The IUCD in general practice

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SINCE April 1966 we have offered an intra-uterine contraceptive device (IUCD) as an alternative method of contraception. This study is the result of our experience with the first 100 women who chose this method.

We prefer the couple to choose their own contraceptive method after a full explanation of the various techniques. As far as the IUCD was concerned the women are told the pregnancy rate is about two or three per 100 users per annum, that the periods will probably be heavier for a time and there may be a slight loss between the periods. However, in the following cases we advised the IUCD as the most suitable method:

Primarily social indications:
M.H. Age 28. Para. VI. Unable to manage family adequately in conditions of gross over-crowding and poor housing. Had never previously considered contraception.
H.C. Age 26. Para. II. A basically-inadequate personality overwhelmed by domestic problems. A biter of nails and a picker of face, arms and legs. Required gentle persuasion to accept the loop. Although the situation has not improved the family is still intact.
S.D. Age 23. Single. Para. II. Father of her children not free to marry her. Relationship very strained, but now appears more stable.
E.T. Age 23. Para. II. Advent of twins strained this non-domesticated girl of low I.Q. to the limit.

Primary medical indications:
C.B. Age 27. Para. I. Caesarian section for toxaemia, did not wish to take oral contraceptive. We wonder if it is advisable to use a hormonal method of contraception after a toxaemia.
E.F. Age 32. Para. II. History of severe toxaemia.
E.W. Age 24. Para. III. Pulmonary embolus (confirmed by x-ray) while taking oral contraceptive.
J.G. Age 35. Para. III. History of painful legs and phlebitis while taking oral contraceptive.
C.M. Age 20. Para. I. Received treatment for schizophrenia in a mental hospital before marriage.
D.S. Age 39. Para. II. Chronic glomerulonephritis.

The age and parity of the women who chose this method are summarized in tables I and II.

Social classification did not show any significant variation from the normal for the practice, the method seemed equally acceptable to all social classes.

The majority of cases were fitted with a Lippes Loop size 'C' in the first instance,

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in the event of extrusion replaced with a Lippes Loop size ' D ' or, more recently, a Saf-T-Coil. The insertion was quite straightforward with women in the Sims position, occasional abdominal cramps were relieved by 'codis' tablets. Rarely, the woman had a syncopal attack, recovering after a short rest. There were three failures to insert in this time (not included in these figures) all in tense women who were doubtful about this method of contraception and who did not return for a further attempted insertion.

We find that patients are willing to discuss contraceptive methods at the antenatal and postnatal attendances. In two thirds of the cases, the loops were inserted post-partum, eight weeks after the birth seemed to be the most favourable time: 75 per cent of the loops in the 20–30 age groups were inserted postpartum, compared with 37 per cent in the 30–40 age group.

<table>
<thead>
<tr>
<th>TABLE I</th>
<th>TABLE II</th>
<th>TABLE III</th>
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<tbody>
<tr>
<td>AGE AT INSERTION</td>
<td>PARITY AT INSERTION</td>
<td>TIME OF INSERTION AFTER BIRTH OF LAST CHILD</td>
</tr>
<tr>
<td>Under 20 . . . 3</td>
<td>1 child . . . 14</td>
<td>Under 6 months . . 60</td>
</tr>
<tr>
<td>20–30 . . . 59</td>
<td>2 children . . . 43</td>
<td>6–12 months . . 6</td>
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<tr>
<td>30–40 . . . 35</td>
<td>3 children . . . 31</td>
<td>1–5 years . . 21</td>
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<tr>
<td>Over 40 . . . 3</td>
<td>4 children . . . 8</td>
<td>5–10 years . . 10</td>
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<td>. . .</td>
<td>5 and over . . . 4</td>
<td>Over 10 years . . 3</td>
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The women are invited to attend three times at monthly intervals for a check after insertion, only 23 took advantage of this but the majority attended once. They are encouraged to check for themselves that the loop is in place after each period, by feeling the threads as they emerge from the cervix. We did wonder if the IUCD caused the women to attend the surgery more frequently. In this series, apart from the actual insertion, only 15 attended more than three times per annum.

