



THE SIXTH INTERNATIONAL SYMPOSIUM ON  
INTRAUTERINE DEVICES AND SYSTEMS FOR  
WOMEN'S HEALTH

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# Introduction

Carolyn Westhoff, MD MSc

**Panel I: Patients First: The importance of centering patients' voices in clinical care and research**

**Moderator:**

Tina Raine-Bennett MD MPH  
Senior Research Scientist

Kaiser Permanente Northern California Department  
of Research

**Presenters:**

Christine Dehlendorf MD MAS  
Associate Professor, UCSF

Liza Fuentes  
Senior Research Scientist  
Guttmacher Institute

Jamila Perritt MD  
Medical Director & CEO  
Physicians for Reproductive Health

**Panel II: US and Global Demographics of IUD Use**

**Moderator:**

David Hubacher PhD MPH  
Senior Epidemiologist, FHI360

**Presenters:**

Moazzam Ali MBBS PhD MPH  
Epidemiologist, Medical Officer  
WHO Department of Sexual and Reproductive Health  
and Research

Megan Kavanaugh DrPh  
Principal Research Scientist  
Guttmacher Institute

Yan Che  
Professor, Department of Epidemiology and Social  
Medicine  
Shanghai Institute of Planned Parenthood Research,  
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# Patients First: The importance of centering patients' voices in clinical care and research

## Moderator

Tina Raine-Bennett, MD, MPH

Division of Research

Kaiser Permanente Northern California



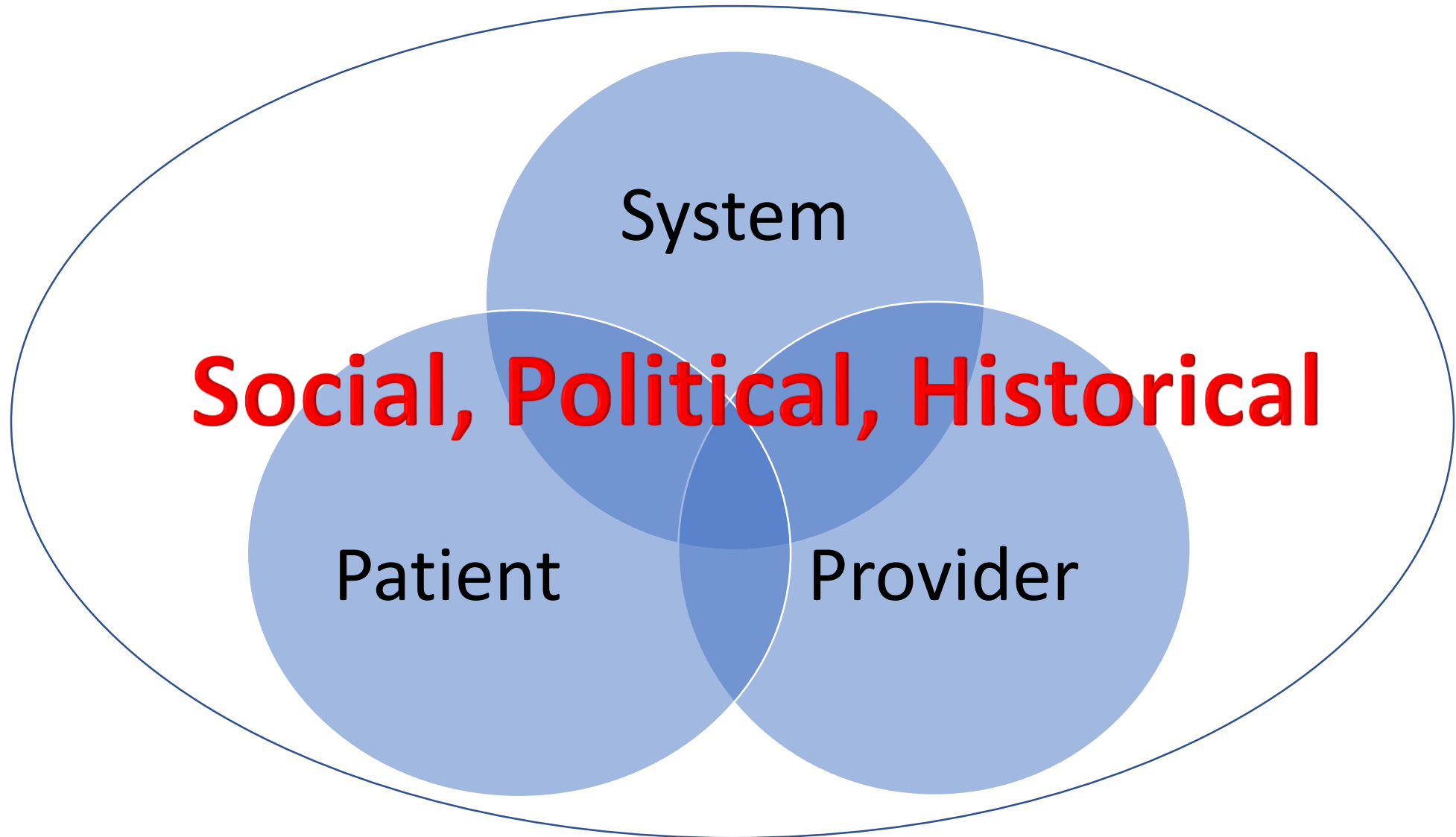
# What Does it Mean to Center Patients for IUD care and research?

Jamila Perritt, MD, FACOG

**Physician. Advocate. Activist.**



# Health Inequity



# Context is Critical



*“Ahistorical care is (part of) how we get to a place of mistreatment and inadequate care.”*

*– Dr. Joia Crear-Perry, The Birth Equity Collaborative*

# Power & Privilege in Medicine

- Perfectionism
- Sense of Urgency
- Defensiveness
- Quantity Over Quality
- Worship of the Written Word
- Paternalism
- Either/Or Thinking
- Power Hoarding
- Individualism
- Progress is Bigger, More
- Objectivity
- Right to Comfort

Adapted from: White Supremacy Culture by  
Tema Okun, changeworkDR



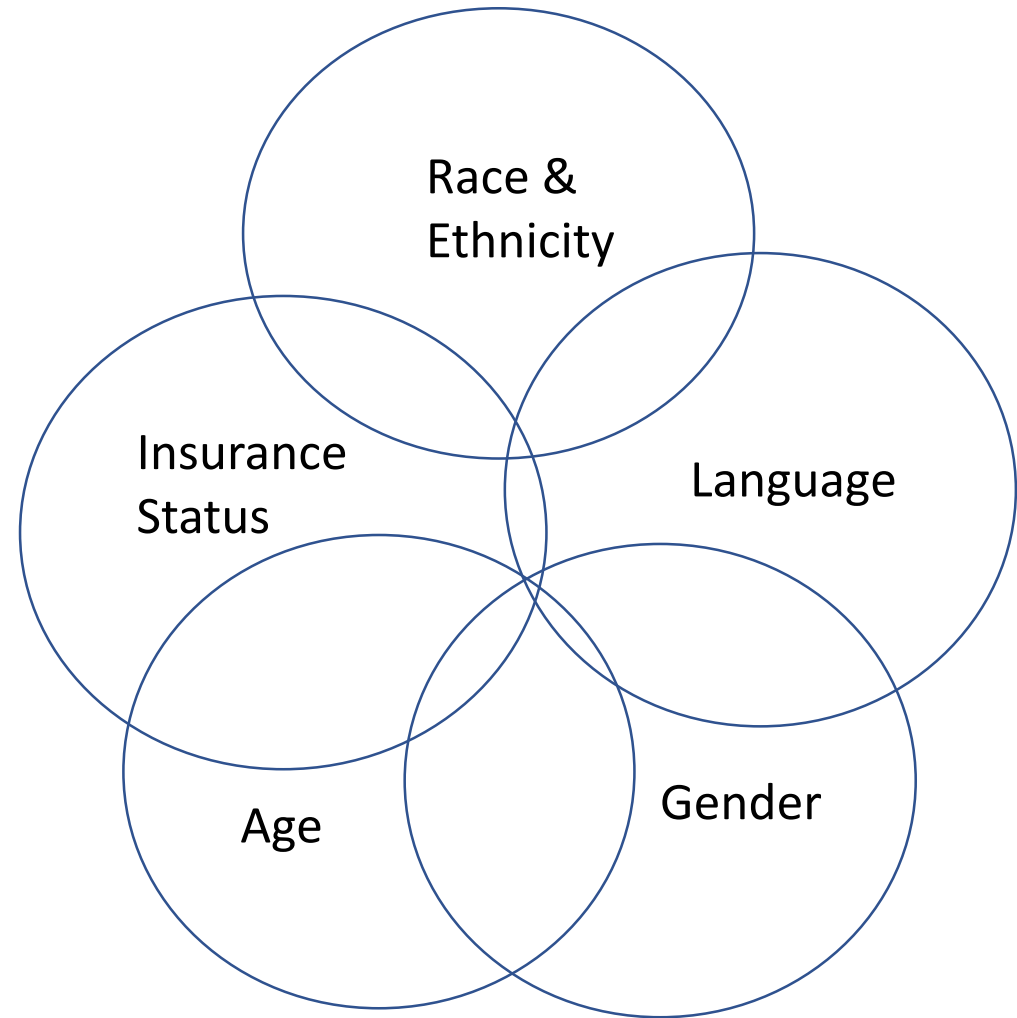
# Value Alignment

- Transparency
- Shared power
- Mutual accountability
- Identification and documentation of inequity
- Historical grounding
- Solutions lead by those most impacted
- Collaboration
- Considering adverse impacts

## Designing Systems to Act at the Intersection of Inequity

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- Requires movement beyond a single- issue analysis
- Considers context
- Examine policies and procedures that reproduce and perpetuate past and current injustices
- Grounds our understanding in lived experiences of individuals
- Builds strategic coalitions and movements



The slides from Dr. Fuentes' presentation are not available for publication at this time.

# Patient-centered Contraceptive Care and IUD Access

Liz Fuentes, DrPH  
**Guttmacher Institute**



# Tools for Patient-Centered IUD Care

Christine Dehlendorf, MD MAS

Family & Community Medicine

Ob/Gyn & Reproductive Sciences

Epidemiology & Biostatistics, UCSF

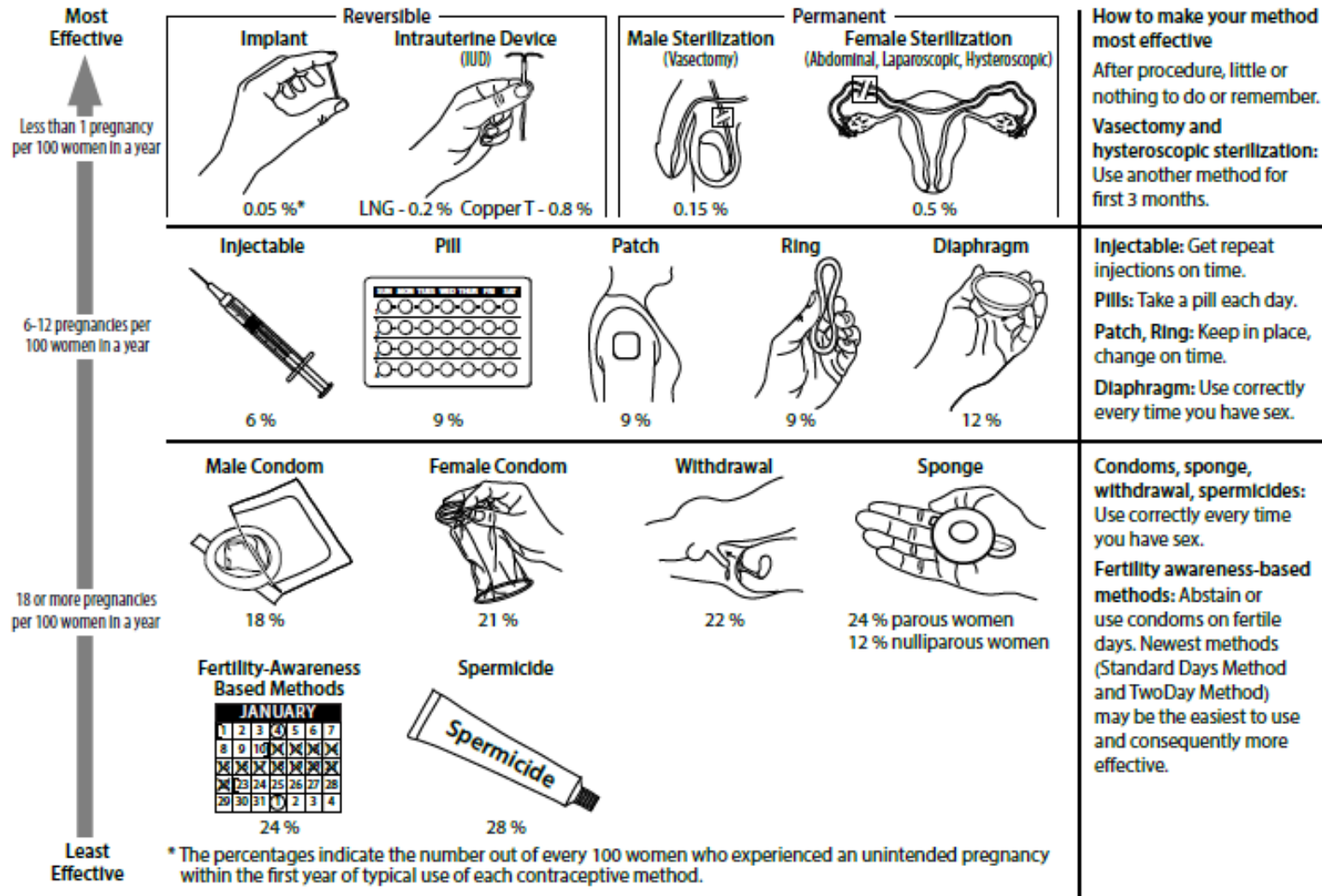
# Patient-centered contraceptive counseling

*“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”*

*- Institute of Medicine*

- Recognized by IOM as a dimension of quality
- Associated with improved outcomes
- Communication is a core component of patient-centered care

# Effectiveness of Family Planning Methods



**How to make your method most effective**  
 After procedure, little or nothing to do or remember.  
**Vasectomy and hysteroscopic sterilization:** Use another method for first 3 months.

