

Dispelling Long-Acting Reversible Contraception (LARC) Myths & Misconceptions Fact Sheet

MYTH: Adolescents and nulliparous women are not appropriate candidates for IUDs.

FACT: Adolescents and nulliparous women can be offered LARC methods, including IUDs.¹ The *U.S. Medical Eligibility Criteria for Contraceptive Use*, classifies both women who haven't had children and adolescents as Category 2, finding the advantages generally outweigh the risks. IUDs and implants have the highest effectiveness, continuation rates, and user satisfaction of all reversible methods.²

MYTH: IUDs cause infertility.

FACT: IUDs do NOT cause infertility or make it harder to conceive in the future. Infertility is no more likely after discontinuation of IUD use than after discontinuation of other reversible methods of contraception.³ In the past, there was concern that IUD use could lead to infertility due to increased chance of sexually transmitted infections (STIs). While untreated STIs can lead to pelvic infection, preventing some women from getting pregnant, ample research shows that today's IUDs do not increase STI infection rates or lead to infertility. STI testing should be performed at the time of IUD insertion, if indicated. However, all women, including those using IUDs, should see a health care provider if they have new or unusual vaginal discharge or pelvic pain.

MYTH: IUDs cause ectopic pregnancy.

FACT: The IUD does not cause ectopic pregnancy. An ectopic pregnancy happens when a fertilized egg implants somewhere outside the uterus, like in the fallopian tubes. There is a chance any pregnancy could be ectopic, and in the very unlikely event a woman becomes pregnant while using an IUD, her chances of having an ectopic pregnancy may be increased. However, since the chance of becoming pregnant while using an IUD is so low, the overall risk of having an ectopic pregnancy is greatly reduced while using an IUD as compared to not using any contraceptive method.

MYTH: A woman who has had an ectopic pregnancy should not use an IUD.

FACT: Women who have had an ectopic pregnancy can use IUDs.⁴ IUDs decrease the absolute risk of ectopic pregnancy, whether a woman has had an ectopic pregnancy before or not. Since the chance of becoming pregnant with an IUD is so low, the overall risk of having an ectopic pregnancy is greatly reduced while using an IUD as compared to not using any contraceptive method.

MYTH: If a woman using an IUD develops an STI or pelvic inflammatory disease (PID), the IUD should be removed immediately.

FACT: If a woman using an IUD develops an STI or PID she should be treated with antibiotics right away and can keep the device in place if her symptoms improve within 72 hours (3 days). If the symptoms do not improve within that time, the device should be removed.

¹ American College of Obstetricians and Gynecologists. ACOG Practice Bulletin: *Long-Acting Reversible Contraception: Implants and Intrauterine Devices*, Number 121, July 2011; reaffirmed 2015.

² American College of Obstetricians and Gynecologists. ACOG Committee Opinion: *Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy*, Number 642, October 2015.

³ Ibid.

⁴ Ibid.

MYTH: Results of STI screening must be confirmed before IUD insertion.

FACT: Studies show that IUD insertion in patients without clinical signs of an STI is safe. Requiring testing and then a return visit for IUD insertion decreases the chance that a patient gets her IUD, leaving her at risk for an unintended pregnancy. For this reason, same-day insertion of an IUD is a recommended best practice, with routine treatment of any subsequent positive STI screening results undertaken following insertion. Routine antibiotic prophylaxis to prevent pelvic infection is not recommended before IUD insertion.⁵

MYTH: Patients should be menstruating for IUD insertion
(i.e., return to the office/clinic when menses starts).

FACT: Studies show that there is no clinical advantage to IUD insertion during menses⁶ and that it decreases the chance that a patient will actually return to the office to get an IUD, potentially leaving her at risk for an unintended pregnancy. For this reason, same-day insertion of an IUD is a recommended best practice as long as pregnancy may be reasonably excluded. Refer to the CDC US Selected Practice Recommendations (US SPR) for Contraceptive Use, 2016.

MYTH: Immediate Postpartum (IPP) IUD insertion is associated with high expulsion rates.

FACT: IUD expulsion rates are slightly higher with immediate postpartum placement (10-27% versus 2-10% for interval insertion).^{8,9} The vast majority of women who receive an IUD immediately postpartum will not experience an expulsion and the advantages of IPP placement outweigh the risks.^{7,8} Many women do not return for postpartum follow-up appointments when contraception is often discussed. Therefore, immediate postpartum LARC insertion presents an opportunity to provide a woman with a contraceptive method of her choice while in the hospital for delivery and should not be dismissed.

MYTH: Breastfeeding mothers are not appropriate candidates for immediate postpartum LARC.

FACT: Most women can successfully breastfeed after immediate postpartum initiation of any LARC method. Women considering immediate postpartum hormonal LARC should be counseled about the theoretical risk of reduced duration of breastfeeding, but that the preponderance of the evidence has not shown a negative effect on actual breastfeeding outcomes.⁹ The *U.S. Medical Eligibility Criteria for Contraceptive Use* rates the copper IUD a category 1 (no restriction) for breastfeeding women due to its lack of hormones and the hormonal IUD and implant a category 2 less than 4 weeks postpartum (otherwise a category 1), making LARC an option for immediate postpartum use.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ American College of Obstetricians and Gynecologists. ACOG Committee Opinion: *Clinical Challenges of Long-Acting Reversible Contraceptive Methods*, Number 672, September 2016.

⁹ American College of Obstetricians and Gynecologists. ACOG Committee Opinion: *Immediate Postpartum Long-Acting Reversible Contraception*, Number 670, August 2016.