

Welcome to Intrauterine Devices Training

Introductions

Split into pairs and ask each other:

- 1
What is your name?
- 2
Where are you from?
- 3
What experience do you have with intrauterine devices?
- 4
What expectations do you have about this training?

Ground Rules

Purpose of training

- Discuss family planning and contraception WHO definition and importance
- Overview intrauterine devices (IUDs)
- Provide information on best practice counselling
- Practice counseling on IUDs
- Introduce our products: Etherena, Silverline, Eloira, Avibela

Pre-Course Knowledge Test

Family Planning & Contraception

World Health Organization: “Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.”¹

¹World Health Organization Department of Sexual and Reproductive Health and Research (WHO/SRH) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge SUCCESS. Family Planning: A Global Handbook for Providers (2022 update). Baltimore and Geneva: CCP and WHO; 2022

Family Planning & Contraception



Contraceptive information and services are fundamental to the health and human rights of all individuals.



According to 2022 estimates, 164 million women in reproductive age have an unmet need for contraception.²

Reasons for this include:

- Lack of or limited access to information or to services
- A limited choice of methods
- Fear or experience of side-effects
- Cultural or religious opposition
- Poor quality of available services

² United Nations Department of Economic and Social Affairs. World Family Planning 2022. Meeting the changing needs for family planning: Contraceptive use by age and method. Online: [file:///C:/Users/Silvia%20Rivas/OneDrive%20-%20DKT/WomanCare.org/Bureau/undesa_pd_2022_WFP%20\(1\).pdf](file:///C:/Users/Silvia%20Rivas/OneDrive%20-%20DKT/WomanCare.org/Bureau/undesa_pd_2022_WFP%20(1).pdf) (Accessed May 12, 2023).

Intrauterine Devices

Copper IUD

Copper IUDs: Key facts

- Small, flexible plastic device, with copper sleeves or wrapped with copper wire
- Acts by causing a chemical change which damages sperm before it meets the egg
- Inserted by competent provider, through the cervix
- Lasts for up to 12 years (depending on the brand)
- Immediately reversible

Copper IUDs: Effectiveness

- Less than 1 pregnancy per 100 women using an IUD over the first year (6 per 1,000 women who use the IUD perfectly, and 8 per 1,000 women as commonly used).
 - This means that 992 to 994 of every 1,000 women using IUDs will not become pregnant (WHO, 2022)
- Over 10 years of IUD use:
 - About 2 pregnancies per 100 women
- Follow national guidelines and manufacturers' instructions on when IUD should be removed or replaced

Copper IUDs: Suitable for nearly all women

- Adolescents and peri-menopause
- Even if they have never had children
- Married or unmarried
- Just had a vaginal delivery, caesarean section, miscarriage or abortion (non-septic) (within 48h of delivery or after 1 month)
- Breastfeeding
- Fine for women who have previously had pelvic inflammatory disease (PID), ectopic pregnancy, anaemia, HIV

Copper IUDs: Health Benefits



Health benefits:



Reduce the risk of pregnancy



Reduces the risk of ectopic pregnancy



Can protect against:



Endometrial and cervical cancer

Copper IUDs: Side effects and management

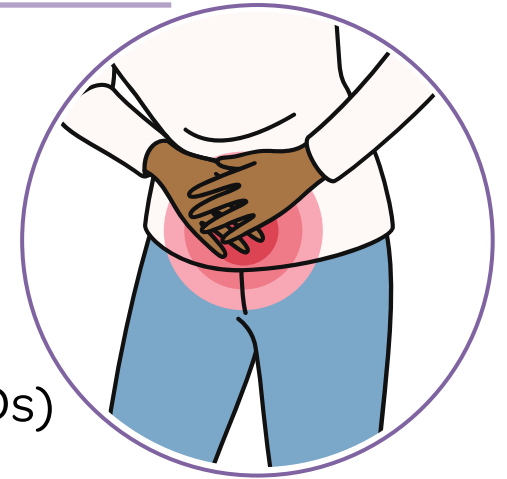
- Bleeding pattern changes
- Heavier, prolonged bleeding which can be more painful
 - Message: changes are not harmful, and do not mean the method is not working
 - Treatment: reassure, common in first 6 months

Copper IUDs: Side effects and management



Heavy bleeding:

- Tranexamic acid (1,500 mg) 3 times daily for 3 days, then 1,000 mg once daily for 2 days, beginning when heavy bleeding starts.
- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (400 mg) or indomethacin (25 mg) 2 time. Do not use aspirin.

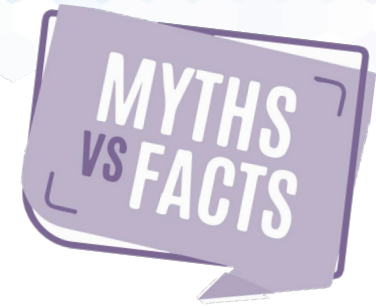


Pain:

- Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1,000 mg), or other pain reliever.
- If she also has heavy or prolonged bleeding, aspirin should not be used because it may increase bleeding

Copper IUDs: Health risks

- Anaemia
 - If women already anaemic and side effects of heavy loss
- PID
 - Related to presence of cervical infection at time of insertion
- Risk of perforation on insertion:
 - Rare, heals with conservative management



Copper IUDs: Myth busting

- Rarely lead to PID
- Do not increase the risk of miscarriage when a woman becomes pregnant after the IUD is removed.
- Do not increase the risk of contracting STIs, including HIV.
- Do not increase the risk of miscarriage when a woman becomes pregnant after the IUD is removed.
- Do not make women infertile.
- Do not cause birth defects.
- Do not cause cancer.
- Do not move to the heart or brain.
- Do not cause discomfort or pain for the woman or the man during sex.
- Substantially reduce the risk of ectopic pregnancy.

Copper IUDs: Replace, remove or review

- When the woman wants it removed
- Pregnancy
 - Exclude ectopic pregnancy
 - IUD increased chances of septic miscarriage, pre-term delivery. Advise removal
 - Small increase in chance of miscarriage with removal
 - If IUD remains, be aware of warning signs of infection or miscarriage (vaginal bleeding, cramping, pain, abnormal vaginal discharge, or fever).
- If bleeding or pain are continuous or start at a time later to insertion
 - Consider other causes, consider if IUD has been expelled

Copper IUDs: Severe lower abdominal pain

- Exclude ectopic pregnancy
- Assess for pelvic inflammatory disease (PID)
 - Unusual vaginal discharge
 - Fever or chills
 - Pain during sex or urination
 - Bleeding after sex or between monthly bleeding
 - Nausea and vomiting
 - A tender pelvic mass
 - Pain when the abdomen is gently pressed (direct abdominal tenderness) or when gently pressed and then suddenly released (rebound abdominal tenderness)
 - *Start treatment as soon as possible, according to local protocols*
- No need to remove IUD immediately if antibiotics starts and condition improves

Copper IUDs: Suspected uterine perforation



If puncturing is suspected at the time of insertion or sounding of the uterus, stop the procedure immediately (and remove the IUD if inserted).

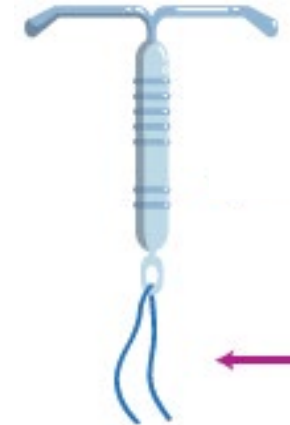


Observe the client in the clinic carefully:

- For the first hour, keep the woman at bed rest and check her vital signs (blood pressure, pulse, respiration, and temperature) every 5 to 10 minutes.
- If the woman remains stable after one hour, check for signs of intra-abdominal bleeding, such as low haematocrit or haemoglobin or rebound

Copper IUDs: Management of missing strings

- Exclude pregnancy
- Has the IUD been noticed?
- Advise additional contraceptive precautions
- Probe the cervical canal with forceps
 - Half of missing strings will be found
- Strings not visible?
 - Either in uterus or expelled.
 - Refer for USS or X-ray (pregnancy test)



Copper IUDs: Other indications for use



Use as emergency contraception method



Up to 5 days after unprotected sex



Postpartum contraception



Up to 48 hours or after 4 weeks post vaginal delivery or caesarean section



Counselling essential in antenatal period



Specific training is required with ring forceps available

Copper IUDs: Initiation

Circumstances	Starting Day	Additional contraceptive protection required (if it is reasonably certain she is not pregnant)
Women having menstrual cycles	Day 1-12 of cycle	No
	After Day 12 of cycle	No
Women who are not having periods	Any time if it is reasonably certain she is not pregnant	No
Postpartum: all women	Any time within 48 hours after giving birth, including by caesarean delivery OR after 4 weeks	No
Post first- or second-trimester abortion (no infection)	On the day of the procedure or up to Day 12	No
Switching from another method	Immediately, if she has been using the method consistently and correctly or if it is otherwise reasonably certain she is not pregnant. If she is switching from an injectable, she can have the IUD inserted when the next injection would have been given.	No

Copper IUDs: Discontinuation

Switching to	Starting Day	Additional contraceptive protection required (if it is reasonably certain she is not pregnant)
Combined oral contraceptives (COCs), progestin-only pills (POPs), progestin-only injectables, monthly injectables, combined patch, combined vaginal ring, or implants	If starting during the first 7 days of monthly bleeding (first 5 days for COCs and POPs), start the hormonal method now and remove the IUD.	No
	If starting after the first 7 days of monthly bleeding (after the first 5 days for COCs and POPs) and she has had sex since her last monthly bleeding, start the hormonal method now.	Leave IUD in place until her next monthly bleeding.
	If starting after the first 7 days of monthly bleeding (after the first 5 days for COCs and POPs) and she has not had sex since her last monthly bleeding.	IUD can stay in place and be removed during her next monthly bleeding, or the IUD can be removed, and she can use a backup method* for the next 7 days (2 days for POPs).
Male or female condoms, spermicides, diaphragms, cervical caps, or withdrawal	The next time she has sex after the IUD is removed.	
Female sterilization	If during the first 7 days of monthly bleeding, remove the IUD and perform the female sterilization procedure.	No
	If after the first 7 days of monthly bleeding, perform the sterilization procedure.	IUD should stay in place until her follow-up visit or her next monthly bleeding.

