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Identifying and Addressing Common Misperceptions About Intrauterine Devices

Announcer:

You're listening to *Advances in Women's Health* on ReachMD, and this episode is sponsored by Bayer. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

This is *Advances in Women's Health* on ReachMD, and I'm your host, Dr. Jennifer Caudle. And joining me to discuss common misperceptions about intrauterine devices, or IUDs for short, and how we can address them, is Dr. Deborah Bartz. She's a subspecialist in complex family planning at Brigham and Women's Hospital in Boston, and an Associate Professor of Obstetrics, Gynecology, and Reproductive Biology at Harvard Medical School. Dr. Bartz, thank you so much for being here today.

Dr. Bartz:

Thank you for the kind invite. Looking forward to it.

Dr. Caudle:

We're glad that you're here. So why don't we start out with some truths: what's the truth about the use, the efficacy, and the safety of IUDs?

Dr. Bartz:

Oh, such a good question. I love talking about IUDs. IUDs are intrauterine devices, and they're a contraceptive method that have been on the market since the 1970s within the United States. They are a really fantastic birth control method for many people. Currently, there are two different main types of IUDs that are on the market. These are devices that are placed within the uterus. One of the two devices has a hormone associated with it called progestin levonorgestrel, which is a type of progestin, and the second type of IUD is hormone free, and it works just by being made of copper. And both of the methods work locally, primarily, within the uterus to prevent pregnancy—the whole complex pathophysiologic process of pregnancy—from occurring in a very effective manner.

The truth is that they're probably a little bit underutilized in the United States. About last check, somewhere between 12 and 14 percent of the contracepting population was using IUDs, as compared to the most common methods, which tend to be birth control pills and permanent sterilization, and it's more about the mid-20 percent of patients using one of those two methods. The IUDs are effective for years. So once a person would get one placed, they have very good, long-acting, highly effective contraception that they don't have to think about for several years. The smallest IUD works for five years. The largest IUD would work for somewhere between 10 and 12 years.

The side effect profile is largely going to be a product of how these two different types of IUDs work. The copper-containing IUD might make people's periods a bit heavier. They might have a bit more cramps with their periods. For some people, that heavier period can be quite bothersome, and something that we do want to warn them about as a possibility before we place the IUD.

The hormone-containing IUDs have progestin only within them, and it's a very low dose of progestin that actually gets into the bloodstream. But it can have some annoying side effects too that about 1 in 5 people will find so annoying that they'll discontinue that hormonal IUD. So those might include negative skin changes or negative mood changes associated with even that very small dose of the progestin in their bloodstream.

Dr. Caudle:

Excellent. And what are some of the most common myths and misconceptions that you've heard surrounding IUDs?

Dr. Bartz:

Most notably, the number one most dangerous misconception or myth, I believe, is the idea that IUDs cause abortion, which they absolutely do not. The medical definition of pregnancy is implantation of a fertilized embryo. The IUD does in no way disrupt fertilization of an embryo, so it absolutely in no way works as an abortifacient.

Another misconception that people have is that when they get an IUD placed, they need to have it in place for the lifespan of the IUD. We would absolutely be happy to have a patient come in and take their IUD out for them if they want it out for whatever reason. If they want to get pregnant, for example, if they are having problems with it, or for whatever reason they're just finding that it's not the right method for them, we'd be happy to remove it.

Dr. Caudle:

Very interesting. And how do these myths and this misinformation continue to spread despite the facts that you told us about? And what role does social media play in amplifying these myths?

Dr. Bartz:

I think that contraception and contraceptive use is quite unique from a lot of other aspects of medicine. Contraceptives as a class have the biggest type of drug and device use of any other medicine class, essentially.

So we have this huge swath of the population that's using this in a way that then sets people up to talk to their social networks about this as, potentially, even just their one and only healthcare concern. So we frequently talk to our friends about what we're using. We're frequently talking to our aunts or moms about what we're using. And that's cool; that's really cool that we have this community of people that we can share this health concern with. It does set up for patients to come into our medical exam rooms already having a fair amount of information that they have gleaned from that social network, which can be very good if it's medically accurate information. It can certainly be harmful if it is information that they've gotten from a biased or misinformed source.

