

10 tips for discussing IUC

Suggestions from our research



We have found that women¹ have particular fears and concerns about IUC which may not be routinely addressed in a consultation or in the advice literature that is commonly supplied.

The list below contains tips for clinicians in order to explicitly address the often unspoken concerns that our respondents reported.

1. Many women are unsure about the **size and shape** of intrauterine contraceptive devices. Have one or two to hand to show them.
2. Explain that the device is **fitted and removed through the cervix** – a similar experience to having a cervical smear. No general anaesthetic or visit to hospital is needed.
3. Women are very concerned about the possibility of **pain on insertion and removal**. Ask about this worry and explain how pain can be reduced on insertion. Reassure women that removal is quick and usually involves little discomfort.
4. Women are concerned about the **length of time IUC remains in the womb**. Some think it cannot be removed before the full 5-10 years have passed. Explain that although the devices can be left in place for up to 10 years, they can be removed quickly and easily upon request, at any time, and without the need for any kind of surgical procedure.
5. Make sure that if a patient **asks for removal**, that this is arranged quickly and conveniently. We know that word spreads among friend groups and many people report negative stories that happened to friends, or friends of friends, and cite these as reasons not to choose IUC.
6. It is probably helpful if all **nurses and GPs in the practice are confident in removing IUC**, and in giving women the correct advice about avoiding intercourse for seven days before removal if they do not wish to become pregnant. This will help to ensure quick and convenient removal of IUC upon request.
7. Explicitly address concerns about **infection, and damage to future fertility**. Make sure that women understand the current very low risks of infection, and that these are greatest in the first few weeks following insertion.
8. Make sure that every woman knows that **IUC is suitable for young women (including teenagers) and for women who have not yet had children** (UKMEC1). Many women still believe that it is only for older women, whose families are complete.
9. Explain **how the method works** i.e. The main way both methods work is by preventing the egg from being fertilised by the sperm – the copper in the IUD is toxic to sperm and the IUS stops the sperm from reaching the egg by thickening the cervical mucus. Both methods can also prevent a fertilised egg from implanting into the womb. Neither scrapes the womb, blocks the tubes or otherwise damages the uterus.
10. Some women are concerned that the device will **move within their body** or their **partner will feel the device** or be hurt by it. Ask if this is a concern and explain where the device sits, why it cannot move or be felt by a partner, and how any possibility of the threads being felt can be dealt with.

Research references

Hoggart L, Walker S, Newton VL, et al Provider-based barriers to provision of intrauterine contraception in general practice BMJ Sexual and Reproductive Health Published Online First: 06 March 2018. doi: 10.1136/bmjshr-2017-101805

Walker S, Newton VL, Hoggart L, et al "I think maybe 10 years seems a bit long." Beliefs and attitudes of women who had never used intrauterine contraception BMJ Sexual and Reproductive Health Published Online First: 22 January 2018. doi: 10.1136/bmjshr-2017-101798

¹Although all participants in our study identified as women, we acknowledge that non-binary people and trans men may choose to have an IUC.