Intrauterine Devices

Hormonal – LNG-IUD

LNG-IUD: Key facts

- Small, flexible plastic device, releases small amount of levonorgestrel daily (20mcg/24 hours)
- Acts by thickening cervical mucus. Difficult for sperm to reach egg
- Can suppress ovulation
- Thins endometrium
- Inserted by competent provider, through the cervix, sit in uterine cavity
- Lasts for up to 8 years (depending on the brand)
- Immediately reversible

LNG-IUD: Effectiveness

- Less than 1 pregnancy per 100 women using an LNG-IUD over the first year (2 per 1,000 women).
 - This means that 998 of every 1,000 women using LNG-IUDs will not become pregnant.
- A small risk of pregnancy remains beyond the first year of use and continues as long as the woman is using the LNG-IUD.

(WHO 2022)

LNG-IUD: Suitable for nearly all women

- Adolescents and peri-menopause
- Even if they have never had children
- Married or unmarried
- Just had a vaginal delivery, caesarean section, miscarriage or abortion (non-septic)
- Breastfeeding
- Fine for women who have previously had PID, ectopic pregnancy, anaemia, HIV



But - Not suitable for women who have liver disease, current/previous breast cancer, current DVT/pulmonary embolism, advanced HIV, high individual risk of STI without testing

LNG-IUD: Health benefits vs risk



Health benefits:

- Reduce the risk of pregnancy
- Reduces the risk of ectopic pregnancy



May protect against:

- Iron deficiency anaemia
- Endometrial and cervical cancer



Health risks:

- Pelvic infection - related to presence of cervical infection at time of insertion
- Risk of perforation on insertion: Rare, heals with conservative management
- Miscarriage, preterm birth or infection if pregnancy occurs

LNG-IUD: Side effects



Bleeding pattern changes

- Not harmful, does not mean the method is not working
- Lighter, less frequent, irregular bleeding
- Bleeding can completely stop



Hormonal side effects relate to progestin

- Acne, headache, breast pain, nausea, weight gain



Treatment: Reassurance that irregular or heavy bleeding will settle after a few months and that no bleeding does not mean she is pregnant

LNG-IUD: Other indications for use

- Highly effective non-surgical treatment for heavy bleeding and for women with heavy bleeding due to fibroids
- Reduce pain related to endometriosis
- Treat endometrial hyperplasia
- As endometrial protection for women on combined hormone replacement treatment (off label)

LNG-IUD: Other indications for use



Postpartum contraception



Up to 48 hours or after 4 weeks post vaginal delivery or caesarean section



Counselling essential in antenatal period



Specific training is required with ring forceps available



Not suitable for use as emergency contraception

LNG-IUD: Similarities with Copper IUDs



Same management advice as for copper IUD on:



Replacement and removal



Pregnancy with device *in situ*



Lost strings



Lower abdominal pain



Suspected perforation

LNG-IUD: Initiation I

Circumstances	Starting Day	Additional contraceptive protection required (if it is reasonably certain she is not pregnant)
Women having menstrual cycles	Day 1-7 of cycle	No
	After Day 7 of cycle	Yes for 7 days
Women who are not having periods	Any time if it is reasonably certain she is not pregnant	No
Post first- or second-trimester abortion (no infection)	On the day of the procedure or up to Day 7	No
	After 7 days, insert anytime	Yes for 7 days
Switching from another hormonal method	Immediately, if she has been using the method consistently and correctly or if it is otherwise reasonably certain she is not pregnant.	No
	<7 days after start of her monthly bleeding	No
	>7 days after the start of her monthly bleeding	No
	If she is switching from an injectable, she can have the IUD inserted when the next injection would have been given.	No

LNG-IUD: Initiation II

Circumstances	Starting Day	Additional contraceptive protection required (if it is reasonably certain she is not pregnant)
Postpartum: all women	Any time within 48 hours after giving birth, including by caesarean delivery OR after 4 weeks	No
Breastfeeding: fully <6 months	Monthly bleeding has not returned, any time between 4 weeks and 6 months	No
Breastfeeding: fully >6 months	Monthly bleeding has not returned, insert any time Monthly bleeding has returned, insert any time	Yes, 7 days
Breastfeeding: Partially	Monthly bleeding has not returned, inserted any time Monthly bleeding has returned, insert any time	Yes, 7 days
After taking progestin-only, combined, or ulipristal acetate (UPA) emergency contraceptive pills (ECPs)	Insert when pregnancy is excluded She should not have the LNG-IUD inserted in the first 6 days after taking UPA-ECPs.	

LNG-IUD: Discontinuation

Switching to	Starting Day	Additional contraceptive protection required (if it is reasonably certain she is not pregnant)
Combined oral contraceptives (COCs), progestin-only pills (POPs), progestin-only injectables, monthly injectables, combined patch, combined vaginal ring, or implants	If starting during the first 7 days of monthly bleeding (first 5 days for COCs and POPs), start the hormonal method now and remove the IUD.	No
	If starting after the first 7 days of monthly bleeding (after the first 5 days for COCs and POPs) and she has had sex since her last monthly bleeding, start the hormonal method now.	Leave IUD in place until her next monthly bleeding.
	If starting after the first 7 days of monthly bleeding (after the first 5 days for COCs and POPs) and she has <i>not</i> had sex since her last monthly bleeding.	IUD can stay in place and be removed during her next monthly bleeding, or the IUD can be removed and she can use a backup method* for the next 7 days (2 days for POPs).
Male or female condoms, spermicides, diaphragms, cervical caps, or withdrawal	The next time she has sex after the IUD is removed.	
Female sterilization	If during the first 7 days of monthly bleeding, remove the IUD and perform the female sterilization procedure.	No
	If after the first 7 days of monthly bleeding, perform the sterilization procedure.	IUD should stay in place until her follow-up visit or her next monthly bleeding.

Intrauterine Devices

Copper vs. Hormonal

Similarities: Copper IUDs vs. Hormonal IUDs

- Very effective and safe
- Long-acting and reversible
- Return to fertility is not delayed upon removal
- Can be removed anytime the client wants
- Require a trained provider to insert and remove
- Protect against the risks of pregnancy and may protect against endometrial and cervical cancer
- Can be inserted at any time in the cycle if the provider is reasonably sure that the client is not pregnant
- Can be inserted post abortion and postpartum if no evidence of complications

Source: Training Resource Package for Family Planning, Levonorgestrel Intrauterine Devices (LNG-IUD), Session I.

Differences: Copper IUDs vs. Hormonal IUDs

	Copper IUDs	Hormonal IUDs
Appearance	T-shaped plastic device with copper sleeves or wire wrapped around them	T-shaped plastic device with the hormone reservoir in the stem of the T frame
Duration of use	Up to 12 years depending on the brand and national guidelines	Up to 8 years depending on the brand and national guidelines
Effectiveness	Very effective; 6 per 1,000 women will become pregnant in the first year	Very effective; 1 per 1,000 women will become pregnant in first year
Hormones	No hormones	Small amounts of the hormone levonorgestrel
Mechanism of action	Causes a chemical change that interferes with sperm motility and prevents sperm and egg from meeting	Thickens cervical mucosa; interferes with movement of the sperm, so the sperm and the egg do not meet
Side effects	Changes in bleeding patterns including prolonged and heavy monthly bleeding, more cramps and pain during monthly bleeding	Changes in bleeding patterns including lighter bleeding, fewer days of bleeding, or no bleeding. Mild systemic side effects such as headaches, breast tenderness
Additional considerations	<ul style="list-style-type: none"> • May contribute to anemia if woman has low iron stores • May be more easily available and less expensive than hormonal IUDs • Can be used as emergency contraception 	<ul style="list-style-type: none"> • May help protect against iron-deficiency anemia • Reduces heavy monthly bleeding and may reduce menstrual cramps as well as pelvic pain and irregular bleeding from uterine fibroids and endometriosis

Source: Training Resource Package for Family Planning. Levonorgestrel Intrauterine Devices (LNG-IUD), Session I.

Counselling



A Rights Based Approach to care

This session is for all staff to gain new skills and refresh any knowledge you already have:

Counselling as part of a Rights-Based Approach

“

Principles of a rights-based approach to service delivery: service users must not only have access to safe, effective, acceptable care – there should be access, equity and availability.

”

How can we ensure that the client is getting rights-based care?

1

Ensuring stock and method mix

2

Importance of contraceptive choice

3

Importance of consent

Rights of patients who attend FP services



- Information
- Access
- Choice
- Security
- Privacy
- Confidentiality
- Comfort
- Follow-up
- Opinion

Characteristics of Balanced Counselling

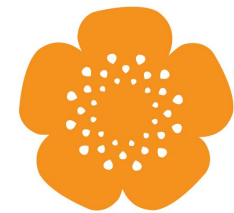
In Family Planning



- Sexual and reproductive rights
- Communication
- Listen
- Inform
- Clarify doubts

What is Good Counselling?

- Principles of good counselling?
- One well known framework is e.g. EngenderHealth REDI
 - R** Rapport Building
 - E** Exploring
 - D** Decision Making
 - I** Implementing the Decision



EngenderHealth
for a better life

What is Good Counselling?



