Intrauterine devices

Technical and managerial guidelines for services

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The Organization seeks through its publications to support national health strategies and address the most pressing public health concerns of populations around the world. To respond to the needs of Member States at all levels of development, WHO publishes practical manuals, handbooks and training material for specific categories of health workers; internationally applicable guidelines and standards; reviews and analyses of health policies, programmes and research; and state-of-the-art consensus reports that offer technical advice and recommendations for decision-makers. These books are closely tied to the Organization's priority activities, encompassing disease prevention and control, the development of equitable health systems based on primary health care, and health promotion for individuals and communities. Progress towards better health for all also demands the global dissemination and exchange of information that draws on the knowledge of all WHO's Member countries and the collaboration of world leaders in public health and the biomedical sciences.

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Front cover: "Family planning", a sculpture in wood by the Colombian folk artist Juan de la Cruz Saavedra.

Selected WHO publications of related interest

	Price (Sw. fr.)*
Mechanism of action, safety and efficacy of intrauterine devices. Report of a WHO Scientific Group. WHO Technical Report Series, No. 753, 1987 (91 pages)	12.–
Community-based distribution of contraceptives: a guide for programme managers. 1995 (xi + 135 pages)	32.–
Contraceptive method mix: guidelines for policy and service delivery. 1994 (viii + 143 pages)	32.–
Female sterilization: a guide to provision of services. 1992 (x + 197 pages)	41.–
Injectable contraceptives: their role in family planning care. 1990 (x + 117 pages)	21.–
Technical and managerial guidelines for vasectomy services. 1988 (x + 125 pages)	22.–
Natural family planning: a guide to provision of services. 1988 (vi + 82 pages)	16.–

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Preface

Growing interest in, and demand for, intrauterine devices (IUDs) in many parts of the world led to the publication by the World Health Organization in 1983 of *Intrauterine devices: their role in family planning care* (WHO Offset Publication No. 75). Developments in the field, widespread availability and use of the newer medicated devices and accumulated research data on safety and efficacy, combined with the experience gained with IUDs in family planning programmes have prompted WHO to issue this revised and updated version.

Contraceptive use has increased dramatically over the past several decades, yet many couples wanting to limit or delay births have had no access to modern contraceptives—even in communities where services exist. Access to contraception is influenced by many factors, including the inconvenience or unacceptability of services, limited choice of methods and fear of adverse effects on health, and by obstacles such as inequality of the sexes in decision-making. Further difficulties arise where family planning programmes are guided by highly restrictive policies or by studies of contraceptive products that are no longer widely available. The widespread use of copper-bearing IUDs, combined with the results of numerous clinical and epidemiological studies, demand that family planning programmes re-examine and update their "prescribing" protocols and counselling strategies with regard to these methods.

Starting in 1994, as part of its efforts to improve access to good family planning services, WHO convened a series of working groups of medical experts to review the eligibility criteria for use of various contraceptive methods. After careful review of method-specific research and programme data, the working groups drafted new criteria for women wanting to either start or continue use of particular contraceptive methods, including IUDs. The overall goal of these eligibility criteria is to provide technical support to family planning and other relevant health programmes and help to ensure the availability both of the widest possible range of contraceptive products and of information essential to both users and providers.

The primary purpose of these guidelines is to assist programme managers in introducing, expanding or improving the quality of IUD services within reproductive health, family planning and primary health care programmes. Many programmes should be able to simplify current screening procedures so that only those examinations deemed essential for the safe provision of IUD services are included. Most importantly, the guidelines should make it possible for many women, previously precluded from IUD use, to be reconsidered. However, although information is presented on all aspects of IUD services, it should be remembered that they may have to be introduced in steps or phases, depending on each country's resources and service requirements.

The term "programme manager" is used quite broadly in these guidelines and refers to all personnel responsible for planning, organizing, administering, delivering and supervising IUD services. The guidelines should therefore be useful both to administrators and to various categories of health professionals, including physicians, nurses and counsellors. Moreover, because the focus is on the planning and management of high-quality services, they should be particularly valuable to managers who must establish the necessary policies, standards and procedures and choose programme options according to local situations.

Every effort has been made in preparing these guidelines to ensure that they are of practical value. They are intended to be flexible; their aim is to present important issues and to suggest approaches that can be readily adapted for use in specific programmes and to the social and cultural conditions prevailing in each individual country. To assist programme managers in this regard, separate chapters are included on organizing, managing and evaluating IUD services.

For readers wishing to go more deeply into any particular aspect of the use of IUDs, each chapter is followed by a list of additional sources of information.

This publication is one of a series of technical and managerial guidelines on family planning methods published by WHO (see inside back cover). Comments and queries on this publication should be addressed to: Family Planning and Population, Division of Reproductive Health, World Health Organization, 1211 Geneva 27, Switzerland.

Acknowledgements

The World Health Organization acknowledges the help of Noel McIntosh and Clayton Ajello of the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) and of Roberto Rivera, Family Health International (FHI), in compiling and editing these guidelines.

The guidelines are based on materials developed by WHO and a number of international organizations including FHI, the International Planned Parenthood Federation (IPPF), the Johns Hopkins Population Information Program (PIP), the Population Council, the Program for Appropriate Technology in Health (PATH) and the Program for International Training in Health (INTRAH).

