



## WOMENA FAQs - CAN YOU USE AN MC WHEN ALSO USING AN IUD?

**QUESTION:** *Can you use a menstrual cup (MC) when you are also using an Intra-Uterine Device (IUD)?*

### WOMENA RECOMMENDATIONS

Based on available evidence, expert opinion, recommendations from health authorities as well as from manufacturers, **there is little scientific evidence to indicate that menstrual cup use increases the risk of IUD expulsion, and therefore little reason for IUD users to exclude using an MC. In the spirit of precaution, and until better evidence is available, possible users should be counseled:**

1. Follow instructions regarding correct placement of the MC in the lower part of the vagina, releasing the cup's suction by pinching the bottom on the MC prior to removal.
2. IUDs have certain limitations, even for women who are *not* using an MC. They are fairly frequently expelled (5-10% within the first 3 years after insertion, especially during menstruation), and pregnancy occurs in 1-2% of users. That is, these problems are not necessarily related to MCs. Therefore, you should consult a health provider if the IUD is expelled or dislodged, or any other concerns arise, whether or not you are using an MC.
3. In cases where it may be difficult to consult with a health provider, or where it is not possible to easily get an IUD refitted, it may be best to counsel against MC use for women who have IUDs, until more definitive information is available.

**Comments are warmly welcome!**

### EVIDENCE ON IUD EXPULSION

IUDs are one of the most widely used means of contraception, but the proportion of women who use IUDs ranges widely (ESHRE 2008). The most recent estimates from the United Nations are that around 0.9% of women<sup>1</sup> in Uganda are using IUDs, in Denmark the most recent UN estimate is 23.9% (UN 2018)<sup>2</sup>.

IUDs can be *unintentionally* expelled (partially or completely<sup>3</sup>), or *intentionally* removed by either a health provider or the woman herself (Foster, et al. 2014).

*Intentional* removal rates can be substantial, with one estimate from the US at 10% after one year and 50% after 5 years, either because women want to become pregnant, or due to pain or menstrual irregularity (ESHRE 2008).

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<sup>1</sup> Estimates are for married or in-union women of reproductive age

<sup>2</sup> More up-to-date estimates would be welcome

<sup>3</sup> Partial removal refers to position change of the IUD from the recommended position at the top of the uterus



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Here we refer to *unintentional* expulsion.

Expulsion does not cause harm to women, however, unintentional expulsion means the woman needs to replace her contraceptive method, to avoid unintended pregnancy (Jatlaoui, et al. 2017).

One estimate is that unintentional expulsion of IUDs occurs in ~1 in 20 women, with the highest rates in the first 3 months after insertion, and often occurring during menstruation (ESHRE 2008). Other estimates are higher, at 10% within 3 years (Madden, et al. 2014). Identified risk factors for expulsion include *heavy menstrual bleeding* (Meirik, et al. 2009; Petersen, et al. 1991), *incorrect placement of the IUD* (ESHRE 2008), *young age* (esp. aged 15-19 years) ((Jatlaoui, et al. 2017; Madden, et al. 2014) and *time of insertion after giving birth* (higher risk for insertion immediately after delivery) (Lopez, et al. 2015). There is no evidence to suggest a correlation between *endometrial length*<sup>4</sup> and IUD expulsion rates (Bahamondes, et al. 2011).

IUDs are very effective in preventing pregnancy. However some pregnancies do occur (with most estimates, depending on type of IUD, in the range of 1-2% (NetDoktor ; NICE).

### EVIDENCE ON MENSTRUAL CUPS & IUD EXPULSION

The question then is – does the use of MCs increase the risk of expulsion/pregnancy? One of the few published studies finds that, in the study population, there was no evidence that women who reported using MCs, or tampons, had increased rates of early expulsion . The authors conclude that potential contact between tampons or menstrual cups and the IUD strings is not sufficient to remove the IUD when the IUD is correctly positioned in the uterus (Wiebe and Trouton 2012).

In Denmark, the Health Authority in 2012 (SST, 2012) reported three cases of IUD position change after usage of a menstrual cup<sup>5</sup> . The plausible reasons given were:

1. The women might accidentally grip the IUD strings when extracting the menstrual cup.
2. A negative pressure may be created when extracting the menstrual cup, influencing the position of the IUD.

As mentioned above, there are many risk factors for unintentional expulsion, including heavy bleeding during menstruation. IUD expulsion can mistakenly be attributed to menstrual cup usage instead of

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<sup>4</sup> Endometrium is the inner lining of the uterus -and therefore whether a short uterus (e.g. in women who have not had a pregnancy) have a higher risk of IUD expulsion

<sup>5</sup> The 3 reports are from women using the NGO Sex&Samfund's clinics. The chief medical officer of Hvidovre Hospital, Charlotte Wilken-Jensen, is also the medical advisor for Sex&Samfund  
<https://politiken.dk/forbrugogliv/sundhedogmotion/velvaere/art5412634/Overl%C3%A6ge-advarer-Hypet-menstruationskop-kan-have-en-uheldig-bivirkning>



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the coincidental risk factor. However, anecdotal evidence<sup>6</sup> from a few women is that the IUD was expelled as they removed the menstrual cup, which seems less likely to be coincidental.

### RECOMMENDATIONS BY HEALTH AUTHORITIES AND MANUFACTURERS

The WHO recommendations for medical eligibility for contraceptive use make no recommendation regarding avoiding menstrual cups while using an IUD (WHO 2015).

We could find no recommendation from Ugandan Health Authorities.

The Danish Health Authority, reporting on the three cases of IUD position change, makes no recommendation to avoid MC use in women who have IUDs in place (SST, 2012). However, it recommends that women using an IUD as well as a menstrual cup be informed that they should regularly check the position of the IUD strings (as is recommended for all IUD users), place the cup correctly at the bottom of the vagina, and ensure the negative pressure of the cup is released before removal (Sundhedsstyrelsen 2012). Several manufacturers have similar recommendations, concluding that having an IUD is not a contra-indication for MC use; however, care should be taken for correct use as listed above, adding a recommendation to avoid grasping the strings of the IUD. Some note that a low cervix may increase the risk of interference with the MC, if the MC is placed too high. All recommend consulting a physician if concerns arise (MoonCup ; RubyCup).

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<sup>6</sup> Given the limited scientific evidence, we assemble anecdotal evidence, from WoMena members or others



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