Rapport Building

- Greet client with respect
- Make introductions and identify category of the client (i.e., new, satisfied return, or dissatisfied return)
- Assure confidentiality and privacy
- Explain the need to discuss sensitive and personal issues
- Use communication skills effectively (throughout the phases)

What is Good Counselling?



Exploring

- Identify reason for the visit in detail
- **New clients:** SRH history, does she want spacing or no more children?
- **Return clients:** satisfaction with current method, confirm it is being used properly. Does she want spacing or no more children? Discuss existing problems, treating them or switching
- **All clients:** Focus on the method(s) of interest to the client, addressing individual and other key factors and risk of STIs/HIV

What is Good Counselling?

Decision Making

Summarize from the Exploring phase:

- Identify the decisions the client needs to make or confirm
- Identify relevant options for each decision (e.g., pregnancy prevention, STI/HIV risk reduction)
- Confirm medical eligibility for contraceptive methods the client is considering
- Help the client consider the benefits, disadvantages, and consequences of each option (provide information to address any remaining knowledge gaps)
- Confirm that any decision the client makes is informed, well-considered, and voluntary



What is Good Counselling?

Implementing the Decision

- Assist the client in developing a concrete and specific plan for implementing the decision(s)
- Identify barriers that the client may face in implementing the plan
- Develop strategies to overcome the barriers
- Make a follow-up plan and/or provide referrals, as needed

Importance of Informed Consent



Brainstorm:



What are the principles of informed consent?



***THE IMPORTANCE OF INFORMED
CONSENT IS TO RECORD THE
COUNSELLING PROCESS***

Informed Consent



Clients right to make decisions about her own health and welfare



Clients must not be coerced, consent must be voluntary



Clients must have capacity to make decisions for herself and understand risks and benefits

Role Play Counselling and Informed Consent

Let's Play ...



Intrauterine Devices

Insertion

Preventing infection at IUD insertion



For all IUDs



Screen for individual risk of STIs



No touch technique

- Cleaning the cervix thoroughly with antiseptic before IUD insertion
- Being careful not to touch the vaginal wall or speculum blades with the uterine sound or loaded IUD inserter
- Passing both the uterine sound and the loaded IUD inserter only once each through the cervical canal



Do not reuse equipment unless high level disinfection



Routine use of antibiotics is not recommended

IUD insertion: Particular requirements



Questions to ask women who are having an IUD inserted



Can be found in the WHO green book



Replicated in local protocols

1. Is there any type of ulcer on the vulva, vagina, or cervix?

NO YES Possible STI.

2. Does the client feel pain in her lower abdomen when you move the cervix?

NO YES Possible PID.

3. Is there tenderness in the uterus, ovaries, or fallopian tubes (adnexal tenderness)?

NO YES Possible PID.

4. Is there a purulent cervical discharge?

NO YES Possible STI or PID.

5. Does the cervix bleed easily when touched?

NO YES Possible STI or cervical cancer.

6. Is there an anatomical abnormality of the uterine cavity that will prevent correct IUD placement?

NO YES If an anatomical abnormality distorts the uterine cavity, proper IUD placement may not be possible. Help her choose another method.

7. Were you unable to determine the size and/or position of the uterus?

NO YES Determining the size and position of the uterus before IUD insertion is essential to ensure high placement of the IUD and to minimize risk of perforation. If size and position cannot be determined, do not insert an IUD. Help her choose another method.

Remember:



Characteristics of Balanced Counselling In Family Planning



- The Rights Based Approach
- Communication
- Listen
- Inform
- Clarify doubts

Before you Begin



Once the client has chosen an IUD



Counsel client on what to expect, both during and after insertion including common side effects



Consider what pain relief will be required. Offer e.g. ibuprofen pre insertion, or consider paracervical block



Be clear and concise



Reassure that common side effects are not harmful



Project professionalism, clinical confidence, and receptivity to questions



If possible, also provide printed materials





Required Equipment



For Insertion:

- Speculum
- Tenaculum
- Sound
- Scissors
- Forceps
- Narrow forceps (for removal)
- Gallipot with cotton balls
- Antiseptic solution
- Local anaesthetic (for paracervical block if required)

Insertion Procedure

- 1 Bimanual examination to assess size and position of uterus
- 2 Insert speculum, clean cervix
- 3 Use tenaculum to grasp cervix at 12 o' clock position to steady the uterus
 - Consider local anesthetic injection prior to this
- 4 Insert sound gently into cervical canal and into uterus to measure uterine cavity and its orientation
- 5 Gently insert IUD into the uterus, without touching
- 6 Remove the inserter.
- 7 Cut strings to 3 cm length hanging from cervix
- 8 Remove tenaculum, check there is no bleeding from site
- 9 Remove speculum

Post IUD insertion: follow up



For all IUDs



Best practice is to review woman 3-6 weeks later



Ask whether she is satisfied



Report side effects and support with treatment or information



Has the IUD fallen out?



Routine pelvic examination not required



Reassess STI risk

Follow-Up



“Come back any time”



Assure every client she is welcome to come back any time, for example, when:

- She has problems, questions, or wants another method,
- She has a major change in health status,
- She thinks she might be pregnant.



***Remind her to bring the follow-up card
during each visit to the clinic***



A routine follow up visit is not necessary



Routine pelvic examination is not required

Management after insertion

- Be open to patient questions
- Practice active listening
- Rule out other causes of any complaints
- Give advice about managing the side effects
- Try medical management before removal first for side effects
- Honor the wishes of the woman
- If removal is chosen, contraceptive and/or pregnancy counseling

Warning Signs

The client should return to the clinic if she has any of the following problems:

● Symptoms of pregnancy

● Symptoms of ectopic pregnancy: missed period, new abnormal bleeding, abdominal pain

● Symptoms of PID: vaginal discharge, fever/chills, abdominal pain

● Symptoms of perforation: feeling a hard object in the vagina or cervix

Time to practice!

4 Stage method

1

Stage 1:

Silent demonstration by the trainer in real time without any comments or explanation

2

Stage 2:

Demonstration by trainer with commentary and explanation

3

Stage 3:

Demonstration by trainer but this time ask a volunteer trainee provide commentary

4

Stage 4:

Trainee to perform the skill and provide their own commentary

● Include what happens after insertion

Intrauterine Devices

Removal

LNG-IUD: Discontinuation

Switching to	Starting Day	Additional contraceptive protection required (if it is reasonably certain she is not pregnant)
Combined oral contraceptives (COCs), progestin-only pills (POPs), progestin-only injectables, monthly injectables, combined patch, combined vaginal ring, or implants	If starting during the first 7 days of monthly bleeding (first 5 days for COCs and POPs), start the hormonal method now and remove the IUD.	No
	If starting after the first 7 days of monthly bleeding (after the first 5 days for COCs and POPs) and she has had sex since her last monthly bleeding, start the hormonal method now.	Leave IUD in place until her next monthly bleeding.
	If starting after the first 7 days of monthly bleeding (after the first 5 days for COCs and POPs) and she has <i>not</i> had sex since her last monthly bleeding.	IUD can stay in place and be removed during her next monthly bleeding, or the IUD can be removed and she can use a backup method* for the next 7 days (2 days for POPs).
Male or female condoms, spermicides, diaphragms, cervical caps, or withdrawal	The next time she has sex after the IUD is removed.	
Female sterilization	If during the first 7 days of monthly bleeding, remove the IUD and perform the female sterilization procedure.	No
	If after the first 7 days of monthly bleeding, perform the sterilization procedure.	IUD should stay in place until her follow-up visit or her next monthly bleeding.

Remember:



Characteristics of Balanced Counselling In Family Planning



- The Rights Based Approach
- Communication
- Listen
- Inform
- Clarify doubts

Remember



1

Assist the client to make an informed decision, based on her needs and wishes.

2

Ensure method mix for ongoing contraceptive needs if required!

3

Dual protection!

Before you Begin



Once the client has decided to remove an IUD



Counsel client on what to expect, both during and after removal



Be clear and concise



Project professionalism, clinical confidence, and receptivity to questions



If possible, also provide printed materials



Removal Procedure

- 1 Insert a speculum to see the cervix and IUD strings
- 2 Clean the cervix and vagina with an antiseptic solution
- 3 Ask the woman to take slow, deep breaths and to relax
- 4 Using narrow forceps, the provider pulls the IUD strings gently until the IUD comes completely out of the cervix.

Diagnosis and Management of Complications



What are we concerned about?

- 1 Pelvic Inflammatory Disease (PID)
- 2 Ectopic pregnancy
- 3 Intrauterine pregnancy
- 4 Perforation
- 5 Lost Strings

1 Pelvic Inflammatory Disease (PID)

Does she have fever, vaginal discharge and lower abdominal pain, pain on passing urine with rebound and guarding on abdominal palpation?

○ **Key points:**

- Pregnancy test
- Swab for gonorrhoea and chlamydia but do not delay treatment
- Follow local protocols
- No need to remove IUD unless symptoms do not improve or if women wants it removed



2

Ectopic Pregnancy

- Severe lower abdominal pain with or with or without abnormal vaginal bleeding with rebound and guarding on abdominal palpation
- Threat to life if treatment is delayed
- Be aware of the signs of a ruptured ectopic pregnancy which includes shoulder tip pain fainting and light headedness and rigid abdomen and a rising pulse rate. The blood pressure will only fall once the women goes into shock.
- **REFER!**



3

Intrauterine Pregnancy

- Exclude ectopic pregnancy
- To remove or not to remove IUD?
 - Counsel woman that any intrauterine device increases the risk of preterm delivery, miscarriage with a risk of sepsis and advise removal
- If left in situ:
 - Counsel on symptoms of sepsis and advise return for clinical assessment



4

Uterine Perforation

- Incidence 2 in 1000 but higher in breast feeding women
- At time of insertion?
 - **STOP!**
Remove device!
Monitor vital signs (pulse and blood pressure)
 - BEWARE THE RISING PULSE RATE
 - REFER!



