Extended use of intrauterine devices: How long can we go?

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Disclosures

• Dr. Wu is a Merck Nexplanon® Trainer
Objectives

• Summarize 3 key findings from published data regarding extended use of the copper IUD and the LNG-IUS, with a focus on pregnancy outcomes and gaps in knowledge

• List 4 factors to consider when weighing the benefits vs. risks of extended IUD use

• Apply elements of shared decision making during counseling regarding extended IUD use

IUD= intrauterine device
LNG-IUS = levonorgestrel intrauterine system
Clinical Scenario

35 yo G2P2 living in South Dakota has had her LNG-IUD for 5 years. She is satisfied with the IUD. Due to the recession, she has lost her job & insurance. She wants to know if she has to have her IUD removed since it has been 5 years. You explore her future pregnancy intentions, including feelings about childbearing and abortion. She tells you that an abortion would be difficult for her. The nearest abortion center is 100 miles away.

• What else do you want to know?
• What factors are in play?
• What are you recommendations for extended IUD use?
Definition of Extended IUD use

Use of an IUD beyond the manufacturer approved duration = OFF-LABEL USE
Literature Review

• Likely highly effective among parous women who are at least 25 years old at the time of insertion Level A
  – Copper (Cu T380A) IUD: up to 12 years
  – LNG-IUD 52 mg: up to 7 years
• Extended use should be effective in overweight and obese women Level B
• Extended use of LNG-IUD 13.5 mg not studied

Wu JP, Pickle S. Contraception, 2014
Gaps in Literature

- Women < 25 years old at time of IUD insertion
- Nulliparous women
- Long-term health effects (e.g., blood pressure increase)

Next Steps

- Nulliparous women
- Women < 25
  - *EPIC* study (Washington University, St. Louis)
- *Very* long-term IUD under study (>20 years)
- Overweight and obese women
Counseling Factors to Consider

- Age (should be >25 at time of insertion)
- Parity (should be parous)
- Barriers to placing a new device (access, habitus)
- Patient comfort with off-label use
- Environmental context (e.g. limited no access to abortion)
- Pregnancy intentions
- Alternative contraceptive options (e.g. switching to less effective method)
- Individual fertility risk
Shared Decision Making (SDM)

• Collaborative decision making process between patient and provider
• Contrasts with: paternalistic, informative
• SDM preferred by patients for contraceptive counseling  (*Dehlendorf, Contraception, 2013*)
• Key elements:
  – Health care provider and the patient come to a mutually agreed upon decision
  – Reflects the preferences of the patient as well as the medical evidence
Clinical Scenario #1

35 yo G2P2 living in South Dakota has had her LNG-IUD for 5 years. She is satisfied with the IUD. She has lost her job & insurance. She wants to know if she has to have her IUD removed since it has been 5 years. She tells you that an abortion would be difficult for her. The nearest abortion center is 100 miles away.

• What else do you want to know?
• What are your recommendations?
Clinical Scenario #2

- 45 year old G3P3003, who has finished childbearing, had a TCu380A placed 10 years ago. She is still menstruating, although her cycles have become a bit more irregular over the last year. She is overall happy with her copper IUD. She lives in Honduras.

What would you tell her?
- 1) Replace with another Copper IUD
- 2) Leave current IUD in place for 2 more years
- 3) Take it out and don’t worry about it
- 4) Consider a permanent form of sterilization
Clinical Scenario #3

25 yo female who had her LNG-IUD 52 mg placed at age 20 while in college. She has never been pregnant and would like to delay childbearing for 2 more years. She is really happy with her current IUD.

What would you tell her?

• 1) Replace with a new LNG-IUD 52 mg
• 2) Leave the current IUD in place
• 3) Take the IUD and switch a short-acting method (pill, patch, ring, etc) since she only wants contraception for 2 more years
Thank you!

Questions? Suggestions?