Beyond the Pill: An Introduction to IUDs & the Implant

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Beyond the Pill

A program of the Bixby Center for Global Reproductive Health at the University of California, San Francisco (UCSF) School of Medicine

beyondthepill.ucsf.edu
Disclosures

- **Nishant Shah**, MD, MPH (*he/him/his*) has the following financial relationship to disclose:
  - Merck: Nexplanon trainer
Planning committee & disclosures

Suzan Goodman, MD, Cynthia Harper, PhD, Connie Folse, MPH, and Nina Pine, MSc, have no financial relationships to disclose.

Philip Darney, MD MSc has the following disclosures:
- Merck: Consultant & advisory board for Nexplanon
- Medicines 360: Clinical trial of IUD

We are grateful for contributions and guidance from: Marsha Gelt, MPH, Daniel Grossman, MD, Michael Policar, MD, MPH, Tina Raine-Bennett, MD MPH and Joseph Speidel, MD MPH.
Session objectives

• Describe FDA-approved LARC methods

• Identify patient eligibility for IUDs and the implant utilizing CDC Medical Eligibility Criteria

• Discuss potential benefits of offering IUDs and the implant in school-based health centers as part of comprehensive contraceptive care
Better birth control education reduces unintended pregnancies.

Forty sites in our national study

Twenty randomly selected clinics received the training and 20 control clinics offered standard care.
Ours was the first randomized clinic intervention to successfully help teens and young women aged 18-25 prevent undesired pregnancies.

Reductions in pregnancy rates in the USA with long-acting reversible contraception: a cluster randomised trial

Cynthia C Harper, Corinne H Rocca, Kirsten M Thompson, Johanna Morfesis, Suzan Goodman, Philip D Darney, Carolyn L Westhoff, J Joseph Speidel

Virtually all women learned about the pill, but only 39% at control clinics learned about IUDs and implants, compared with 71% at intervention clinics.
Forty sites in our national study

We’d love to explore the possibility of bringing our full training to your clinic!
A role for more effective contraceptives

PREGNANCIES AMONG U.S. ADOLESCENTS AND YOUNG ADULTS

Rates of pregnancy among U.S. adolescents and young women reached historic lows in 2013.
Rate per 1,000 women

200
150
100
50
0


20–24
18–19
15–17
<14

The majority of adolescent pregnancies occur among 18–19-year-olds

www.guttmacher.org
Ethical Guidelines

Ensuring Access

Ensuring Autonomy

Ethical Guidelines

• Patients should receive medically accurate, unbiased, and culturally relevant information about (and access to) the full-range of contraceptive methods.

• Patients have the right to choose (or not choose) any given method of birth control, *free of persuasion*.

• Patients have the right to have a LARC method removed at any time, without judgement or resistance from their provider.

https://www.nwhn.org/nwhn-joins-statement-principles-larcs/
ARHP. *Long-Acting Contraceptives: Ethical Guidelines for Providers*. 2009
An update on IUDs and the implant
Single-rod etonogestrel (ENG) implant, Nexplanon®

- Works for 3-5 years
- Prevents ovulation, thickens cervical mucus
- Low dose progestin – *no estrogen*

McNicholas. *AJOG*. 2017
FDA label for Nexplanon. Revised 7/2014
Levine et al. *Contraception*. 2008
Irregular bleeding with the implant

~80% of implant users experience irregular bleeding.

Not all users find this bothersome.

(Mansour, 2008; Grunloh, 2013; Merck, 2018)
Nexplanon removal

The average removal procedure takes less than 4 minutes.

UpstreamUSA Implant Removal Pop Out Technique

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Copper T 380a intrauterine device, ParaGard®

- Works for at least 12 years
- Only highly effective non-hormonal method
- Nearly 100% effective when used as emergency contraception

Emergency Contraception (EC) Types

**IUD**
- Cu IUD
- LNG 52 mg IUD +/- LNG ECP

**EC Pills**
- Progestin (LNG) “Plan B”
- Ulipristal Acetate (UPA) “Ella”
ECP loses efficacy with increased BMI

Copper T IUD remains nearly 100% effective for these patients

Levonorgestrel-releasing IUDs, Mirena®, Liletta®, Skyla®, & Kyleena®

- Works for at least:
  - Liletta & Mirena 5-7 years*,
  - Kyleena 5 years,
  - Skyla 3 years,
  - Low-dose progestin - *no estrogen*

FDA label for Mirena. Revised 7/21/2008
FDA label for Skyla. Revised 1/09/2013
FDA label for Liletta. Revised 8/2017
IUD Mechanism of Action

**Primary Mechanism**: Prevention of fertilization

**Secondary Mechanism (LNG IUDs)**: Thickening of cervical mucous

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IUDs are not an abortifacient
(Will not disrupt an implanted pregnancy)

UpToDate. 2015
IUD Removal is quick and easy

ARHP Copper T Insertion Animation
Can adolescents and patients who have no children use an IUD?

- Yes

- High satisfaction and continuation rates

Method Satisfaction

% of respondents indicating that they were either “very satisfied” or “somewhat satisfied” with their method.

