



Barriers to Uptake of Intrauterine Contraception: Patient and Practitioner perspectives

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INTRODUCTION

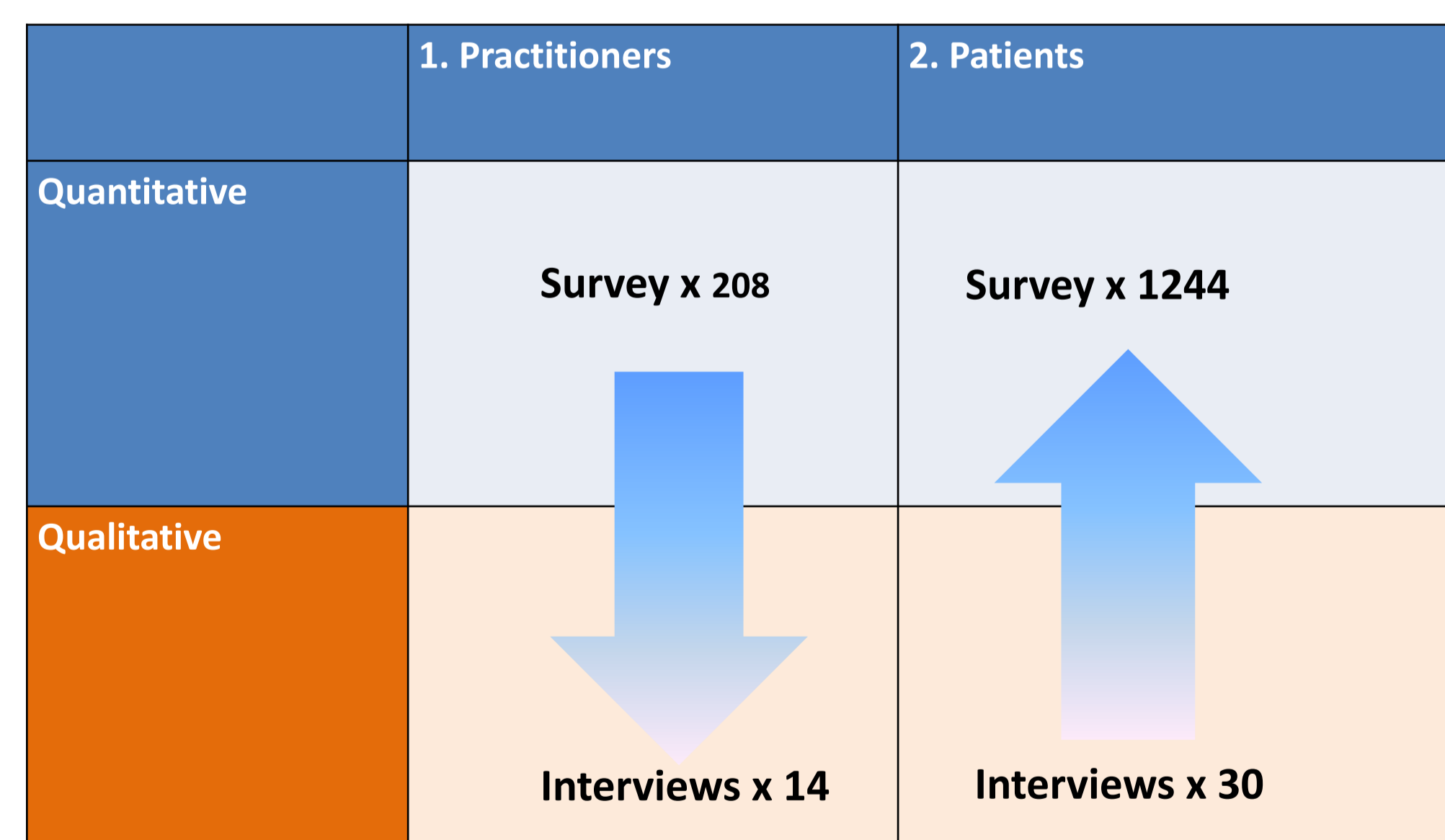
Intrauterine contraception (IUC) is safe, long-lasting and highly effective. Despite this effectiveness, of those women attending UK community contraceptive clinics in 2014, only 9.1% were using IUC (4.2% were using IUD and 4.9% using IUS) (1). Increasing IUC use in General Practice has the potential to reduce unintended & unwanted pregnancies and provide women with a safe, long-lasting, highly effective method with failure rates, in typical use, of less than 1% per year (2,3).

