

Focus on Copper IUDs for Midwifery Practice

Presented By
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Housekeeping

- ▶ Your mic will be muted on entry.
- ▶ Your camera will be off.
- ▶ Please submit questions through the Q&A option. They will be compiled and we will answer as many questions as possible at the end of the presentation
- ▶ There will be a survey at the end.
- ▶ Some of the slides/video contain gendered language, this is due to quoting pre-existing guidelines or use of other materials that already contain this content. Our aim is to use inclusive language throughout the presentation.

Disclosure

Support for this presentation was provided by Searchlight Pharma (Mona Lisa) in the provision of information resources.

An honorarium was provided by Searchlight to the speakers.

Mona Abdel-Fattah sits on the Bayer IUS Women's Health Advisory Board.

Objectives

Discuss the importance of contraception for midwifery

Canadian trends

Modes of Action

Advantages/Disadvantages/Contraindications

Emergency Contraception

Insertion

Follow up

Contraception in the Midwifery Scope of Practice

Canadian Trends

Canadian Association of Midwives and the ICM

- ICM's definition to the midwife includes the “important task in health counselling and education, not only for the woman, but also within the family and the community” in relation to sexual and reproductive health
- CAM- “Access to family planning services and STI screening and treatment helps give women, girls and trans people agency over their lives and health. When contraception and reproductive health needs are unmet, those affected are at risk. CAM recognizes that equitable access to quality contraception and STI prevention and treatment services are crucial elements of reproductive health care that promote healthy sexuality, and allow women, girls and trans people, regardless of ethnicity, colour, gender, religion, class to lead productive and fulfilling lives, free from coercion, violence and according to their own choices.”

SOGC

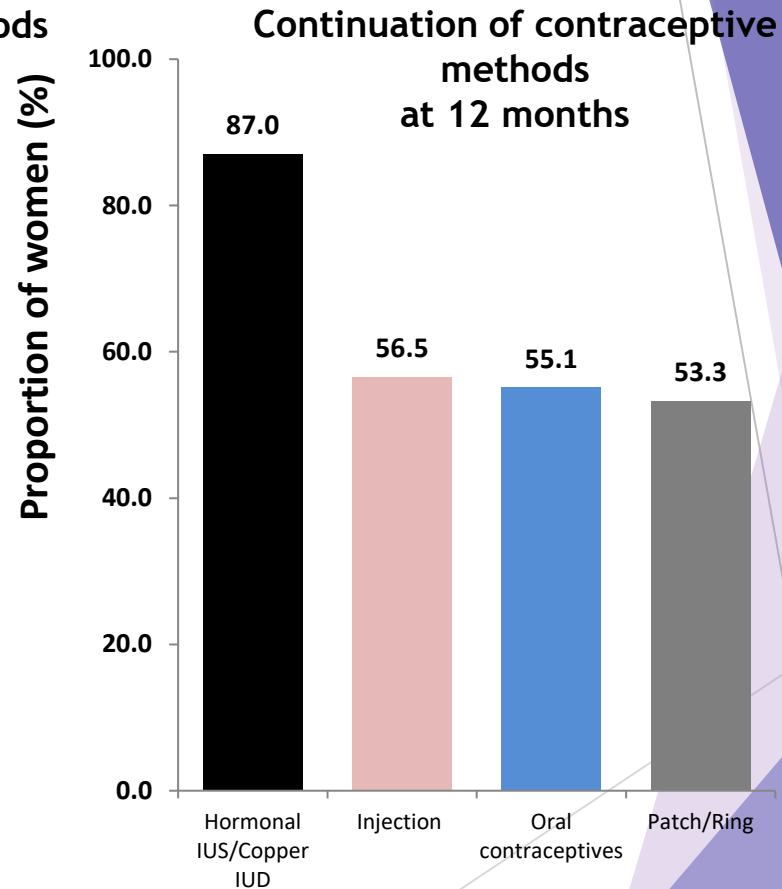
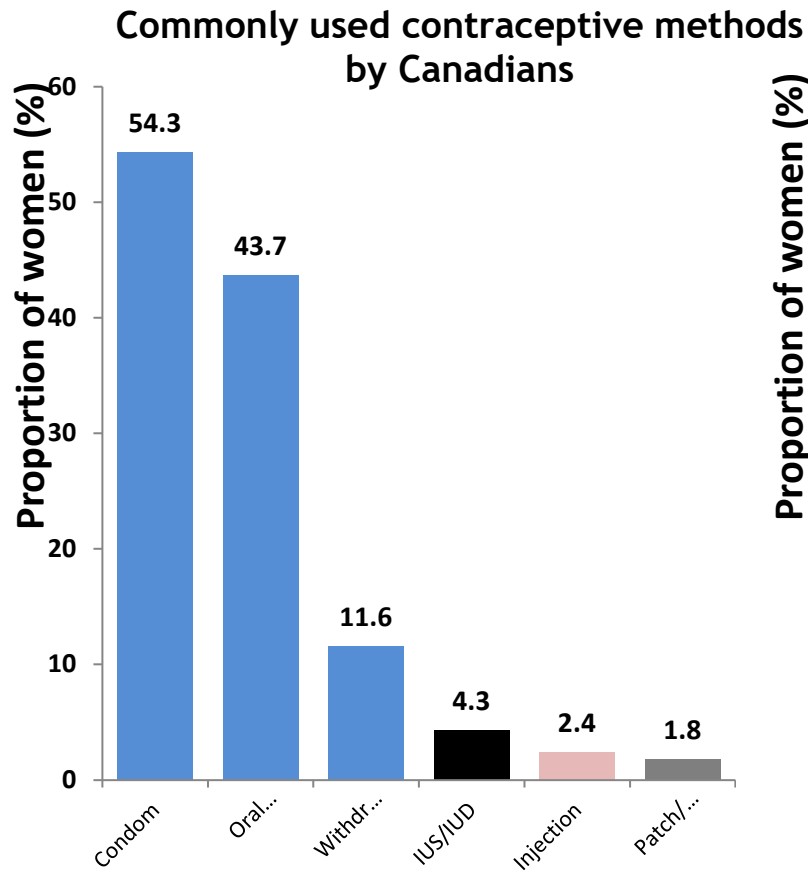
- ✓ SOGCs Canadian Contraception Consensus notes “international evidence shows that IUD insertion may be appropriate within the scope of midwifery” and that the practice requires enough training and maintenance of skill to ensure safety.
- ✓ SOGC guidelines recommends “Canadian health jurisdictions consider expanding the scope of practice of other trained professionals such as nurses, nurse practitioners, midwives and pharmacists and promoting task-sharing in family planning”.

