

Barriers to the uptake of intrauterine contraception: patient and practitioner perspectives

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Objectives: Intrauterine contraception (IUC) is safe, longlasting and highly effective. Despite this effectiveness, of those women attending UK community contraceptive clinics in 2014, only 9.1% were using IUC (4.2% were using IUD and 4.9% using IUS). Increasing IUC use in General Practice has the potential to reduce unintended pregnancies and provide women with a safe, long-lasting, highly effective method whose failure rates, in typical use, are less than 1% per year. We examined the views of women and practitioners in General Practice regarding barriers to the uptake of IUC.

Methods: Our project, carried out in a selection of UK General Practices, used a sequential mixed-method approach. In our qualitative arm we interviewed 30 women (18–49 years), regarding their views and experiences of IUC, and subsequently surveyed 1244 women, using questions derived from the qualitative data. We separately surveyed 208, and interviewed 13 practitioners. Qualitative data was analysed thematically. Quantitative data was analysed descriptively, and in the patient survey arm, using single-predictor binary logistic models, relating current usage to other variables.

Results: Preliminary binary logistic regression analysis of the demographic and attitudinal features of survey respondents indicated the predictors of non-use of IUC included considering the long acting nature of the device a disadvantage (OR.8.280 (5.709, 12.404) $p<0.001$), disliking the thought of IUC (OR.3.135 (2.612, 3.817) $p<0.001$), being worried about womb damage (OR.2.239 (1.874, 2.701) $p<0.001$), and being worried about the method making it harder to get pregnant in the future (OR.2.601 (2.134, 3.209) $p<0.001$). In the qualitative interviews women described embarrassment and unpleasantness around fitting, and anxieties about the IUC as a 'foreign object' in the body. These attitudes and anxieties were confirmed by the survey data in which more than 40% of respondents reported worrying about the unpleasantness of fitting or removing IUC, and the thought of the device moving 'inside me'. Practitioners reported, as barriers to providing IUC, time and cost of training, difficulties maintaining competency, and logistical issues surrounding the need for an appropriate room and two staff to be present. Practitioners were less inclined to recommend an IUC to younger women. **Conclusion:** Our poster highlights barriers to the greater use of IUC in general practice in the UK. Many of these could be overcome by addressing the concerns of women regarding the method, and by improving the organisational and logistical barriers to having an IUC fitted. This project was funded by Bayer PLC.