

PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY	1
Pregnancy.....	1
Age	1
Parity.....	1
Postpartum	1
Post-abortion.....	2
Past ectopic pregnancy.....	2
History of pelvic surgery.....	2
Smoking.....	2
Obesity.....	2
Blood pressure measurement unavailable	2
CARDIOVASCULAR DISEASE.....	3
Multiple risk factors for arterial cardiovascular disease.....	3
Hypertension.....	3
History of high blood pressure during pregnancy.....	3
Deep venous thrombosis (DVT)/pulmonary embolism (PE).....	4
Known thrombogenic mutations.....	4
Superficial venous thrombosis	4
Current and history of ischaemic heart disease	4
Stroke	4
Known hyperlipidaemias	5
Valvular heart disease	5
NEUROLOGIC CONDITIONS.....	5
Headaches.....	5
Epilepsy	5
DEPRESSIVE DISORDERS	5
Depressive disorders	5
REPRODUCTIVE TRACT INFECTIONS AND DISORDERS.....	6
Vaginal bleeding patterns.....	6
Unexplained vaginal bleeding	6
Endometriosis	6
Benign ovarian tumours	6
Severe dysmenorrhoea.....	6
Trophoblast disease.....	6
Cervical ectropion	6
Cervical intraepithelial neoplasia (CIN)	6
Cervical cancer	6
Breast disease	7
Endometrial cancer	7
Ovarian cancer.....	7
Uterine fibroids.....	7
Anatomical abnormalities.....	7
Pelvic inflammatory disease (PID)	8
STIs	8
HIV/AIDS	9
High risk of HIV	9
HIV-infected	9
AIDS	9

OTHER INFECTIONS	9
Schistosomiasis	9
Tuberculosis.....	9
Malaria	10
ENDOCRINE CONDITIONS.....	10
Diabetes.....	10
Thyroid disorders	10
GASTROINTESTINAL CONDITIONS.....	10
Gall-bladder disease	10
History of cholestasis	10
Viral hepatitis	11
Cirrhosis.....	11
Liver tumours	11
ANAEMIAS.....	11
Thalassaemia.....	11
Sickle cell disease.....	11
Iron-deficiency anaemia	11
DRUG INTERACTIONS	11
Drugs which affect liver enzymes.....	11
Antibiotics	11
Antiretroviral therapy.....	12
Additional comments	13
References for intrauterine devices.....	15

INTRAUTERINE DEVICES

Cu-IUD = Copper-bearing IUD

LNG-IUD = Levonorgestrel-releasing IUD (20 µg /24hours)

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY			
PREGNANCY	4	4	Clarification: The IUD is not indicated during pregnancy and should not be used because of the risk of serious pelvic infection and septic spontaneous abortion.
AGE*			
a) Menarche to < 20 years	2	2	
b) ≥ 20 years	1	1	
PARITY*			
a) Nulliparous	2	2	Evidence: There are conflicting data regarding whether IUD use is associated with infertility among nulliparous women, although recent, well-conducted studies suggest no increased risk. ¹⁻⁹
b) Parous	1	1	
POSTPARTUM* (breastfeeding or non-breastfeeding, including post-caesarean section)			
a) < 48 hours	2	3	Evidence: There was some increase in expulsion rates with delayed postpartum insertion compared to immediate insertion and with immediate postpartum insertion compared to interval insertion. ¹⁰⁻¹⁶
b) 48 hours to < 4 weeks	3	3	
c) ≥ 4 weeks	1	1	
d) Puerperal sepsis	4	4	

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
POST-ABORTION*			
a) First trimester	1	1	<p>Clarification: IUDs can be inserted immediately after first-trimester, spontaneous or induced abortion.</p> <p>Evidence: There was no difference in risk of complications for immediate versus delayed insertion of an IUD after abortion. Expulsion was greater when an IUD was inserted following a second-trimester abortion versus following a first-trimester abortion. There were no differences in safety or expulsions for post-abortion insertion of an LNG-IUD compared with Cu-IUD.¹⁷⁻³⁰</p>
b) Second trimester	2	2	
c) Immediate post-septic abortion	4	4	
PAST ECTOPIC PREGNANCY*	1	1	
HISTORY OF PELVIC SURGERY (see postpartum, including caesarean section)	1	1	
SMOKING			
a) Age < 35 years	1	1	
b) Age ≥ 35 years			
(i) < 15 cigarettes/day	1	1	
(ii) ≥ 15 cigarettes/day	1	1	
OBESITY ≥ 30 kg/m ² body mass index (BMI)	1	1	
BLOOD PRESSURE MEASUREMENT UNAVAILABLE	NA	NA	Clarification: While a blood pressure measurement may be appropriate for good preventative health care, it is not materially related to safe and effective IUD use. Women should not be denied use of IUDs simply because their blood pressure cannot be measured.