What are the Canadian trends?



- Overall national average maternal age at first birth is over 30 years old.
- Nearly a third of Canadian with uteri have at least one induced abortion over their lifetime.
- In a survey in 2006, sexually active people with uteri aged 15-49 who were not attempting to conceive, 14.9% reported using no contraception and 20% reported using contraception inconsistently, only 4.6 % reported using LARCS (Long Acting Reversible Contraceptives).
- Most popular forms of contraceptives are condoms (54%), OCPs (44%) and withdrawal (12%).
- The most vulnerable populations for unintended, unwanted pregnancy are youth, recent immigrants, those living in rural and remote areas and those of lower socio-economic status.
- Effective contraceptive methods are underutilized in Canada.

Contraceptive use and continuation



N=2341; Totals per age group may exceed 100% as women were allowed to choose more than one method. Data on sterilization, non-hormonal methods not all shown. LNG-IUS, levonorgestrel-releasing intrauterine system; Cu IUD, copper intrauterine device.
Black A *et al.* Contraceptive use among Canadian women of reproductive age: results of a national survey. *J Obstet Gynecol* 2009;31(7): 627-640. Peipert JF *et al.* Continuation and satisfaction of reversible contraception. *J Obstet Gynecol* 2011;117:1105-13.

Variations in Scope of Practice across Canada

- ▶ Variation across provinces and territories
- ▶ This ranges from Rx and insertion up to 3 months to information and counseling only
- ▶ Please check with your governing body














Intrauterine Contraception Devices (IUDs)

HOW EFFECTIVE IS MY BIRTH CONTROL?