**Injectable:** Get repeat injections on time.  
**Pills:** Take a pill each day.  
**Patch, Ring:** Keep in place, change on time.  
**Diaphragm:** Use correctly every time you have sex.

**Condoms, sponge, withdrawal, spermicides:** Use correctly every time you have sex.  
**Fertility awareness-based methods:** Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

CS 242797

**CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.**

Other Methods of Contraception

**Lactational Amenorrhea Method:** LAM is a highly effective, temporary method of contraception.

**Emergency Contraception:** Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397-404.



U.S. Department of Health and Human Services  
 Centers for Disease Control and Prevention

# HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

**Really, really well**

Works, hassle-free, for up to...

|                         |             |              |                |                                  |
|-------------------------|-------------|--------------|----------------|----------------------------------|
|                         |             |              |                |                                  |
| The Implant (Nexplanon) | IUD (Skyla) | IUD (Mirena) | IUD (ParaGard) | Sterilization, for men and women |
| 3 years                 | 3 years     | 5 years      | 12 years       | Forever                          |

*No hormones*

Less than 1 in 100 women

**O.K.**

For it to work best, use it...

|                     |            |             |                         |
|---------------------|------------|-------------|-------------------------|
|                     |            |             |                         |
| The Pill            | The Patch  | The Ring    | The Shot (Depo-Provera) |
| Every. Single. Day. | Every week | Every month | Every 3 months          |

6-9 in 100 women, depending on method

**Not as well**

For each of these methods to work, you or your partner have to use it every single time you have sex.

|             |                     |           |                           |
|-------------|---------------------|-----------|---------------------------|
|             |                     |           |                           |
| Pulling Out | Fertility Awareness | Diaphragm | Condoms, for men or women |

*Needed for STD protection!*

*Use with any other method*

12-24 in 100 women, depending on method

**FYI, without birth control, over 90 in 100 young women get pregnant in a year.**

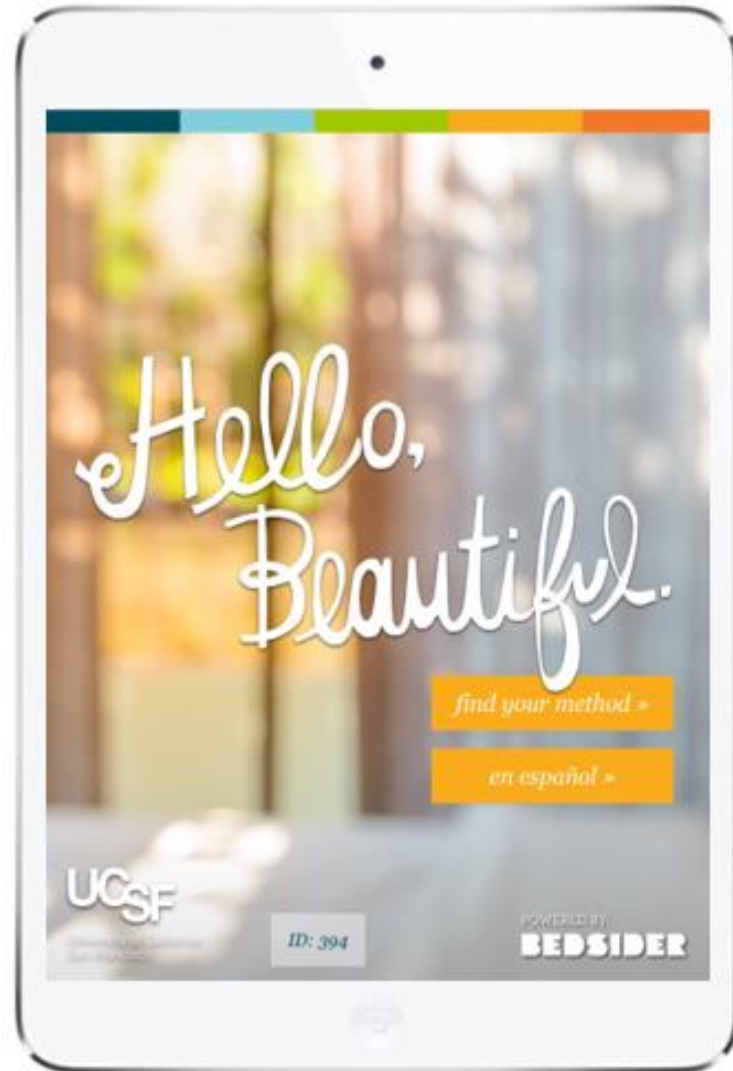
# Patient-Centered Job Aid: FPNTC.org

## Birth Control Method Options

|   | Most Effective   |                    |  |                                 |   |   |                     |                      |                                       | Least Effective                         |                   |   |   |   |   |
|---|--|--------------------|--|---------------------------------|---|---|---------------------|----------------------|---------------------------------------|---|-------------------|---|---|---|---|
|   | Female Sterilization   | Male Sterilization | IUD  | Implant                         | Injectables                               | Pill  | Patch               | Ring                 | Diaphragm                             | Male Condom                             | Female Condom     | Withdrawal                                      | Sponge                                  | Fertility Awareness Based Methods   | Spermicides                             |
| Risk of pregnancy*  | .5 out of 100  | .15 out of 100     | LNG: .2 out of 100<br>CopperT: .8 out of 100   | .05 out of 100                  | 6 out of 100                              | 9 out of 100  |                     |                      | 12 out of 100                         | 18 out of 100                           | 21 out of 100     | 22 out of 100                                   | 12-24 out of 100                        | 24 out of 100   | 28 out of 100                           |
| How the method is used  | Surgical procedure   |                    | Placement inside uterus  | Placement into upper arm        | Shot in arm, hip or under the skin        | Take a pill   | Put a patch on skin | Put a ring in vagina | Use with spermicide and put in vagina | Put over penis                          | Put inside vagina | Pull penis out of the vagina before ejaculation | Put inside vagina                       | Monitor fertility signs. Abstain or use condoms on fertile days.                    | Put inside vagina                       |
| How often the method is used  | Permanent  |                    | Lasts up to 3-12 years   | Lasts up to 3 years             | Every 3 months                            | Every day at the same time  | Each week           | Each month           | Every time you have sex               |   |                   |   | Daily                                   | Every time you have sex   |   |
| Menstrual side effects  | None   |                    | LNG: Spotting, lighter or no periods<br>CopperT: Heavier periods                     | Spotting, lighter or no periods | Spotting, lighter or no periods           | Can cause spotting for the first few months. Periods may become lighter.  |                     |                      | None                                  |   |                   |   |   |   |   |
| Other possible side effects to discuss  | Pain, bleeding, infection                                      |                    | Some pain with placement   |                                 | May cause appetite increase/weight gain   | May have nausea and breast tenderness for the first few months.   |                     |                      | Allergic reaction, irritation         |   | None              | Allergic reaction, irritation                   | None                                    | Allergic reaction, irritation   |   |
| Other considerations  | Provides permanent protection against an unintended pregnancy. |                    | LNG: No estrogen. May reduce cramps.<br>CopperT: No hormones. May cause more cramps. | No estrogen                     | No estrogen. May reduce menstrual cramps. | Some clients may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer. |                     |                      | No hormones                           | No hormones. No prescription necessary. |                   | No hormones. Nothing to buy.                    | No hormones. No prescription necessary. | No hormones. Can increase awareness and understanding of a woman's fertility signs. | No hormones. No prescription necessary. |
| Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection. |  |                    |  |                                 |   |   |                     |                      |                                       |   |                   |   |   |   |   |

\*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.  
Other Methods of Birth Control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. Contraception 2011; 83: 397-404. Other references available on www.fpntc.org.

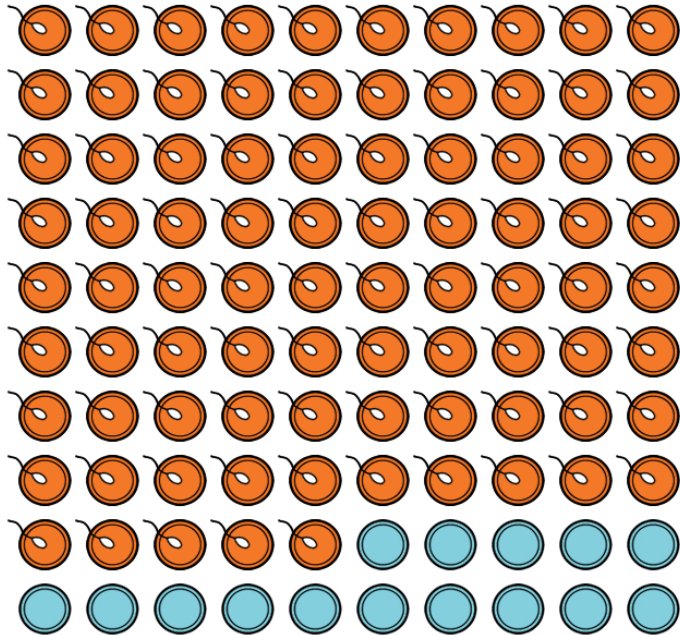
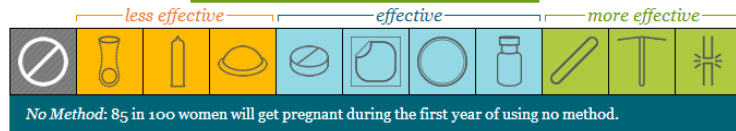




## HOW WELL DOES IT PREVENT PREGNANCY?

How would you feel if you got pregnant right now? Scared? Stressed? Upset? Click on the methods to see how effective they really are at preventing pregnancy. Knowing which ones work best can help you make an informed decision.

Click the icons below to learn about each method.



## INFO QUICKIE: IUDS

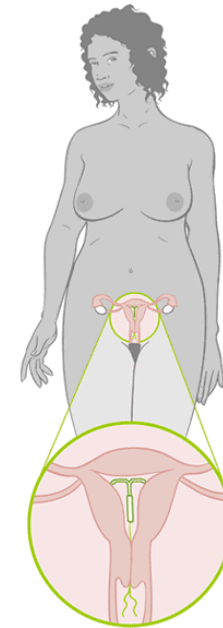
We know some women don't know much about the IUD, so we wanted to let you know it's one of the most effective forms of birth control you can get.

- Hormonal and copper IUDs are gaining popularity in the U.S.
- More doctors are recommending them for teens and young women, and using IUDs themselves.

There are also a lot of IUD myths out there, so let's clear some stuff up.

- IUDs are safe to use, even if you've never had a kid.
- They don't cause infection.
- They won't keep you from getting pregnant in the future.
- Inserting it into your uterus and taking it out are small procedures done in your doctor's office. And once it's in, you don't have to think about it for years or until you want to have it taken out.

Sounds pretty convenient, right? It is. And how's this for awesome: IUDs decrease your risk of pregnancy 20 times more than the pill, patch, or ring.



### HOW WELL DOES IT PREVENT PREGNANCY?

How well does it prevent pregnancy? Click on each icon to see the effectiveness of each method. Methods with a check mark (✓) are the ones you said you were interested in at the beginning of the tool. Remember, you can click on the question mark (?) to learn more about each method.

Methods that are most effective for preventing pregnancy are listed below.

### HOW DO I USE IT?

Click to see how each method is used and think about you (body, hair, skin) and how much you want to do with your method. Some require more planning and preparation than others.

### HOW OFTEN DO I HAVE TO REMEMBER IT?

Click the icons below to learn about how often each method is used. Click your birth control correctly and consistently is extremely important if you don't want to get pregnant. (That means every time, all the time.) It's best to go with a method that you find convenient and easy to use.

### ARE THERE ANY SIDE EFFECTS?

Click below to see some side effects and perks that come with using birth control. Remember, just side effects are not always bad. Some can be good, too!

good side effects | annoying side effects | side effects to avoid

### WHAT IF I DECIDE I WANT TO GET PREGNANT?

No birth control method will stop you from being able to get pregnant in the future. (Except female sterilization. Remember that one's permanent.)

Keep in mind that it may take several months or longer to get pregnant after using the shot.

And because the IUD and implant are long-term methods, we generally recommend them for women who do not want to get pregnant for at least a year. (But you can have them removed and stop using them at any time.)

### NOW WE'D LIKE TO ASK YOU A FEW QUESTIONS

This will help you identify what's important to you about your birth control method. By thinking through what matters to you, you'll be able to find the best fit for you. Select the option to indicate your choice.

When do you think you would want to get pregnant?

How important is it that your method is very effective at preventing pregnancy?

Do you care about how often you use your method? (For example, everyday, weekly, every 3 weeks)

When it comes to how often you have to use your method, how do you feel about EACH of these options?

| Frequency                    | Every day                        | Every 3 weeks                    | Every 3 months                   | Every year                       |
|------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Every day I have sex         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| Every day                    | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| Every week                   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| Every 3 weeks                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| Every 3 months               | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Every year or more than once | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |
| Permanent methods            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |

### HERE'S WHAT WE RECOMMEND

Based on the questions you answered for us, the methods that we recommend for you will appear below. You may have to scroll down to see the entire page. Methods with a check mark (✓) are the ones you said you were interested in at the beginning of the tool. Remember, you can click on the question mark (?) to learn more about each method.