* See also additional comments at end of table

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CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
CARDIOVASCULAR DISEASE			
MULTIPLE RISK FACTORS FOR ARTERIAL CARDIOVASCULAR DISEASE (such as older age, smoking, diabetes and hypertension)	1	2	
HYPERTENSION*			
For all categories of hypertension, classifications are based on the assumption that no other risk factors for cardiovascular disease exist. When multiple risk factors do exist, risk of cardiovascular disease may increase substantially. A single reading of blood pressure level is not sufficient to classify a woman as hypertensive.			
a) History of hypertension where blood pressure CANNOT be evaluated (including hypertension in pregnancy)	1	2	
b) Adequately controlled hypertension where blood pressure CAN be evaluated	1	1	
c) Elevated blood pressure levels (properly taken measurements)			
(i) systolic 140-159 or diastolic 90-99	1	1	
(ii) systolic \geq 160 or diastolic \geq 100	1	2	
d) Vascular disease	1	2	
HISTORY OF HIGH BLOOD PRESSURE DURING PREGNANCY (where current blood pressure is measurable and normal)	1	1	

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INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
DEEP VENOUS THROMBOSIS (DVT)/ PULMONARY EMBOLISM (PE)*			
a) History of DVT/PE	1	2	
b) Current DVT/PE	1	3	
c) Family history of DVT/PE (first-degree relatives)	1	1	
d) Major surgery			
(i) with prolonged immobilization	1	2	
(ii) without prolonged immobilization	1	1	
e) Minor surgery without immobilization	1	1	
KNOWN THROMBOGENIC MUTATIONS (e.g., Factor V Leiden; Prothrombin mutation; Protein S, Protein C, and Antithrombin deficiencies)	1	2	Clarification: Routine screening is not appropriate because of the rarity of the conditions and the high cost of screening.
SUPERFICIAL VENOUS THROMBOSIS			
a) Varicose veins	1	1	
b) Superficial thrombophlebitis	1	1	
CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE*		I C	
	1	2 3	
STROKE* (history of cerebrovascular accident)	1	2	

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
KNOWN HYPERLIPIDAEMIAS	1	2	Clarification: Routine screening is not appropriate because of the rarity of the conditions and the high cost of screening.
VALVULAR HEART DISEASE a) Uncomplicated b) Complicated (pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis)	1 2	1 2	Clarification: Prophylactic antibiotics to prevent endocarditis are advised for insertion.
NEUROLOGIC CONDITIONS			
HEADACHES*		I C	
a) Non-migrainous (mild or severe)	1	1 1	Clarification: Any new headaches or marked changes in headaches should be evaluated.
b) Migraine			
(i) without aura			
Age < 35	1	2 2	
Age ≥ 35	1	2 2	
(ii) with aura, at any age	1	2 3	
EPILEPSY	1	1	
DEPRESSIVE DISORDERS			
DEPRESSIVE DISORDERS	1	1	Clarification: The classification is based on data for women with selected depressive disorders. No data on bipolar disorder or postpartum depression were available. There is a potential for drug interactions between certain antidepressant medications and hormonal contraceptives.

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.			
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE	
	Cu-IUD	LNG-IUD		
REPRODUCTIVE TRACT INFECTIONS AND DISORDERS				
VAGINAL BLEEDING PATTERNS*		I	C	
a) Irregular pattern <i>without</i> heavy bleeding	1	1	1	
b) Heavy or prolonged bleeding (includes regular and irregular patterns)	2	1	2	Clarification: Unusually heavy bleeding should raise the suspicion of a serious underlying condition. Evidence: Among women with heavy or prolonged bleeding, LNG-IUDs were beneficial in treating menorrhagia. ³¹⁻³⁵
UNEXPLAINED VAGINAL BLEEDING (suspicion for serious condition)	I	C	I	C
Before evaluation	4	2	4	2
ENDOMETRIOSIS*	2	1		Evidence: LNG-IUD use among women with endometriosis decreased dysmenorrhoea and pelvic pain. ^{36, 37}
BENIGN OVARIAN TUMOURS (including cysts)	1	1		
SEVERE DYSMENORRHOEA*	2	1		
TROPHOBLAST DISEASE*				
a) Benign gestational trophoblastic disease	3	3		
b) Malignant gestational trophoblastic disease	4	4		
CERVICAL ECTROPION	1	1		
CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN)*	1	2		
CERVICAL CANCER* (awaiting treatment)	I	C	I	C
	4	2	4	2

