

IUDs: Old Thinking Versus New Thinking

The advent of the copper IUD has brought about a change in the way we think about IUD use. Many restrictions on IUD use have been lifted. The *Old Think/New Think* tool shown below gives a quick update on this shift in thinking and reflects the latest guidance from the World Health Organization.

STIs and Pelvic Inflammatory Disease (PID)

Old Think: IUDs pose substantial risk of PID and infertility in the face of STIs.

New Think: Risk of PID related to IUD is far lower than commonly thought. Relates to gonorrhea or chlamydia in the cervix, specifically at time of insertion. IUDs have no or negligible effect on infertility.

STI Risk and IUD Eligibility

Old Think: Women who might be at any increased risk of STI shouldn't get IUDs—including women in populations where STIs are "common" and whose partners' behavior might be suspect.

New Think: STI only disqualifies women with a "very high individual risk of exposure to gonorrhea or chlamydia."

Vaginal Discharge

Old Think: IUD withheld from women with vaginal discharge because this is a good indication of STI risk

New Think: A simple vaginal discharge is *not* at all a good indication of STI risk.

HIV-Positive

Old Think: IUD not used because of fears that immuno-suppression could increase PID or sequelae

New Think: OK for HIV-positive women until advanced stages reached, and then OK if on ARVs and clinically well.

When to Insert

Old Think: Only during menstrual period

New Think: Through first 12 days of menstrual cycle and any other time reasonably certain woman not pregnant (e.g., pregnancy checklist).

Blood Loss and Anemia

Old Think: Use of older IUD models use was sometimes associated with increased vaginal bleeding and anemia.

New Think: With the new copper IUD models, vaginal blood loss typically only modestly increased. Thus, WHO classifies anemia as Category 2.

Ectopic Pregnancy

Old Think: Previously believed IUDs increased ectopic pregnancy risk because among the few pregnancies that occur ectopic pregnancy is more likely.

New Think: Factoring in low likelihood of pregnancy in the first place, the IUD is *highly protective* against ectopic pregnancies.

Need for a Rest Period

Old Think: After some years of use, a woman's body needs a "rest" from the IUD.

New Think: This is bad practice. 1) Woman is exposed to risk of pregnancy during the hiatus. 2) She incurs risk of PID at time second IUD is inserted.

Training Strategy

Old Think: Train many service providers across skill levels.

New Think: Focus on smaller number of promising providers and build on those who perform well to expand IUD use.