After looking over these recommendations, click on the methods you want to talk about with your provider.

[Click to see the methods we recommend for you!](#)

After looking over these recommendations, click on the methods you want to talk about with your provider.

Remember, you can click on the question mark (?) to learn more about each method.

Based on what you told us about the importance of preventing pregnancy to you and if/when you want to get pregnant in the future, the following methods may be a good fit for you:

Based on what you told us about side effects and benefits, the following methods may be a good fit for you:

Based on what you told us, these methods are not a good fit for your preferences. But you could still consider using them:

### YOUR BIRTH CONTROL PROFILE

How is a summary of the information you've shared with us. This helps you understand what we recommend based on your answers to our questions.

When you're ready to print or share your profile, click on the share icon.

Print or share your profile

Print or share your profile

| Method  | Effectiveness | Side Effects | Frequency      |
|---------|---------------|--------------|----------------|
| IUD     | 99%           | None         | Once a year    |
| Implant | 99%           | None         | Once a year    |
| Shot    | 99%           | None         | Every 3 months |
| Pill    | 99%           | None         | Every day      |

# Measuring Quality in Contraceptive Care

- NQF endorsed first measures of quality in contraceptive care in 2016
  - All women: provision of most/moderately effective methods
  - All women: provision of long acting reversible (LARC) methods
  - Postpartum: provision of most/moderately effective and LARC methods

# Appropriate use of the LARC Measures

## How the Measure Should be Used

This measure should be used as an access measure to identify very low rates of LARC use (less than 1-2% use); very low rates may signal barriers to LARC provision that should be addressed through training, changes in reimbursement practices, quality improvement processes, or other steps. The barriers to obtaining LARC are well documented, and include client physician lack of knowledge, financial constraints, and logistical issues. The *Contraceptive Care – Access to LARC* measure should not be used to encourage high rates of use as this may lead to coercive practices. This is especially important given the historical context of coercive practices related to contraception. For the same reason, it is not appropriate to use the *Contraceptive Care – Access to LARC* measure in a pay-for-performance context.

# Patient-Reported Quality in Contraceptive Care

Think about your visit with [provider] at [site] on [date of visit]. How do you think they did? Please rate them on each of the following by circling a number.

Respecting me as a person

Letting me say what mattered to me about my birth control method

Taking my preferences about my birth control seriously

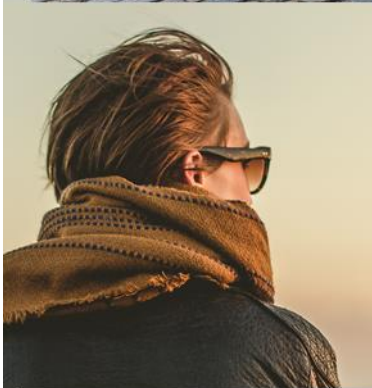
Giving me enough information to make the best decision about my birth control method

# NWHN-SisterSong Joint Statement of Principles on LARCs

**We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner in order to ensure that each person is supported in identifying the method that best meets their needs.**

<https://www.nwhn.org/wp-content/uploads/2017/02/LARCStatementofPrinciples.pdf>





# Questions







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US and global demographics of IUD use

Moderator: David Hubacher, PhD MPH

September 30, 2020

# Global overview on IUD prevalence, access, trends over time

**Moazzam Ali MD, PhD, MPH**

Department of Sexual and Reproductive Health and Research

World Health Organization



# Outline

- Prevalence
- Informational access
- Availability
- IUD policies
- Trends in IUD share over time in modern methods



# Methods

- Undertook review of literature since Jan 2010 in Medline, Popline, Embase and Global Health ---530 publications identified
- Conduct analysis of secondary data from UN Population Division, DHS, FP2020, FP effort measures
- Conduct and analyse survey on policy (69 responses from countries)

# IUD Prevalence across the globe

- Globally contraceptive prevalence rate for modern methods is 56%
  - Proportion of IUD is 13%
  - In low income and LMIC the prevalence is 4% (29%) to 5% (46%) respectively
- Africa: 4% (32% of the modern method mix)
- Sub-Saharan Africa: 1% (29% of the modern method mix)
- Americas: 7% (68% of the modern method mix)
- Latin America and the Caribbean: 6% (70% of the modern method mix)
- Asia: 16% (59% of the modern method mix)
- Europe 11% (61% of the modern method mix)

# IUD's current share of modern method protection: 159 countries with survey data since 2000

- <5%            63 ( 34 SS Africa, 8 LA, +Bangladesh, Nepal etc)
- 5-9%            32 countries
- 10-19%        28 countries
- 20-39%        21 countries
- 40%+            16 (former USSR, China, N Korea, Vietnam, Palestine, Syria, Jordan, Tunisia)

# Availability and access

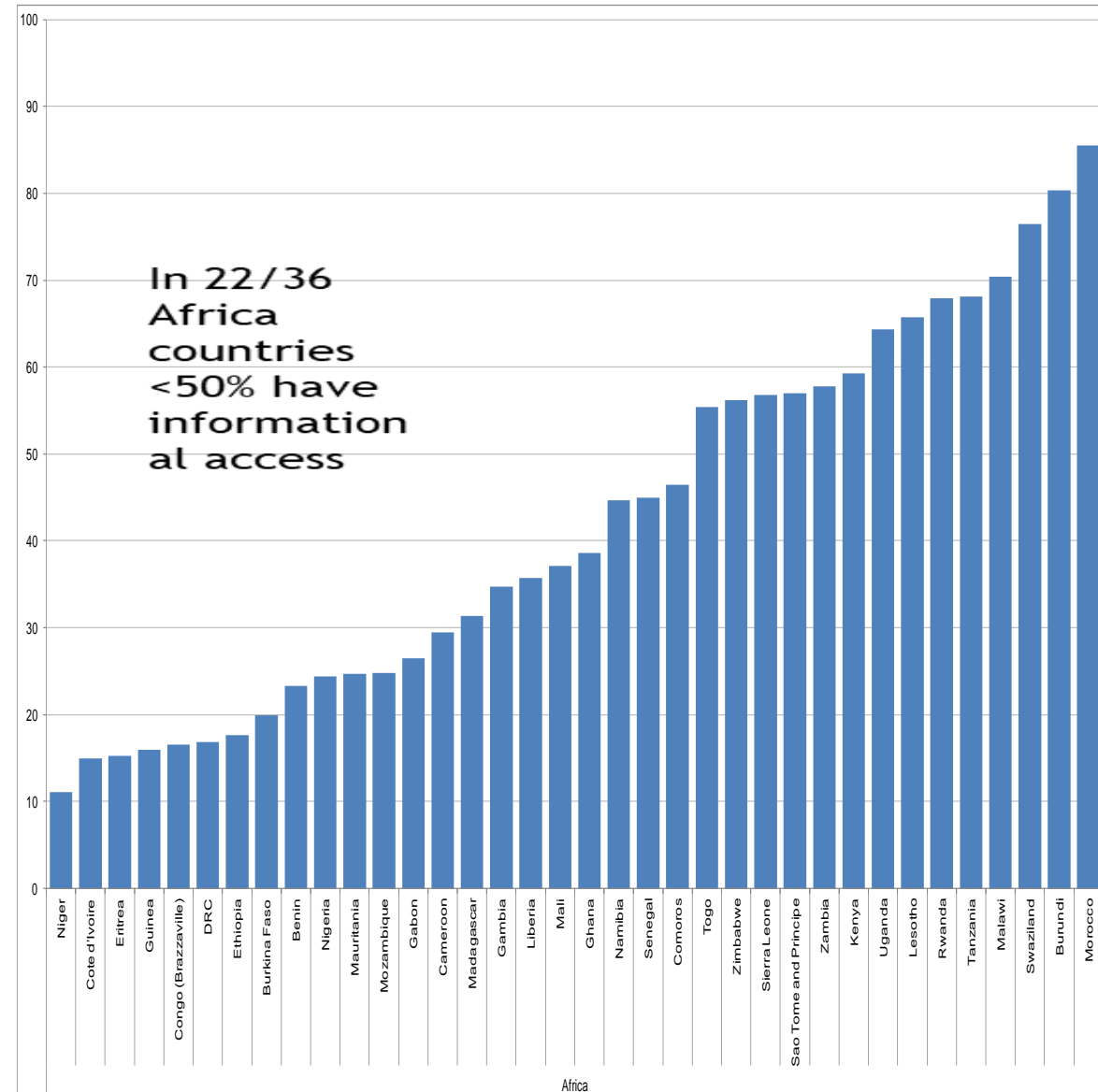
- Informational access: % who know IUD and IUD source, for countries with IUD use <10% (modelled estimates)
- Facility surveys: IUDs (and implants) availability



# Informational access is low in most SS African countries

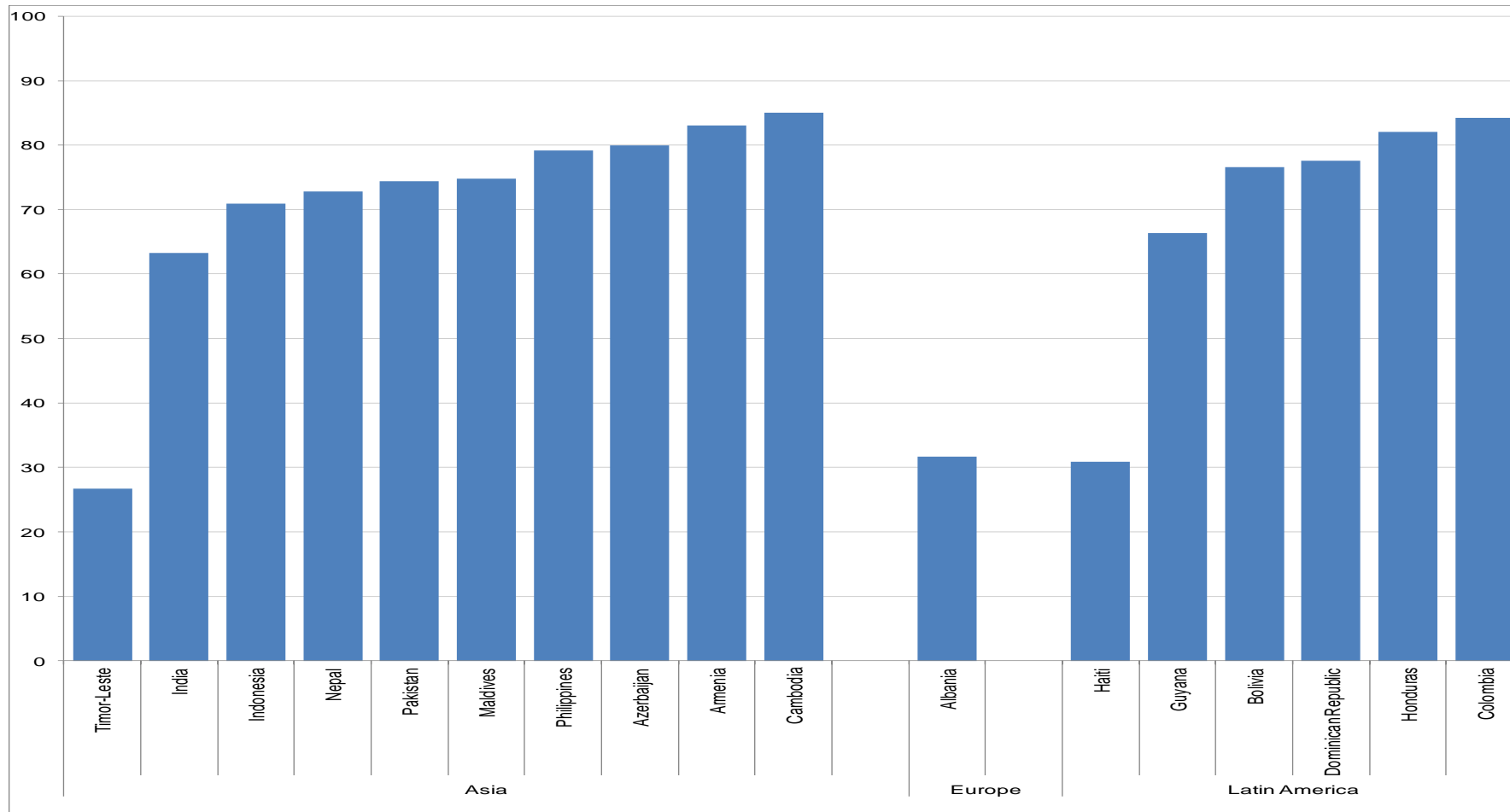
- Informational access (knowledge of IUD and a supply source) is the cornerstone of access.
- It is low (<50% among married women) in many countries of sub-Saharan Africa, implying that IUD uptake is impossible for many women.

