

Intra-uterine contraceptive device knowledge and preferences: A tertiary centre experience

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Background

- Intra-uterine devices (IUDs) are effective, safe, and convenient long-acting methods of contraception that are available for use in Australia.¹
- Uptake of these devices is below what is expected, potentially due to misconceptions regarding their safety and efficacy and lack of access to providers to insert the IUD.^{2,3}
- The purpose of this study was to describe the knowledge levels, information sources and contraceptive preferences for an Australian cohort of women who desire IUD insertion for contraceptive use, in order to inform future research on how to increase IUD uptake.

Methods

Study population

- Women presenting to a Australian metropolitan hospital-based clinic for contraceptive IUD counselling and insertion.
- Excluded – those seeking IUD for non-contraceptive reasons.

Data collection

- Electronic survey in English completed via tablet device.
- Demographics, reproductive and sexual history, IUD knowledge levels, IUD information sources and contraceptive preferences were all explored.
- Data was collected for 27 months between 2019 and 2022 (pauses due to the COVID pandemic).

Figure 1: Example of survey question

How effective are IUD's at preventing pregnancy?

100% (cannot become pregnant with IUD)
 99.9%
 75%
 Not sure

Results

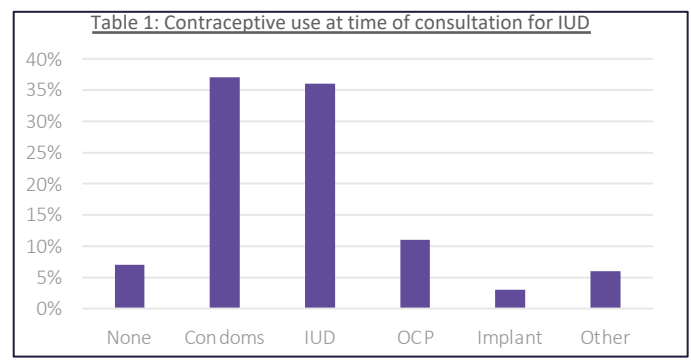
In total 98 completed survey results were obtained.

Demographics

- 67% women were aged between 20 and 34 years.
- 61% had English as their first language.

Reproductive and sexual history

- 30% were less than 6 months since their last pregnancy, and 27% had never been pregnant. Of those with children, the average number was 2.
- 88% reported being sexually active.



Knowledge levels

- Overall high level of correct answers across all areas: Efficacy (80% correct), cost (75%), STI protection (96%), fertility effects (88%), impact on sexual intercourse (93%).

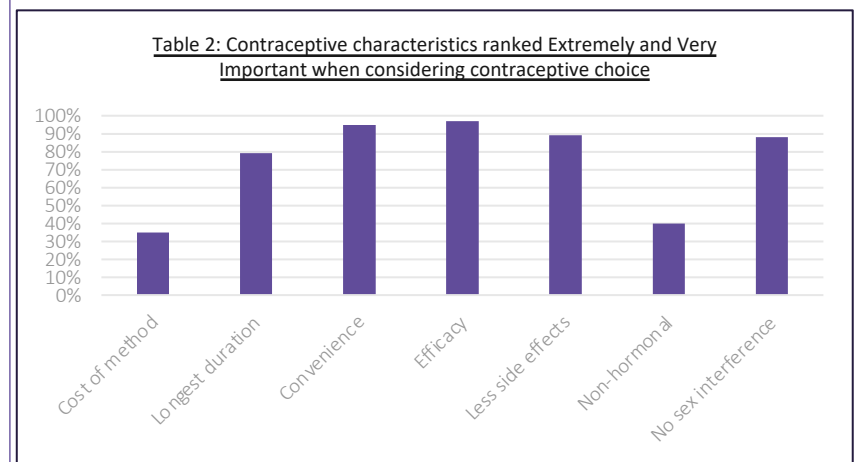
Information sources

- General Practitioner (67%), Obstetrician-Gynaecologist (43%) and friend (34%) were the most common information sources. Internet (11%) and TV-radio (5%) were uncommon.
- Multiple information sources (49%) and single source (51%) reported at similar rates.

Results

Preferences

- Levonorgestrel IUD preferred to Copper IUD (84% vs. 16%).



Discussion

- In this study, women were most commonly aged 20-24, parous and currently sexually active. They preferred the LNG-IUD to Copper IUD.
- They commonly obtained knowledge from their GP, Obs-Gyn or friends, and demonstrated a high-level of understanding regarding IUD devices.
- They valued duration of contraceptive length, convenience of use, effectiveness in preventing pregnancy, minimum side effects and not interfering with sexual intercourse.
- Potential barriers to IUD uptake for these women could be access to providers for IUD insertion, given their knowledge levels do not appear to be a barrier. More research could be done into provider-driven barriers.
- Limitations: Single centre, English language only, only patients requesting IUD.

References

- Baker, C. et al, 2022. Long-acting reversible contraception. *Obstetrics & Gynecology*.
- Madden, T. et al, 2015. The role of contraceptive attributes in women's contraceptive decision making. *American journal of obstetrics and gynecology*.
- Mazza, D., et al, 2017. Current barriers and potential strategies to increase the use of long-acting reversible contraception (LARC) to reduce the rate of unintended pregnancies in Australia: An expert roundtable discussion. *Australian and New Zealand Journal of Obstetrics and Gynaecology*.