Though same-day access to IUDs increases the likelihood a woman will get the reproductive health care she wants and decreases the chance she'll become pregnant when she doesn't plan to, most providers in Ohio don't offer the service, a new study has found.

Researchers from The Ohio State University examined access to same-day implantation of the long-acting contraceptive option by calling 396 randomly selected ob-gyn offices and posing as would-be patients.

Almost 95% of practices offered IUD placement. Of those, 92% required multiple appointments.

The study appears in the journal *Contraception*.

"The need to make—and keep—multiple appointments presents significant barriers to reproductive care, particularly for those women with the fewest resources," said Jaclyn Serpico, who led the research as a graduate student in health behavior and health promotion and in women's, gender and sexuality studies.

"The challenges are likely greatest for people who can't take a lot of time off work, young people, people of color and people who live in rural areas," she said.

Following a script, callers determined whether single-visit IUD insertion was available, and whether office staff willingness to schedule an IUD insertion appointment varied by the caller's perceived age, childbearing history or race.

Office staff frequently said they required more than one visit because of a need to verify insurance coverage or order the device directly through the patient's insurance company. Even when callers said they had already checked with their insurance, office staff responded that they needed to verify benefits, the researchers found.

"Insurance coverage seemed to be the biggest perceived barrier, over and over again. That's troubling because these devices should be almost universally covered under the Affordable Care Act," Serpico said.

Women who told the office staff that they had previously given birth were more likely to be told that they could get an IUD placement the same day, the study found.

The study doesn't answer why, but possibilities include a perception that those women are more likely to be sure of what they want and better able to manage the discomfort of the procedure, said study senior author Maria Gallo, interim chair and professor of epidemiology in Ohio State's College of Public Health.

"It's really good that we didn't see evidence of racial discrimination at the office-staff level in this study, but that doesn't mean it doesn't exist," she said.

Serpico and Gallo said this study and other work analyzing whether insurance policies are complying with the Affordable Care Act could point to a need for additional policies to ensure women are able to access IUDs, ideally in one appointment.

And there may also be opportunities for medical practices to explore operational changes that ease the way for same-day access, Gallo said.

"It could be that even just training your front desk staff to listen to the woman and what she wants and not present a barrier would make a difference. Our callers were talking to office staff, not..."
providers. It's possible that providers might be surprised by these findings," she said.

National public health and medical organizations strongly recommend IUDs and other long-acting forms of birth control, emphasizing that most women, including those who have not had babies, are good candidates.

"IUDs are one of the most effective methods of contraception. We've seen significant drops in unintended pregnancies and a lot of this has been driven by increasing use of long-acting contraceptives," Serpico said. "Once it's inserted you just go about your life and it's working, and you don't have to do anything until you have it taken out."


Provided by The Ohio State University

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