AIM

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 method in a General Practice setting

METHOD

Our project used a sequential mixed-method approach. In the qualitative arm we interviewed 30 women (aged 18-49), regarding 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. Qualitative data was analysed thematically. Quantitative data was analysed descriptively, and in the patient survey arm using single-predictor binary logistic models, relating current usage, or not, to other variables.



CONTACT INFORMATION

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RESULTS – PATIENTS

Qualitative comments

In the qualitative interviews women described potential embarrassment and unpleasantness around fitting, and anxieties about the IUC as a ‘foreign object’ in the body.

“It is invasive”

“I think something about it just going straight into the womb and fairly foreign as it were, I think it’s just a bit more off-putting”

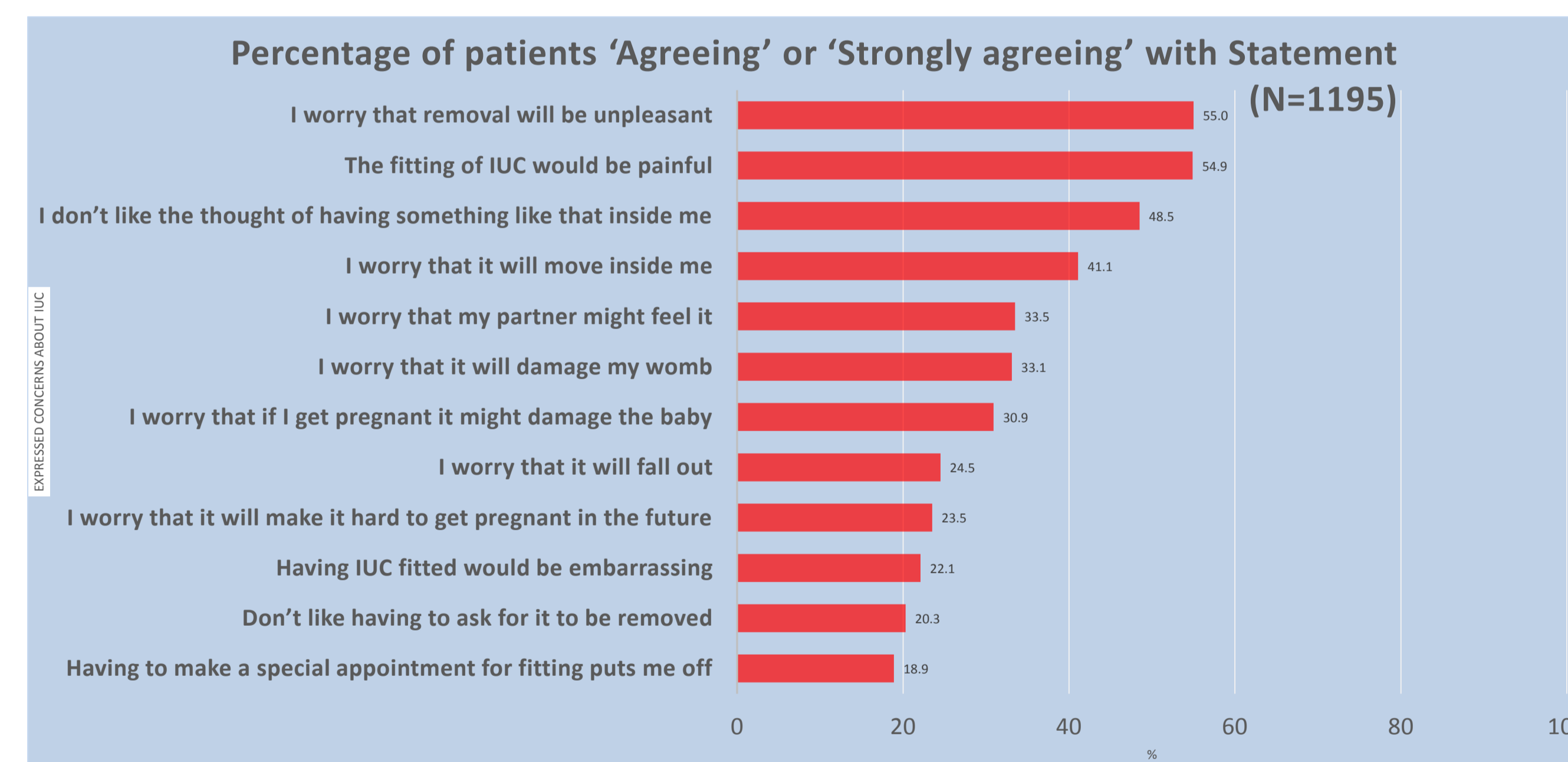
“I don’t really think I would like the thought of it being there inside me”