Along the same lines is the idea of social contagion. So if for whatever reason, you have one month of some side effect associated with your birth control—you had some irregular bleeding with that method for just one month, say—if you hear somebody else say that they're really struggling with bleeding difficulties because of their birth control method like an IUD, that then is a space for their sentiment about their IUD to infiltrate to a wider degree than it normally would and spread very quickly in this social contagion space. I don't want to say it's infecting, but it's putting something front of mind that might have been back of mind for a lot of people or wouldn't have really been bothering them too much as it only affected them for 1 month. But all of the sudden, because somebody else is having a bigger problem of bleeding, it brings to the front of the mind what might be a small bleeding issue for you, for example.

So that's where social media can come in and just really distort the conversation about IUDs. It can spread quite effectively if you have a highly influential person on social media who is speaking about a personal or anecdotal experience and people are not recognizing that it's a single anecdotal experience, and therefore might hold it in higher esteem that it actually should be.

Dr. Caudle:

For those of you who are just tuning in, you're listening to *Advances in Women's Health* on ReachMD. I'm your host, Dr. Jennifer Caudle, and I'm speaking with Dr. Deborah Bartz about common misperceptions surrounding IUDs.

So Dr. Bartz, if we focus on correcting these misconceptions, how can we address patients' questions or fears about IUDs?

Dr. Bartz:

The medical system is not able to meet the market need as it relates to health education. What do I mean by that? If us physicians stay in our clinics and expect patients to come into our brick and mortar clinics, we don't make that terribly easy.

And then even when they finally do get into our clinics, the medical workforce is such that it currently is kind of overbooked in its clinic templates, so I might have 20 to 30 patients that I'll see within a day, giving myself no more than 10 to 15 minutes per patient.

So there have been some healthcare tweaks that have been really nice in order to allow for more direct-to-consumer education that's needed. Certainly, our electronic medical record and the discussions that that sets up between a healthcare provider within one's clinic and the patient themselves might be enough to answer some questions. Telehealth visits also might be a good way to allow for some level of medical education.

And then I do think if we can pull ourselves out of our view of ourselves as educators just within our clinics and actually put ourselves out into the community to a greater extent to do direct-to-consumer education, that will definitely help to create the space needed for our patients to find healthcare information from us without having to go through our clinics. So that really does mean that by us healthcare

providers getting involved in various social media platforms and creating our space and professional identities as healthcare and medical influencers, we can actually create accounts and be quite prolific in putting information forward on social media that can de-muddy the waters, so to speak, and allow expertise to rise in the social media space.

Dr. Caudle:

Excellent. And are there any resources you typically recommend to patients so they can find credible information?

Dr. Bartz:

I personally really like the patient advocacy group called Power to Decide. They have fantastic science information that's distilled in a very nice way, including infographics that allow patients to state what their own values and priorities are with their contraceptive method, and to think about each of the methods as it relates to those values and priorities. So that tends to be the resource that I'll direct my patients to, and then I'll frequently use their infographics within my clinic.

Dr. Caudle:

Awesome. And as we come to the end of our program, Dr. Bartz, do you have any other pieces of advice for countering misinformation about IUDs or optimizing patient care?

Dr. Bartz:

I think both patients as well as medical professionals in general would do well to heed the advice of just trying to improve the line of communication in that dyad. So I think that whatever we can do to create more space to open up conversation with our patients, number one, to dispel myths, and number two, to just do really smart teaching, as well as to spend quality time going over options with patients, is important. So even just with IUDs, there's tons of options. When a patient's decided on an IUD, we can talk about pain control and what methods are available at time of insertion, for example. Talking about the various IUD types and the options available or talking about IUDs in relation to all the other birth control options are conversations that are super important, and so we need to create space for that within our medical clinics. And then looking at to what extent patients can advocate for and lean into those conversations themselves and be self-advocates for becoming well informed from the expert advice of the medical professionals that they're seeking out, I think that whatever we can do to increase that line of communication would be really smart.

Dr. Caudle:

With those final comments in mind, I'd like to thank my guest, Dr. Deborah Bartz, for joining me to discuss misperceptions about IUDs and how to best address them. Dr. Bartz, it was great having you on the program.

Dr. Bartz:

Yeah. Thank you. This was a lot of fun. Appreciate it.

Announcer:

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