Hormonal IUD 101: Questions & Answers

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Question: The hormonal IUD is new to many providers and potential family planning clients. How should implementing partners or ministry officials address misconceptions around STIs, expulsion, perforation, or fertility that might arise out of lack of familiarity with the method?
Answer: Comprehensively addressing misconceptions about new family planning methods requires identifying the sources of information that decision-makers, FP providers, and clients trust (which will be different for every setting) and ensuring those sources are able to provide accurate and contextually appropriate information. That often begins with developing high-quality training materials and job aids for providers, and structuring cascade training in a manner that reaches FP providers and counselors at all levels of the healthcare system, including community healthcare workers. The Hormonal IUD Training Resource Package is a good place to start for countries beginning the training planning process. It's also essential to remember that many FP users seek out information about new methods from friends, family, social media, or radio and TV before they speak to a community health worker or clinician. Demand generation activities can be used to effectively spread accurate method information through these informal sources. We'd also recommend reviewing this recent presentation developed by Medicines360, which addresses common misconceptions about the method through clinical data.

Question: The copper IUD is cheaper, more familiar, and more accessible than the hormonal IUD in much of the world. What does the hormonal IUD have to offer to clients or to countries that would allow it to stand apart from the copper IUD in new markets?
Answer: The hormonal IUD is a wholly distinct product from the copper IUD, with unique attributes and, of course, unique challenges to introduction. Its non-contraceptive benefits, including reduction of menstrual pain and bleeding and use as a treatment for endometriosis and anemia have been found to be highly desirable to users. In pilot settings, clients who chose to use the hormonal IUD reported that, had it not been available, they would have chosen a short-acting method or no FP method at all, making it a valuable addition to the method mix and not a interchangeable with copper IUD. That said, under standard measures of cost-effectiveness, the hormonal IUD is currently found to be less cost-effective than the copper IUD (though it's likely to be more effective when its non-contraceptive health benefits are considered). Country decision-makers should discuss these considerations when determining if the method is a good fit for their FP strategy. For a comprehensive picture of how the hormonal IUD compares to the copper IUD, including factors influencing uptake, we recommend reviewing this recent publication.

Question: From the perspective of global coordinators and method procurers, if a Ministry of Health thinks they may want to introduce the hormonal IUD in their country, what is "Step 1" to begin that process? What resources are needed to successfully kickstart pilot introduction?
Answer: As a first step, the Access Group recommends that appropriate Ministry personnel and implementing partners begin to complete the Hormonal IUD Introduction Planning Guide, which provides a structured pathway through which to consider and plan for method introduction. Additional resources for introduction planning include the Introduction Work Plan & Costing Tool and the Introduction Training & Mapping Tool. Interested Ministries and implementing partners should feel free to reach out to their USAID mission, UNFPA country contacts, or info@hormonaliud.org for country specific assistance with beginning the planning process.

Question: What portion of users in pilot studies were 25 and older versus younger than 25?
Answer: In Madagascar, Kenya, Nigeria, and Zambia, the majority of new users of the hormonal IUD (55-94%) were 25+. However, in Madagascar and Kenya, a sizable minority of users were <25 (30-41%).

Question: Does the hormonal IUD have any effect on dysmenorrhea and endometriosis?
Answer: Yes, the method has been found to reduce the symptoms of both dysmenorrhea and endometriosis, as well as reduce heavy menstrual bleeding more broadly.

Question: What training resources are available for the hormonal IUD?
Answer: Suppliers and global coordinators provide an extensive portfolio of training resources for both specific products and the method as a whole. A few options are:

- The Hormonal IUD Training Resource Package
- The Hormonal IUD Digital Training Module
- The Mirena® SimulationOnline™ Training Tool and Training Slides
- The Avibela™ Training Package
- The ICA Foundation Training Package

Additional resources can be found in the Hormonal IUD Access Portal resource library, by using the dropdown menu to select "Training & Clinical Resources".

Question: Are hormonal IUDs effective if inserted the same month of expiry?
Answer: Yes, the hormonal IUD can be inserted at any time before the expiration date, and used for the full indicated duration of use.

Question: Why is post-coital use for emergency contraception cited as a contraindication for Avibela™?
Answer: Avibela™ is indicated for prevention of pregnancy. Avibela™ is not approved for use as an emergency contraceptive.

