Background
Prior studies have shown that many women prefer methods of contraception that they can stop using without a clinician’s assistance. Previous work has shown that the idea of IUD self-removal appeals to many women. We assessed the willingness and ability of women seeking IUD removal to remove it on their own and the effect of the self-removal feature on attitudes toward the IUD.

Methods
Between November 2012 and April 2013, women age 18 and older who presented to healthcare facilities in St. Louis, New York, San Francisco, Philadelphia, and Salt Lake City seeking IUD removal were asked to participate in an anonymous survey. Women were told that participation involved completing paper surveys (in English or Spanish), before and after removal, and that they would receive $30 for their participation.

The first survey collected basic socio-demographic data, data on women’s reproductive history, satisfaction with their current IUD, reason for desiring IUD removal, willingness to recommend the IUD to a friend, and information hypothesized to affect successful IUD self-removal. Women were then given the option of attempting self-removal. If the woman agreed to try self-removal, the clinician left her alone to attempt the removal. If the woman declined or was unsuccessful in her attempt, the clinician performed the removal. Afterward, all participants completed a survey about their experience.

The IUD (Intrauterine Device) is at your antrum. The IUD is shaped like a T with a string attached to the bottom of the T. If it has flexible arms, it makes it easier to remove the IUD from the uterus and vagina. We are studying whether women who once have the device themselves and how this option might affect their attitudes toward the method.

Removing your own IUD

Steps to remove your own IUD:
1. Wash your hands with soap.
2. Try to find a position where you can best reach the string. Here are a few suggestions:
   - Hold the clip or ring on your cervix with your knees up in the air.
   - Hold onto your hand with your knees up and step or chair.
   - Use your fingers to try to feel the IUD string inside your vagina. If you feel it, wrap your fingers around your cervix and the sides of your vagina. You can touch the string, to try to grasp it between two fingers.
   - Pull on the string gently but firmly. The device should come out with a gentle tug.

3. Use your fingers to try to feel the IUD string inside your vagina. If you don’t feel it, wrap your fingers around your cervix and the sides of your vagina.
4. If you aren’t able to find the string, if it slips through your fingers, or if you are feeling frustrated, you can stop trying at any time. The clinician can remove it for you. Please do not throw away your IUD. Leave it for the doctor or nurse.

Results
326 women participated in the study (see table). The majority (59%, 95% CI: 45-65%) were willing to attempt IUD self-removal. Their most common reasons were to “see if I can do it” (64%), followed by “I liked the idea of removing the IUD myself” (58%) and “I wanted to take part in research” (49%). The most common reasons for not attempting IUD self-removal were “I prefer to let the doctor/nurse do it” (66%), “fraid of pain” (56%), “afraid of injury” (55%) or “feel uncomfortable with the idea” (39%).

Among those who attempted self-removal, nearly one in five was successful (19%, 95% CI: 14-25%). The mean string length among this group was 6.7 cm, compared to 5.4 cm among those who tried and were not successful (p<0.05).

Over half of all women surveyed (54%) said that they were more likely to recommend the IUD to a friend, knowing that some women can remove their own IUDs; 40% said they were neither more nor less likely; and 6% said they were less likely. In a multivariate model of attitudes toward the IUD and the feature of self-removability, African American women, women who attempted self-removal, and copper IUD users were significantly more likely to recommend the IUD knowing that some women can remove their own.

Discussion
We found that the majority of women were interested in attempting IUD self-removal, and that many reported that the self-removal option made them more likely to recommend the method to a friend. In particular, African American women were four times more likely to recommend the IUD when the option of self-removal was presented. Given the disgraceful history of coercive sterilization in the US, forcing fears of reproductive coercion among minority women are understandable. However, low levels of IUD use among African American women likely contribute to their disproportionate burden of unintended pregnancy. Given many women’s tenuous access to healthcare across the world, an effective contraceptive method where discontinuation is not dependent on a skilled clinician can help women control their fertility.

Table 1: Likelihood of recommending IUD

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<td>18-24 (25%)</td>
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Willingness to try and succeed in IUD self-removal; effect on recommendation (mixed effects logistic regression model)

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Note: Numbers in orange indicate statistical significance

Removal of IUD

If you failed to remove the IUD, or if you had difficulty, you can remove it with a forceps or a string guide.

Which IUD method do you prefer? (mixed effects logistic regression model)

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References:
1. Lessard et al, 2012
2. Foster et al, 2012
3. Barlow, 2005
4. Kuchin, 2004
5. Koye et al, 2009
7. Foster et al, 2010
8. Turok, 2012

Interest in and experience with IUD self-removal