

Resolution to Increase IUD Education in Family Medicine

WHEREAS the AAFP Policy on Family Physicians Providing Women's Health Care states, "Family physicians are well trained, qualified and involved in providing comprehensive, continuing care of women throughout their lifecycle,"¹ and

WHEREAS the AAFP considers "intrauterine device counseling, insertion, and removal" to be a "core skill" that "should be independently performed by the resident or have had the exposure to as well as the opportunity to train for independent performance"² and

WHEREAS the IUD is a safe, effective, and highly cost-effective form of contraception that is underutilized but gaining in popularity within the United States,³ 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"⁴ and

WHEREAS family physicians lag far behind ob-gyns in offering the IUD to their patients—only 39% of family physicians report that they dispense, prescribe, or recommend IUDs, compared with 89% of ob-gyns,⁵ and

WHEREAS five recent studies suggest that many family physicians use outdated medical eligibility criteria and are misinformed about the range of women who could benefit from the IUD,^{6 7 8 9 10} and

WHEREAS IUD training in family medicine residency programs is not universal—Herbitter et al. (2011) found that only 80.9% of family medicine residency program directors reported availability of clinical experience in providing the copper IUD, and only 71.4% of chief residents reported availability of such training. Similar results were found for hormonal (LNG-IUS) IUD training, with 87.6% of program directors and 77.6% of chief residents reporting availability of clinical training,¹¹ and

WHEREAS the current ACGME Gynecology requirements for family medicine residencies refer to the "performance of appropriate procedures"¹² but may not be understood to include IUD medical eligibility criteria and insertion and removal skills, and

WHEREAS family physicians have expressed interest in more training—a 2011 study found that over 40% of South Carolina family medicine residents and faculty stated that they would be likely to attend a course on IUD insertion, if offered,¹³ therefore be it

RESOLVED that the _____ will ask the AAFP to recommend to ACGME and the RC that the guideline on Gynecology training be amended to specify that training in contraception includes training to competence in insertion of intrauterine contraception, and be it further

RESOLVED that the _____ endorses increased CME opportunities and resident education regarding IUD eligibility and insertion.

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- ¹ American Academy of Family Physicians. Policy: Family Physicians Providing Women's Health Care. (1993, 2010 COD)
<http://www.aafp.org/online/en/home/policy/policies/w/famphysiccarewomen.html>
- ² American Academy of Family Physicians. Recommended Curriculum Guidelines for Family Medicine Residents: Maternity and Gynecologic Care. 1980. Available at:
http://www.aafp.org/online/etc/medialib/aafp_org/documents/about/rap/curriculum/maternitycare.Par.0001.File.tmp/Reprint261.pdf.
- ³ Finer LB, Jerman J, Kavanaugh ML. Changes in use of long-acting contraceptive methods in the United States, 2007–2009. *Fertility and Sterility*. 2012;98(4):893–897.
- ⁴ 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.
- ⁵ Landry DJ, Wei J, Frost JJ. Public and private providers' involvement in improving their patients' contraceptive use. *Contraception*. 2008;78(1):42–51.
- ⁶ Dehlendorf C, Levy K, Ruskin R, Steinauer J. Health care providers' knowledge about contraceptive evidence: a barrier to quality family planning care? *Contraception*. 2010;81(4):292–298.
- ⁷ Harper CC, Blum M, De Bocanegra HT, et al. Challenges in Translating Evidence to Practice. *Obstetrics & Gynecology*. 2008;111(6):1359–1369.
- ⁸ Rubin SE, Fletcher J, Stein T, Gold M, Segall-Gutierrez P. Underuse of the IUD in contraceptive care and training. *Fam Med*. 2010;42(6):387–388.
- ⁹ 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):560–566.
- ¹⁰ Harper CC, Henderson JT, Raine TR, et al. Evidence-based IUD Practice: Family Physicians and Obstetrician-Gynecologists. *Fam Med*. 2012;44(9):637–645.
- ¹¹ Herbitter C, Greenberg M, Fletcher J, et al. Family planning training in US family medicine residencies. *Fam Med*. 2011;43(8):574–581.
- ¹² Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Family Medicine. 2007. Available at:
<https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/120pr07012007.pdf>.
- ¹³ Diaz VA et al. Clinician knowledge about use of intrauterine devices in adolescents in South Carolina AHEC. *Family Medicine*. 2011 Jun;43(6):407-11.