The acceptability of the IUCD

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PAPERS have been written and published in the last few years about IUCDs but no large scale survey has been done on Margulie's spirals. Since 1967 we have fitted intra-uterine contraceptive devices as one method of contraception in this practice. All the earlier patients were fitted with Margulie's spirals but later some Lippe's loops were fitted. There was no special selection of patients but we refused to fit those who had had pelvic sepsis or previous caesarian section and strongly dissuaded those who had heavy or prolonged periods.

Last year we sent a letter to the first 100 patients who had been fitted with the device at least one year previously, regardless of whether the IUCD was *in situ* or not, with a questionnaire on the reverse side. They were asked to report to the local pathology laboratory for a haemoglobin check whether or not the device was still *in situ*. The format of the questionnaire in full is shown in table 1. Eventually all 100 replied but in only 74 were haemoglobin results obtained.

TABLE I

	Please ring appropriate answer
1. How many days do your monthly periods last now?	3 4 5 6 7 8 9 10 11 12
2. How many days did your periods usually last before the I.U.C.D. was fitted? ..	3 4 5 6 7 8 9 10 11 12
3. Are your periods now heavier, lighter or the same as they were before the I.U.C.D. was fitted	Heavier Lighter The same
4. Are your periods painful now?	Yes No
5. Were your periods painful before the I.U.C.D. was fitted?	Yes No
6. Have you a discharge now?	Yes No
7. Had you a discharge before the I.U.C.D. was fitted?	Yes No
8. Are your pleased with the I.U.C.D. as a method of contraception?	Yes No
9. Have you any further comments?	

Results

Distribution. This is shown by age and parity in figures 1 and 2 and is unremarkable except that it shows that we were reluctant to fit the nulliparous.

Type of device. 92 Margulie's spirals and eight Lippe's loops were fitted.

Failure rate. We consider that the following should be classified as failures:

1. Those who expelled the device more than once.
2. Those who became accidentally pregnant, either with or without the device *in situ.*
3. Those who had to have the device removed because they had unacceptable symptoms or signs.
4. Any of the remainder who replied to the questionnaire that they were not pleased with the device as a method of contraception.

Altogether the failures totalled 32.

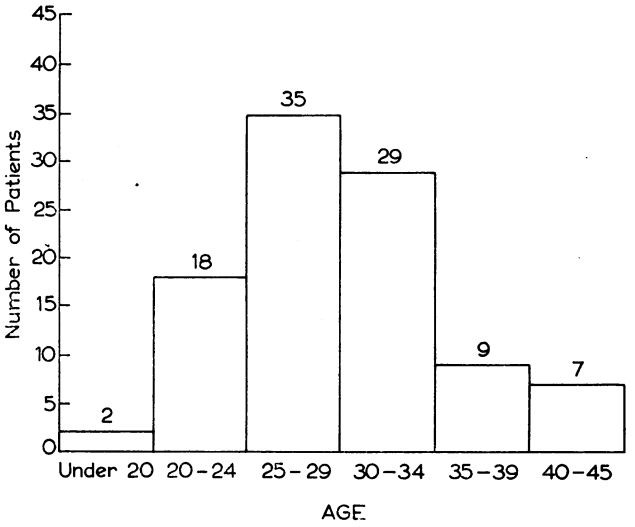

Figure 1

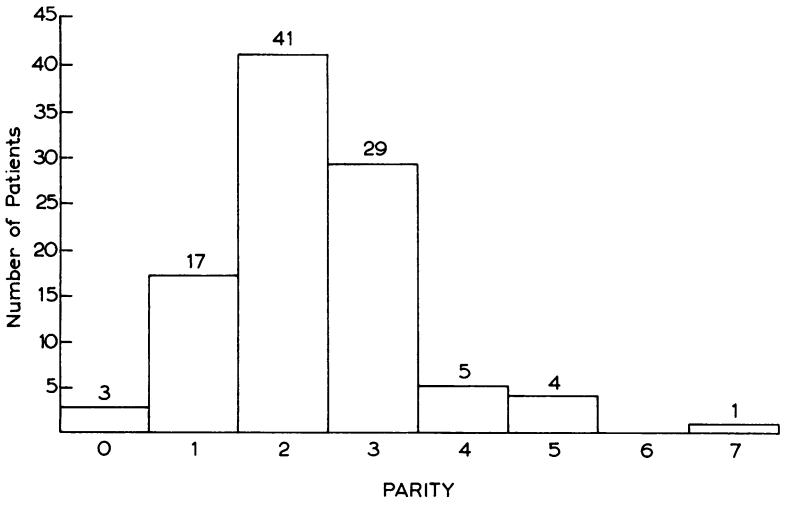

Figure 2

1. *Expulsion*

Nine devices were expelled. These were all Margulie's spirals.
Two became pregnant and the device was never found.
Two were expelled and were replaced by Lippe loops.

One expelled the device on two occasions and this was not replaced on the second occasion.

One became pregnant and the coil was expelled when she miscarried.

One expelled the device after three weeks and did not wish to have it replaced.

One decided after expulsion to take oral contraceptives.

One left the practice after expulsion.

2. *Pregnancy.* There were five pregnancies.

With coil in situ—three: Two of these continued to full term quite normally, one produced twins; one woman aborted at eight weeks.