Question: What, if anything, are any of the suppliers and/or manufacturers considering in order to address the climate impact of plastics and global distribution of product vs local or regional production?

Answer: Access to long-acting reversible contraception and associated prevention of unintended pregnancy is generally considered to have a significant positive impact on the environment, though of course limiting unintended pregnancies is not a substitute for a global commitment to decarbonization. The hormonal IUD's long duration, small size, local contraceptive effect, and reduction of menstrual bleeding and client use of menstrual products make the product one of the most low-impact contraceptives available, and efforts to make the IUD smaller and lighter, as well as to address wastage or inefficiency in the global supply chain, are ongoing. This recent webinar from the Reproductive Health Supplies Coalition describes many of the efforts by procurers to reduce the environmental impact of contraceptive packaging and shipping.

Question: Does the hormonal IUD impact user libido?
Answer: Libido is a complex process that is influenced by multiple factors, including psycho-emotional wellbeing. In general, hormonal contraception can increase or decrease libido. For users of the hormonal IUD, very little LNG is absorbed into the systemic circulation to cause changes in the body as those seen in the users of contraceptive implants or pills (the combined or progestogen-only). By removing the fear of pregnancy, the hormonal IUD may increase libido. Several studies show that the hormonal IUD improves sexual wellbeing, including arousal, satisfaction and frequency.

Question: There's significant discourse online, particularly on social media and podcasts, regarding user desire to move away from hormonal methods of contraception, citing concerns about fertility, weight gain, brain health, etc. Is this a larger phenomenon, outside of online communities and the media, or are providers not seeing these sentiments from their patients?
Answer: While the Access Group cannot speak to any other hormonal methods, at this early stage of hormonal IUD introduction in LMICs, it's difficult to identify any trends in user preference and opinion. In pilot settings, users of the hormonal IUD reported overwhelmingly positive experiences with the localized hormonal effects of the product, particularly when compared to other hormonal methods. As the hormonal IUD becomes more broadly available, the Access Group considers it essential that the method be presented to clients in the context of full method choice, including non-hormonal methods, and that the evidence-based benefits and challenges of the method be candidly discussed with clients before they select the hormonal IUD. We also believe it's essential that providers, including CHWs, work to address misconceptions about the hormonal IUD with their clients during method choice counseling. The Counseling for Choice tool is a valuable job aid for providers aiming to have open, accurate conversations with clients about their hormonal and non-hormonal FP options.

Question: Is there any research or advocacy focused on pain management for IUD insertion? While perhaps not a barrier to uptake, it certainly appears to be a major concern for patients.
Answer: Pain during hormonal IUD insertion has been researched extensively in high income countries, where the method has long been available. The results of that research are fairly consistent - while generally not a barrier to uptake, some degree of insertion pain is common and more severe for nulliparous clients, though pain is typically (though certainly not always) short-term. However, few definitive conclusions have been made for pain management strategy

during and after insertion. This review details evidence regarding pain interventions, and notes a lack of research regarding nonpharmacological pain management tools. Pain-focused research is significantly more limited in low- and middle-income countries, where the method is new or not yet available outside of pilots. While not focused on pain during insertion, in pilot settings in Nigeria and Madagascar, pain was a leading cause for method discontinuation at 3-month follow-ups. However, the rates of discontinuation were extremely small (3-8% of users), limiting what can be learned from those results. Clinicians experienced with the hormonal IUD have developed this practical guidance for minimizing pain, which emphasizes the provider's role in counseling patients and providing patient-specific pain management strategies. However, more work is needed globally to address this challenge and develop consistent standards for care.

Question: What is the process of getting placebos for training and capacity strengthening activities?
Answer: Suppliers are prepared to provide a limited number of placebo units for training. Contact the Hormonal IUD Access Group at info@hormonaliud.org for assistance requesting placebo units.

Question: Bayer noted that the Evoinserter® was found to be more acceptable. Is it more acceptable to patients or providers, or both? And what is it more acceptable than?
Answer: Acceptability information for the Evoinserter® is available in this publication.

Question: How much does one hormonal IUD cost to a client?
Answer: The cost to clients varies significantly depending on both where the client obtains the method (public vs private sector, country, type of facility) and what product(s) they have available to them. In some settings, the method may be free to users. Suppliers have committed to providing the product to global procurement agencies at prices that are accessible to most countries interested in introducing the hormonal IUD.

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