Relative efficacy of contraceptive options: perfect use vs. typical use¹

Pregnancies for every 1,000 women during first year of use

		PERFECT USE*	TYPICAL USE*
HORMONAL INTRAUTERINE CONTRACEPTIVE (HORMONAL IUC)		2	2
COPPER INTRAUTERINE CONTRACEPTIVE (COPPER IUC)		6	8
INJECTABLE CONTRACEPTION		2	60
ORAL CONTRACEPTIVE PILL		3	90
CONTRACEPTIVE PATCH		3	90
VAGINAL RING		3	90
MALE CONDOM		20	180
FEMALE CONDOM		50	210
WITHDRAWAL (PULLING OUT)		40	220
FERTILITY AWARENESS METHODS		50	240
NO METHOD		850	850

Adapted from the Canadian Contraception Consensus, 2015¹

For the full list of contraception methods and their corresponding perfect use and typical use effectiveness, please visit www.SexandU.ca

Mode of Action

- **LNG-IUS - Cervical mucous thickening (main effect)**
 - Also impairs tubal mobility decreasing fertility window
 - Decidualization of endometrium

- **Copper IUD - Spermatotoxic (main effect)**
 - Also increases apoptosis of oocytes, sterile inflammatory reaction, impaired endometrial receptivity

Advantages of Intrauterine contraception (IUC)

- Can be used regardless of age and parity
- Highly effective and highest continuation rate at 1 year
- Long-acting, reversible, invisible and safe
- Estrogen free
- Reduction of menstrual bleeding and dysmenorrhea (LNG-IUS only)
- Effective independent of daily, weekly, monthly or coitally-dependent actions
- Hormonal or non-hormonal options available
- Suitable during lactation
- Less expensive daily cost than other contraceptives
- Reduces risk of endometrial cancer

Disadvantages of IUC

- Initial irregular bleeding and /or spotting
- Low risks of insertion include infection, perforation of the uterus (0.5%) and expulsion
- May experience pain or discomfort with IUC insertion
- High up-front cost (Mirena and copper IUD covered by OHIP plus in Ontario)
- Does not protect against STIs
- Copper IUD increases duration of menses and amount of blood loss
- Copper IUD increases dysmenorrhea
- Wait times for insertion may be significant

Contraindications to IUD Insertion

WHO Category 4 Contraindication-A condition that represents an unacceptable health risk if the contraceptive method is used

- Pregnancy
- Current PID or purulent cervicitis
- Puerperal sepsis
- Immediately post septic abortion
- Known distorted uterine cavity
- Abnormal vaginal bleeding that has not been adequately evaluated
- Cervical or endometrial cancer awaiting treatment
- Malignant trophoblastic disease with persistently elevated beta-human chorionic gonadotropin levels and active intrauterine disease
- Current progestin receptor-positive breast cancer (for LNG-IUS)
- Pelvic tuberculosis

Contraindications

WHO Category 3 Contraindication- a condition for which the theoretical or proven risk usually outweigh the advantages of using the contraceptive method. Some may benefit from expert consultation before advising against the method.

- Past history of progestin receptor-positive breast cancer > 5 years ago (LNG-IUS)
- Severe decompensated cirrhosis, hepatocellular adenoma, or malignant hepatoma (LNG-IUS)
- Complicated solid organ transplantation (i.e.. graft failure, rejection, cardiac allograft vasculopathy)
- Post partum ≥ 48 hours or < 4 weeks

Additional Contraindications

Copper IUD

- ▶ Wilson's disease
- ▶ Copper allergy
- ▶ Lupus erythematosus with severe thrombocytopenia

LNG-IUC

- ▶ Lupus erythematosus with positive antiphospholipid antibodies

Emergency Contraception

The Copper IUD can be used for emergency contraception up to 7 days following unprotected intercourse

More effective than other emergency contraceptive methods

Provides ongoing effective and long-acting contraception

Copper IUDs Available in Canada

Contraceptive	Duration	Strength	Length (mm)	Width (mm)
Mona Lisa 10 (cuffs)	10**	380 mm ²	35.85	31.85
Mona Lisa 5 Standard	5	380 mm ²	31.9	31.8
Mona Lisa 5 Mini	5	380 mm ²	30	24
Mona Lisa N	3	300 mm ²	29.1	23
Flexi- T 300	5	300 mm ²	28	23
Flexi-T 300+	5	300 mm ²	32	28
Flexi-T 380+ (cuffs on T arm)	5**	380 mm ²	32	28
Liberte UT 380 Standard	5	380 mm ²	35.4	32
Liberte UT 380 Short	5	380 mm ²	28.4	32
Liberte TT 380 Standard (cuffs)	10**	380 mm ²	34	29.9
Liberte TT 380 Short (cuffs)	5	380 mm ²	29.5	23.2

