



PRIMARY CARE  
WOMEN'S HEALTH FORUM

# **10 TOP TIPS** **for Intrauterine** **Contraception (IUC)**



PRIMARY CARE  
WOMEN'S HEALTH FORUM

# 10 Top Tips for Intrauterine Contraception (IUC)

## 10 Top Tips for Intrauterine Contraception (IUC)

---

**1.** We all have a role to play in helping women to consider and choose their preferred contraceptive option. It is important to offer women all methods of contraception that they are eligible for, whatever their age or parity. We should also make sure that women are aware of and have access to their “ideal” method, whether during contraception-specific or opportunistic consultations.

---

**2.** Intrauterine contraceptives (IUCs) are among the most reliable and acceptable methods available. If all women are offered the full choice of methods:

- 75% will choose long acting reversible methods (implant or IUC).
- Of those, almost 60% choose an IUC.
- When an IUC is chosen, 80% of women are satisfied with the method and continuation rates are high.

---

**3.** Clear concise counselling can help women select their preferred method of contraception leading to better patient satisfaction and longevity of method use. Counselling ideally includes:

- a. Determining contraceptive needs
- b. Discussing all methods of contraception available, including longacting reversible contraception (LARC), allowing her to make the choice that is best for her
- c. Discussing the potential benefits and risks of IUC
- d. Addressing any concerns and providing reassurance as needed
- e. Organising follow up for fitting of LARC device or bridging method as required.

---

**4.** The many advantages to IUC methods include their:

- effectiveness (>99%)
- non-user dependence (‘fit and forget’)
- long-acting nature
- low rate of fitting associated complications when the devices are inserted by appropriately qualified fitters.

## 10 Top Tips for Intrauterine Contraception (IUC)

---

### 5.

There are many myths associated with IUC, common ones with their corresponding truth are illustrated below. It is helpful to discuss these myths and truths with women so potential concerns regarding IUC use can be addressed.

MYTH	TRUTH
IUC increases the risk of pelvic inflammatory disease (PID)	Evidence shows the risk of PID with IUC use is less than 1%
Younger or nulliparous women are at greater risk of PID	Risk of PID with IUC is low for all women, irrespective of age, parity and STI risk
The woman must have STI screening prior to IUC placement	National guidelines state it is not necessary to delay placement of an IUC until STI screening results are available
There is a high risk of ectopic pregnancy with IUC	IUC is highly effective; the failure rate and therefore the absolute ectopic pregnancy rate is extremely low
Previous ectopic pregnancy is a contraindication to the use of IUC	There is no restriction to using IUC in women who have previously had an ectopic pregnancy (ref UKMEC)
Placement of IUC may be more difficult and more painful in women who are young or nulliparous	Over 90% of healthcare professionals said placement of IUC in nulliparous women was 'easy'. Over 75% of nulliparous women found IUC placement to be less or as painful as expected.

### 6.

The fitting process is reported by women to be less painful than they expected. 70% of women described the pain as mild or moderate and 20% stated they experienced no pain at all during the fitting procedure.

It also helps to advise women that the whole fitting procedure is short in duration and easier than most anticipate. Short-lived crampy period-like discomfort describes the sensation felt at the time of fitting.

Showing women an example IUC and encouraging them to hold the device can help appreciate how small and flexible they are. This also provides women with an opportunity to touch the threads to know what they will feel when they self-check the device post-fitting.

## 10 Top Tips for Intrauterine Contraception (IUC)

---

7.

Discussing the effect that an IUC could have on bleeding pattern is important as it may be the reason by which women select their preferred device. Women may prefer regular bleeding and might opt for a copper containing IUC, or they might prefer infrequent bleeding or the potential of amenorrhoea, leading them to choose an IUS.

	No hormone	Levonorgestrel Hormonal IUC		
	IUD	13.5 mg	19.5mg	52mg
Changes in menstrual bleeding pattern after insertion at the end of Year 1	No change	Amenorrhoea: 6% Infrequent bleeding: 20%	Amenorrhoea: 12% Infrequent bleeding: 26%	Amenorrhoea: 16% Infrequent bleeding: 57%

---

8.

Once the device is fitted there is no need for women to re- attend for routine follow up. Instead an 'open door' policy is advocated, where women are encouraged to visit anytime if they have questions or concerns. (FSRH)

---

9.

IUCs can be fitted at any time during a woman's menstrual cycle as long as the fitter is reasonably certain the woman is not pregnant (if there is a pregnancy risk, post-coital contraception should be discussed as required and fitting delayed if necessary). Testing for STIs at the time of fit is acceptable practice in asymptomatic women. (FSRH)

---

10.

The removal of an IUC device is generally easy and uncomplicated. A woman can choose to have the device removed at anytime and her normal fertility returns quickly afterwards.