Percent women knowing IUD + source: Africa, most recent survey



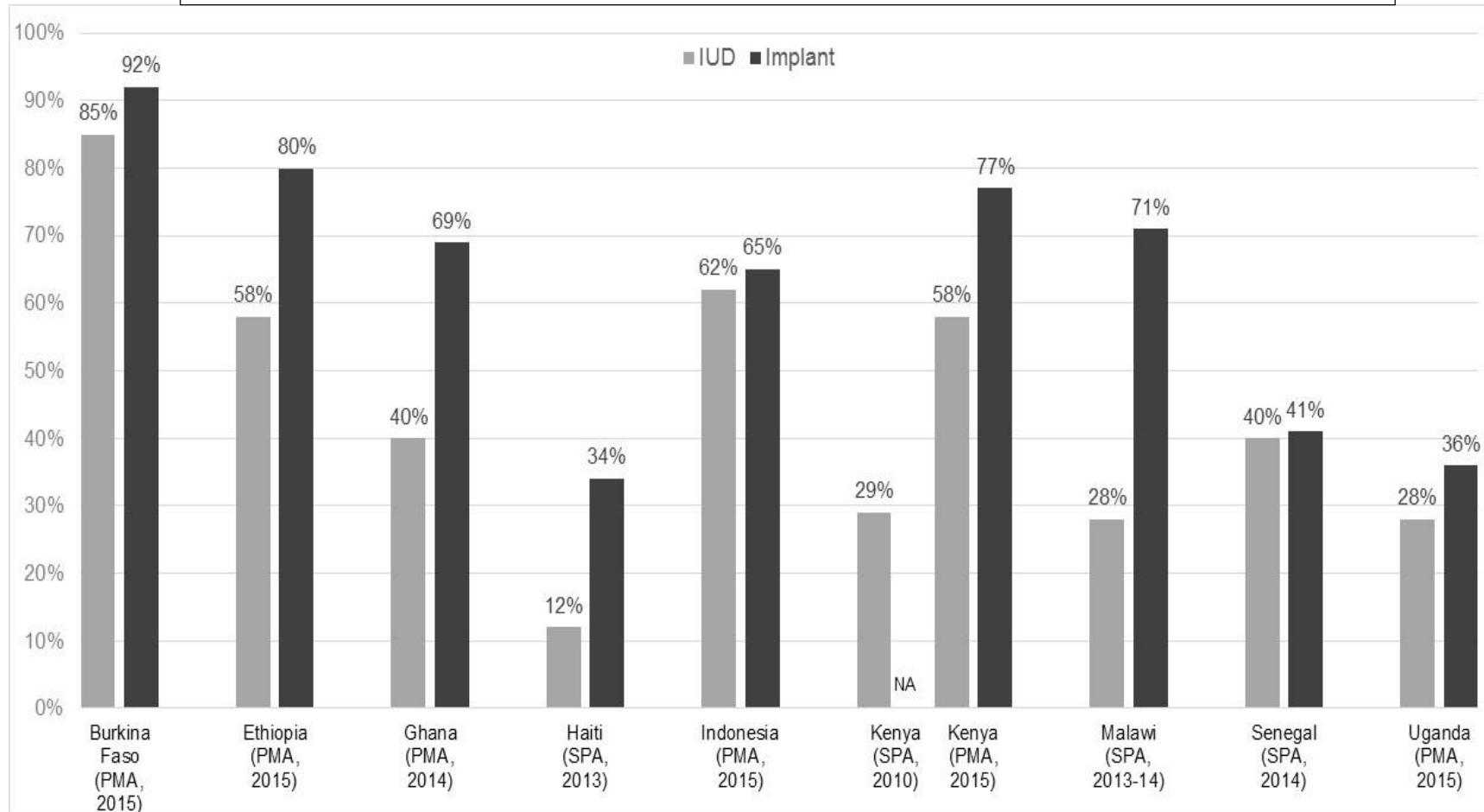
# Informational access in Asia, Europe and Latin America

Percent women knowing IUD (most recent surveys)



# Availability in facilities surprisingly high in some African countries

Availability of IUDs and implants at FP facilities



## Policy dimensions of access: results from WHO survey

- All but eight countries (8/69) were reported to include IUDs in official policies and guidelines.
- In sub-Saharan Africa, 22 out of 25 countries obtain free supplies from donors.
- Services for immediate postpartum IUD insertion were reported to be available in 14/21 countries in sub-Saharan Africa

RESEARCH ARTICLE

Open Access

### Expanding choice and access in contraception: an assessment of intrauterine contraception policies in low and middle-income countries



Moazzam Ali<sup>1\*</sup>, Rachel Folz<sup>1</sup> and Madeline Farron<sup>2</sup>

#### Abstract

**Background:** Globally 214 million women of reproductive age in developing regions have unmet needs in modern contraceptives. Intrauterine contraception (IUC) is highly effective, has few medical contraindications, low discontinuation, and is a low cost modern contraceptive method. However, there is relatively low use of IUDs in LMICs. One reason for this may be policies that restrict IUD availability and use. This study assess national policies pertaining to IUD from a diverse set of countries.

**Methods:** Between December 2015 and February 2016, a 12-question survey pertaining to IUD policy was sent to WHO regional and country representatives.

**Results:** Sixty-nine surveys were used from countries through WHO regional offices. Among those surveyed, 87% (n = 60) had policies pertaining to IUD use. Among them, 84% (n = 58) reported that hormonal IUDs were available, but only 42% (n = 29) had them in the public sector. Free IUDs in the public sector were available in 75% (n = 52) of countries. For IUD promotion, 75% (n = 52) of countries reported cooperation with NGOs, and 48% (n = 33) received free devices from donors. Policy restrictions beyond the WHO guidelines existed in 15 countries and included restrictions to use for women who were nulliparous, adolescent, unmarried, or had multiple partners.

**Conclusions:** National policy is important in facilitating modern contraceptive uptake. While many countries who responded in the survey, have policies about IUD use in place, 16% still had none on IUD. Another gap identified was low availability of hormonal IUDs, especially in the public sector. Private sector remains untapped potential in expanding method choice by making IUDs available and accessible in developing countries. Most countries do have policy in place to facilitate IUD use, though there are still gaps in the accessibility of IUDs in many countries. Lastly there is a need to revisit restrictive policies that prevent IUD use for specific populations of women for whom IUDs can be beneficial in realizing their reproductive needs.

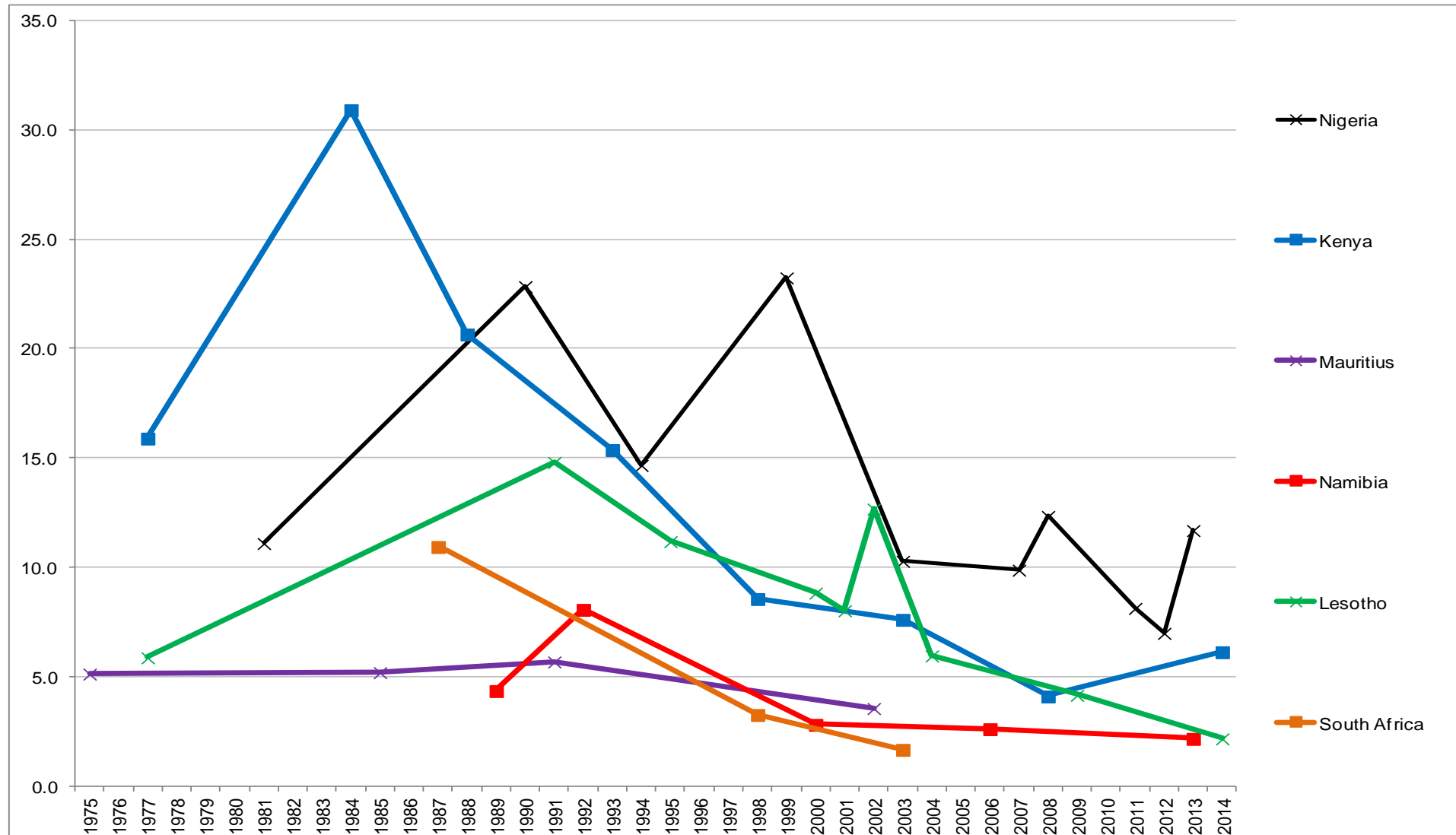
**Keywords:** Intrauterine contraceptive device, LNG-IUS, Long acting reversible contraception, Policies, Family planning

## Affordability and restrictions: : results from WHO survey

- WHO survey confirms that IUDs theoretically free of charge in Low and Middle Income Countries (LMIC) (55/69), BUT 30% of users rely on private sector
- In Upper income countries, cost is big issue but complicated by variety of insurance covers
- Restrictions against nurses, midwives and other paramedical staff inserting IUDs: few countries, vary across regions
- Eligibility restriction: most commonly enforced restrictions applied to nulliparous and teenage women, and those deemed to be at high risk of STIs.

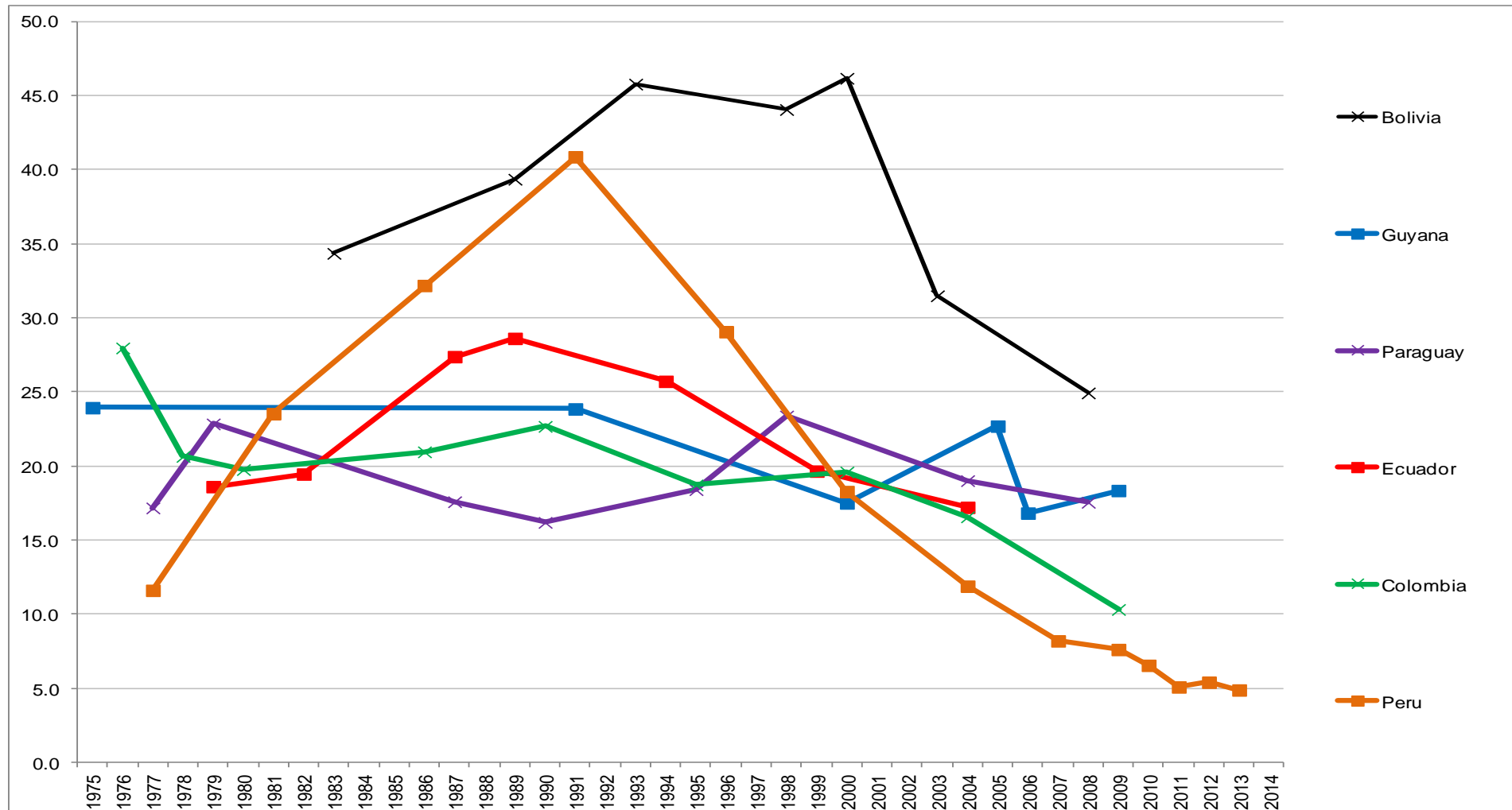
# Long term (1975-2014) country trends in IUD share in modern method protection