Method Continuation

Short-Acting Methods (Injection, OCPs, Patch, Ring)
- 1 year continuation: 31%
- 3 year continuation: 23.1%

Long-Acting Methods (IUDs + Implant)
- 1 year continuation: 54.7%
- 3 year continuation: 52.6%

1 year continuation: 67.2%
3 year continuation: 86.2%

14-19 year olds

Hatcher R et al. Contraceptive Technology. 2007
Raine RT et al. Obstetrics & Gynecology. 2011
Why patients choose LARC methods

• Can be used privately*
• Rapidly reversible
• Highly effective

Can be used by a wide variety of patients, including those with medical conditions
Highly Effective

LARC, Pill, Condom, Intrauterine Device, Contraceptive Ring, Sterilization

Number of users pregnant in 1 year out of 1,000

Trussell J. Contraception. 2011
Medical Eligibility for Contraceptive Initiation
# CDC Medical Eligibility Criteria

## CDC Medical Eligibility for Initiating Contraception

| Method can be used without restriction | 1 |
| Advantages generally outweigh risks | 2 |
| Method not recommended unless more appropriate methods not acceptable | 3 |
| Absolute contraindication, avoid use | 4 |

Search: “CDC Contraception”

Case Study 1: Aisha

- 17 years old, no children, she/her/hers
- Had PID three months ago
- Thinks she has vaginitis
- Requests an IUD
Can patients with a history of PID use an IUD?

Yes.

Active PID is contraindication.

Place at 1 month.

### CDC Medical Eligibility for Initiating Contraception

<table>
<thead>
<tr>
<th>Condition</th>
<th>LNG-IUS or Copper IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic inflammatory disease</td>
<td></td>
</tr>
<tr>
<td>Past PID, subsequent pregnancy</td>
<td>1</td>
</tr>
<tr>
<td>Past PID, no subsequent pregnancy</td>
<td>2</td>
</tr>
<tr>
<td>Current PID</td>
<td>4</td>
</tr>
<tr>
<td>Ectopic pregnancy</td>
<td>Past ectopic pregnancy</td>
</tr>
</tbody>
</table>

Centers for Disease Control. *MMWR.* 2016
Do IUDs increase PID or infertility?

- IUDs do **not** significantly increase PID risk
- IUDs do **not** increase the overall risk of ectopic pregnancy
- IUDs do **not** decrease future fertility

Can patients with a history of STIs use an IUD?

Yes.

Past infections are **not** a contraindication to any method of contraception.

Place at 1 week.

<table>
<thead>
<tr>
<th>CDC Medical Eligibility forInitiating Contraception</th>
<th>LNG-IUS or Copper IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexually Transmitted Infections</strong></td>
<td></td>
</tr>
<tr>
<td>Current vaginitis</td>
<td>2</td>
</tr>
<tr>
<td>Current chlamydia, gonorrhea, or purulent cervicitis</td>
<td>4</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td></td>
</tr>
<tr>
<td>High risk</td>
<td>2</td>
</tr>
<tr>
<td>Clinically well on therapy</td>
<td>2</td>
</tr>
</tbody>
</table>

El Ayadi et al. *Preventive Medicine*, 2017
Recommend Dual Use

- Encourage condom use for *all* patients for STI prevention, including IUD and implant users.

IUD/implant use does *not* reduce condom use or increase STI incidence.

El Ayadi et al. *Preventive Medicine*, 2017
Same-Day IUD Placement

• Place any time in menstrual cycle

• STI screening for those without a recent test or with risk factors

MacIsaac L and Espey E. Obstet Gynecol Clin N Am. 2007
Case Study 2: Taylor

- 16 years old, 1 child, she/her/hers
- Migraines with visual changes
- Wants to finish school before having more children
- Requests an implant
IUDs and implant safe when other methods contraindicated

<table>
<thead>
<tr>
<th>CDC Medical Eligibility for Initiating Contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
</tr>
<tr>
<td>High blood pressure</td>
</tr>
<tr>
<td>&lt;159 / &lt;99</td>
</tr>
<tr>
<td>&gt;160 / &gt;100 or w/ vascular disease</td>
</tr>
<tr>
<td>Migraine with aura</td>
</tr>
<tr>
<td>Smoking (&lt;15 cigarettes/day)</td>
</tr>
<tr>
<td>Blood clots</td>
</tr>
<tr>
<td>Past or current blood clot</td>
</tr>
<tr>
<td>Diabetes Mellitus (DM)</td>
</tr>
<tr>
<td>History of GDM</td>
</tr>
<tr>
<td>Nonvascular NIDDM or IDDM</td>
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</tbody>
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Who can use IUDs and the implant?

• Most patients are IUD candidates
• Nearly all are implant candidates
• Including:
  • Adolescents
  • Patients with no children
  • History of STI/PID
  • Patients seeking non-contraceptive benefits
What can you do today?

• Counsel Taylor about possible bleeding changes and other side effects

• Offer a bridge method

• Discuss condom use

• Enhance referral relationships
  • Get to know your local clinics
  • Establish MOUs
  • Follow up

• Help Taylor access her method of choice
  • Scheduling
  • Transportation assistance
In Your Health Center

Offering (or counseling and referring for) IUDs and implants improves youth access to the full range of options and can help youth achieve their reproductive goals.

What additional resources would be helpful? (POLL)
Resources available on our website:

- FREE patient education materials and videos to download or order.
- FREE 90-minute, online training on IUDs and implants. *(CME-accredited.)*
- Additional information about requesting a training at your clinic
- IUD and Implant Clinic Protocols
- IUD as EC resources.

Email Janelli.Vallin@ucsf.edu for additional information about requesting a training.
Upcoming Webinars

• **October 30th 1 pm EST:** *Sharing the Science* (Lisa Stern, RN, MSN, MA)

• **Nov 6th 1 pm EST:** *An Ethical Framework for Patient-Centered Contraceptive Counseling* (Connie Folse, MPH, CHES, Nina Pine, MSc)
Summary

1. Most patients can use IUDs and the implant

2. IUDs and the implant have high acceptability and continuation rates

3. Same-day placement is considered best practice, when possible

4. Enhance referral systems to lessen barriers and improve access
Did this webinar teach you new content about medical eligibility for IUD and implant use?
Thank you!

Email Janelli.Vallin@ucsf.edu for additional information about requesting a training.

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