TALKING WOMEN

Put off by uncertainty and fear

Working with IUDs is easier than many GPs think, but training is essential

INTRAUTERINE devices (IUDs) are a convenient, easily maintained and effective long-acting reversible contraception (LARC) suitable for women of all ages. GPs are well-placed to increase IUD usage in Australia, where it is estimated uptake is less than 5%, compared with 16% in Sweden and more than 25% in Denmark.

Lingering misinformation, combined with a lack of hands-on experience with these devices remains a barrier to their use, but is easily overcome with training. Becoming a competent IUD inserter requires hands-on training. Family planning organisations are keen to see more trained IUD inserters in primary care, so they offer training and support nationally at reasonable rates.

There are two types of IUD available in Australia: a levonorgestrel-releasing intrauterine system (LNG-IUS), which can be left in for five years, and the copper-bearing intrauterine device (Cu-IUD), which can be left in for five to ten years (depending on the device).

The LNG-IUS is effective at reducing dysmenorrhoea and heavy menstrual bleeding and can also be used as the progestogen component of hormone therapy at menopause. The Cu-IUD is an effective contraceptive method when hormonal methods are contraindicated or unwelcome. It is also an effective method of emergency contraception when used within five days of unprotected sex.

One of the most common questions I am asked by GPs is whether nulliparous women can be fitted with an IUD, and whether this will increase the risk of PID or infertility.

The answer is that IUDs are perfectly suited for nulliparous women of all ages and provide some advantages in terms of convenience and effectiveness over the daily methods that have traditionally been recommended as a first choice for this group.

GPs can draw on the evidence from a 2013 study1 which looked at the complication rates for more than 90,000 women aged between 15 and 44 fitted with both copper and hormonal IUDs. Serious complications such as PID and ectopic pregnancy occurred in less than 1% of the women, regardless of their age. The authors conclude that the IUD was as appropriate for young nulliparous women as it was for older women.

Though off-licence, authorities now maintain that a copper IUD inserted after age 40 may be left in situ until menopause and a LNG-IUS inserted after the age of 45 can be left in for up to seven years, when used for contraception. It is still recommended that a LNG-IUS be used for no longer than four years when used as the progestogen component of HRT.

IUD insertion: No GP should attempt to insert an IUD without having first undertaken training. Insertion requires a sterile technique and prior accurate sounding is essential to reduce the risk of perforation. The inserter must be able to cope with potential complications such as a vasovagal episode during or after insertion. Ideally, it would be better to perform insertions in a separate treatment room equipped with oxygen and resuscitation facilities, but the reality is that most practices will not have this luxury.
Pain relief or anaesthetics before insertion: The majority of insertions are easy, even in nulliparous women.

The benefits of pre-insertion analgesia as well as the use of local analgesia used during the procedure is largely driven by the personal preference of the inserting doctor, since the evidence here remains contradictory.

Nervous or anxious patients, or those who have had a previous difficult insertion, should be offered the option of insertion under twilight sedation. A short-acting anaesthetic allows dilation of the cervix without pain or discomfort.

Advice for patients after insertion: After trimming the IUD strings, it is good practice to let the woman feel it so that she knows what to look for when checking for the strings herself.

For a copper IUD, a string-check is recommended after each period and for LNG-IUDs every month or so. Very heavy bleeding or pain may indicate a problem with the IUD and women should be advised to seek timely medical advice should these occur – similarly if they can’t feel the strings or they suddenly lengthen.

Unusual vaginal discharge or fever may indicate an infection and require treatment, though not usually the removal of the IUD.

Another less common problem is what I call “hispareunia”, where the patient’s male partner is bothered by the strings during intercourse. This is usually easily fixed by trimming the strings. A routine follow-up should be scheduled six weeks after insertion.

IUD removal: IUD removal is really easy in almost all cases and, after having observed a few, well within the skills of most GPs. A vasovagal can occur rarely at IUD removal. The ability to perform this simple procedure saves the woman time and a potentially expensive trip to a specialist. The usual technique is to:

- Insert the speculum and visualise the IUD strings;
- Gently close sponge-folding forceps around both strings close to the opening without pulling;
- Advise the woman that she may experience some cramping as the device is removed;
- Either push the speculum gently at the same time as pulling down gently but firmly on the IUD strings, or use another forceps with a cotton ball in the clamps to provide counter balance while the device is gently withdrawn. Pulling down too hard or with a jerking motion can cause the strings to break and make removal difficult; and
- Leave it to an expert if the device cannot be easily removed.

Where to get training

Family planning organisations across the country offer specialised IUD training courses, which cover both the theoretical and practical aspects of IUD insertion and removal.

There is a telephone support system in place to offer advice and guidance for any GP who completes the course and has questions afterwards.

More GPs offering IUD insertion would make it so much easier for women to access convenient, effective contraception from their most trusted health provider.

GPs play an enormously important role in ensuring women in Australia have access to contraception throughout their life. These organisations offer vital IUD training:


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