## Trends in IUD's share: Eastern, Middle, Southern and Western Africa



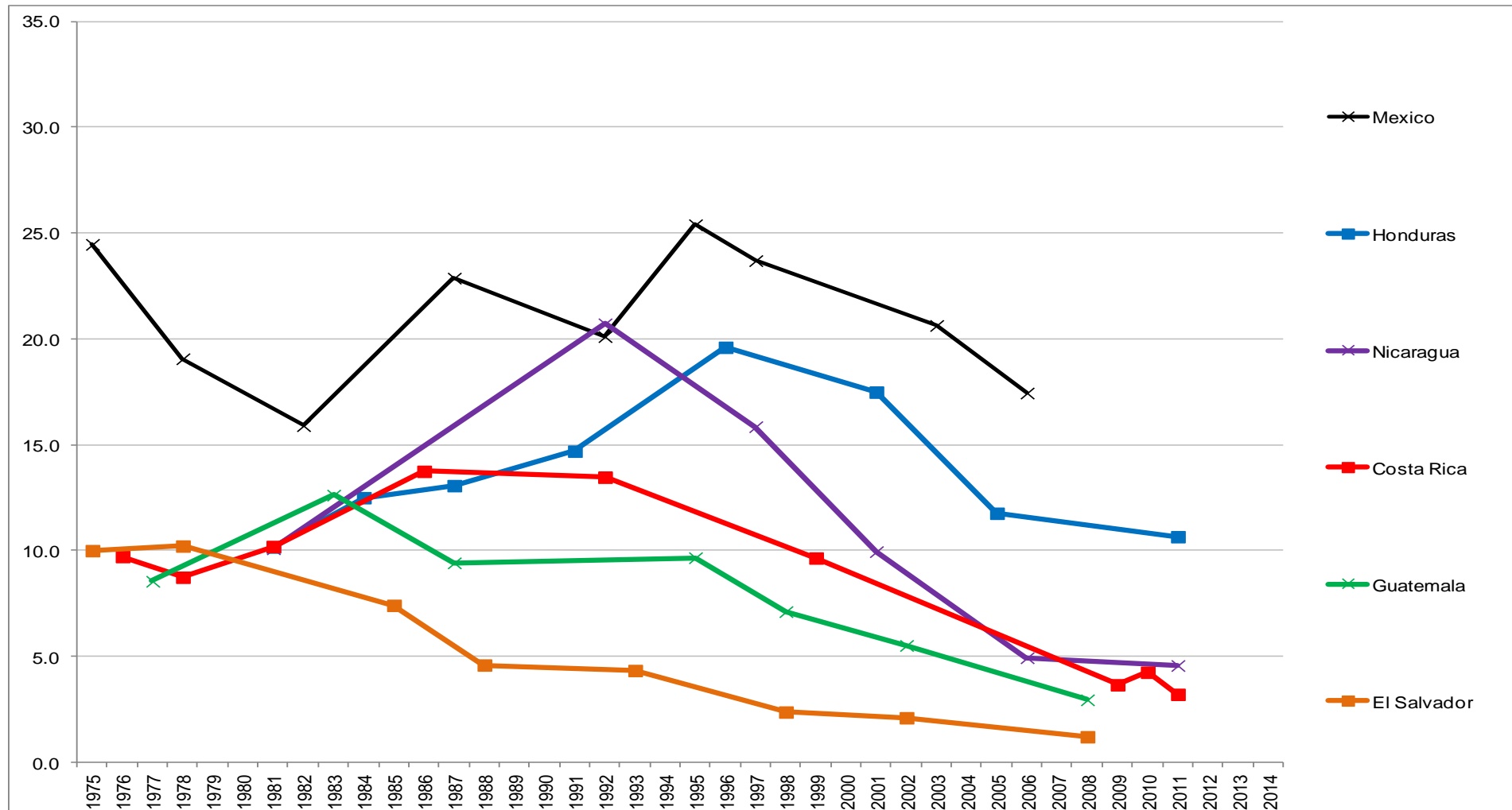
# Long term (1975-2014) country trends in IUD share in modern method protection

Trends in IUD's share: South America



# Long term (1975-2014) country trends in IUD share in modern method protection

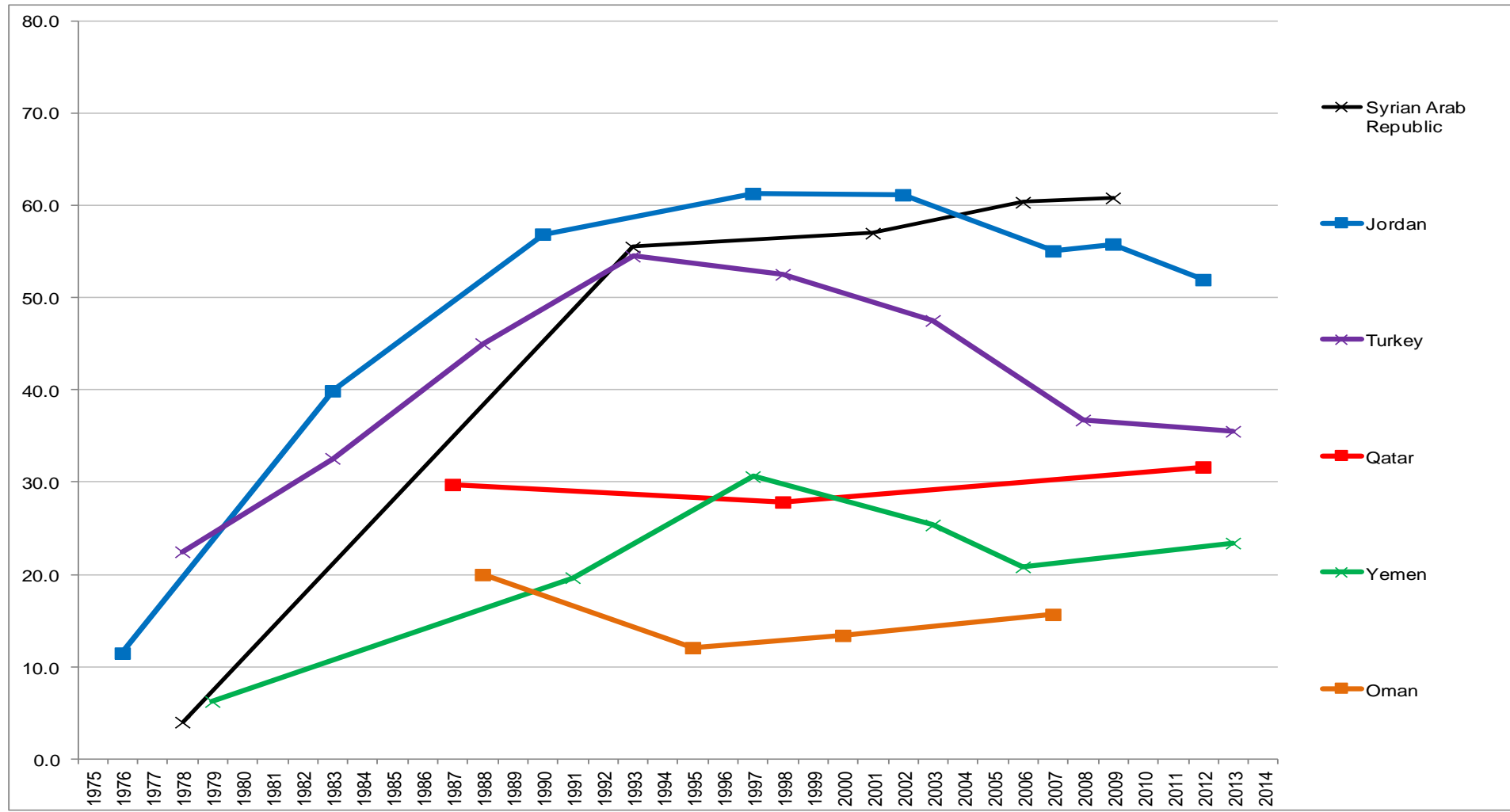
Trends in IUD's share: Central America





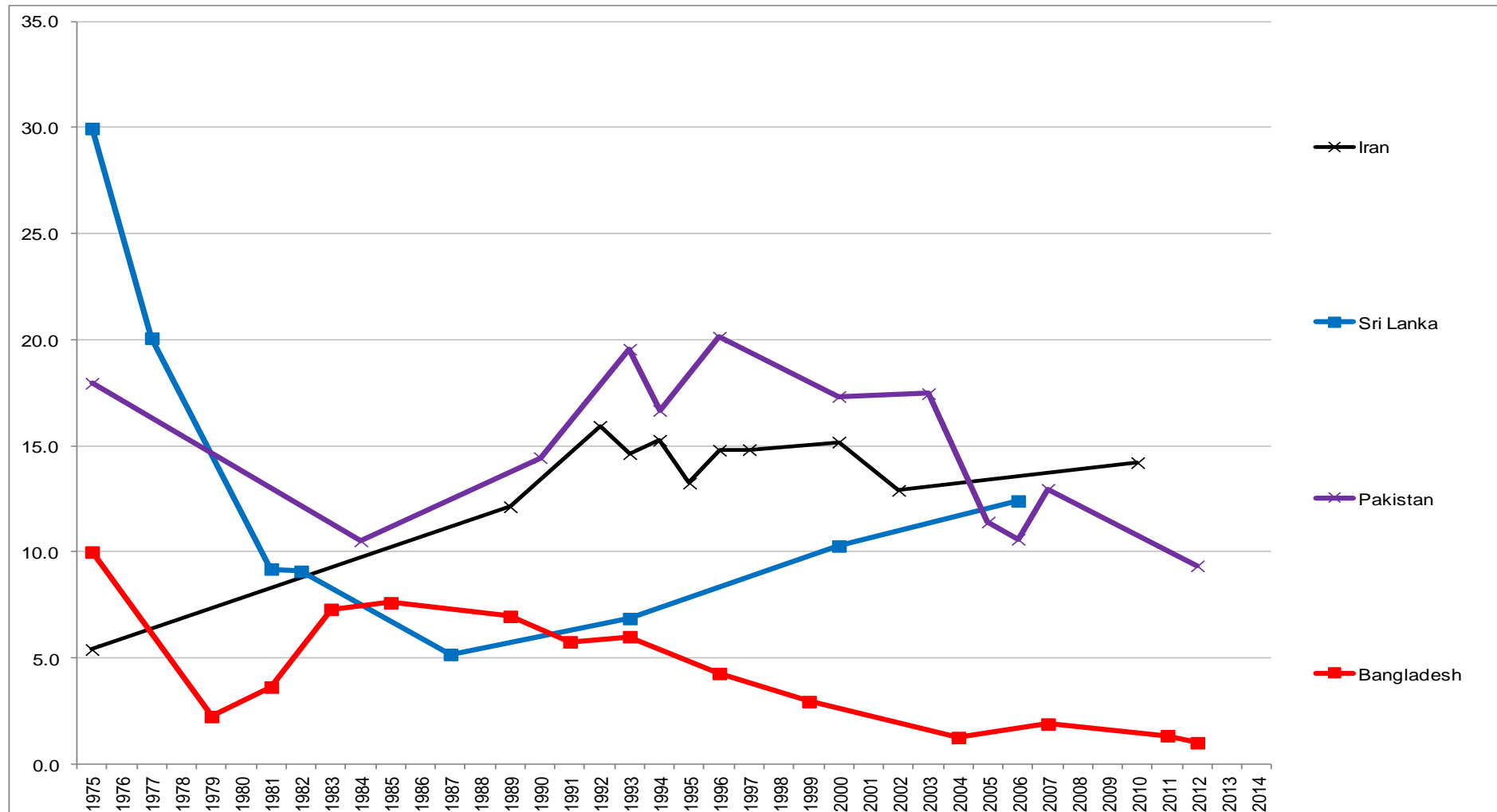
# Long term (1975-2014) country trends in IUD share in modern method protection

Trends in IUD's share: Western Asia



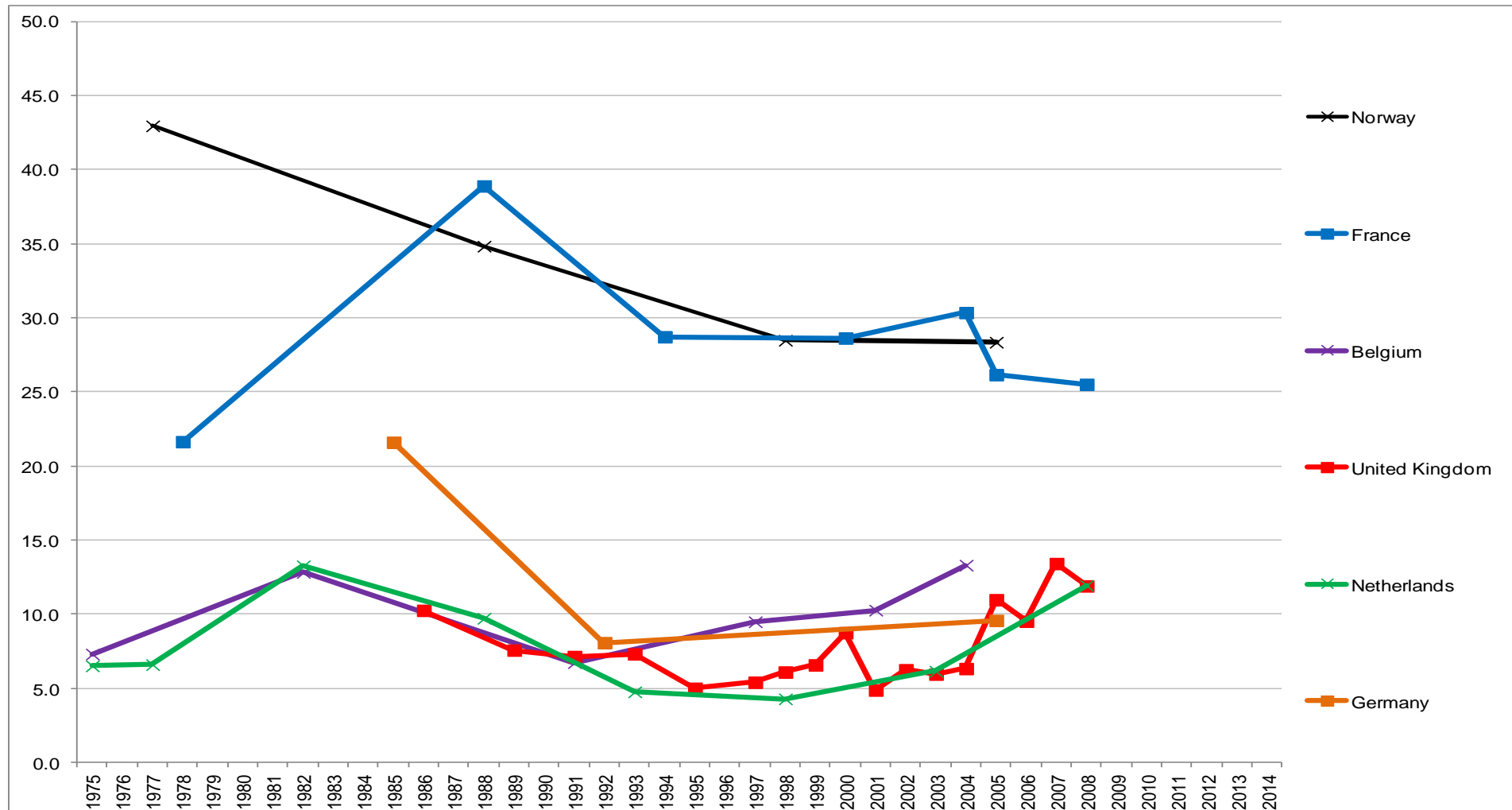
# Long term (1975-2014) country trends in IUD share in modern method protection