Sixteen women extruded their loops:

**Five single extrusions and replacements still in place:**

F.D. Age 32. Para. II. Extruded after three months. Replaced by Saf-T-Coil.

D.G. Age 27. Para. II. Extrusion after five months. Sheath or oral contraceptive for 12 months. Re-insertion of Saf-T-Coil.

A.H. Age 26. Para. I. Extrusion after six months. Replaced by Lippes Loop size "C". A cautious girl who took the oral contraceptive as well for six months.


**Three multiple extrusions and replacements still in place:**


**Six single extrusions, not replaced:**

M.B. Age 22. Para. II. Extruded after two months. Found in posterior fornix when five months pregnant. Oral contraceptive after delivery.

V.B. Age 20. Para. III. Extruded after eight months. Period one week overdue. Loop found in posterior fornix. Periods now normal.

C.B. Age 26. Para. I. Extruded after five months. Loop felt by woman, on routine check, at cervical os, removed. Left district.

F.C. Age 37. Para. III. Extruded after three months. Returned to coitus-interruptus.


Two multiple extrusions, not replaced:


Extrusions occur most commonly in the first six months, and rarely up to 12 months. We hope this time coincides with the enthusiasm for self-checking the threads.

There does not appear to be any relationship between the frequency of extrusion and the woman’s age, or the time elapsed between the birth of the child and the insertion of the loop. However, of the 14 women with one child—five extruded the device, while of the 86 multiparous women only 11 extruded the loop, suggesting the loop is more readily retained in multiparae.

We required the help of the x-ray department on two occasions. Once because the woman had failed to feel the threads after a heavy period and they could not be seen on speculum examination. X-ray examination of the lower abdomen failed to show the device, a further loop was inserted. On the second occasion the threads had been drawn up into the uterus, but the presence of the loop was demonstrated by the x-ray. We feel x-ray examination should only be carried out in the first half of the menstrual cycle.

The loop was removed for various reasons from seven women:

W.D. Age 26. Para. II. In situ 12 months. Deliberately removed in order to have a further pregnancy.

W.H. Age 23. Para. II. In situ seven months. Requested removal because of menorrhagia. Loop removed before other adequate contraceptive measures taken—pregnancy.


E.H. Age 23. Para. I. In situ six months. Wished to have further pregnancy.

A.B. Age 34. Para. IV. In situ one month. Persistent loss for one month. Removed—oral contraceptive.

J.P. Age 25. Para. II. In situ 15 months. Four months after insertion had three weeks’ menorrhagia with abdominal pain and uterine tenderness. Improved with course of oxytetracycline. Recurred in nine months, did not respond to oxytetracycline—removed.

M.H. Age 28. Para. VI. In situ six months. Period overdue, became acutely depressed and although her period arrived late, abdominal sterilization was arranged.

For approximately six months after the insertion of the loop there was an increase in the duration of the period and the amount lost, except for one woman who had nine months amenorrhoea postpartum. Several women complained of intermenstrual spotting in the early stages, but there were surprisingly few who complained of abdominal pain.

Cases of menorrhagia not requiring removal:

H.P. Age 23. Para. III. Complained of heavy periods and vaginal discharge after 11 months. She had a tender uterus, was given a course of oxytetracycline. Quite satisfactory 18 months later.

F.J. Age 21. Para. II. Developed heavy periods nine months after insertion. Uterus not tender, retroversion corrected and held in place by a soft ring for three months. No further menorrhagia in past ten months.

H.S. Age 31. Para. II. Still complaining of heavy periods 15 months after insertion. Vaginal examination normal. Still clings tenaciously to her chosen method of contraception.

Y.P. Age 36. Para. III. Extruded loop after two months, five months after re-insertion is still complaining of menorrhagia, the uterus is bulky but not tender, she is persisting with the method pro-tem.

