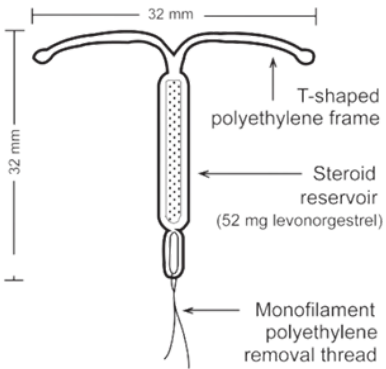


What is the Hormonal IUD?

The levonorgestrel-releasing intrauterine device, or hormonal IUD, is a **highly effective, long-acting, reversible contraceptive (LARC) with non-contraceptive benefits.**

Looks Like:	Works By:	Provides:
 <p>Plastic T-Frame with 52 mg* of levonorgestrel</p>	<p>A local contraceptive effect that:</p> <ul style="list-style-type: none"> • Thickens cervical mucus • Thins the uterine lining • Inhibits sperm movement & survival 	<p>99% contraceptive efficacy</p> <p>Potential treatment for heavy menstrual bleeding</p>

**13.5 mg and 19.5 mg hormonal IUDs available in limited contexts*

Considering Method Characteristics

Benefits

- Lasts 3-8 years but can be removed any time
- Doesn't require partner participation
- Return to fertility after removal is typically quick
- Can decrease:
 - Menstrual bleeding
 - Menstrual pain and symptoms associated with endometriosis
 - Risk of pelvic inflammation
 - Risk of endometrial cancer

Challenges

- Requires pelvic exam and insertion/removal by a medical provider
 - Pain management during and after insertion may be needed
- Globally less well known than other LARCs, leading to myths and misconceptions
- Can contribute to unpredictable periods, which may be undesirable to users
- Does not provide STI protection



Possible side effects include:

Changes in Periods	Cramping and Pain During & Right After Insertion
--------------------	--

and less commonly

Headaches	Breast Tenderness
Benign Ovarian Cysts	Acne

Key Learnings in Pilot Settings

Madagascar, Nigeria, Kenya, Zambia

User Demographics	Method Switching	Cost-Effectiveness
<p>Majority of users were:</p> <ul style="list-style-type: none"> Married with children Older than 25 years 	<ul style="list-style-type: none"> 5%-23% of adopters were new FP users Majority of previous FP users had used a short-acting method prior to hormonal IUD 	<p>Over a 10-year period, the hormonal IUD is more cost-effective than implants, but less cost-effective than the copper IUD</p>
Non-Contraceptive Impact	Continuation	Satisfaction
<p>Most users who experiences reduced bleeding and/or amenorrhea reported that it had a positive impact on their lives</p>	<p>81-95% of users continued to use the method at 12 months</p>	<ul style="list-style-type: none"> 80-98% of users were satisfied or very satisfied with method user Users liked: effectiveness, duration, convenience, side effect profile

Resources

ICA Foundation. (2008). Levonorgestrel Intrauterine System (LNG IUS) Patient Information Sheet [Leaflet]. ICA Foundation. https://ica-foundation.org/wp-content/uploads/2020/03/LNG_IUS_Patient_Information_Sheet.pdf.

Attia, A., Ibrahim, M. A., & Abou-Setta, A. M. (2013). Role of the levonorgestrel intrauterine system in effective contraception. *Patient Preference and Adherence*, 777. <https://doi.org/10.2147/ppa.s36948>

Stanford, JB, & Mikolajczyk, RT. (2002). Mechanisms of action of intrauterine devices: Update and estimation of postfertilization effects. *American Journal of Obstetrics and Gynecology*, 187(6), 1699–1708. <https://doi.org/10.1067/mob.2002.128091>

Rademacher, K., et al. (2018). A Global Learning Agenda for the Levonorgestrel Intrauterine System (LNG IUS): Addressing Challenges and Opportunities to Increase Access. *Global Health, Science and Practice*, 6(4), 635–643. <https://doi.org/10.9745/ghsp-d-18-00383>

Turok, DK., et al. (2021). Levonorgestrel vs. Copper Intrauterine Devices for Emergency Contraception. *The New England Journal of Medicine*, 384(4), 335–344. <https://doi.org/10.1056/nejmoa2022141>

Rademacher, K., et al. (2022). What Have We Learned? Implementation of a Shared Learning Agenda and Access Strategy for the Hormonal Intrauterine Device. *Global Health, Science and Practice*, 10(5), e2100789. <https://doi.org/10.9745/ghsp-d-21-00789>

This resource is made possible by the generous support of the United States Agency for International Development (Agreement # 7200AA20CA00016), the UK Foreign, Commonwealth, & Development Office, and the Bill & Melinda Gates Foundation. The contents are the sole responsibility of their authors and do not necessarily reflect the views of these funders.