5

Lost Strings

- Does she remember if she has seen the device?
- Could she be pregnant?
- Consider perforation if there is abdominal pain as well as lost strings
 - Ultrasound scan, plain abdominal and pelvic X rays
- Always advise the use of other contraceptive methods while being investigated



Time to practice!

4 Stage method

1

Stage 1:

Silent demonstration by the trainer in real time without any comments or explanation

2

Stage 2:

Demonstration by trainer with commentary and explanation

3

Stage 3:

Demonstration by trainer but this time ask a volunteer trainee provide commentary

4

Stage 4:

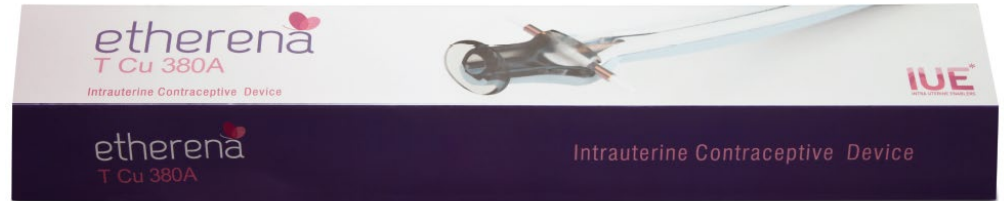
Trainee to perform the skill and provide their own commentary

● Include what happens after removal

ETHERENA

Product Information

ETHERENA



Positioning Statement

Etherena is a non-hormonal intrauterine device effective for up to 10 years. Etherena is a highly effective, long-lasting reversible method suitable for women who prefer a non-hormonal method of contraception

1

Patient-centered

- Long-term contraceptive method, can be used up to 10 years.
- Reversible at any time.
- Ease of use and privacy.

2

Effectiveness

- One of the most effective contraception methods.
- Over 99% effective at preventing pregnancy over the period of 10 years.

3

Safety

- Minimal side-effects, avoids use of hormones.
- Insertion and removal is done by a HCP.

ETHERENA: Mode of Action (MoA)

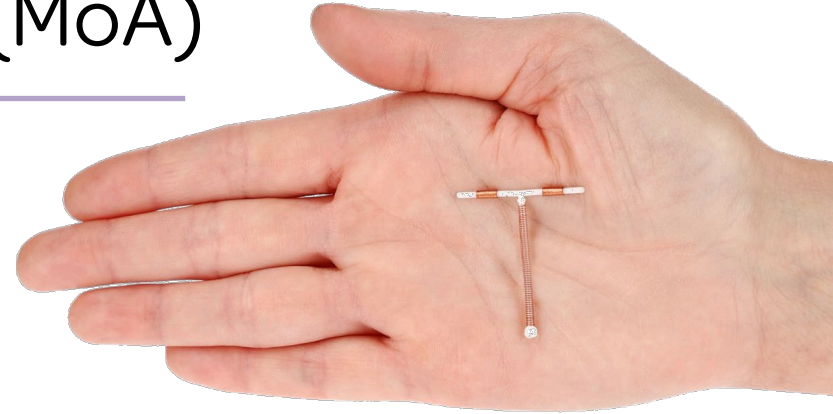
- Etherena is a Copper IUD.
- It contains copper, which has 2 contraceptive actions:

1

Damages sperm and reduces their motility → preventing sperm from fertilising the egg

2

Decreases the chances of implantation by acting on the endometrium



ETHERENA: Side Effects

Side Effects	Management	Be Aware
Heavy or prolonged periods	<ul style="list-style-type: none"> • Trial of tranexamic acid - 1500mg tds for 3 days then 100mg od for 3 days or • Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (400 mg) or indomethacin (25 mg) 2 times daily after meals for 5 days • Check haemoglobin if suspect anaemia 	<ul style="list-style-type: none"> • Is this due to another pathology?
Abdominal cramps	<ul style="list-style-type: none"> • Ibuprofen (200–400 mg), • Paracetamol (325–1000 mg), • or other pain reliever. 	<ul style="list-style-type: none"> • Is this due to PID or ectopic pregnancy? • Is this due to perforation?

ETHERENA: Benefits



Benefits for the provider



Innovative Intra-Uterine Enabler (IUE) technology offers:

- No-touch aseptic procedure
- Easy one-handed loading and insertion
- Perfect fundal placement reduces pain, bleeding and risk of expulsion
- Curvilinear design fits retroverted or anteverted uterus
- Quicker, easier insertion reduces fatigue and shortens procedure time
- Intuitive click sound adjusts per depth of uterus
- In-built uterine scale for operability, convenience and accuracy
- Comes with complementary uterine sound in sterile package

ETHERENA: Benefits



Benefits for the patient



Innovative Intra-Uterine Enabler (IUE) technology offers:

- Over 99% effective at preventing pregnancy over the period of 10 years
- Safe and quick procedure with less waiting time
- Safe for breastfeeding women, can be inserted up to 48 hours after delivery or after 1 month (if medically eligible)
- Immediate return to fertility upon removal
- Can be inserted at any time during menstrual cycle
- No daily attention and does not interfere with sexual activity
- Soft nylon suture is comfortable for both partners
- Can be used as highly effective emergency contraceptive

SILVERLINE

Product Information

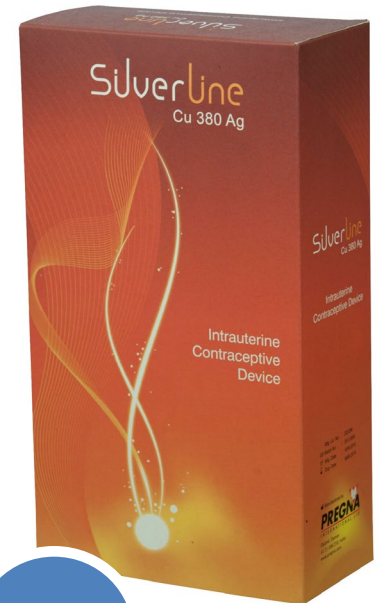
SILVERLINE



Positioning Statement



Silverline Cu 380 Ag is a non-hormonal intrauterine device effective for up to 5 years



1

Patient-centered

- Long term contraceptive method, can be used up to 5 years
- Reversible at any time
- Ease of use and privacy

2

Effectiveness

- One of the most effective contraception methods.
- Over 99% effective at preventing pregnancy.

3

Safety

- Minimal side-effects as other hormonal-contraceptive methods
- Insertion and removal is done by a HCP.

SILVERLINE: Mode of Action (MoA)

- Silverline is a Copper IUD.
- It contains copper, which has 2 contraceptive actions:

1

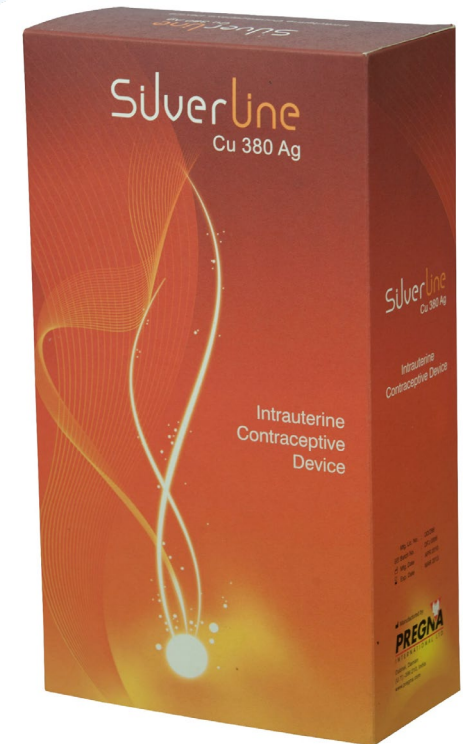
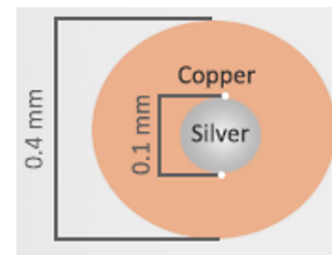
Damages sperm and reduces their motility → preventing sperm from fertilising the egg

2

Decreases the chances of implantation by acting on the endometrium

Silverline Cu 380 Ag

0.4mm copper diameter with 0.1mm silver core. Offers long-term protection for 5 years.



SILVERLINE: Side Effects

Side Effects	Management	Be Aware
Heavy or prolonged periods	<ul style="list-style-type: none"> • Trial of tranexamic acid - 1500mg tds for 3 days then 100mg od for 3 days <p>or</p> <ul style="list-style-type: none"> • Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (400 mg) or indomethacin (25 mg) 2 times daily after meals for 5 days • Check haemoglobin if suspect anaemia 	<ul style="list-style-type: none"> • Is this due to another pathology?
Abdominal cramps	<ul style="list-style-type: none"> • Ibuprofen (200–400 mg), • Paracetamol (325–1000 mg), • or other pain reliever. 	<ul style="list-style-type: none"> • Is this due to PID or ectopic pregnancy? • Is this due to perforation?