Trends in IUD's share: Southern Asia



# Long term (1975-2014) country trends in IUD share in modern method protection

Trends in IUD's share: North and West Europe



## Challenges in increasing IUD access

- In SS Africa, implants are proving more “popular” than IUDs
- Providers may be biased against IUDs because of complexity of delivery compared to injectables/implants
- Difficult to maintain insertion skills without reasonable client load
- Outdated beliefs about PID, ectopic pregnancies difficult to eradicate

## Grounds for optimism

- Projects of non-governmental organizations show that women want IUDs when given an opportunity to try them
- Demand for limiting birth and fertility is growing in East Africa, favouring LARCs i.e. IUD and subdermal implants
- Trends towards institutional delivery offers opportunities for postpartum insertions
- Cost of IUD falling and roll-out in LMICs might succeed

# IUD Use in the United States: Trends and Characteristics

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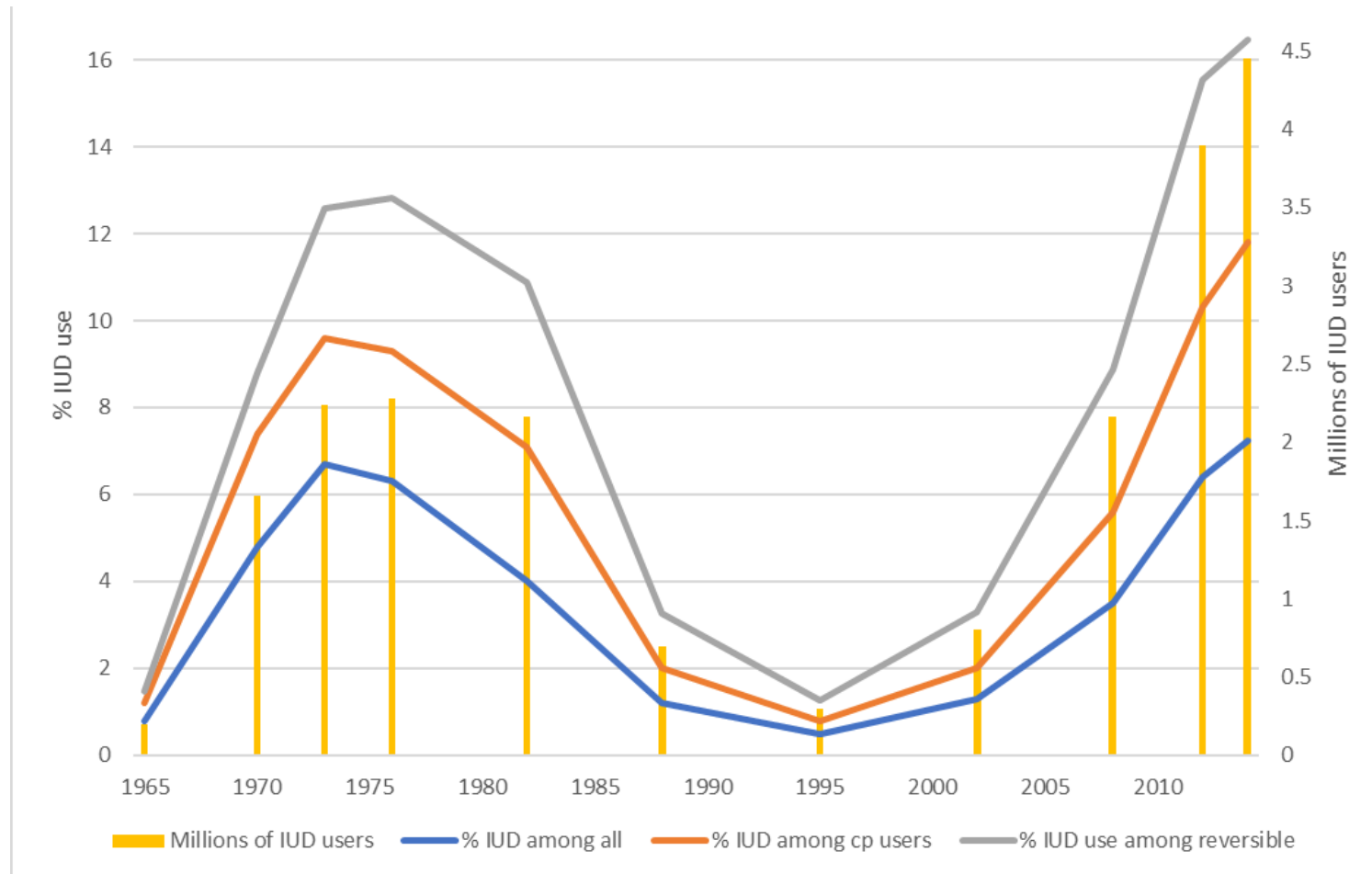
Megan Kavanaugh, DrPH  
Principal Research Scientist  
Guttmacher Institute

Sixth International Symposium on Intrauterine Devices and Systems for  
Women's Health  
September 30, 2020

Outline – IUD use in the U.S.

- **Trends in use**
- **Who uses IUDs?**
- **Factors influencing use**

## IUD Use in the United States, 1965 - 2014

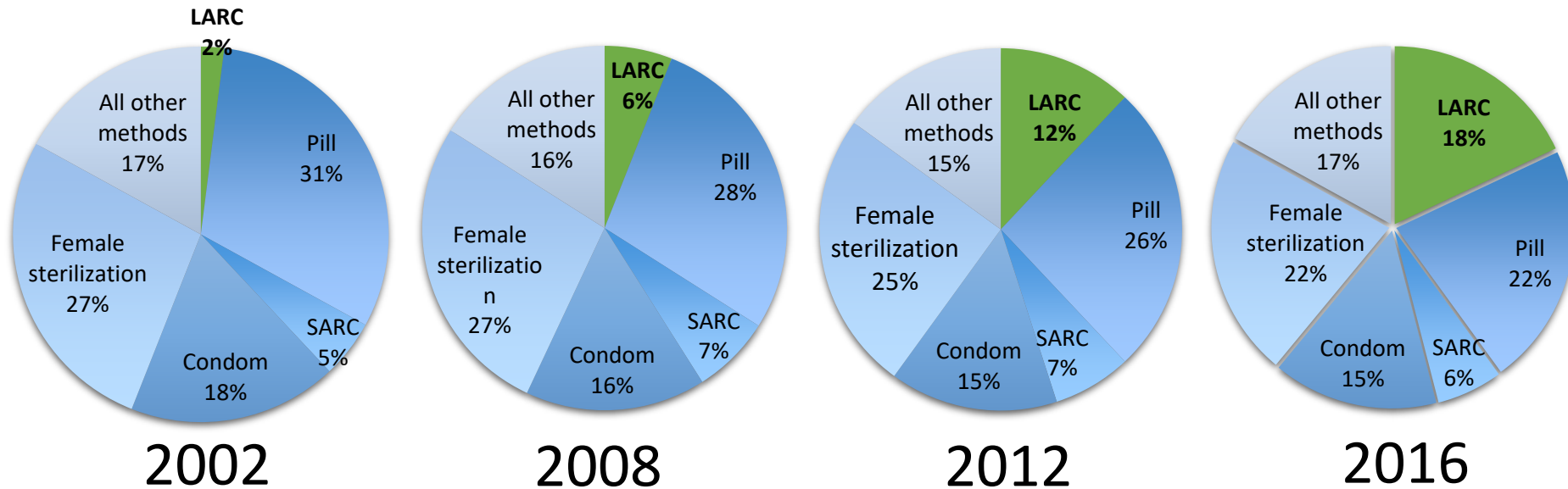


Source: Hubacher and Kavanaugh, 2018

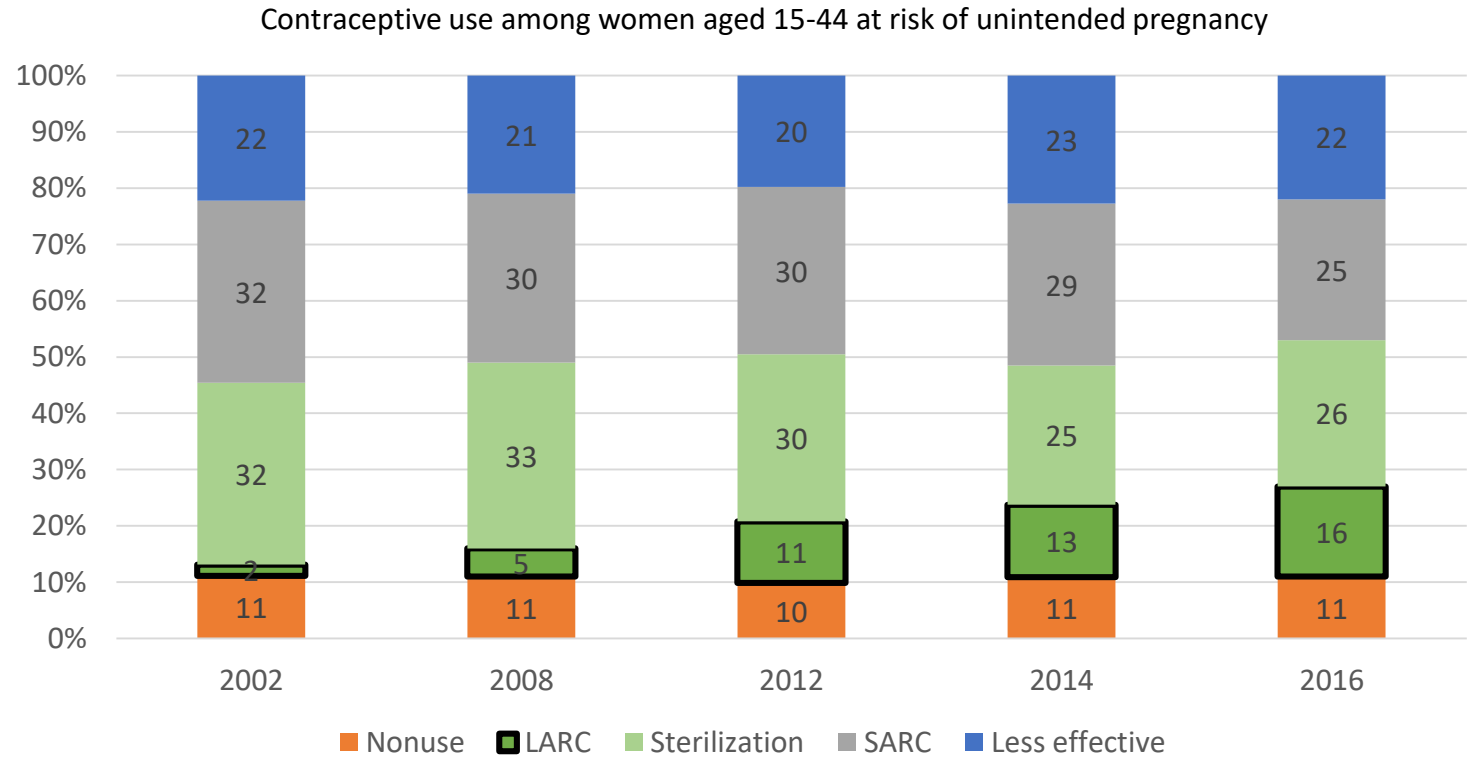


Among the ~60% of women aged 15-44 using contraception, LARC use has increased since 2002