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.			
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE	
	Cu-IUD	LNG-IUD		
BREAST DISEASE* a) Undiagnosed mass b) Benign breast disease c) Family history of cancer d) Breast cancer: (i) current (ii) past and no evidence of current disease for 5 years	1 1 1 1 1	2 1 1 4 3		
ENDOMETRIAL CANCER*	I C 4 2	I C 4 2		
OVARIAN CANCER*	3 2	3 2		
UTERINE FIBROIDS* a) Without distortion of the uterine cavity b) With distortion of the uterine cavity	1 4	1 4	Evidence: Among women with fibroids, there were no adverse health events with LNG-IUD use and there was a decrease in symptoms and size of fibroids for some women. ³⁸⁻⁴⁴	
ANATOMICAL ABNORMALITIES* a) Distorted uterine cavity (any congenital or acquired uterine abnormality distorting the uterine cavity in a manner that is incompatible with IUD insertion) b) Other abnormalities (including cervical stenosis or cervical lacerations) not distorting the uterine cavity or interfering with IUD insertion	4 2	4 2		

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.				
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE		
	Cu-IUD	LNG-IUD			
PELVIC INFLAMMATORY DISEASE (PID)* a) Past PID (assuming no known current risk factors for STIs) (i) with subsequent pregnancy (ii) without subsequent pregnancy b) PID - current	I	C	I	C	<p>Clarification for continuation: Treat the PID using appropriate antibiotics. There is usually no need for removal of the IUD if the client wishes to continue its use. (See <i>Selected Practice Recommendations for Contraceptive Use</i>. WHO: Geneva, 2002). Continued use of an IUD depends on the woman's informed choice and her current risk factors for STIs and PID.</p> <p>Evidence: Among IUD users treated for PID, there was no difference in clinical course if the IUD was removed or left in place.⁴⁵⁻⁴⁷</p>
STIs* a) Current purulent cervicitis or chlamydial infection or gonorrhoea b) Other STIs (excluding HIV and hepatitis) c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	I	C	I	C	<p>Clarification for continuation: Treat the STI using appropriate antibiotics. There is usually no need for removal of the IUD if the client wishes to continue its use. Continued use of an IUD depends on the woman's informed choice and her current risk factors for STIs and PID.</p> <p>Evidence: There is no evidence regarding whether IUD insertion among women with STIs increases the risk of PID compared with no IUD insertion. Among women who have an IUD inserted, the absolute risk of subsequent PID was low among women with STI at the time of insertion but greater than among women with no STI at the time of IUD insertion.⁴⁸⁻⁵⁴</p>

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.				
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE		
	Cu-IUD	LNG-IUD			
STIs (Cont'd)					
d) Increased risk of STIs	2/3	2	2/3	2	<p>Clarification for initiation: If a woman has a very high individual likelihood of exposure to gonorrhoea or chlamydial infection, the condition is a Category 3.</p> <p>Evidence: Using an algorithm to classify STI risk status among IUD users, one study reported that 11% of high STI-risk women experienced IUD-related complications compared with 5% of those not classified as high risk.⁵⁰</p>
HIV/AIDS					
HIGH RISK OF HIV*	I	C	I	C	
	2	2	2	2	Evidence: Among women at risk of HIV, copper IUD use did not increase risk of HIV acquisition. ⁵⁵⁻⁶⁵
HIV-INFECTED	2	2	2	2	Evidence: Among IUD users, there is limited evidence showing no increased risk of overall complications or infection-related complications when comparing HIV-infected women with non-infected women. Furthermore, IUD use among HIV-infected women was not associated with increased risk of transmission to sexual partners. ^{55, 66-69}
AIDS	3	2	3	2	Clarification for continuation: IUD users with AIDS should be closely monitored for pelvic infection.
Clinically well on ARV therapy	2	2	2	2	
OTHER INFECTIONS					
SCHISTOSOMIASIS					
a) Uncomplicated	1		1		
b) Fibrosis of the liver (if severe, see cirrhosis)	1		1		
TUBERCULOSIS*					
a) Non-pelvic	I	C	I	C	
b) Known pelvic	1	1	1	1	
	4	3	4	3	