SILVERLINE: Benefits



Benefits for the provider



Innovative Intra-Uterine Enabler (IUE) technology offers:

- Soft, flexible Y-frame design offers perfect fundal placement which reduces risk of perforation or expulsion
- Silver core prevents copper wire from fragmenting
- Quicker insertion as requires only 1/3 dilation of Copper T 380A
- Printed insertion tube adds accuracy and convenience
- Packed sterile to prevent infection

SILVERLINE: Benefits



Benefits for the patient

- Over 99% effective at preventing pregnancy
- Quicker, more comfortable insertion requires only 1/3 dilation of standard IUD
- Safe for breastfeeding women, can be inserted up to 48 hours after delivery or after 1 month (if medically eligible)
- Lower copper content better for women with Anemia or excess bleeding condition
- Immediate return to fertility upon removal
- Can be inserted at any time during menstrual cycle
- No daily attention and does not interfere with sexual activity
- Soft nylon suture is comfortable for both partners
- Can be used as highly effective emergency contraceptive

ELOIRA

Product Information

ELOIRA



Positioning Statement



Eloira is a hormonal intrauterine device (IUD) that is effective up to 5 years. Eloira is a highly effective contraceptive method that is also used to treat a range of gynecological conditions.

1

Patient-centered

- Long-term contraceptive method, can be used up to 5 years.
- Reversible at any time.
- Ease of use and privacy.

2

Effectiveness

- One of the most effective contraception methods.
- More than a 99% success rate over 5 years.

3

Safety

- Minimal side-effects as other hormonal-contraceptive methods
- Insertion and removal is done by a HCP

ELOIRA: Mode of Action (MoA)

- Eloira contains a hormone called levonorgestrel (it does not contain copper).
- Eloira works by releasing a small but steady amount of levonorgestrel over time leading to:



1

Thinning of the endometrium → making it less likely that eggs can implant

2

Increasing the thickness of cervical mucous → making it harder for sperm to reach the uterine cavity



ELOIRA: Side Effects

Side Effects	Management	Be Aware
<ul style="list-style-type: none">• Irregular bleeding, spotting• No monthly bleeding• Heavier or prolonged bleeding	<ul style="list-style-type: none">• Reassure that these are common with the IUS especially in the first 6 months of use and not harmful	<ul style="list-style-type: none">• If bleeding begins after several months of use, consider underlying cause

ELOIRA: Non-Contraceptive Effects



Eloira can be used as a treatment (even when contraception is not required) to:



Reduce menstrual blood loss in women with menorrhagia

- heavy or prolonged menstrual period



Decrease dysmenorrhea

- painful menstrual cramping



Decrease pain and bleeding from endometriosis and adenomyosis

- abnormal growth in the uterine lining, causing pain and bleeding

ELOIRA: Benefits

- More than a 99% success rate over 5 years
- Also effective in treating effects of:
 - **Menorrhagia:** heavy or prolonged menstrual bleeding
 - **Dysmenorrhea:** painful menstrual cramping
 - **Endometriosis:** abnormal growth of endometrial tissue - causes pelvic pain
 - **Adenomyosis:** abnormal growth of uterine lining - causes pain and bleeding
 - **Anemia:** decrease in red blood cells in the bloodstream
 - **Uterine Fibroids:** benign growths of smooth muscle in or on the uterus
- Effective substitute for **hysterectomy:**
 - 64% of women awaiting hysterectomy operation cancelled after 6 months of using the hormonal IUD
 - Provides safe, quick, affordable outpatient alternative to surgery
- Does not interfere with sexual activity

AVIBELA

Product Information

AVIBELA: In a nutshell



AVIBELA is a reversible 52 mg levonorgestrel-releasing intrauterine system ("hormonal IUD") that is about 99% at **preventing pregnancy** for up to 8 years* and treats **heavy menstrual bleeding** for up to 5 years

*Please refer to the approved product labeling in your country for the approved duration of use

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

AVIBELA: In a nutshell

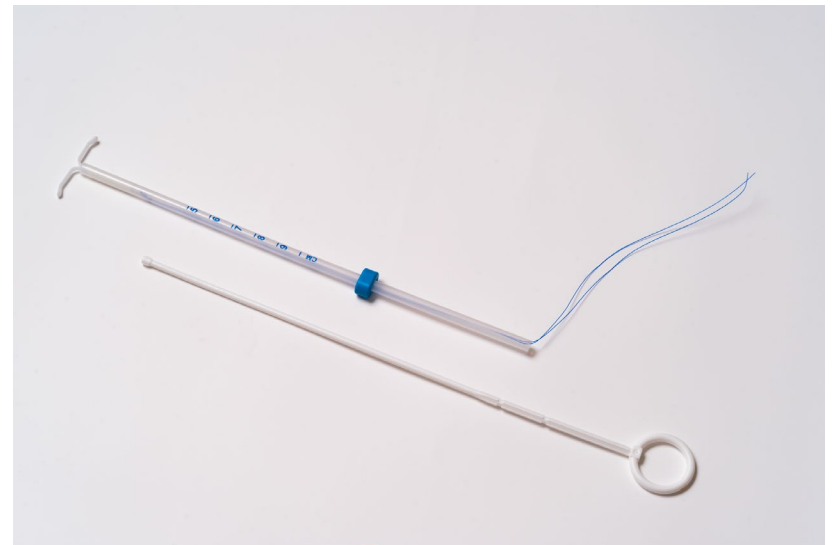
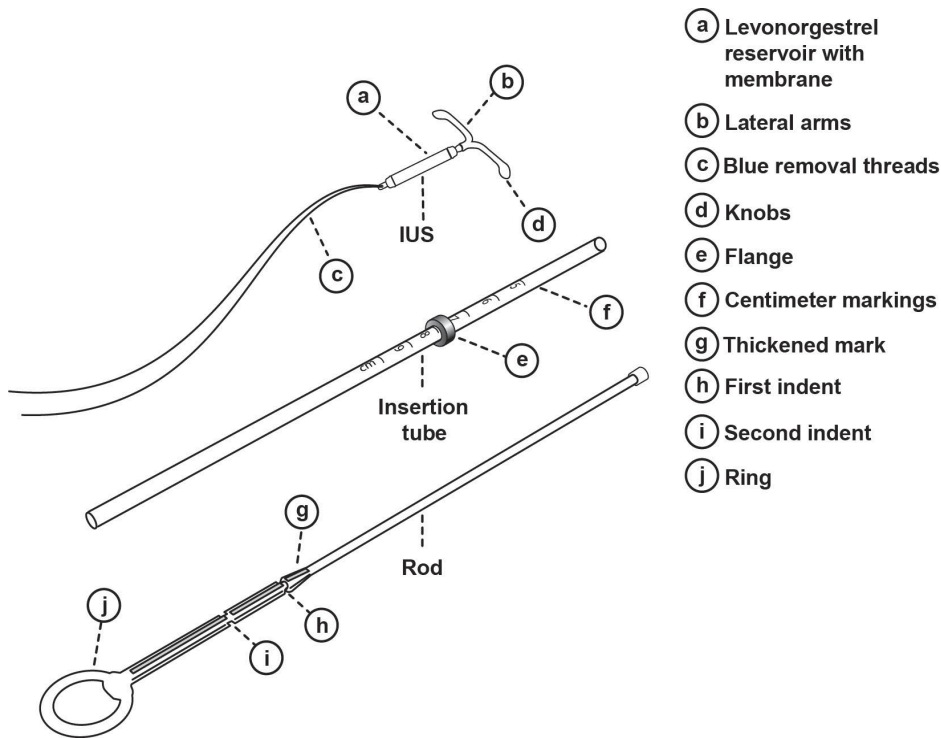
○ AVIBELA IUD



Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

AVIBELA: In a nutshell

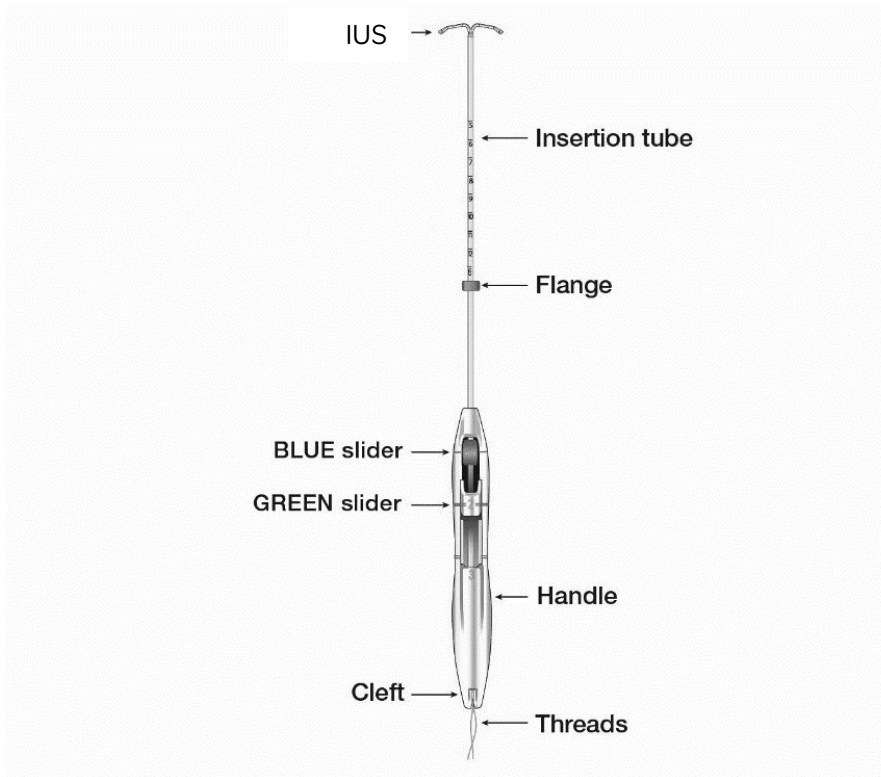
○ AVIBELA IUD with two-handed inserter



Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

AVIBELA: In a nutshell

○ AVIBELA IUD with single-handed inserter



Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

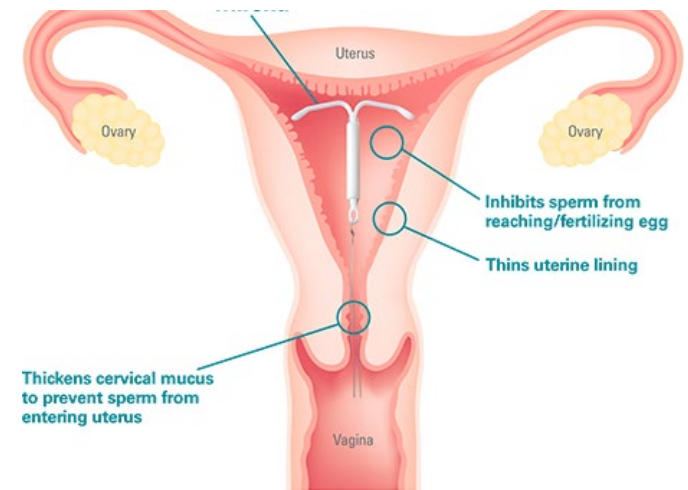
AVIBELA: Mechanism of Action (MoA)

