

## Resolution to Remove Barriers to IUD Use

WHEREAS reproductive health care is part of comprehensive primary care and the American Academy of Family Physicians (AAFP) “is concerned about the sexual health of adults,”<sup>1</sup> and

WHEREAS the disparity in unintended pregnancy by income grew between 1994 and 2001, and during that same time the rate of unintended pregnancy among poor women increased 29%,<sup>2</sup> and

WHEREAS the AAFP Policy on Reproductive Decisions states, “The American Academy of Family Physicians believes physicians should seek to, through extensive patient education and counseling, decrease the number of unwanted pregnancies,”<sup>2</sup> and

WHEREAS IUDs are a cost-effective contraceptive method with a significant upfront expense<sup>3 4</sup> —Trussell et al. (2009) calculated that the copper and hormonal IUDs were the most cost-effective reversible methods, with an estimated 5-year cost of \$647 and \$930, respectively. By contrast, oral contraceptives had an estimated total cost of \$3381 over the same time period,<sup>5</sup> and

WHEREAS the American College of Obstetricians and Gynecologists (2009) recommended that IUDs “be offered as a first-line contraceptive method and encouraged ... for most women”<sup>6</sup> and

WHEREAS IUD utilization in the United States remains low compared to other countries<sup>7</sup>, and according to the latest National Survey of Family Growth (2006–2008), only 5.5% of US reproductive age women using contraception use an IUD,<sup>8 9</sup> and

WHEREAS there exist numerous recognized barriers to IUD use, including lack of clinician knowledge or skill,<sup>10 11</sup> low patient awareness of the method<sup>12</sup> and high upfront costs<sup>13 14</sup> and

WHEREAS Garipey (2011) found that 43% of women had no coverage for IUDs and that high out-of-pocket expense was highly associated with failure to obtain an IUD, with nonwhite women facing greater out-of-pocket expense than white women<sup>15</sup> and whereas other research has shown that cost concerns are an important factor in contraceptive method choice and use<sup>16</sup> and

WHEREAS unlike other medications or devices that usually decrease in cost the longer they are on the market, the cost of IUDs has been increasing. In March of 2010, the average wholesale price of the levonorgestrel IUD in the United States increased 43%, from \$586 to \$843<sup>17</sup> now be it

RESOLVED that the \_\_AFP will advocate for improved insurance coverage of IUDs, including adequate provider reimbursement with regard to the current cost of the devices, and reduced out-of-pocket expenses for patients, thus reducing barriers to IUD use as a first-line option for most women, and be it further

RESOLVED that that the \_\_AFP endorses increased resident and CME education on the use of IUDs, and be it further

RESOLVED that the \_\_AFP instruct its delegates to bring this resolution to the AAFP Congress of Delegates.

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<sup>1</sup> American Academy of Family Physicians. Policy: Contraceptive Advice (2007)

<http://www.aafp.org/online/en/home/policy/policies/c/contraceptiveadvice.html>

<sup>2</sup> Finer LB and Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Repro Sex Health*. 2006;38(2): 90-96

<sup>3</sup> Chiou CF, Trussell J, Reyes E, et al. Economic analysis of contraceptives for women. *Contraception* 2003;68:3–10.

<sup>4</sup> Foster DG, Rostovtseva DP, Brindis CD, Biggs MA, Hulett D, Darney PD. Cost savings from the provision of specific methods of contraception in a publicly funded program. *Am J Public Health* 2009;99:446–51.

<sup>5</sup> Trussell J, Lalla AM, Doan QV, Reyes E, Pinto L, Gricar J. Cost-effectiveness of contraceptives in the United States. *Contraception* 2009;79:5–14.

<sup>6</sup> American College of Obstetricians and Gynecologists. Increasing use of contraceptive implants and intrauterine devices to reduce unintended pregnancy. ACOG Committee Opinion No. 450. *Obstet Gynecol* 2009;114:1434–8.

<sup>7</sup> Sonfield A. Popularity Disparity: Attitudes about the IUD in Europe and the United States. *Guttmacher Policy Review*. 2007;10(4). <http://www.guttmacher.org/pubs/gpr/10/4/gpr100419.html>

<sup>8</sup> Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. *Vital and Health Statistics Series 23, No. 29*. Hyattsville, MD: National Center for Health Statistics; 2010.

<sup>9</sup> Kavanaugh ML, Jerman J, Hubacher D, Kost K, Finer LB. Characteristics of women in the United States who use long-acting reversible contraceptive methods. *Obstet Gynecol* 2011;117:1349–57.

<sup>10</sup> Rubin SE et al. Determinants of intrauterine contraception provision among US family physicians: a national survey of knowledge, attitudes and practice. *Contraception*. 2011;83(5):472-478.

<sup>11</sup> Stubbs E, Schamp A. "The evidence is in. Why are IUDs still out?: family physicians' perceptions of risk and indications." *Can Fam Physician*. 2008;54(4):560-6.

<sup>12</sup> Fleming KL et al. Attitudes and beliefs about the intrauterine device among teenagers and young women. *Contraception*. 2010;82(2):178-182.

<sup>13</sup> American College of Obstetricians and Gynecologists. Increasing use of contraceptive implants and intrauterine devices to reduce unintended pregnancy. ACOG Committee Opinion No. 450. *Obstet Gynecol* 2009;114:1434–8.

<sup>14</sup> Chiou CF, Trussell J, Reyes E, et al. Economic analysis of contraceptives for women. *Contraception* 2003;68:3–10.

<sup>15</sup> Garipey AM et al. The impact of out-of-pocket expense on IUD utilization among women with private insurance. *Contraception* . 2011;84(6) e39–e42.

<sup>16</sup> Testimony of Guttmacher Institute. Submitted to the Committee on Preventive Services for Women, Institute of Medicine, January 12, 2011. Available at: <http://www.guttmacher.org/pubs/CPSW-testimony.pdf>.

<sup>17</sup> Trussell J. Update on the cost-effectiveness of contraceptives in the United States. *Contraception* 2010;82:391.