FACT SHEET

LARCS: FACT V.S. FICTION
INFORMATION FOR CLINICAL PROVIDERS

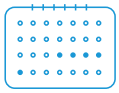
Long-acting, reversible contraception (LARCs), including intrauterine devices (IUDs) and implants, are some of the most effective forms of reversible birth control available, with > 99 percent effectiveness. Although LARCs are among the most effective forms of family planning methods, there are still some fairly common misconceptions leading to fewer providers including them as part of their contraceptive counseling. Below are some facts about LARCs that can help you provide quality family planning services and provide eligible women with their method of choice.

IT IS NOT NECESSARY TO GIVE A PAP SMEAR BEFORE INSERTING AN IUD.

This is a common misconception - pap smears are completely unrelated to any form of birth control, including IUDs. Although it can be convenient for a client to get an IUD inserted during the same time period that they get a pap smear, it is not necessary to do so. It is important to follow national screening guidelines for the appropriate age and timing of cervical cancer screening. Even if a client has an abnormal pap smear result, they are still eligible to use an IUD.

IUDS ARE FOR BOTH WOMEN WHO HAVE AND HAVE NOT HAD CHILDREN.

Clinicians and clients have both expressed concerns about the size of IUDs for nulliparous women. Although an IUD can sometimes be a bit easier to insert into a uterus if a woman's already given birth, IUDs can be used safely in women who have not had a child. All types of IUDs used in the U.S. have been approved by the FDA and may be inserted in nulliparous women. There is no literature that demonstrates a difference in risk of complications according to the size or type of the IUD or that any adjunctive measures (i.e. misoprostol) increase ease of insertion.



IUDS CAN BE INSERTED DURING ANY POINT IN THE MENSTRUAL CYCLE

There is no evidence to suggest that IUDs must be inserted during menstruation, although some clinicians suggest this technique to reduce the risk of insertion during an early pregnancy. Offering IUD insertion at any point in the menstrual cycle, when reasonably certain that the woman is not pregnant, greatly reduces barriers to insertion, such as multiple appointments.

IUDS ARE NOT ABORTIFACIENTS

Emergency contraception (EC) and IUDs do not cause abortions, and therefore are not abortifacients. They work by either preventing fertilization of an egg or preventing implantation of a fertilized egg. EC works similar to other hormonal contraceptives, but provides protection after-the-fact. Along with traditional EC, the Copper-T IUD can be inserted up to five days after sex to prevent pregnancy. As an emergency contraceptive, the Copper-T IUD is much more effective than either type of EC pill since it reduces the risk of getting pregnant by more than 99%. Another advantage to using the Copper-T IUD as emergency contraceptive is that it can be kept in place to prevent pregnancy for up to ten years.

QUESTIONS? CONTACT:

Email: cdphe_familyplanning@state.co.us
Visit: www.colorado.gov/cdphe/family-planning

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Department of Public Health & Environment

YOU DO NOT NEED SEXUALLY TRANSMITTED INFECTION (STI) RESULTS PRIOR TO IUD INSERTION

You do not need to wait for the results of an STI test before inserting an IUD. If considered necessary, it is safe to test for STIs on the same day an IUD is inserted. If a test comes back positive, clients should be treated according to the most recent STI Treatment Guidelines and the IUD should be left in place.

LARCS CAN BE AN AFFORDABLE BIRTH CONTROL OPTION

LARCs can be expensive, but most insurance programs and Colorado Medicaid pay full purchase price reimbursement for the devices. If your client is in need of a lower cost device, please visit or find a Title X clinic that may be able to put the LARC and insertion costs on a sliding fee scale.

MOST WOMEN QUALIFY FOR AN IUD.

Candidates for IUDs are any woman of reproductive age seeking long-term, highly effective contraception. Check the U.S. Medical Eligibility Criteria for Contraceptive Use for contraindications. If you are reasonably certain the client is not pregnant and they have received family planning method counseling, they will most likely qualify for a LARC method. According to the USMEC, there are no increased risks for LARC use in women with: multiple partners, history of STIs or pelvic inflammatory disease (PID), immediately postpartum or post-abortion, in teens and nulliparous women, or in women with a past ectopic pregnancy.

THERE ARE MANY WAYS TO MANAGE LARC SIDE EFFECTS

Studies show that when providers are upfront about side effects, fully educate, and work to counsel about side effect, clients keep the device longer. First line counseling and treatment may include: A combined hormonal contraceptive taken continuously or cyclically for three months, a five day course of NSAID such as mefenamic acid 500mg bd-tds or a five day course of tranexamic acid 500mg bd, particularly if bleeding is heavy.

MINORS DO NOT NEED PARENTAL CONSENT TO RECEIVE AN IUD

Colorado has a minor consent law that allows a teen, no matter the age, to consent for his or her own contraceptive methods and procedures. “With the minor’s consent, a physician may give birth control procedures, information and supplies to any minor of any age who requests and is in need of them. Colo. Rev. Stat. § 13-22-105.” See statute for complete list of minors who may obtain such care.

EFFECTIVE COUNSELING WILL HELP THE PATIENT PREPARE FOR POTENTIAL SIDE EFFECTS

The vast majority of LARC users, if counseled about side effects ahead of time, are happy with their LARC devices and keep them. If your client wants the device removed, even after you’ve counseled on side effect management, then the client should have the device removed immediately, counseled, and provided an alternate contraceptive method.

RESOURCES

- http://c.ymcdn.com/sites/www.thenpa.org/resource/resmgr/annual_conference2016_annual_conference/20116_speaker_handouts/M1656_IUD_talk.pdf
- http://www.sciencedirect.com/science/article/pii/S1054139X13000633
- http://www.arhp.org/Publications-and-Resources/Clinical-Fact-Sheets/The-Facts-About-Intrauterine-Contraception-
- https://www.fpnsw.org.au/health-information/contraception/guidance-management-troublesome-vaginal-bleeding-progestogen-only