“Just the thought of it just puts me off it completely, it’s just like, no, I can’t go there [...] Have it clamped open for it to be done, that is just, oh my god.”

“I think it is embarrassing”

“To have somebody rooting around in your cervix, I don’t want to do it!”

These attitudes and anxieties were confirmed by the survey data in which more than 40% of respondents reported worrying about the unpleasantness of fitting or removing IUC, and the thought of the device ‘inside me’, and concerns about the device moving.



Predictors of non-use of IUC

Preliminary binary logistic regression analysis of the demographic and attitudinal features of survey respondents indicated the predictors of non-use of IUC included:

- 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).

RESULTS – PRACTITIONERS

Survey results *

- Lack of trained fitters among practice nurses – 34% of respondents (N=208) were trained to fit - 47% (58/124) of GPs but only 8% (4/49) of nurses
- Training for IUC fitting was considered too time consuming by 31% (28/90)
- Lack of knowledge about IUC was cited as a barrier to uptake by 26% (23/90) – all of whom were NOT trained to fit
- Practitioners considered IUC methods suitable for a more limited selection of women than indicated UKMEC guidelines

These factors were explored in the **Qualitative interviews**, in which reported barriers to providing IUC were:

- Logistical issues i.e. staffing & the need for an appropriate room
- Difficulties arranging & cost of training to fit IUC and difficulties maintaining competency in terms of fitting sufficient numbers of IUC per year
- Beliefs that IUC was not very suitable for younger, nulliparous women

“There aren’t that many people that train and so I was probably waiting for at least a year”

“You need to be fitting a certain number of coils per year or per month and that the general feeling is that you won’t be able to see that many, if many of us are doing the fitting”

“We’re so tight on room space. Obviously you do need a proper, you know, treatment room to be able to fit a coil”

“We don’t have leg stirrups and really good, we have lights obviously, but maybe not quite the same as you would in a colposcopy clinic or something like that”

“After the first child I try to steer them towards the coil insertion and I prefer not to do it in the nulliparous unless they specifically request”

CONCLUSIONS

Patient reported barriers to IUC involved fears about the risks of the method and dislike of the idea of a device in the womb. The long-acting nature of the method also made it unattractive to some users.

Better and more relevant information about IUC which addresses the concerns of users is required.

For practitioners, organisational barriers were reported as presenting a challenge in terms of practice premises, staff time and training to fit.

Poor knowledge of IUC among those not trained to fit may act as a barrier to recommending IUC to a wide range of women.

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*these findings are more fully presented in a paper and presentation to the Faculty of Sexual & Reproductive Health Scientific Meeting 2016 (forthcoming)