Coil expelled. In the two other women who became pregnant the device was never found. It was presumably expelled before or soon after conception. As all the pregnancies occurred during the first year after fitting, this gives an overall pregnancy rate of 5 per 100 woman years. This might possibly have been reduced a further two by more thorough checking by the patient. As far as we know no additional method of contraception such as a spermicidal cream, was used.

3. *Removal*—The reasons for removal were:

(a) *Menorrhagia*—11: Here the parity and age distribution were unremarkable.
(b) *Endometritis*—four: The diagnosis rested on an offensive vaginal discharge, pyrexia and uterine tenderness. One patient was treated with antibiotics and improved but the coil was removed later because of a second attack.
(c) *Mid-menstrual bleeding*—one: As it was impossible to exclude underlying intra-uterine pathology the device was removed.
(d) *Patient's request*—Three decided that they did not like the device within six weeks of fitting.
(e) *Polymenorrhoea*—one patient bled every two weeks.

4. Three patients replied that they were not pleased with the device as a method of contraception, although the device was *in situ* and the cause of dissatisfaction not obvious.

Haemoglobin levels. This can be seen in figure 3. Readings were obtained from 74 patients only. If 11 g be considered the lowest acceptable level then seven patients with the device *in situ* can be said to have been anaemic. Patients fitted were not automatically given iron tablets.

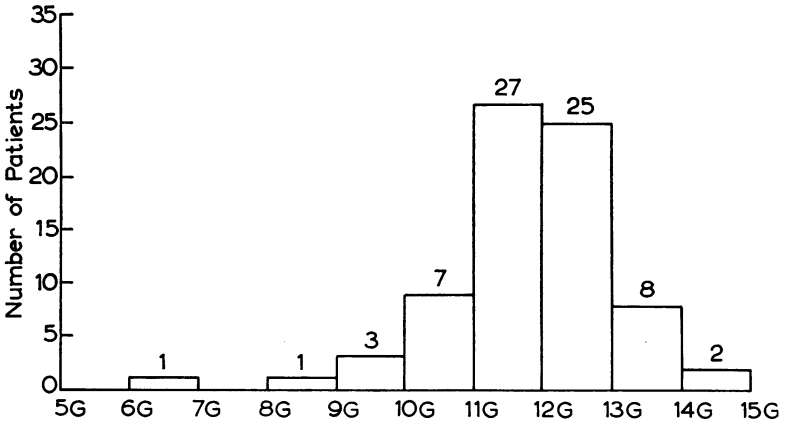

Figure 3

Satisfied patients. Sixty-eight patients were pleased with this method of contraception after one year or more. Nevertheless, the great majority of these had symptoms that could probably be attributed to the device.

Fifty-one described their periods as heavier.

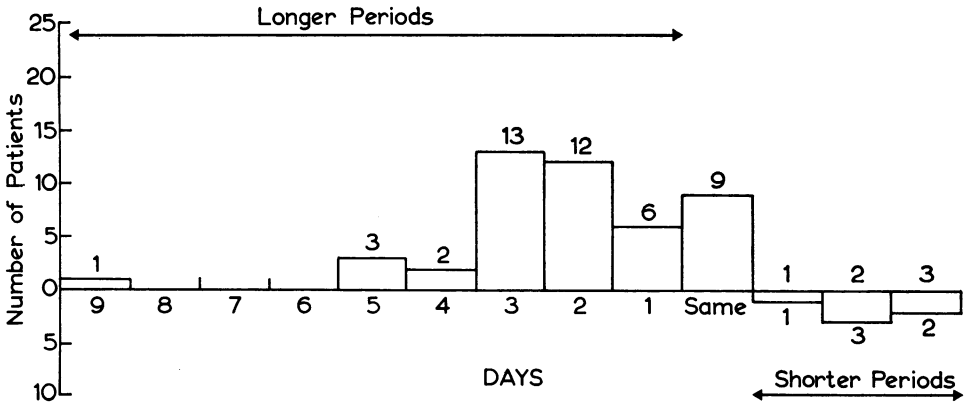

Figure 4

Of the 52 from whom we obtained details of length of periods:

37 said that their periods lasted longer;
6 said that their periods were shorter;
9 said that their periods were the same length.

The distribution is shown in figure 4.

Thirty-eight of the 68 said that they had a discharge. Twenty-four of these said that they had had it before fitting. There is probably some confusion and overlap between discharge and length of period.

Sixteen of the 68 said that they now had painful periods. Four only of these admitted to pain before fitting.

Planned pregnancy

Three patients had their devices removed in order to become pregnant. All became pregnant within six months. Two had full-term normal deliveries and one miscarried at eight weeks.

Summary

The IUCD is obviously by no means an ideal method of contraception. However, it may be very satisfactory for those patients who surmount the perils of the first few few months. Sixty-eight per cent of our patients found the method acceptable after one year. They were apparently quite ready to tolerate heavier periods for two or three more days, and dysmenorrhoea was accepted.

We have continued to advise the method but with perhaps greater selection by personality and gynaecological history. Comparison shows that the incidence of side effects is greater with Margulie's spiral than with Lippe's loop and the pregnancy rate not significantly lower. We are now fitting many more loops than spirals. In other published series it appears that additional contraceptive measures may have been advised so their figures may not be comparable.

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