Contraceptive method mix, 2002 – 2016

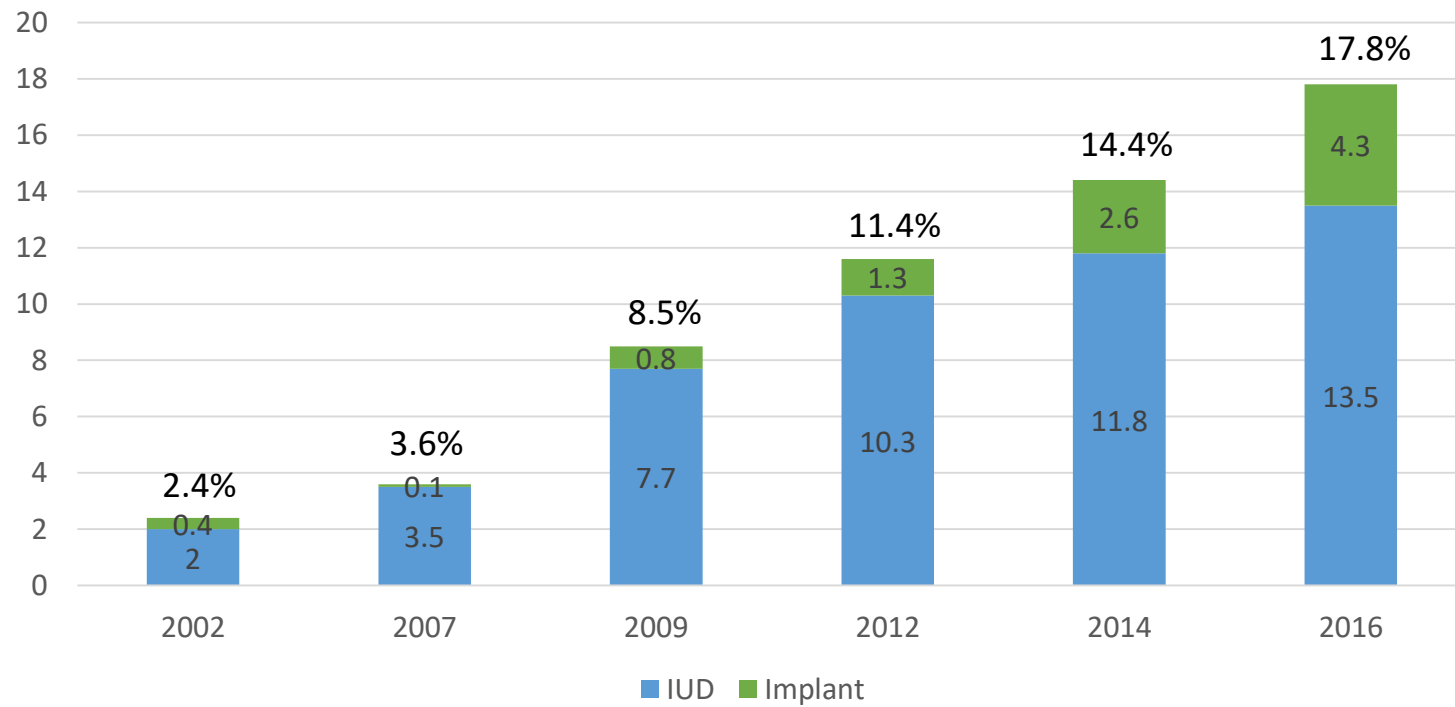


# Shifts in method use occurring within contraceptive users, not from nonusers to users

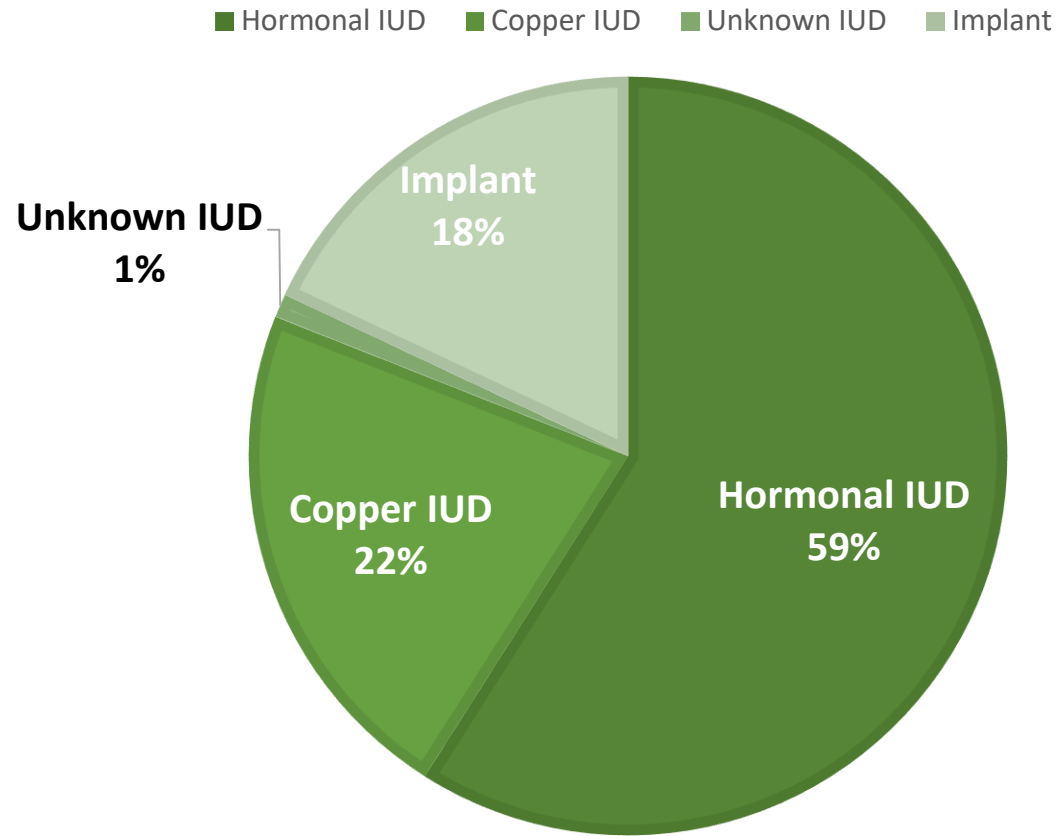


Source: Kavanaugh, et al 2015; Kavanaugh and Jerman, 2018; Kavanaugh and Pliskin, 2020

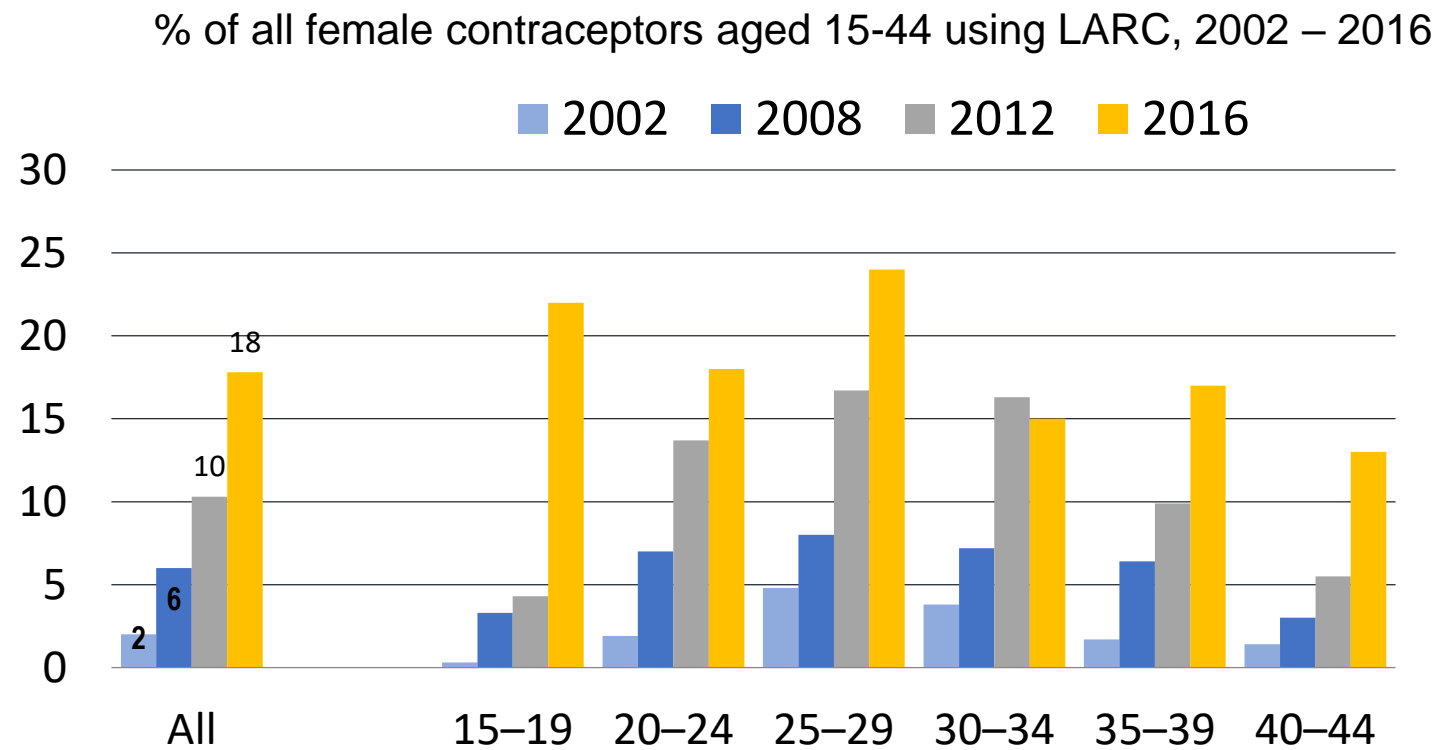
## IUD use drives overall LARC use among contraceptive users aged 15-44



## TYPE OF LARC USED AMONG ALL LARC USERS, 2014



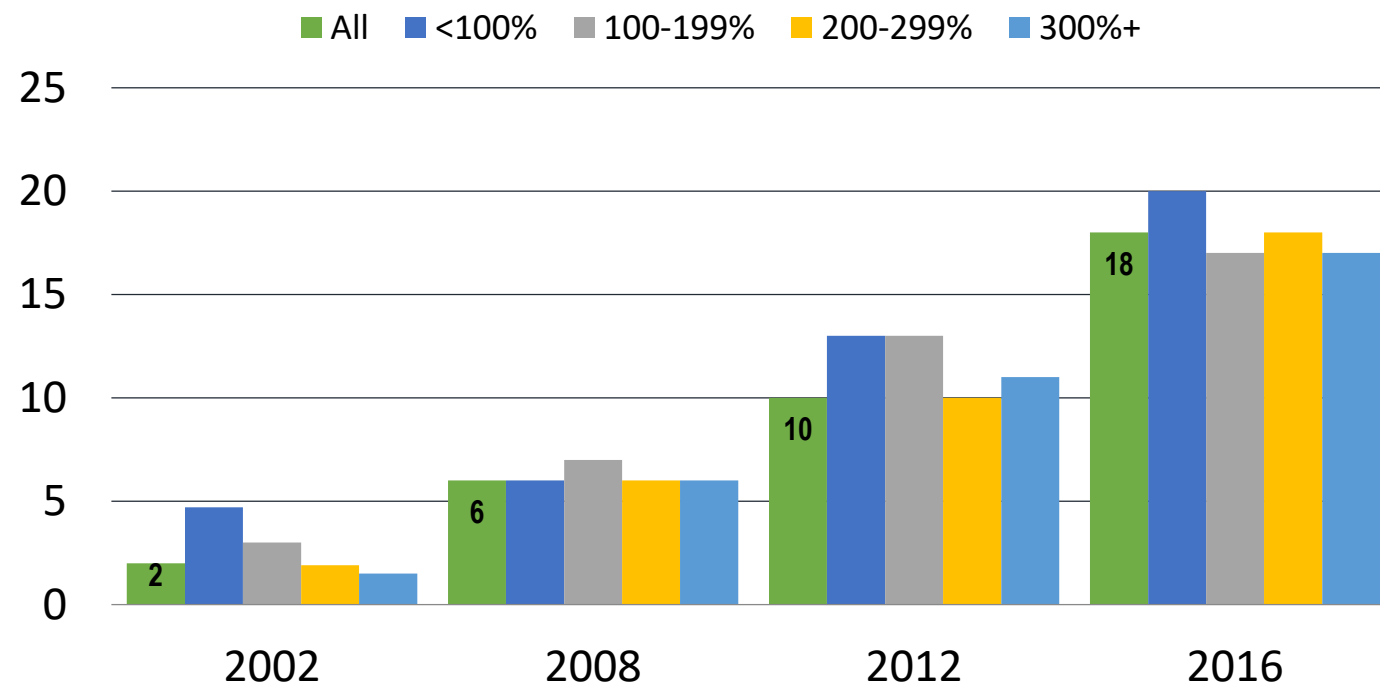
## Highest rates of LARC use among women ages 15-29



Source: Kavanaugh et al, 2011; Kavanaugh and Jerman, 2018; Kavanaugh and Pliskin, 2020