There were seven pregnancies:

W.D. Age 26. Para. II. Loop deliberately removed after 12 months, for further pregnancy 22 days after the first day of the last period. She had already conceived and had no further periods. Loop was replaced after normal full-term pregnancy.

K.H. Age 23. Para. II. Requested removal after seven months because of menorrhagia. No further
periods because the loop had been removed on the eighteenth day of the cycle. We have not
since removed a loop until other adequate contraceptive precautions have been taken. Loop
replaced after full-term pregnancy.

M.B.  Age 22. Para. II. Seven months after insertion she attended the surgery, five months pregnant.
Loop found in posterior fornix. Now uses oral contraceptive after normal full-term pregnancy.

B.H.  Age 27. Para. III. Eighteen months after insertion attended surgery, period two weeks overdue.
P.V. threads not felt. Pregnancy test positive. Threatened to abort at 12 weeks. Normal
delivery, no loop found in placenta or membranes. Puerperal sterilization.

H.D.  Age 30. Para. I. Eleven months after insertion attended surgery, period two weeks overdue.
Pregnancy test positive. Threatened abortion at 12 weeks. Passed the loop. Uterus
failed to enlarge and passed carneous mole at 18 weeks.

D.S.  Age 39. Para. II. Six months after insertion, period two weeks overdue. Pregnancy test
positive. Abdominal hysterotomy and sterilization on account of chronic glomerulonephritis.

J.M.  Age 25. Para. III. Pregnancy commenced 11 months after insertion. Thrilled to be 'broody
again', anxiety when threatened to abort at 12 weeks. Pregnancy continues.

Of these seven pregnancies, one was planned following the removal of the loop,
three became pregnant with the loop in place, and three following the extrusion of their
loop.

In view of the known risk of pregnancy ten women felt safer using an additional
method mid-cycle, five husbands used a sheath, one woman used a contraceptive foam
and four couples abstained during this time.

At the end of 1968 we reviewed the first 100 patients of this practice who had been
fitted with the IUCD (table IV).

<table>
<thead>
<tr>
<th>Time since insertion</th>
<th>Number inserted</th>
<th>Still using IUCD</th>
<th>Percentage in situ</th>
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<tbody>
<tr>
<td>Over two years</td>
<td>12</td>
<td>9</td>
<td>75</td>
</tr>
<tr>
<td>18 months—2 years</td>
<td>19</td>
<td>14</td>
<td>74</td>
</tr>
<tr>
<td>12—18 months</td>
<td>29</td>
<td>25</td>
<td>86</td>
</tr>
<tr>
<td>6—12 months</td>
<td>28</td>
<td>24</td>
<td>86</td>
</tr>
<tr>
<td>3—6 months</td>
<td>12</td>
<td>11</td>
<td>92</td>
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Of the original 100 women, 83 are still using this method.

Seventy of these 83 women attended the surgery for a haemoglobin check. Eighteen
of these were found to have a haemoglobin level below 12 Gms per 100 ml and were
treated for anaemia.

10.3—11 Gm.  11—12 Gm.  12—13.2 Gm.  13.4—14.6 Gm.  Over 14.6 Gm.
per 100 ml  per 100 ml  per 100 ml  per 100 ml  per 100 ml
3           15         25         23         4

We are now recording the haemoglobin level at the time of insertion and are pro-
posing to check this after three months and then annually.

The ideal method of contraception for everyone has yet to be found. We feel that
the factors that made this method acceptable, to some couples, are that the oral contra-
ceptive has received a bad press, the great support given by the nurses and health visitors,
who are better placed to pick out the women who can only be expected to cope ade-
quately with a small family, but most important we have here a method that does not
require messy preparations and does not interfere with the sexual act. There also appears
to be some mysterious attraction in the knowledge that there is a slight risk of failure.

**Summary**

Our observations of 100 women who chose to have the IUCD inserted are described,
together with their experiences and management.