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
MALARIA	1	1	
ENDOCRINE CONDITIONS			
DIABETES*			
a) History of gestational disease	1	1	
b) Non-vascular disease			
(i) non-insulin dependent	1	2	
(ii) insulin dependent	1	2	
c) Nephropathy/ retinopathy/ neuropathy	1	2	
d) Other vascular disease or diabetes of >20 years' duration	1	2	
THYROID DISORDERS			
a) Simple goitre	1	1	
b) Hyperthyroid	1	1	
c) Hypothyroid	1	1	
GASTROINTESTINAL CONDITIONS			
GALL-BLADDER DISEASE			
a) Symptomatic			
(i) treated by cholecystectomy	1	2	
(ii) medically treated	1	2	
(iii) current	1	2	
b) Asymptomatic	1	2	
HISTORY OF CHOLESTASIS*			
a) Pregnancy-related	1	1	
b) Past COC-related	1	2	

* See also additional comments at end of table

INTRAUTERINE DEVICES (IUDs)	IUDs do not protect against STI/HIV. If there is risk of STI/HIV (including the postpartum period), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male latex condoms are proven to protect against STI/HIV.		
CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE
	Cu-IUD	LNG-IUD	
VIRAL HEPATITIS*			
a) Active	1	3	
b) Carrier	1	1	
CIRRHOSIS*			
a) Mild (compensated)	1	2	
b) Severe (decompensated)	1	3	
LIVER TUMOURS*			
a) Benign (adenoma)	1	3	
b) Malignant (hepatoma)	1	3	
ANAEMIAS			
THALASSAEMIA*	2	1	
SICKLE CELL DISEASE*	2	1	
IRON-DEFICIENCY ANAEMIA*	2	1	
DRUG INTERACTIONS			
DRUGS WHICH AFFECT LIVER ENZYMES			
a) Rifampicin	1	1	Evidence: One study found that rifabutin, which is in the same class of drugs as rifampicin, has no impact on the effectiveness of LNG-IUD. ⁷⁰
b) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1	1	
ANTIBIOTICS (excluding rifampicin)	1	1	
a) Griseofulvin	1	1	
b) Other antibiotics	1	1	

* See also additional comments at end of table

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CONDITION	CATEGORY I=Initiation, C=Continuation		CLARIFICATIONS/EVIDENCE		
	Cu-IUD	LNG-IUD			
ANTIRETROVIRAL THERAPY	I	C	I	C	
	2/3	2	2/3	2	Clarification: There is no known drug interaction between ARV therapy and IUD use. However, AIDS as a condition is classified as Category 3 for insertion and Category 2 for continuation unless the woman is clinically well on ARV therapy in which case, both insertion and continuation are classified as Category 2. (See AIDS condition above.)

* See also additional comments at end of table

Additional comments

AGE

Menarche to < 20 years: There is concern both about the risk of expulsion due to nulliparity and risk of STIs due to sexual behaviour in younger age groups.

PARITY

Nulliparous: Nulliparity is related to an increased risk of expulsion.

POSTPARTUM

< 48 hours, 48 hours to < 4 weeks, ≥ 4 weeks: Concern that the neonate may be at risk due to exposure to steroid hormones with LNG-IUD use during the first 6 weeks postpartum is the same as for other POCs.

Puerperal sepsis: Insertion of an IUD may substantially worsen the condition.

POST-ABORTION

Immediate post-septic abortion: Insertion of an IUD may substantially worsen the condition.

PAST ECTOPIC PREGNANCY

The absolute risk of ectopic pregnancy is extremely low due to the high effectiveness of IUDs. However, when a woman becomes pregnant during IUD use, the relative likelihood of ectopic pregnancy is greatly increased.

HYPERTENSION

There is theoretical concern about the effect of LNG on lipids. There is no restriction for copper IUDs.

DEEP VEIN THROMBOSIS (DVT)/ PULMONARY EMBOLISM (PE)

Some progestogens may increase the risk of venous thrombosis, although this increase is substantially less than for COCs.

CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE

There is theoretical concern about the effect of LNG on lipids. There is no restriction for copper IUDs.

STROKE

There is theoretical concern about the effect of LNG on lipids. There is no restriction for copper IUDs.

HEADACHES

Aura is a specific focal neurologic symptom. For more information on this and other diagnostic criteria, see: Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders, 2nd Edition. Cephalalgia. 2004; 24 (Suppl 1): 1- 150.

http://216.25.100.131/ihscommon/guidelines/pdfs/ihc_II_main_no_print.pdf

VAGINAL BLEEDING PATTERNS

LNG-IUD use frequently causes changes in menstrual bleeding patterns. Over time, LNG-IUD users are more likely than non-users to become amenorrhoeic, thus LNG-IUDs are sometimes used as a treatment to correct heavy bleeding.

ENDOMETRIOSIS

Copper IUD use may worsen dysmenorrhoea associated with the condition.

SEVERE DYSMENORRHOEA

Dysmenorrhoea may intensify with copper IUD use. LNG-IUD use has been associated with reduction of dysmenorrhoea.

TROPHOBLAST DISEASE

There is an increased risk of perforation since the treatment for the condition may require multiple uterine curettages.

CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN)

There is some theoretical concern that LNG-IUDs may enhance progression of CIN.

CERVICAL CANCER (awaiting treatment)

There is concern about the increased risk of infection and bleeding at insertion. The IUD will likely need to be removed at the time of treatment but, until then, the woman is at risk of pregnancy.

BREAST DISEASE

Breast cancer: Breast cancer is a hormonally sensitive tumour. Concerns about progression of the disease may be less with LNG-IUDs than with COCs or higher-dose POCs.

ENDOMETRIAL CANCER

There is concern about the increased risk of infection, perforation and bleeding at insertion. The IUD will likely need to be removed at the time of treatment but, until then, the woman is at risk of pregnancy.

OVARIAN CANCER

The IUD will likely need to be removed at the time of treatment but, until then, the woman is at risk of pregnancy.

UTERINE FIBROIDS

Without distortion of the uterine cavity: Women with heavy or prolonged bleeding should be assigned the category for that condition.

With distortion of the uterine cavity: Pre-existing uterine fibroids that distort the uterine cavity may be incompatible with insertion and proper placement of the IUD.

ANATOMICAL ABNORMALITIES

Distorted uterine cavity: In the presence of an anatomic abnormality that distorts the uterine cavity, proper IUD placement may not be possible.

PELVIC INFLAMMATORY DISEASE (PID)

IUDs do not protect against STI/HIV/PID. In women at low risk of STIs, IUD insertion poses little risk of PID. Current risk of STIs and desire for future pregnancy are relevant considerations.

STIs

IUDs do not protect against STI/HIV/PID. Among women with chlamydial infection or gonorrhoea, the potential increased risk of PID with IUD insertions should be avoided. The concern is less for other STIs.

HIGH RISK OF HIV

IUDs do not protect against STI/HIV/PID.

TUBERCULOSIS

Known pelvic: Insertion of an IUD may substantially worsen known the condition.

DIABETES

Whether the amount of LNG released by the IUD may slightly influence carbohydrate and lipid metabolism is unclear. Some progestogens may increase the risk of thrombosis, although this increase is substantially less than for COCs.

HISTORY OF CHOLESTASIS

There is concern that a history of COC-related cholestasis may predict subsequent cholestasis with LNG use. Whether there is any risk with use of an LNG-IUD is unclear.

VIRAL HEPATITIS

Active: POCs are metabolized by the liver and their use may adversely affect women whose liver function is compromised. This concern is similar to, but less than, that with COCs.

CIRRHOSIS

POCs are metabolized by the liver and their use may adversely affect women whose liver function is compromised. This concern is similar to, but less than, that with COCs.

LIVER TUMOURS

POCs are metabolized by the liver and their use may adversely affect women whose liver function is compromised. In addition, POC use may enhance the growth of tumours. This concern is similar to, but less than, that with COCs.

THALASSAEMIA

There is concern about an increased risk of blood loss with copper IUDs.

SICKLE CELL DISEASE

There is concern about an increased risk of blood loss with copper IUDs.

IRON-DEFICIENCY ANAEMIA

There is concern about an increased risk of blood loss with copper IUDs.

References for intrauterine devices

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