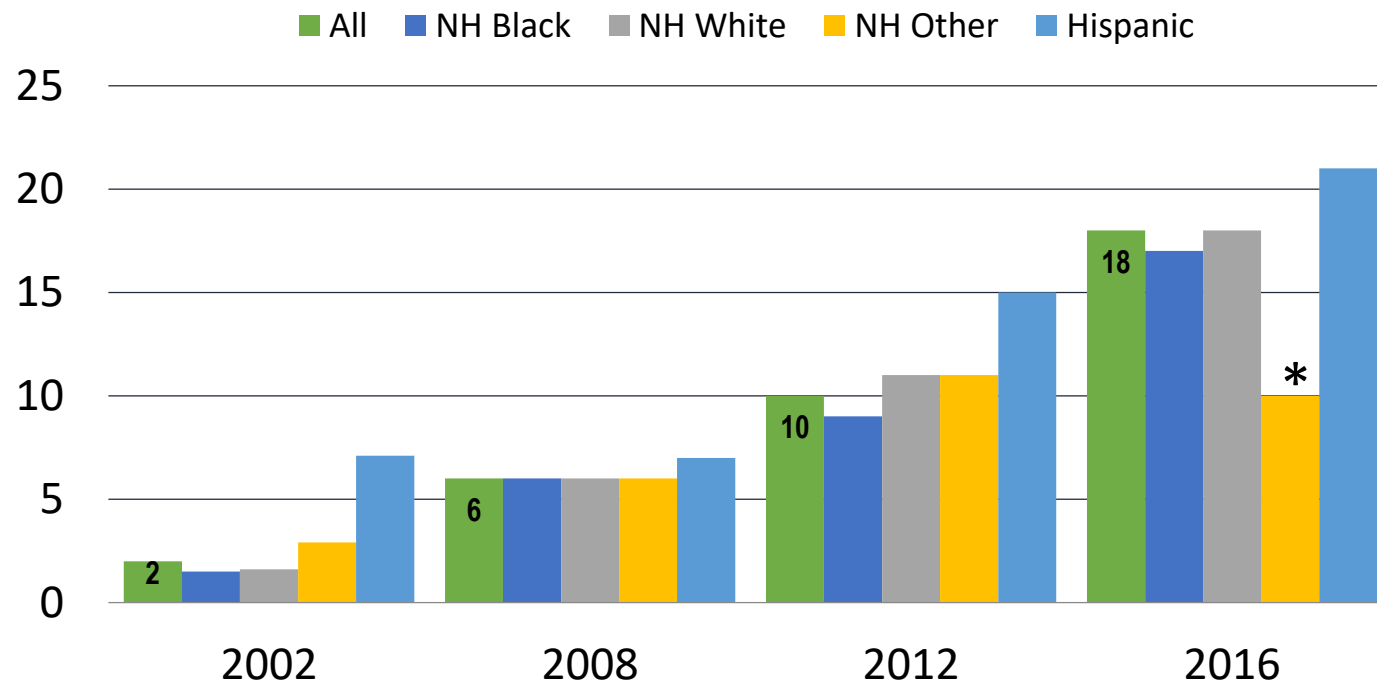
## LARC use is no longer associated with income level

% of all female contraceptors aged 15-44 using LARC, 2002 – 2016



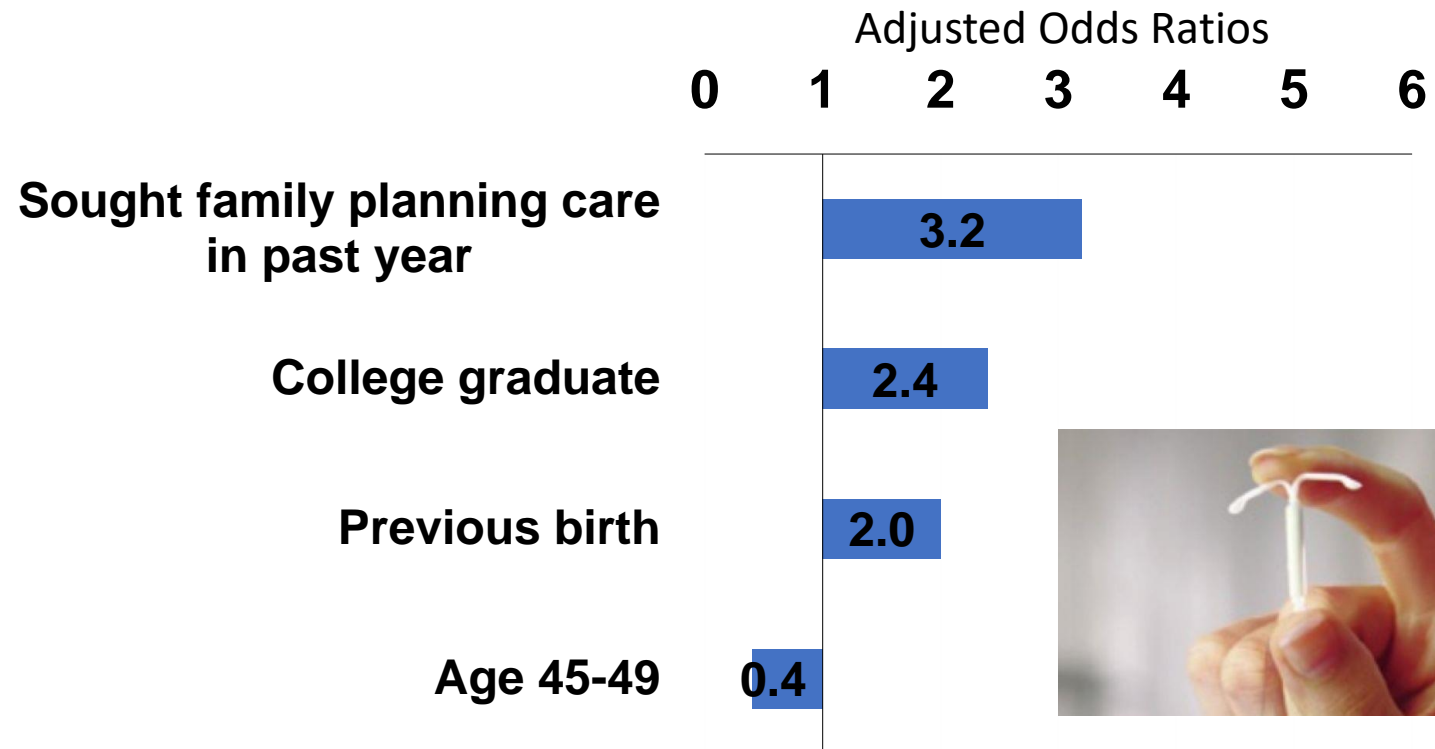
# LARC use is no longer associated with race/ethnicity\*

% of all female contraceptors aged 15-44 using LARC, 2002 – 2016



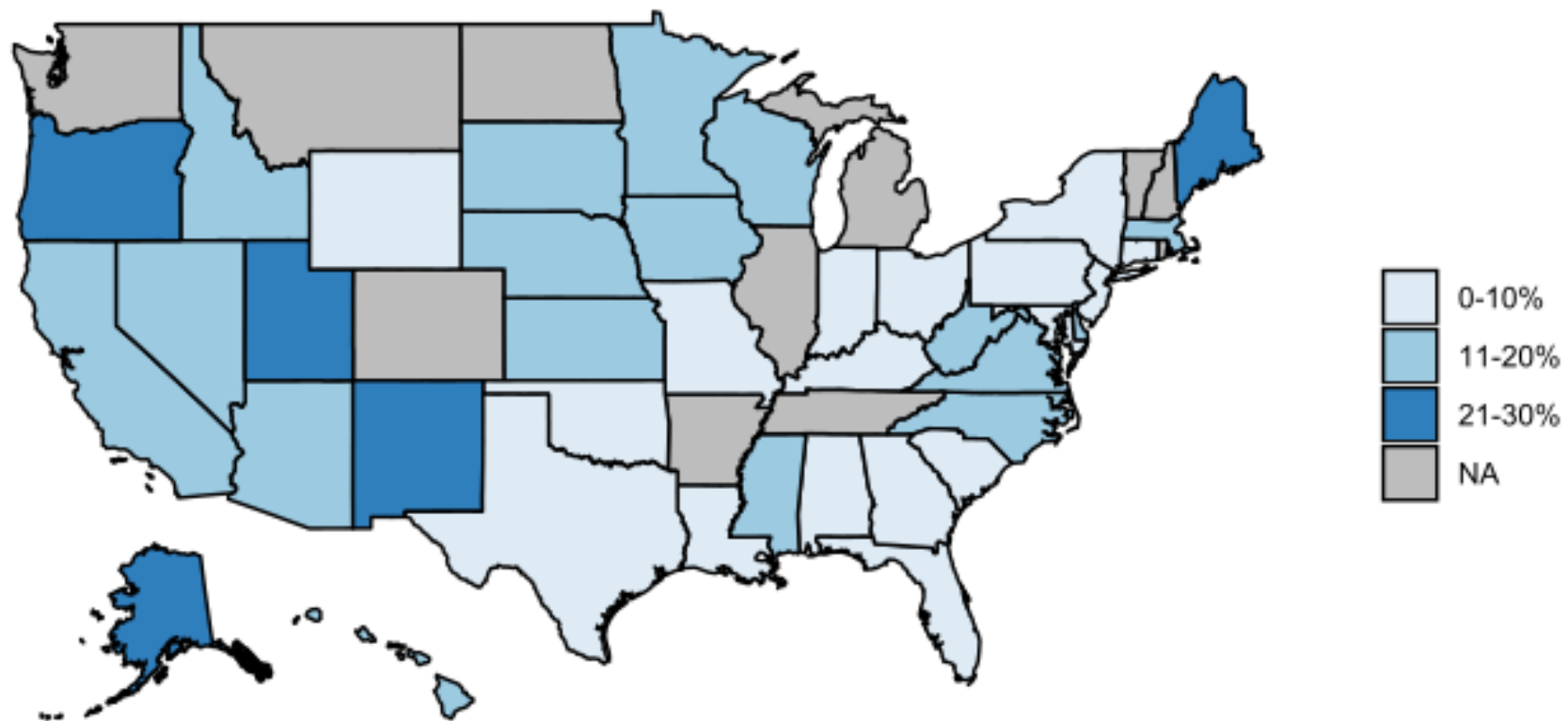
Source: Kavanaugh et al, 2011; Kavanaugh and Jerman, 2018; Kavanaugh and Pliskin, 2020

## Predictors of IUD use, 2016

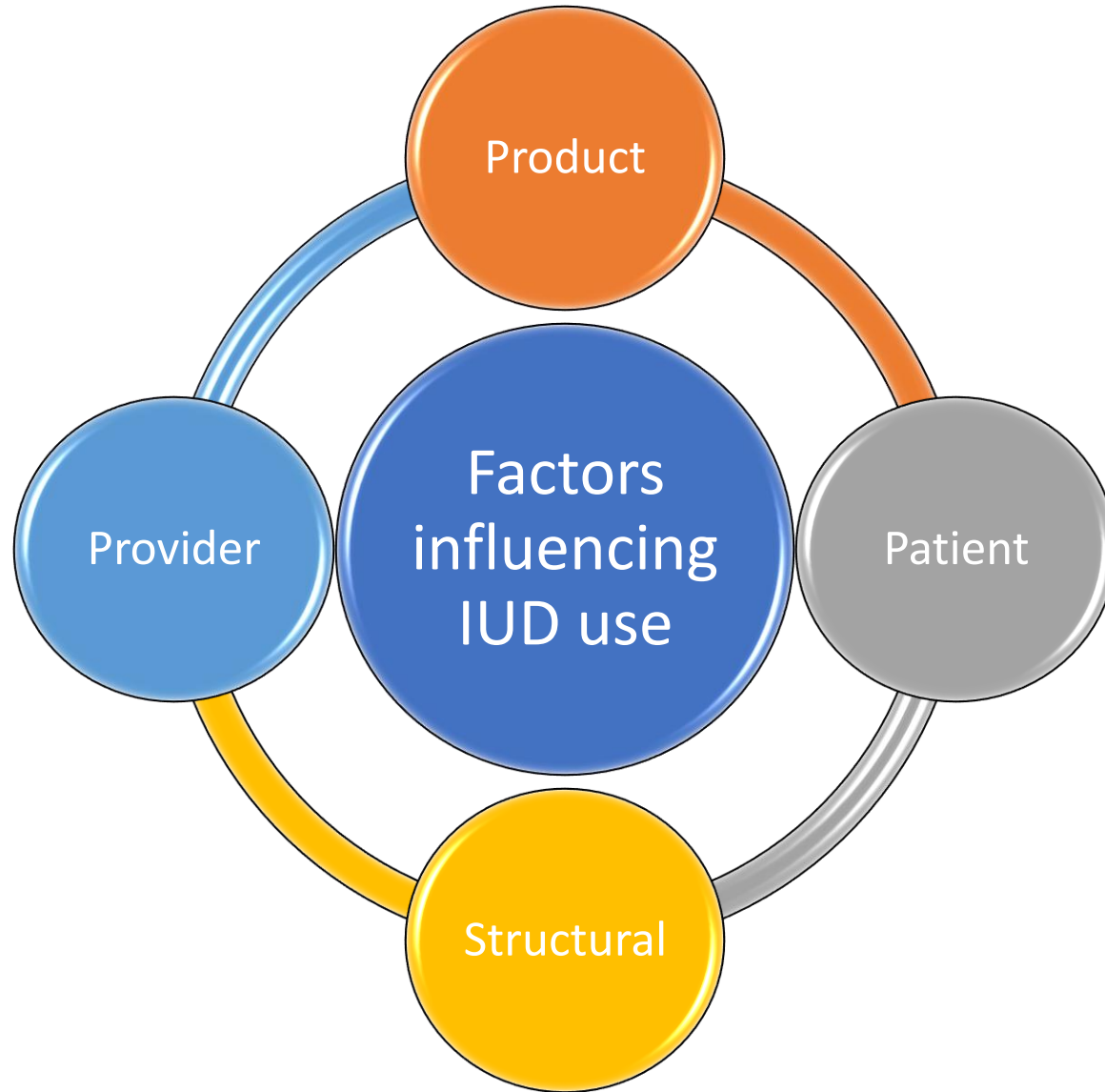




## LARC use among women aged 18-49 at risk of unintended pregnancy, by state, 2017



Source: unpublished data



**Thank you!**

**[mkavanaugh@gutmacher.org](mailto:mkavanaugh@gutmacher.org)**



## **Yan Che, MD PhD**

Professor, Department of Epidemiology and Social Medicine  
Shanghai Institute of Planned Parenthood Research  
China

Dr. Che's slides will be uploaded as soon as they  
are available.



THE SIXTH INTERNATIONAL SYMPOSIUM ON  
INTRAUTERINE DEVICES AND SYSTEMS FOR  
WOMEN'S HEALTH

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