In their preparation and review of the text, Ms Meena Cabral, Dr Monir Islam and Dr Josef Kierski were greatly assisted by the contributions of Dr Tahar Alaoui, Ms Karen Beattie, Dr Xiao Bilian, Dr Paul Blumenthal, Dr Grace Ebun Delano, Dr David Grimes, Dr Gadah Hafez, Dr George Huggins, Dr Robin Hutchinson, Dr Kobchitt Limpaphayom, Dr Firman Lubis, Dr Rebecca Ramos, Dr Khana Rogo, Dr Pramilla Senanayake, Dr Irving Sivin, Ms Sandra Waldman and Ms Margot Zimmerman.

The financial support provided by the United Nations Population Fund (UNFPA) for the preparation and publication of this book is also gratefully acknowledged.

Use of the guidelines

Purpose

These guidelines are intended to help improve access to, and the quality of, family planning service programmes, especially those that offer intrauterine devices. The book can be used in a number of ways, outlined in the following paragraphs.

- *As a guide for updating contraceptive counselling and service delivery practices*
  The guidelines are based on a review of the most recent developments in the area of IUDs and an analysis of numerous risk–benefit, safety and efficacy studies carried out around the world over the past decade. In addition, all programmatic and service delivery factors that have either hindered or facilitated more widespread use of IUDs in different countries have been carefully considered. The guidelines can therefore be used to update knowledge of IUDs, to revise medical eligibility criteria for initiating or continuing IUD use, to revise counselling practices, screening, treatment and follow-up protocols, and as a basis for the adoption (and adaptation where necessary) of programme management strategies that have proved successful in various settings worldwide.
- *As a guide for improving the delivery of family planning services*
  The book provides clear guidance to programme managers and service providers on the planning, organization, management and performance of the various tasks that contribute to the provision of optimal IUD services.
- *As a reference document for assessing quality of care*
  The guidelines focus on the provision of services that achieve essential standards. Quality of services can thus be assessed by comparing actual performance with the recommendations and instructions contained in the guidelines.

- *As a training instrument*
  The chapter on training provides an outline for the design of pre-service and in-service training, and Annex 2 may be used as the basis for the development of training curricula.
- *As a tool for supervision*
  The guidelines provide a reference for supervisors on identification of situations that require corrective action and of training needs, and can be used by supervisors to alert service delivery personnel to the essential elements of care and the proper procedures to follow.
- *As a basis for local adaptation*
  The diversity of conditions in different parts of the world and different programme environments makes generalization difficult. However, the guidelines provide an ideal reference framework on which individual users can build their own, locally appropriate programmes. Adaptation is rarely an easy task, and is best undertaken on a local basis by people familiar with prevailing conditions, language, culture and traditions. Full adaptation is possible only after translation of the guidelines into local languages and extensive field testing.

Intended users

The guidelines are intended principally for programme planners and managers, clinical service providers, and trainers and supervisors in clinical and community-based services of both governmental and nongovernmental programmes. They are appropriate for physicians, nurses, midwives and other health professionals, and can also be used as the basis for material designed for community-based health workers and the general public.

Contents

1. Background information and general considerations

The intrauterine device—or IUD—is an increasingly popular method of contraception, which has been in use for some 30 years. Women throughout the world have found it effective, safe and convenient. Currently, the IUD is the most commonly used reversible, long-acting contraceptive method, used by an estimated 100 million women. Nearly 40% of these women are in China: IUD use is much less common in other areas of the world, ranging from about 6% in developed countries to 0.5% in sub-Saharan Africa (see Table 1).

The first modern IUDs—the Lippes loop and the Margulies spiral—appeared in the early 1960s and were made of polyethylene, a biologically inert plastic. In the later 1960s, researchers found that the effectiveness of an IUD could be increased by the addition of copper to its plastic frame. The first copper-bearing IUDS—the Cu-7 and the TCu-200—were smaller than the all-plastic devices and caused fewer side-effects, but were just as effective in preventing pregnancy. The newest copper-bearing devices are more effective still and they are longer-lasting—the effective life of the TCu-380A is up to 10 years. Side-effects have been further reduced. As these improved IUDs are becoming more widely available, family planning programmes are placing increasing emphasis on the identification of appropriate IUD users and on provision of high-quality medical care and counselling to maximize IUD safety and acceptability.

Types of IUD

Although IUDs have been made in various shapes and of various materials in the past, only the following three categories are currently available worldwide:

Table 1. Intrauterine devices: estimated use worldwide (1982–1987)[a]

Country	Year	Proportion of married women aged 15–44 years using IUDs (%)	Proportion of married women with knowledge of IUDs (%)	Personnel authorized to insert IUDs	IUD most commonly used
China	1985	32	—	Non-physician health personnel	Stainless steel ring
Indonesia	1987	13	88	Midwives	Lippes loop D
Mexico	1987	11	87	Non-physician health personnel	Copper T-220C
Turkey	1986	9	75	Midwives	Lippes loop D
Egypt	1986	8	71	Physicians only	Copper T-380A
United Kingdom	1983	7	—	Midwives	Multiload
United States of America	1982	5	—	Midwives	Copper T-380A
India	1986	4	43	Physicians only	Copper T-200
Japan	1986	4	—	Physicians only	Stainless steel ring
Bangladesh	1985	1	34	Non-physician health personnel	Copper T-380A
Brazil	1986	1	67	Physicians	Copper T-380A
Nigeria	1987	1	4	Nurse/midwives	Copper T-380A
Pakistan	1985	1	64	Physicians only	Copper T-380A
Former USSR	—	—	—	Physicians only	Stainless steel ring
World	1987	10	—	—	—

[a] Adapted from: Hatcher R et al. *Contraceptive technology.* Atlanta, GA, Printed Matter, 1989.