1

The mechanism of action for contraception is thickening of cervical mucus that inhibits sperm passage through the cervix, inhibition of sperm mobility and function, and thinning of the uterine lining

2

The mechanism of action for treatment of heavy menstrual bleeding is thinning of the uterine lining



Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

AVIBELA

Clinical Research

AVIBELA: Contraception indication



AVIBELA contraception efficacy and safety was studied in the phase 3 ACCESS IUS clinical trial



29 U.S. study centers



1751 generally healthy, sexually active women



16 to 45 year-old women



1401 women used for 1 year



380 used for 8 years



ACCESS IUS: Clinical Trial

1

Primary outcome:

Efficacy of AVIBELA for pregnancy prevention in nulliparous and parous females of childbearing potential

2

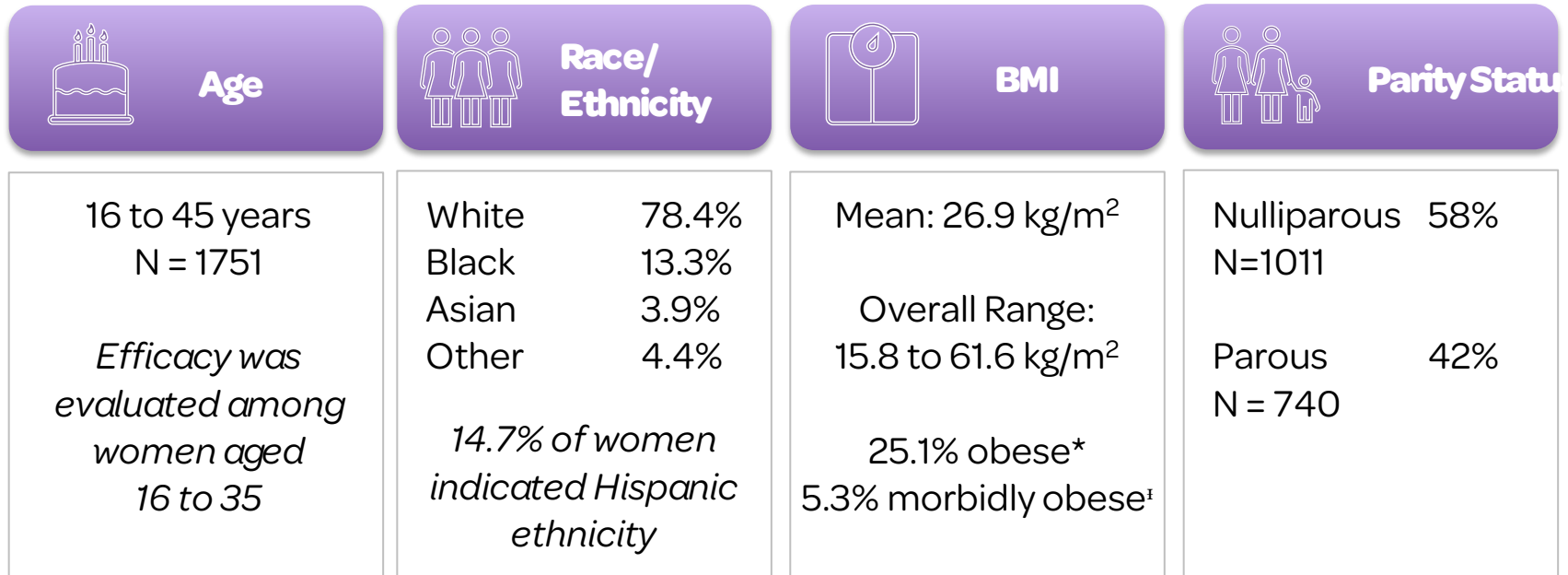
Secondary outcomes:

- Safety and bleeding patterns
- Return of menses after discontinuation
- Return to fertility after discontinuation

Source: Eisenberg, D. et al. Three-year efficacy and safety of a new 52 mg levonorgestrel-releasing intrauterine system. *Contraception*. 2015; (92):10-16.

ACCESS IUS: Clinical Trial

○ Study Participants



*BMI ≥ 30 kg/m²

† BMI ≥ 40 kg/m²

Source: Eisenberg, D. et al. Three-year efficacy and safety of a new 52 mg levonorgestrel-releasing intrauterine system. *Contraception*. 2015; (92):10-16.

1

ACCESS IUS: Clinical Trial

Primary outcome:
Efficacy of AVIBELA for pregnancy prevention in nulliparous and parous females of childbearing potential: calculated as the Pearl Index

Study results: Primary outcome

99.85%

Efficacy rate during the first year of use

98.63%

Cumulative efficacy rate through 8 years of use

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

2

ACCESS IUS: Clinical Trial

Study results: Secondary outcomes

Secondary outcomes:

- Return of menses after discontinuation
- Return to fertility after discontinuation

99.8%

of women aged 16-35 at enrollment experienced return to menses after IUD removal

63.1%

of women desiring pregnancy conceived within 6 months of IUD removal

83.2%

of women desiring pregnancy conceived within 12 months of IUD removal

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg (Summary of Product Characteristics and Prescribing Information). Impact RH360; 2023.

2

ACCESS IUS: Clinical Trial

Study results: Secondary outcomes

Secondary outcomes:

- Safety and bleeding patterns

○ Most common adverse reactions (occurring in $\geq 10\%$ of users):

Adverse reaction	% of users who experienced adverse reaction
Nasopharyngitis	23.3%
Vaginitis Bacterial	18.0%
Urinary Tract Infection	17.9%
Vulvovaginal Mycotic Infection	17.4%
Cervical Dysplasia	13.1%
Upper Respiratory Tract Infection	12.3%
Sinusitis	11.1%
Influenza	10.3%

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg (Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023

2

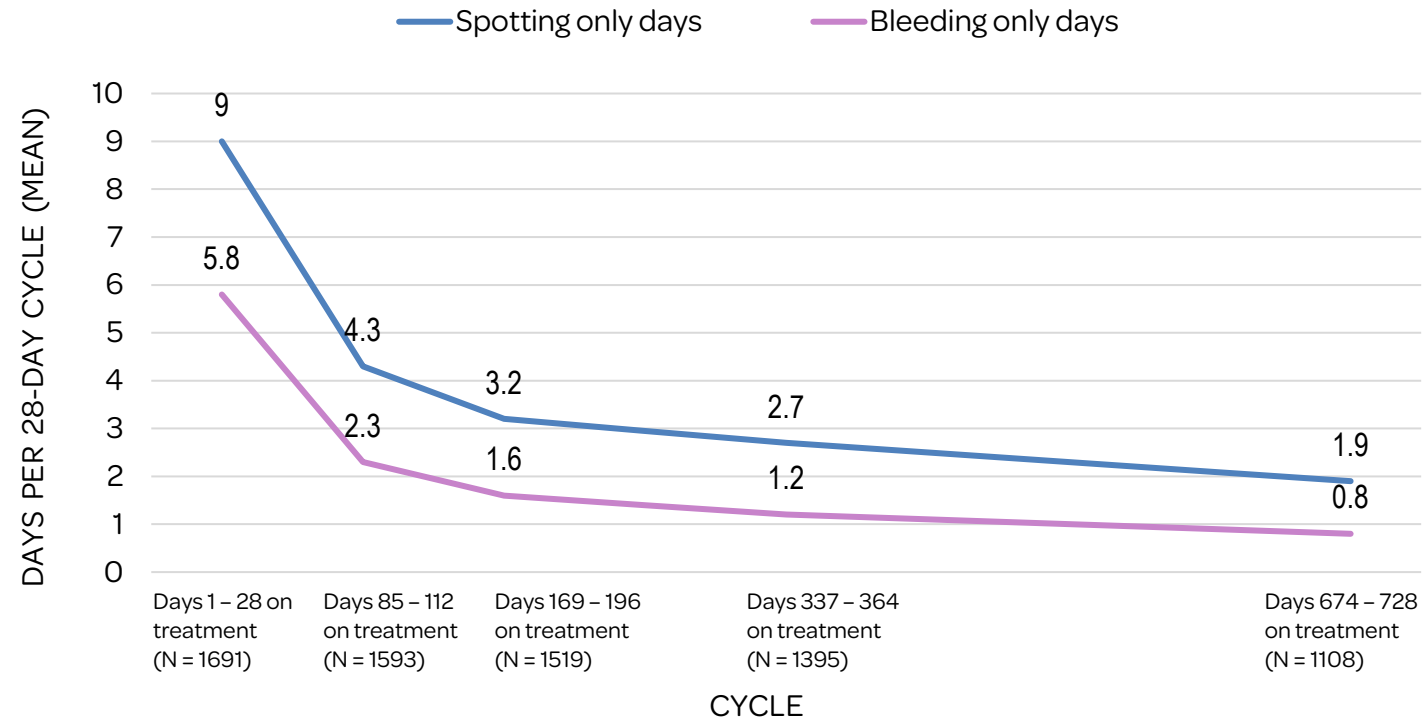
Secondary outcomes:

- Safety and bleeding patterns

ACCESS IUS: Clinical Trial

Study results: Secondary outcomes

○ Rates of spotting and bleeding



Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg (Summary of Product Characteristics and Prescribing Information]. ImpactRH360; 2023.