Counselling



Relevant
History



Answer
questions or
concerns

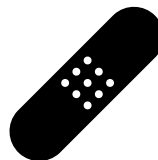


Discuss
insertion
procedure

Review risks
of insertion
procedure

Review
expectations
after insertion

Obtain
consent to
proceed



Ruling out pregnancy

Pregnancy testing is not indicated if:

- Within 4 weeks postpartum
- Nearly or fully breast/chest-feeding, amenorrheic and less than 6 months postpartum
- Within 7 days of normal menses
- No intercourse since onset of last normal menses
- Within 7 days of spontaneous or induced abortion
- Has been correctly and consistently using reliable contraception

IUD Insertion Procedure

Bimanual and Speculum Exam

- ▶ Attention to tenderness to rule out infection
- ▶ Determine position of the uterus and cervix (anteverted vs retroverted)
- ▶ Assess for uterine masses and adnexal abnormalities
- ▶ Collect appropriate swabs and pap as indicated
- ▶ If visible signs of infection, do not proceed, await swab results and begin treatment prior to insertion of IUD

Preparation for Insertion

- ▶ Cleansing of the cervix may be done with iodine or chlorohexidine
- ▶ Place the tenaculum
- ▶ Apply gentle traction to tenaculum to align the cervical and endometrial cavity
- ▶ Sound the uterus

Sounding

- ▶ Expect cramping as sound passes through external and internal os and gently touches the fundus
- ▶ Sound measurement should be 5 cm to 9 cm
- ▶ Sound measurement may be visible, or mark with ring forceps
- ▶ Must be conducted in a sterile fashion

