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Barriers to intrauterine contraceptive uptake in General Practice: patient and practitioner perspectives

Findings from a mixed-method UK study

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BACKGROUND



Intrauterine contraception (IUC) is a safe, long-lasting, and highly effective method of contraception. Of those women attending UK community contraceptive clinics in 2014, 9.1% were using IUC (4.2% were using IUD and 4.9% using IUS). There is no reliable UK data for the uptake of IUC in UK General Practice but anecdotal evidence suggests that it is used by a minority of women who access their contraception from their GP. Greater IUC use in General Practice has the potential to improve women's reproductive control and reduce unintended and unwanted pregnancies.

We examined the views of women and practitioners in General Practice regarding barriers to the uptake of IUC – with a view to ascertaining which factors reduced the likelihood of IUC being used/selected as a contraceptive method in a General Practice setting.

Our project used a sequential mixed-method approach. We began with 30 qualitative interviews with women (aged 18-49), about their views and experiences of IUC, and subsequently surveyed 1244 women, using questions derived from the qualitative data. We separately surveyed 208, and interviewed 13, practitioners. We covered both hormonal (intrauterine system – IUS), and non-hormonal (intrauterine device – IUD) in the research.

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We plan to run UK workshops on the study findings.
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KEY FINDINGS: BARRIERS FOR WOMEN

The qualitative interviews identified a number of barriers including:

- ◆ IUC not being viewed as a first choice contraceptive
- ◆ Fitting IUC as an invasive procedure involving a 'foreign object' in the body
- ◆ Worries about the device moving inside the body
- ◆ Women were put off by the necessity for IUC to be fitted and removed by a practitioner
- ◆ Concerns about unpleasantness and embarrassment involved in having IUC fitted and removed
- ◆ Some women had an aversion to hormonal contraception and therefore would not consider the IUS

Strong predictors of non-use of IUC were:

- ◆ Considering the long acting nature of the device a disadvantage (OR=8.280 (5.709, 12.404) $p < 0.001$)
- ◆ Disliking the thought of IUC (OR=3.135 (2.612, 3.817) $p < 0.001$)
- ◆ Being worried about womb damage (OR=2.239 (1.874, 2.701) $p < 0.001$)
- ◆ Being worried about the method making it harder to get pregnant in the future (OR=2.601 (2.134, 3.209) $p < 0.001$)

(Using binary logistic regression analysis on the variable User/Non-User)

KEY FINDINGS: PRACTITIONER BARRIERS

- ◆ Practitioners considered IUC methods suitable for a more limited selection of women than indicated in the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) guidelines
- ◆ Practitioners expressed beliefs that IUC was not very suitable for younger, nulliparous women
- ◆ Difficulties arranging and cost of training to fit IUC and difficulties maintaining competency in terms of fitting sufficient numbers of IUC per year were presented as barriers to training to insert IUC
- ◆ Training for IUC fitting was considered too time consuming by 31% (28/90)*
- ◆ Few practice nurses were trained to fit. 34% of respondents (N=208) were trained to fit: 47% (58/124) GPs but only 8% (4/49) of nurses
- ◆ Lack of knowledge about IUC was cited as a barrier to uptake by 26% (23/90) – all of whom were NOT trained to fit
- ◆ Logistical issues surrounding the need for an appropriate room and two staff to be present were expressed as barriers to providing fitting of IUC in a general practice setting

* *Denominators vary according to numbers of participants who answered the question*

RECOMMENDATIONS

- ◆ Increasing the availability, and decreasing the cost and time involved in training in intrauterine contraception fitting, especially for practice nurses, could increase the pool of fitters and make IUC more easily available in General Practice
- ◆ Increased training in IUC counselling for those practitioners who do not fit may address lack of knowledge acting as a barrier to recommending IUC
- ◆ There is a need for better and more relevant information about IUC which addresses the concerns of women regarding IUD/IUS
- ◆ Practitioners should be more aware of UKMEC guidelines when considering whether IUC is suitable for particular groups of women

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