

Programs Can Keep Down Costs of IUD Services

An IUD can be used for many years, and the user does not need more supplies. Thus over time IUDs can be cost-effective for both programs and clients, even though initial costs may be higher than for other reversible contraceptive methods. In many cost studies the IUD becomes among the least expensive method for clients in one to five years (1, 11, 17, 20).

In addition, there are a number of ways to provide IUD services at modest cost per client:

Train a core group of providers

Conventionally, programs have trained many providers at different professional levels in IUD insertion and removal (16). Despite training, some providers have been reluctant to provide IUDs because it requires more time and effort than providing other reversible contraceptive methods (5, 10, 15, 18). Also, unless providers serve clients regularly, they quickly lose their skills and confidence.

An alternative is training a core group of providers to offer IUDs, giving them continued support and guidance, and referring clients to these providers. This approach helps ensure that providers see enough clients to maintain their IUD insertion and removal skills (14). Programs also can save money because they train fewer providers. Finally, and most importantly, this approach can assure clients of high-quality IUD services from competent providers.

Permit trained allied health workers to insert and remove IUDs

Studies have found that nurses, midwives, physicians' assistants, and medical students can insert and remove IUDs safely and effectively when appropriately trained (2, 3, 12), and at a lower cost to programs than when physicians insert IUDs. In Chile, China, Ecuador, Ghana, Indonesia, Nigeria, Sweden, Thailand, Turkey, the United States, and many other countries, nurses, midwives, and other health care professionals besides physicians routinely insert IUDs (19).

Eliminate the need for routine laboratory tests before IUD insertion

Routine laboratory tests are not necessary for the safe and effective use of IUDs, according to guidance from the World Health Organization (WHO) (21). Laboratory tests for sexually transmitted infections (STIs) could contribute to safer use of IUDs, WHO notes, but such tests are sometimes not feasible in resource-poor settings due to lack of facilities, equipment, and trained personnel. Therefore, WHO guidance considers STI risk assessment (medical history and physical examination)—but *not* STI laboratory tests—as essential to safe use of IUDs.

Use high-level disinfection (HLD) instead of sterilization

Use HLD instead of sterilization to process used instruments after IUD insertion and removal. HLD involves boiling or steaming the used instruments for 20 minutes or soaking them in special chemicals (9). Sterilization is performed by using an autoclave (high-pressure steam) or dry heat, which may not be readily available in many clinics. Sterilization kills all microorganisms, while HLD kills all but some forms of bacteria. HLD is acceptable for processing used IUD instruments because the instruments touch only intact mucous membranes or broken skin, not the sterile tissue beneath the skin (9). Therefore HLD is sufficient to provide low risk IUD services for both clients and providers.

Use new or clean examination gloves instead of sterile gloves

Use new or clean exam gloves during IUD insertion and removal (using the “no-touch” technique). Examination gloves are sufficient for use during IUD insertion and removal because contact is made only with intact mucous membranes or broken skin, not with sterile tissue beneath the skin (9).

Eliminate unnecessary routine follow-up visits

The World Health Organization recommends one routine visit about a month after insertion or around the time of the client's next menstrual period (21). At this visit the provider checks that the IUD is still in place, looks for any signs of infection, and finds out whether the client is satisfied or has any problems. While the client should be invited to come back any time she wants help or has concerns, further routine follow-up is not needed. Most IUD users whose problems require medical intervention have symptoms that prompt them to come back even without a scheduled routine visit (6, 8, 13).

Offer immediate postpartum IUD insertion

Offer postpartum insertion (that is within the first 48 hours after delivery of the placenta) at birthing centers. Studies in Nyeri, Kenya, and Lima, Peru, found that IUD insertions at outpatient clinics six or more weeks after childbirth cost about 40% more than

immediate postpartum insertion in hospital delivery rooms (4, 7). Postpartum insertions cost less primarily because sterile conditions are already present in the delivery room. In contrast, staff at the clinic have to spend extra time preparing. The immediate postpartum period can be a convenient time for insertion, especially for women who lack easy access to family planning services.

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