱ

What is an IUD?

The IUD (Intrauterine Device), a small T-shaped device (no larger than 32 mm x 36 mm), is inserted into the uterus by a healthcare provider to prevent pregnancy.ⁱⁱⁱ IUDs are categorized as long-acting reversible contraceptive methods (LARCs).^{iv} There are three different types of IUDs in the U.S.:

- The Copper IUD, known as ParaGard, can stay in place for up to 10 years.^v
- Two types of hormonal IUDs, known as Mirena or Skyla, can stay in place for up to 5 or 3 years,^{vi} respectively. These IUDs continuously release a small amount of progestin (Levonorgestrel) to prevent pregnancy.^{vii}

How do IUDs work?

Currently available IUDs work by preventing sperm from fertilizing ova, although some aspects of the precise mechanism of action are not known. IUDs are not abortifacients; they do not interrupt an implanted pregnancy. Pregnancy is prevented by a combination of the ‘foreign body effect’ of the plastic frame and the specific action of the medication (copper or Levonorgestrel) that is released, which impairs sperm function and implantation, and prevents fertilization.^{viii}

IUDs are HIGHLY EFFECTIVE in preventing pregnancy

- IUDs are 99% effective in preventing pregnancy. They are one of the most effective forms of birth control.^{ix}
- IUDs do not require daily compliance or attention like oral contraceptives (the pill).^x

WOMEN WANT IUDS and LIKE IUDS once they have them

- Two-thirds of women of child-bearing age in the U.S. currently use birth control, and the use of IUDs is on the rise within this group: from 2% in 2002 to 7.7% in 2009.^{xi}
- In a recent study in St. Louis among 10,000+ women who received counseling about the most effective forms of birth control and were provided any contraceptive method free of charge, 67% of women chose LARC methods (56% IUDs, 11% implants).^{xii}
- The same study found that at 24 months after choosing their birth control method, women continued using IUDs longer than any other birth control method: 77% and 79% for ParaGard and Mirena, respectively, compared to 43% for the pill.^{xiii}

IUDs are SAFE and RECOMMENDED for use by most women

- The American College of Obstetricians & Gynecologists (ACOG) recommends that LARCs be offered as first-line contraceptive methods and encouraged as options for most women,^{xiv} including adolescents.^{xv}
- Skyla and ParaGard are FDA-approved for use among women who have never had children (referred to clinically as nulliparous women).^{xvi,xvii} Mirena is FDA-recommended for women who have had at least one child and women seeking a birth control method that helps treat heavy menstrual bleeding.^{xviii}
- IUDs can be safely inserted directly postpartum and postabortion.^{xix} Inserting an IUD or implant immediately after an abortion significantly reduces the risk of subsequent abortions.^{xx}
- Infertility is not more likely after discontinuation of an IUD than after discontinuation of other reversible methods of contraception.^{xxi}
- In 2013, the CDC developed the *United States Selected Practice Recommendations for Contraceptive Use*, which provides guidance on how contraceptive methods can be used and how to remove unnecessary barriers for patients in accessing and successfully using contraceptive methods.^{xxii} The report offers guidance on when to initiate IUDs and clinical guidance on special considerations, advisable testing, routine follow-up and IUD management.

- In 2010 the Centers for Disease Control and Prevention (CDC) developed the *United States Medical Eligibility Criteria for Contraceptive Use*, which provides guidance on the safety of contraceptive methods, including IUDs, for women with specific characteristics and medical conditions.^{xxiii}

IUDs can be LONG-LASTING, but are easily removed at any time

- IUDs can last from 3 to 10 years, depending on IUD type,^{xxiv} and can be easily removed at any time by a healthcare provider.
- Rates of continuation and removal of IUDs are similar for adults and adolescents.^{xxv}

IUDs can be AFFORDABLE

- Under the Affordable Care Act,^{xxvi} all contraceptive methods (including IUDs) and associated services (insertion, removal, and maintenance) must be covered by a health plan without cost-sharing.
- The National Women’s Law Center^{xxvii} and Bayer HealthCare Pharmaceuticals (manufacturer of Mirena and Skyla)^{xxviii} have developed materials to help women and providers navigate obtaining health insurance coverage of IUDs without cost-sharing.
- IUD manufacturers (Teva Women’s Health and Bayer HealthCare Pharmaceuticals) provide IUDs at reduced cost^{xxix,xxx} to medical facilities that qualify for the 340B federal drug pricing program.^{xxxi} IUD manufacturers also have patient assistance programs that offer IUDs free of charge for those who qualify and are uninsured.^{xxxii}

ACCESSING highly effective contraception isn’t always easy

Despite a documented need and evidence of IUD effectiveness, women face numerous barriers to obtaining IUDs.

- **Provider Bias and Public Skepticism:** Many patients and health care providers are misinformed about the benefits and potential risks of modern IUDs. A 2009-2010 study of office-based providers and Title X family planning providers found that 30% of those surveyed had misperceptions about the safety of the IUD for nulliparous women.^{xxxiii} These misperceptions were more common among providers receiving medical training before 1985 and among providers working at facilities that did not keep IUDs on-site.
- **Restrictive Provider Protocols:** IUDs can be inserted on the same day as contraceptive counseling, but two-visit insertion protocols are common due to perceived cost, supply, and screening issues.^{xxxiv, xxxv}
- **Misinformation and lack of knowledge among patients:** In a 2009 survey of 1800 unmarried, young people aged 18-29, 75% reported having heard of IUDs; however, most reported that they knew little or nothing about IUDs. Nearly half of young people believed incorrectly that IUDs could migrate to other parts of the body and cause infections. Additionally, 34% of young people reported incorrectly that birth control pills were more effective than IUDs for preventing pregnancy.^{xxxvi}

Additional Benefits of IUDs

- **IUD as Emergency Contraception:** A Copper IUD can be inserted up to five days after unprotected intercourse to prevent pregnancy. The Copper IUD is considered the most effective method of emergency contraception when other methods of contraception fail or were not used.^{xxxvii}
- **Therapeutic Uses of IUDs:** IUDs also offer important non-contraceptive health benefits. Copper IUDs are protective against the development of endometrial cancer. Levonorgestrel-containing IUDs (Mirena) are effective in treating a variety of gynecological disorders, including heavy menstrual bleeding and anemia, and have also been used effectively to reduce side effects associated with hormonal replacement therapy.^{xxxviii}

For the IUD Taskforce’s IUD suggested reading list visit: IUDTaskforce.org/Taskforcedocs

For further information, please visit our website: IUDTaskforce.org

Or email us at: IUDTaskforce@healthsolutions.org

The NYC IUD Taskforce aims to ensure that everyone has access to a full range of contraceptive methods. The Taskforce seeks to address the systemic barriers (financial, institutional, legal, and educational) that may limit knowledge, awareness, access, and use of long-acting reversible contraceptive methods (LARCs), specifically IUDs and implants. LARCs are highly effective and safe contraception options that can be removed when no longer desired. More than 50 medical providers, educators, administrators, public health professionals, reproductive health advocates, and researchers from more than 25 New York City-based organizations currently serve on the IUD Taskforce.

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