2

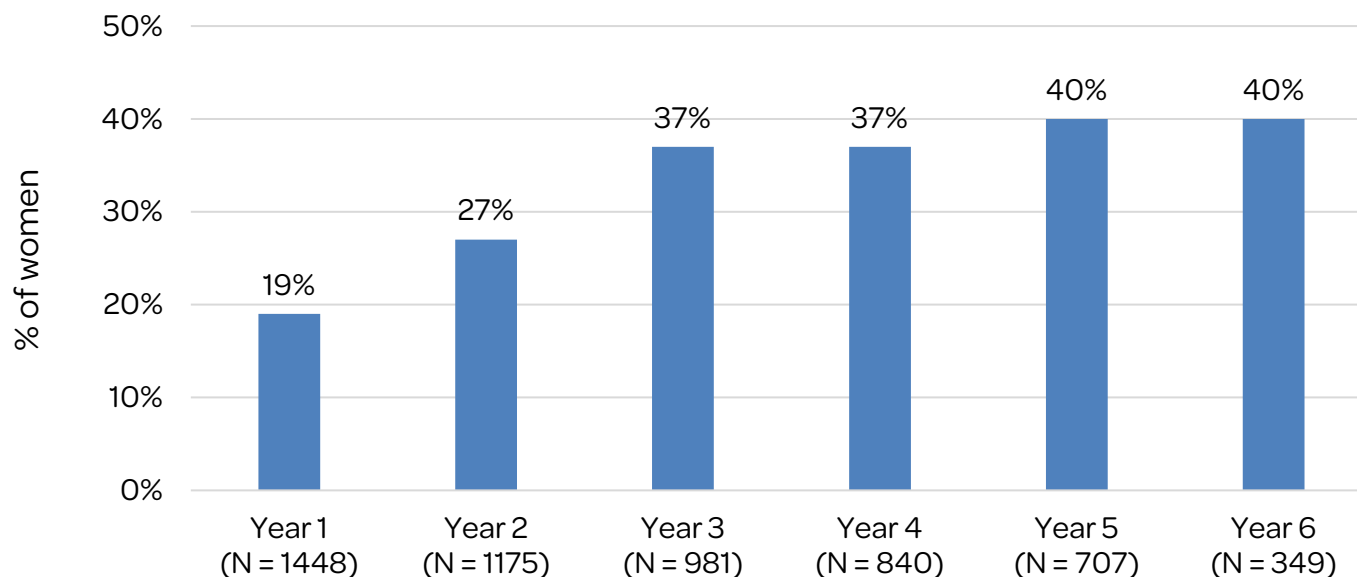
ACCESS IUS: Clinical Trial

Study results: Secondary outcomes

Secondary outcomes:

- Safety and bleeding patterns

○ Rates of absence of bleeding/spotting in the last 90-day interval of the year



39% of participants had an absence of bleeding/spotting at the end of the eighth year of use

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

AVIBELA: Misconceptions about hormonal IUD



The secondary outcomes evaluated in the ACCESS IUS trial help to dispel some misconceptions about the hormonal IUD

“The hormonal IUD cannot be used in nulliparous or obese women”

- 58% of ACCESS IUS trial participants were nulliparous
- 25% of participants were obese

“The hormonal IUD negatively impacts future fertility, especially for nulliparous women”

- Fertility rates within one year after IUD removal are consistent with the general population

“Testing for sexually transmitted disease is required prior to insertion”

- Patients without clinical evidence of infection can have STI screening at the time of IUD placement, if indicated based on standard screening guidelines
- IUD users who have a positive STI test after placement can be safely treated with outpatient antibiotics and rarely require IUD removal

Sources: Eisenberg, D. et al. Three-year efficacy and safety of a new 52 mg levonorgestrel-releasing intrauterine system. *Contraception*. 2015; (92):10-16; Creinin MD, et al. Levonorgestrel 52 mg intrauterine system efficacy and safety through 8 years of use. *Am J Obstet Gynecol*. 2022:S0002-9378(22)00366-0.

AVIBELA: Heavy menstrual bleeding indication

AVIBELA's impact on heavy menstrual bleeding (HMB) was studied in a phase 3 clinical trial conducted in the U.S.

29 study centers

105 participants with HMB

18 to 50 year-old women

6-month study



AVIBELA's HMB indication is also supported by a study conducted in Eastern Europe.

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg (Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

U.S. HMB clinical trial

Primary outcome:

1

The proportion of women with successful treatment, defined as (1) an end-of-study MBL volume < 80 mL and (2) $\geq 50\%$ reduction in MBL from baseline to end-of-study

Secondary outcomes:

2

- The impact of AVIBELA on the absolute change from baseline MBL and the associated percent reduction in MBL from baseline to mid-study (Cycle 3) and to end-of-study (Cycle 6)
- Bleeding pattern changes

Source: Eisenberg, D. et al. Three-year efficacy and safety of a new 52 mg levonorgestrel-releasing intrauterine system. *Contraception*. 2015; (92):10-16.

1

U.S. HMB clinical trial

Study results: Primary outcome

Primary outcome:
The proportion of women with successful treatment, defined as (1) an end-of-study MBL volume < 80 mL and (2) $\geq 50\%$ reduction in MBL from baseline to end-of-study

84%

of women with successful treatment
after 3 months of use

80%

of women with successful treatment
after 6 months of use

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2023.

2

U.S. HMB clinical trial

Study results: Secondary outcomes

91%

reduction in menstrual
blood loss after 3 months of
use

96%

reduction in menstrual
blood loss after 6 months
of use

Secondary outcomes:

- The impact of AVIBELA on the absolute change from baseline MBL and the associated percent reduction in MBL from baseline to mid-study (Cycle 3) and to end-of-study (Cycle 6)
- Bleeding pattern changes

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg (Summary of Product Characteristics and Prescribing Information). Impact RH360; 2023.

U.S. HMB clinical trial



Data from a clinical study conducted in Eastern Europe also showed that this IUD is effective at treating heavy menstrual bleeding

88%

decrease in volume of menstrual bleeding by the end of three months of use

82%

reduction sustained for 12 months (duration of the study)

Source: AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg [Summary of Product Characteristics and Prescribing Information], Impact RH360; 2023.

AVIBELA: Effectiveness over 8 years



The LNG 52 mg IUD is highly effective over 8 years and has an excellent extended safety profile.



N= 343



11 pregnancies occurred over 8 years



The pregnancy rate through year 8 was **1.09%** (95% CI, 0.56-2.13)



*AVIBELA recently got approval for 8 years in some countries**

* Extension to 8 years in progress via post-approval variations and new submissions

Original Research

ajog.org

GYNECOLOGY

Levonorgestrel 52 mg intrauterine system efficacy and safety through 8 years of use

Mitchell D. Creinin, MD; Courtney A. Schreiber, MD, MPH; David K. Turok, MD, MPH; Carrie Cwiak, MD, MPH; Beatrice A. Chen, MD, MPH; Andrea I. Olariu, MD, PhD

BACKGROUND: Extending hormonal intrauterine system duration will allow users to have less need for procedures to provide long-term contraception.

OBJECTIVE: This study aimed to evaluate the efficacy and safety of the levonorgestrel 52 mg intrauterine system during years 7 and 8 of use.

STUDY DESIGN: A total of 1751 nulliparous and multiparous participants aged 16 to 45 years enrolled in a phase 3, multicenter trial to evaluate the efficacy and safety of the use of the Liletta levonorgestrel 52 mg intrauterine system for up to 10 years. Participants aged 36 to 45 years at enrollment underwent safety evaluation only. After the first year, we evaluated participants every 6 months for intrauterine system location confirmation and urine pregnancy testing at each visit. We assessed the Pearl Indices in years 7 and 8 and the life-table analysis for cumulative pregnancy rates through 8 years of use. For the primary efficacy analyses, all participants aged 16 to 35 years at enrollment were included through year 6; years 7 and 8 included only users aged ≤ 39 years at the start of each year. Safety outcomes were assessed in all participants regardless of duration of use. We assessed amenorrhea rates, defined as no bleeding or spotting in the 90 days before the end of the year.

