



Transcript from *Contraception 101: More than Just Pills and Condoms*
Capitol Hill Briefing | December 10, 2008

Part 7: Provider Perspective

Eve Espey, MD [*Faculty, OBGYN, University of New Mexico*]: So just a few comments about uh, about provider perspectives particularly on...on IUDs and Implanon. Uh, there's, it's still unfortunately a mystique about IUDs uh, that...that...that there's, it's somehow complicated to put in and...and OB/GYNs do—you know, we do hysterectomies and complicated abdominal uh, and vaginal surgeries. But, you know, putting an IUD in is a trivial procedure, but there's still more uh, reluctance to do it than there should be given how easy it is to put one in. Uh, research has shown that providers uh, particularly OB/GYN physicians have very favorable attitudes about the IUDs. So they...they think it's a good thing, but they just don't put very many in and the two major reasons is because they're worried about litigation. Uh, litigation is a big issue in this country around contraceptive methods. Several great contraceptive methods have gone down uh, based on...on litigation uh, but there're really since the...the copper IUD was reintroduced in the late eighties, there has been very little litigation, successful litigation, around the IUD. So uh, providers should be quite uh, encouraged by that. And there's this concern that...that IUDs cause pelvic infections, that the bacteria, you know, climb up the string and wind up in the uterus and cause an infection and cause infertility, etc.

There's really good evidence that that's...that that's not the case. Uh, most providers have pretty restrictive criteria. Like Karen was mentioning that, you know, that require that you have four children and you smoke and you don't want a tubal ligation and, so it's...it's gotten into the consciousness that it's a method of last resort whereas it really should be a method of I...I think a, you know, a first-line method. And...and birth control pills I think should be the method of last resort. Uh, Im...Implanon is new. Uh, there are still not a lot of providers that are trained. We've got, we...we use it a lot. We've got great uptake in our clinic. Uh, again uh, we have a...a large Hispanic population. Im...Implanon has been around in Mexico for some time so we have women uh, who come up asking for it. Uh, but even uh, among our uh, our general population we have—now that we're doing it, we're know, it's known that we...that we do that. The FDA's required a three-hour training. Uh, so for providers to learn how to put it in, I can't just teach my residents, for an example, how to put in an Implanon. They have to go through a training. The company that makes Implanon has just changed hands and they haven't had trainings for several months. So...so there are some logistical issues that have made it more difficult to get Implanon out there like...like it should be. Uh, but I, there...there's also a very cumbersome process for actually getting uh, the devices stocked in your formulary. So I think that over the next five years, we're going to see a lot more Implanon used as these things get worked out. Uh, and I think what's...what's, the snapshot of what's going on right now is that in university centers where there are people that are fanatic uh, or I mean interested in family planning uh, there's a lot of IUDs. I mean in our, you...you know, at the University of New Mex...New Mexico in...in our immediate, in our clinics, about twenty percent of women use an IUD or

Implanon. I think that's true in Oregon and Washington in...in many centers, but it hasn't diffused that to the general population. I think that that's what we'll see happening in the years to come.