Strategies for improving the acceptability and acceptance of the copper intrauterine device

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RHL summary

Community-based interventions and antenatal contraceptive counselling are likely to increase the acceptability and uptake of copper IUDs, which is one of the most effective reversible methods of contraception. Cost-benefit analysis and the long-term effectiveness of such interventions can be the focus of future research.

Cochrane review

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Abstract

Intrauterine devices (IUDs) are highly effective and are the most widely used reversible contraceptive method in the world. However, in developed countries IUDs are among the least common methods of contraception used. We evaluated the effect of interventions to increase uptake of the copper IUD, a long-acting, reversible contraceptive method.

To determine effectiveness of interventions to improve uptake and continuation of the copper IUD.

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, POPLINE, PsycINFO, PubMed, Clinical Trials.gov, International Clinical Trials Registry Platform (ICTRP) and Open SIGLE. We also hand searched references of relevant reviews and included studies.

We included randomised controlled trials (RCTs) and controlled before and after studies of interventions which measured use and uptake of contraception including copper IUD as an outcome.

Two authors independently screened the search results for relevant studies and extracted data from included studies. We used RevMan5.1 to calculate Peto odd ratios (OR) with 95% confidence intervals (CI) for dichotomous outcomes. We conducted meta-analysis by pooling data for similar types of intervention where possible. We used the GRADE system to evaluate the quality of evidence.
Nine studies representing 7960 women met our inclusion criteria, including seven randomised controlled trials and two controlled before and after studies that reported IUD uptake post-intervention. We evaluated the quality of evidence as moderate to low. Three studies on contraceptive counselling and referrals by community workers showed an increase in uptake of the IUD among intervention groups (Peto OR 2.00; 95% CI 1.40 to 2.85). Two studies on antenatal contraceptive counselling also favoured the intervention groups (Peto OR 2.33; 95% CI 1.39 to 3.91). One study on postnatal couple contraceptive counselling also showed an increase in IUD uptake compared to control (Peto OR 5.73; 95% CI 3.59 to 9.15). The results of one study evaluating postnatal home visits and two studies on enhanced post-abortion contraceptive counselling did not reach statistical significance.

Community-based interventions and antenatal contraceptive counselling improved uptake of copper IUD contraception. Since the copper IUD is one of the most effective reversible contraceptive methods, primary care and family planning and practitioners could consider adopting these interventions. Although our review suggests these interventions are clinically effective, a cost-benefit analysis may be required to evaluate applicability.

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Home > Strategies for improving the acceptability and acceptance of the copper intrauterine device