



Nationally, leading health-related professional associations and organizations support the use of IUDs for nearly all women, regardless of age, relationship status, or previous births. Their endorsements of IUDs reflect confidence not only in IUDs' safety and efficacy, but also in the belief that greater access to IUDs and other forms of Long-Acting Reversible Contraception (LARC) is vital.

What is an IUD?

The IUD (Intrauterine Device) is a T-shaped plastic rod with two arms and a string, about the size of a quarter. It is inserted into the uterus by a doctor to prevent pregnancy. IUDs are categorized as LARCs, or long-acting reversible contraceptive methods.ⁱ There are two different types of IUD's in the U.S.:

- **The Copper IUD:** Known as ParaGard, the copper IUD can stay in your uterus for up to 10 years.
- **Two Progestin or Hormonal IUDs:** Mirena or Skyla can stay in you uterus up for up to 5 or 3 years, respectively. It releases a small amount of progestin (levonorgestrel) each day to keep you from getting pregnant.ⁱⁱ

How do IUDs work?

Although the precise mechanism of action is not known, currently available IUDs work primarily by preventing sperm from fertilizing ova. In other words, IUDs are not abortifacients; they do not interrupt implanted pregnancy. Pregnancy is prevented by a combination of the 'foreign body effect' of the plastic of metal frame and the specific action of the medication (copper or levonorgestrel) that is released, which impairs sperm function and prevents fertilization or implantation.ⁱⁱⁱ

IUDs are 99% EFFECTIVE in preventing pregnancy

- IUDs are 99% effective with typical use, one of the most effective forms of birth control.^{iv}
- Risk of repeat pregnancy within a short time period is highest for women under 20^v making IUD insertion post-delivery a prime opportunity to target adolescent mothers.^{vi}
- IUDs have high biologic efficacy, it requires almost no compliance- in fact it takes a volitional act to discontinue protection rather than to use protection- and it has the highest continuation rate of any reversible method.^{vii}

IUDs are SAFE and RECOMMENDED for use by most women

- The Centers for Disease Control and Prevention and the American College of Obstetricians & Gynecologist provide recommendations^{viii} and clinical guidance^{ix} for IUD and LARCs use, including for adolescents.^x
- Studies show that IUDs can be a first-line contraceptive choice for adolescents women who haven't had a live birth (nulliparous women) and those who have (parous women).^{xi} Skyla and Paragard are FDA approved and include package labeling that indicates use for women whether they have or have not had a child.^{xii,xiii}
- IUDs can be safely be inserted directly postpartum and postabortion^{xiv}, ensuring reliable contraception - especially for adolescents -when women are highly motivated to prevent pregnancy and are already in the healthcare system. Inserting an IUD or implant immediately after abortion significantly reduces risk of repeat abortions.^{xv}
- Infertility is not more likely after discontinuation of IUD use than after discontinuation of other reversible methods of contraception.^{xvi}

IUDs can be LONG-LASTING if you want them to be, but they are easily removed at any time

- IUDs can last from 3 to 10 years, depending on IUD type^{xvii}, and can also be easily removed at any time.
- Rates of continuation and removal are similar for adults and adolescents.^{xviii}

WOMEN WANT IUDS and LIKE IUDs once they have them

- Use of IUDs is on the rise among women using birth control, from 2% in 2002 to 7.7% in 2009.^{xix}
- A recent study of 10,000+ women that counseled women on the most effective forms of birth control and provided contraceptives free of charge, found that when given the choice, 67% of women chose IUDs.^{xx}
- For the same group of women, IUDs had the highest rates of continuation at 24 months than any other birth control method (79% for Mirena and 77% for Paragard), compared to 43% for the pill.^{xxi}

IUDs are AFFORDABLE

Under the Affordable Care Act^{xxii}, all contraception (including IUDs) and associated services (insertion, removal, and maintenance) must be covered without cost sharing by law; in other words, nearly no woman should have to pay for the use of an IUD.

Barriers to IUD Access

In the US, nearly half of all pregnancies- an estimated 3 million annually- are unintended, and nearly half of these end in abortion. Over half of unintended pregnancies are a result of contraceptive failure or misuse.^{xxiii} In New York City, 87% of teenage pregnancies were unintended in 2009.^{xxiv}

Despite this overwhelming evidence of need and proof of IUD effectiveness, there remain several barriers to accessing IUDs. Once these obstacles are removed, IUDs could reach their potential to become effective and sustainable tools to challenge the consistently high rates of unintended pregnancy in New York City and throughout the US:

- **Provider Bias and Public Skepticism:** The dangerous complications of the defamed Dalkon Shield, an IUD used by women in the 1970s (before being discontinued), wreaked havoc on the public perception of IUDs. As a result, many patients and providers remain 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 have misperceptions about the safety of the IUD for nulliparous women.
- **Provider Training:** The prevalence of misperceptions was higher for those not trained in insertion and those medically trained over 25 years ago.
- **Provider Protocols:** Two-visit insertion protocols are common due to lack of monetary resources to keep the devices in stock; clinic flow; and outdated concerns about required pre-insertion STI testing. The CHOICE Project demonstrated that when cost is not a barrier, and same day insertion is offered, 64% of women chose IUDs or implants.^{xxv}
- **Limited Knowledge:** In one survey, 60% of adolescents were unaware of IUDs as a contraceptive method. Seventy-one percent of young pregnant women reported feeling unsure about IUD safety, while 58% were unsure of its efficacy.^{xxvi}

Additional Benefits of IUDs

In addition to serving as an effective form of contraception to prevent pregnancy, the copper IUD (ParaGard) can also serve the following purposes:

- **IUD as Emergency Contraception (EC):** The Copper IUD is the most effective method of emergency contraception (used in the case that alternative contraception is not used or fails) and can be inserted up to five days after unprotected intercourse to prevent pregnancy.^{xxvii}
- **Non-Hormonal Option:** The copper IUD is a non-hormonal option for women who prefer a hormone-free method, continuing to have a monthly period and/or who have the few contraindications to the low doses of hormone, like that in the Mirena or Skyla IUDs (such as breast cancer and severe cardiovascular diseases).^{xxviii}
- **Therapeutic Uses of IUDs:** IUDs have also been found to extend important noncontraceptive health benefits. Nonhormonal IUDs (copper) have been associated with a decrease in endometrial cancer. The levonorgestrel intrauterine system has been found to treat a variety of gynecological disorders, including menorrhagia and anemia, and has also been used as an alternative hormonal replacement therapy.^{xxix}

For further information, please visit our website: IUDTaskforce.org or email us at: IUDTaskforce@healthsolutions.org

The NYC IUD Taskforce aims to ensure that all women have access to a full range of contraceptive methods by better understanding the systemic barriers (financial, institutional, legal, and educational) that may limit women's and provider's knowledge, awareness, access, and use of long-acting reversible contraceptives, specifically IUDs.

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