

IUC insertion training can increase provider familiarity with IUC, comfort level in IUC insertions, and willingness to provide IUC counseling to a broader pool of patients.



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# Research

Research Brief on

## Intrauterine Contraception: Results from a Survey of Family PACT Providers

**Intrauterine contraception (IUC)** is a benefit available to Family PACT patients free of cost. Despite this availability, only 1.3% of female patients obtained an IUC insertion in FY 2004/05. We surveyed Family PACT physicians, nurse practitioners, and physician assistants in 2006 using a self-administered, written mailed survey. The survey asked about clinicians' knowledge, attitudes, and practices related to the IUC, including the Copper T 380A (ParaGard® approved for 10 years use) and the levonorgestrel-releasing system LNG-IUS (Mirena® approved for 5 years use). Specifically, providers were asked about IUC training; views on safety and risks; beliefs on suitable candidates; familiarity with method benefits and side effects; and IUC counseling and method availability at their practice.

### Survey Sample

All Family PACT providers serving more than 100 female contraceptive clients per year were included in the survey sample. The survey had a 65% response rate. Respondents (n=816) were comprised mostly of family practice and ob-gyn clinicians, with smaller numbers of specialists in women's health, pediatrics, adolescent medicine, internal medicine, and general practice. Respondents included both men (38%) and women (62%) of diverse racial/ethnic background (47% white, 21% Asian, 20% Latino, and 6% African-American). Fifty-six percent of respondents practiced in the private sector, and 80% of providers practiced in urban areas. Approximately half of the respondents were physicians (49%), 36% were nurses, and 15% were physician assistants.

- 21% of physicians, 38% of nurse practitioners, and 49% of physician assistants were not trained in IUC insertions during their residency or core training. However, only 4% of ob-gyn physicians were not trained compared to 32% of other physicians.
- Younger clinicians were more likely to be trained than older clinicians ( $p \leq 0.001$ ).

### IUC Availability

Familiarity with intrauterine contraception is not yet universal, and method availability to patients is restricted. Clinicians who inserted IUCs during training or residency were more likely to have the method available at their practice ( $p \leq 0.001$ ). Ob-gyn and women's health specialists were more likely to report that IUCs were available at their practice compared to clinicians practicing in other fields. Public providers were far more likely than private providers to insert IUCs.

- 61% of clinicians reported offering IUC insertions and removals at their practice.
- Of the providers offering IUC at their practices, most (72%) had both the Copper T 380A and the levonorgestrel-releasing system available; 23% offered just the Copper T 380A and 5% offered just the levonorgestrel-releasing system.

## Attitudes & Knowledge about IUC

Practitioners perceived their clients as being receptive to learning about intrauterine contraception. Furthermore, general attitudes on the safety and efficacy of IUC were very positive and do not appear to be the main factor standing in the way of increased provision.

- 94% percent of the clinicians surveyed considered IUC to be safe.
- The typical beliefs thought to restrict provision were not prevalent among the clinicians surveyed. Only 11% reported that they believed IUC causes abortion, and fewer than 20% believed IUC is more likely to lead to lawsuits than other contraceptive methods.

Providers who consider intrauterine contraception to be safe were far more likely to counsel their patients about the method than those who do not. However, many providers who considered it safe still neglected to counsel patients on the method.<sup>1</sup>

- 36% of contraceptive providers counseled their patients infrequently on the method, even though 85% reported that they had sufficient time to counsel patients on contraceptive options.

The survey also asked clinicians about their counseling practices, revealing many misconceptions and omissions regarding the benefits and side-effects of both Copper T 380A and the levonorgestrel-releasing system. Only 84% of clinicians reported counseling their patients on spotting when discussing the levonorgestrel-releasing system (Mirena®). For women who do not know they are likely to experience initial spotting, this lack of knowledge can be cause for discontinuation of the method. With Copper T 380A (ParaGard®), many clinicians emphasized hormonal side effects in their counseling despite the Copper T 380A being a non-hormonal method (28% discuss headaches, 22% breast tenderness, 23% mood changes, 22% nausea, 18% acne).

## IUC Candidates/Patient Selection

Providers miss opportunities to offer intrauterine contraception to women at high risk of unintended pregnancy. Although almost all respondents believed IUC to be safe, concerns about sexually transmitted disease, pelvic inflammatory disease (PID), and ectopic pregnancy were listed as reasons they did not recommend the method to patients. However, evidence shows that women using IUC are not at higher risk of PID, or ectopic pregnancy.<sup>1-4</sup> Overall, providers believed IUC to be appropriate for a very limited set of women. Fewer than half correctly identified nulliparous, postpartum (immediate), postabortion (immediate), teenage, history of ectopic pregnancy or PID, or HIV-positive women as candidates for intrauterine contraception. However, providers who did view a more expansive population of women to be suitable candidates for IUC were also more likely to counsel their patients and provide the method at their practice.

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In order to increase rates of intrauterine contraception usage, provider education must involve evidence-based guidelines on safety and insertion techniques, and should be made available not only to ob-gyn and women's health providers, but to all physicians and mid-level practitioners providing family planning services and counseling. Motivating providers to include the method in contraceptive counseling is important in policy efforts to reduce unintended pregnancy.

**Source:** Harper CC, Blum M, Thiel de Bocanegra H, Darney PD, Speidel JJ, Policar M, Drey E. *Challenges in translating evidence to practice: the provision of intrauterine contraception. Obstetrics & Gynecology. 2008 June;111:1359-1369.*

*Bixby Center for Global Reproductive Health. UCSF, Family PACT Program Support & Evaluation. 2006. Intrauterine contraception: A survey of Family PACT providers. San Francisco, CA. Submitted to the California Department of Public Health, Office of Family Planning.*

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