

KEY FACTS

- The purpose of contraceptive counseling is to provide patients with accurate information about all contraceptive methods and to assist patients with selecting the method that is right for them.
- The IUD is a safe and highly effective method of birth control and should be discussed as an option.
- Patients should be counseled on what to expect during the first few days and months after receiving a new method.
- Patients should be instructed to also use condoms to protect against sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV).

What information should be included during contraceptive counseling?

- Contraceptive counseling should contain accurate and nonjudgmental information about all contraceptive methods and assistance with selecting the method that is best for each patient. Counseling session topics should include:
 - Medical history
 - Reproductive life plan
 - Contraceptive experiences and preferences
 - Sexual history and risk assessment
 - Method effectiveness
 - Correct use of the method
 - Non-contraceptive benefits
 - Protection from STD and HIV¹

What information should be included when counseling about intrauterine devices (IUDs)?

- Provide patients with the following information about the different types of IUDs:

ParaGard® (Copper-T IUD)

- Does not contain hormones.
- May be used for up to 10 years.
- May also be used as [emergency contraception](#) if inserted up to five days after unprotected sex²
- Most women who use Paragard have periods that are slightly longer and heavier than usual.

Mirena® (Hormonal IUD):

- Contains levonorgestrel (progestin).
- May be used for up to 5 years.
- Most women who use Mirena have light periods occasionally or no periods at all.

Skyla® (Hormonal IUD):

- Contains levonorgestrel (progestin).
- May be used for up to 3 years.
- Most women who use Skyla continue to get regular periods that are lighter and shorter than usual.

Liletta® (Hormonal IUD):

- Newest and more affordable IUD.
- Contains levonorgestrel (progestin).
- May be used for up to 3 years.

- Inform patients that a trained provider is required for IUD insertion and removal. Mild pain and some cramping are expected during the insertion. Patients may also request a trained provider to remove the IUD at any time.
- Prior to IUD placement, counsel patients on the following topics:
 - Expectations during the first few days and months
 - Side effects
 - Checking strings
 - Follow-up
 - STI protection³

What type of information should be included about post-insertion?

- It is important to inform patients about any side effects that may occur. Patients will be more satisfied with the method when they have a clear understanding of what to expect.

What materials should I share with my patients?

- Contraceptive method [fact sheets](#)⁴
- Consent forms for implant or IUD insertions

References

1. [Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs](#)
2. [Cleland K, Zhu H, Goldstuck N, Cheng L, Trussell J. The efficacy of intrauterine devices for emergency contraception: a systematic review of 35 years of experience. Human Reproduction 2012; 27\(7\).](#)
3. [U.S. Selected Practice Recommendations for Contraceptive Use, 2013: Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition](#)
4. [Reproductive Health Access Project “Your Birth Control Choices”](#)

Recommended Resources

This contraceptive counseling FAQ is intended to help providers consider what types of information and resources are required for counseling sessions. This FAQ alone does not contain all the information necessary for providing counseling services. Below is further information on how to best engage patients in discussion and on patient-centered counseling techniques:

1. [Population Reports: GATHER Guide to Counseling](#)
2. [LARC First: The Counseling Session](#)

We have developed a series of Frequently Asked Questions to assist providers and healthcare institutions interested in offering IUDs to their patients. These guides are intended to be a starting point for providing IUDs by addressing basic questions. The answers are compiled from a selection of references and the general knowledge of our Patient Access Workgroup membership. For technical guidance and protocols, please refer to the clinical protocols of your own organization or the references provided within the FAQs.

About the IUD Taskforce. The NYC IUD Taskforce aims to ensure that everyone has access to a full range of contraceptive methods, including IUDs and implants, known as long-acting reversible contraceptives (LARCs). The Taskforce seeks to address the systemic barriers (financial, institutional, legal, and educational) that may limit knowledge, awareness, access, and use of LARCs. 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. The IUD Taskforce’s central activities are concentrated in the Taskforce workgroups, comprised of voluntary members that meet regularly.

About the Patient Access Workgroup. The Patient Access Workgroup of the NYC IUD Taskforce aims to improve IUD access for all women in New York City by identifying existing barriers to access and remediating the barriers through educational initiatives and other interventions.

For additional FAQs and guidance on providing IUDs at your organization as well as general questions about IUDs, visit <http://iudtaskforce.org/Resources>

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