RESULTS: After intrauterine system placement, we followed 1568 participants aged 16 to 35 years and 140 participants aged 36 to 45 years. The 16- to 35-year-old participants included 986 (57.5%) nulliparous and 433 (25.3%) obese users. Overall, 569 participants started year

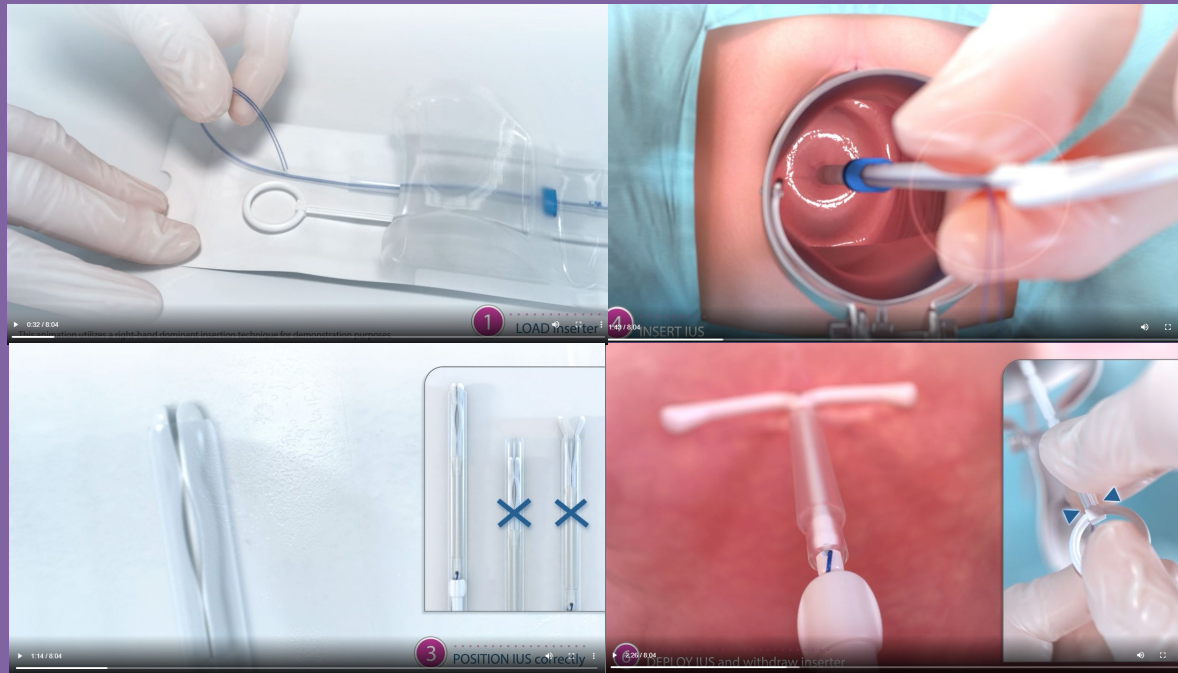
7, 478 completed year 7 (380 aged ≤ 39 years at beginning of year) and 343 completed year 8 (257 aged ≤ 39 years at beginning of year); 77 completed 10 years of use. Eleven pregnancies occurred over 8 years, 7 (64% of which were ectopic). Two pregnancies occurred in year 7 (Pearl Index, 0.49; 95% confidence interval, 0.06–1.76), 1 in a participant with implantation 4 days after a desired removal; no pregnancies occurred in year 8. The cumulative life-table pregnancy rate in the primary efficacy population through year 8 was 1.32 (95% confidence interval, 0.69–2.51); without the postremoval pregnancy, the rate was 1.09 (95% confidence interval, 0.56–2.13). Two perforations (0.1%) occurred, none noted after year 1. Expulsion occurred in 71 (4.1%) participants overall, with 3 in year 7 and 2 in year 8. Pelvic infection was diagnosed in 16 (0.9%) participants during intrauterine system use, 1 each in years 7 and 8. Only 44 (2.6%) participants overall discontinued because of bleeding complaints (4 total in years 7 and 8) with rates per year of 0.1% to 0.5% for years 3 to 8. Amenorrhea rates were 39% at both years 7 and 8.

CONCLUSION: The levonorgestrel 52 mg intrauterine system is highly effective over 8 years of use and has an excellent extended safety profile. This report details the longest period of efficacy and safety data for continuous use of a levonorgestrel 52 mg intrauterine system for contraception.

Key words: 8 years, amenorrhea, contraception, efficacy, intrauterine device, intrauterine system, levonorgestrel, Liletta, safety

AVIBELA

Insertion Videos



<https://avibela.com/>

AVIBELA: Key Messages

- Highly effective long-acting reversible contraceptive
 - About 99% effective at preventing pregnancy for up to 8 years¹
- Effective at treating heavy menstrual bleeding
 - Successful treatment of HMB for 80% of women over 6 months, reducing menstrual blood loss by 91% after 3 months of use and by 96% after 6 months
- Does not alter fertility after removal
 - 99.8% of women experience return to menses by three months after IUD removal¹
 - 83.2% of women desiring pregnancy conceive within 12 months¹

¹ AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg (Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2022.

² Eisenberg, D. et al. Three-year efficacy and safety of a new 52 mg levonorgestrel-releasing intrauterine system. Contraception 92 [2015] 10-16

AVIBELA: Key Messages

- Studied in a broad range of women
 - 1751 women ages 16-45²
 - 58% nulliparous (having never given births)²
 - BMI range 16-62 and average 27²
- Same-day insertion is possible
 - Can be inserted at any time (if the provider is reasonably certain the woman is not pregnant)²
 - Same-day insertion is possible for patients without clinical evidence of infection, if indicated based on standard screening guidelines

¹ AVIBELA (levonorgestrel-releasing intrauterine system) 52 mg (Summary of Product Characteristics and Prescribing Information]. Impact RH360; 2022.

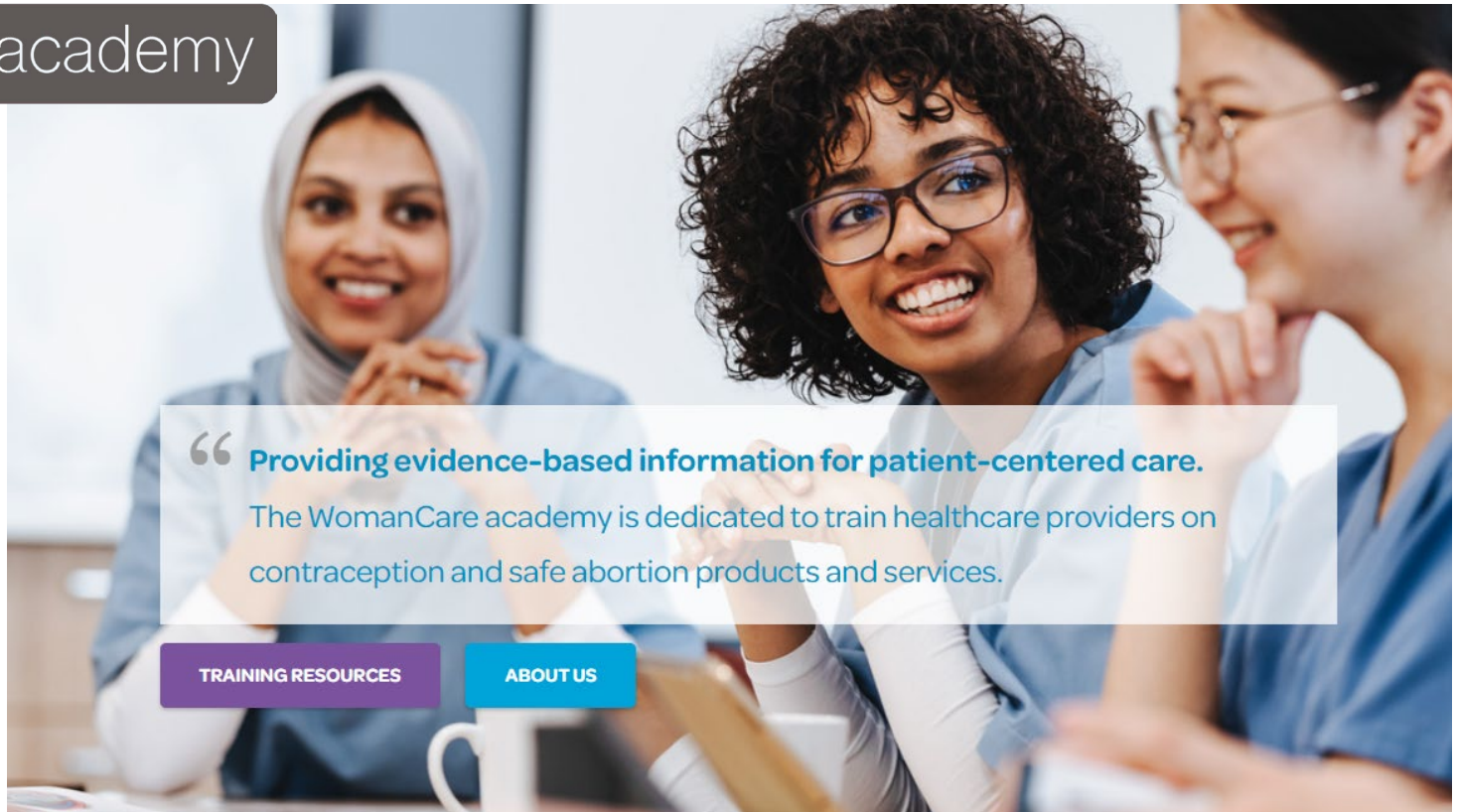
² Eisenberg, D. et al. Three-year efficacy and safety of a new 52 mg levonorgestrel-releasing intrauterine system. Contraception 92 [2015] 10-16

Questions, Comments, Or Concerns?



We want to hear about it ...

Training resources: WomanCare Academy



“ **Providing evidence-based information for patient-centered care.**
The WomanCare academy is dedicated to train healthcare providers on
contraception and safe abortion products and services.

[TRAINING RESOURCES](#)

[ABOUT US](#)



Training resources: WomanCare Academy

Training resources for healthcare providers

Through the WomanCare Academy, we educate a spectrum of healthcare providers: gynecologists, nurses, midwives and others worldwide, to build their skills in delivering high quality, patient-centered care using our contraceptive and safe abortion products.



womancare-academy.org

Training resources: WomanCare Academy

- Training tools for contraception and safe abortion products
 - Implants
 - Emergency contraception
 - Injectable contraception
 - IUDs
 - Medical abortion
 - Surgical abortion
 - Early pregnancy loss management



womancare-academy.org



Email: contact@dktwomancare.org
www.dktwomancare.org
www.womancare-academy.org

T-PPT-IUD-701-ENRev.00



Creating a world where women are empowered
to live their lives to the fullest.