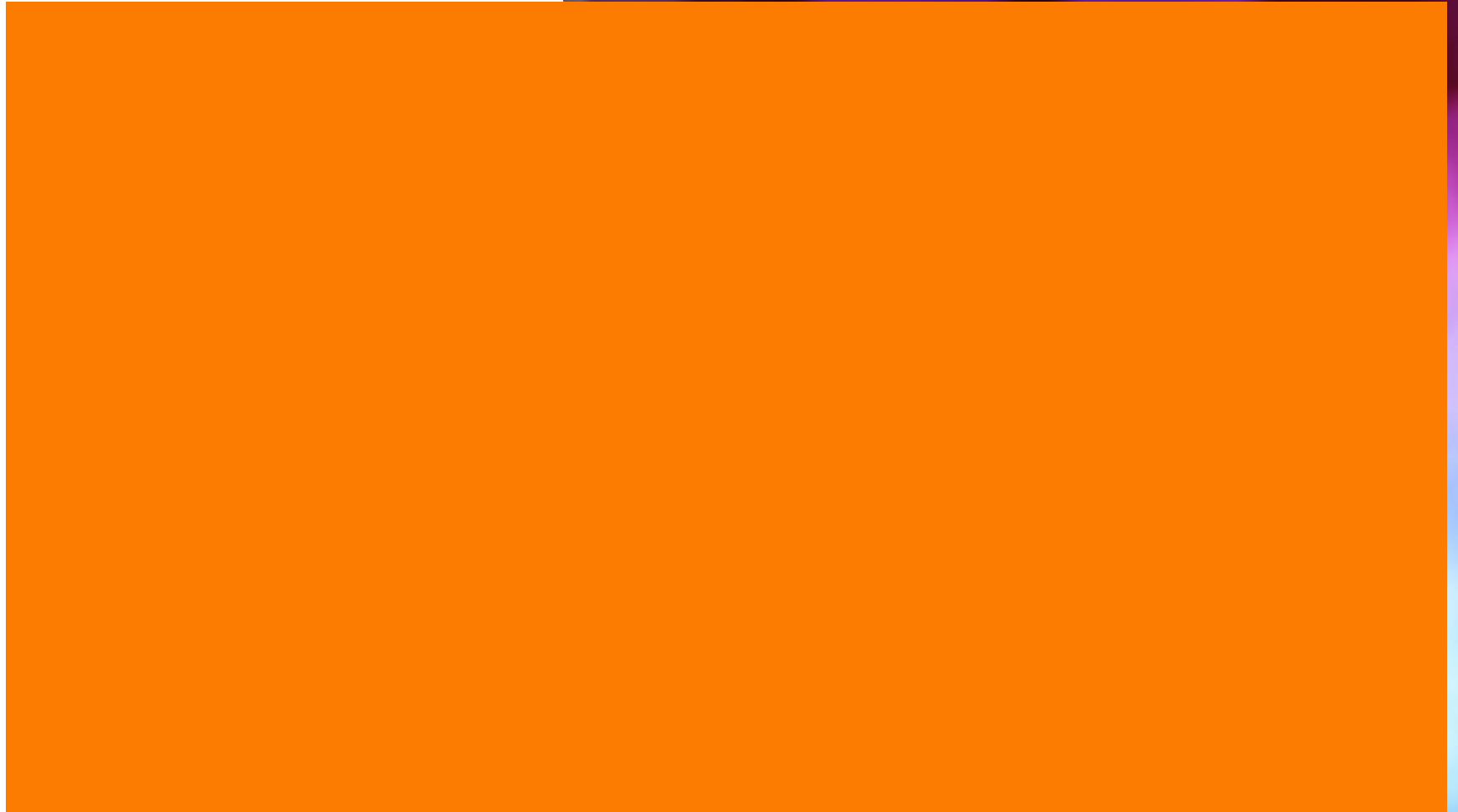
Insertion of IUD

- ▶ Do not open package until appropriate sounding has been completed
- ▶ Maintain "no touch" sterile technique to reduce contamination of IUD and insertion tube or apparatus
- ▶ IUD insertion technique varied depending on IUD type and brand
- ▶ IUD insertion videos are available for review on product websites and on other clinical resources web pages

Completing Procedure

- ▶ Remove insertion tube from cervix
- ▶ Apply pressure to any bleeding from tenaculum puncture
- ▶ Cut strings to 2-3 cm from os
- ▶ Remove speculum
- ▶ Give client pad
- ▶ Assess for vasovagal symptoms

Mona Lisa 5 Standard/5 Mini Insertion Video



Mona Lisa IUD insertion videos available:
<http://www.monaisaiud.ca/hcp/insertion-videos/>

Pain Management Strategies

Most clients report little to moderate pain, and 14-35% report no pain with insertion. Cramping and discomfort are normal.

Strategies include:

- Reduce anxiety
- Allow the presence of a support person
- Provide reassurance, explanation of steps and optimism that the procedure will go well
- Pain is reduced with experienced clinicians
- NSAIDS 30-60 min prior to placement to reduce post placement pain
- Cervical ripening with misoprostol should not be used routinely as it increases pain
- Lidocaine may be considered

FOLLOW UP COUNSELLING

- Advise follow up in 4-12 weeks post insertion. Allowing for assessment of bleeding patterns, client and partner satisfaction, clinical examination and a string check. Allows for exclusion of expulsion or infection.
- Reinforce the use of condoms for protection against STIs and HIV
- Discuss back up contraception
- Instruct the client to contact her health care provider if :
 - ✓ Cannot feel the IUD strings
 - ✓ Self or partner can feel the lower post of the IUC
 - ✓ Concern regarding pregnancy
 - ✓ Is amenorrheic with Cu-IUD
 - ✓ Experiences persistent abdominal pain or discomfort with intercourse
 - ✓ Experiences a sudden change in menses
 - ✓ Wants the IUD removed or wishes to conceive

RESOURCES

- ▶ Contraception Point-of-Care App by Dr. J. Steinberg and Reproductive Health Access Project (US) for medical eligibility, algorithms and information on contraceptives
- ▶ www.willowclinic.ca Willow Women's Clinic (BC) for insertion videos and information
- ▶ Sexandu.ca for information and resources geared towards clients/patients by the SOGC (English and French)
- ▶ World Health Contraception Tool App- uses the medical eligibility criteria for contraception use

Searchlight Pharma Resources

- ▶ Materials for Midwives/Patients:
 - ▶ Mona Lisa IUD demo units for training purposes and counselling with patients
 - ▶ Patient pamphlets
 - ▶ Info Cards “Which IUD to Recommend?”
- ▶ Direct Purchase Accounts
 - ▶ Clinics can purchase Mona Lisa IUDs at a discounted price
- ▶ Searchlight offers support with a replacement program in case of insertion errors/expulsions
- ▶ Additional info on Mona Lisa IUDs:
<http://www.monalisaiud.ca/hcp/>
 - ▶ Insertion videos for all 4 models
 - ▶ Why recommend Mona Lisa IUDs? Which to recommend?

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Questions?

Thank you

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