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Taking the provider "out of the loop:" patients' and physicians' perspectives about IUD self-removal☆,☆☆

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ABSTRACT

Objective: This study describes the perspectives of patients and providers about intrauterine device (IUD) self-removal.
Study design: This qualitative study is a subanalysis of two datasets from a single project, which included semistructured individual interviews with 15 patients and 12 physicians. We derived the data for this analysis from portions of the interviews pertaining to IUD self-removal and provider removal. We analyzed data using deductive and inductive techniques to perform content and thematic analyses.
Results: The majority of patients and physicians cited both concerns about and potential benefits of IUD self-removal. Patients cited concerns about safety as the reason they did not wish to remove their own IUD, but physicians did not share these concerns; instead, physicians were apprehensive about not being involved in the discussion to remove the IUD. Both patients and physicians valued having the provider "in the loop" and reported fears about hasty or coerced removal.
Conclusions: IUD self-removal is an option that some patients may be interested in. Addressing concerns about safety may make self-removal more appealing to some patients. Addressing physicians' concern about "hasty" removal may require additional training so that providers are better able to support patients' decision making around contraceptive use.
Implications: The option of self-removal could have a positive impact on reproductive autonomy and patient decision making.

1. Introduction

While user satisfaction with intrauterine devices (IUDs) is higher than satisfaction with short-acting reversible methods, 10%–20% of users discontinue IUD use in the first year [1, 2]. Unlike most other reversible contraceptives, patients usually visit a provider to discontinue the IUD [3]. This lack of control over discontinuing the method may be a reason some women do not choose the IUD [4–6]. The availability of a self-removal option may mitigate some patients' concerns about the IUD. One study found that 25% of women would be more interested in the IUD if they could remove it themselves [7]. Another recent study did not find that counseling about self-removal significantly affected either IUD uptake or continuation, although high levels of preexisting knowledge of the possibility of self-removal may explain the lack of observed effect [8]. Some people can remove their own IUDs, but patients are not regularly counseled about this option. It is unknown what proportion of users self-remove their IUDs, but a recent study found that among users who attempted to remove the device themselves, about 20% were successful [9].

Providers' attitudes about IUD self-removal are unknown, and no previous qualitative study has explored feelings about IUD self-removal from the perspective of both IUD users and physicians. This paper reports a subanalysis of two qualitative datasets that were collected to examine patient and physician perceptions of elective IUD removal [10, 11]. We analyzed the domains of self-removal and provider removal from both patient and physician perspectives for this paper.

2. Methods

2.1. Sample and recruitment

We recruited patients and physicians from two primary care clinics in the Bronx, NY. We identified eligible patients and providers by chart review. Eligible patients had a visit to discuss IUD removal within 9 months of insertion. Eligible providers were Family Medicine physicians who had a patient visit to discuss IUD removal within 9 months of insertion. Further information regarding the recruitment and

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enrollment protocol has been previously reported [10,11]. This paper analyzes data from these interviews pertaining to IUD self-removal. The study protocol was approved by the Albert Einstein College of Medicine Institutional Review Board.

2.2. Data collection

We developed distinct semistructured interview guides for patients and physicians to explore perspectives and experiences with early IUD removal. The guides included questions about experiences discussing IUD self-removal (physicians only) and perceived benefits and disadvantages to IUD self-removal (both patients and physicians). In discussing self-removal, we asked patients what they would think if their doctor told them they could remove their IUD themselves, and asked physicians what they would think about an IUD that was easier for patients to remove themselves. These questions provided the data for the current analysis.

We conducted all interviews with patients by telephone and all interviews with physicians in person. A single researcher who is not a clinician (A.B.) recruited and interviewed the physicians. Two researchers (A.B. and J.A., who is a clinician) recruited and interviewed the patients.

Each interview was recorded and professionally transcribed. Participants received a $25 gift card for participating.

2.3. Analysis

We developed the coding schemes for both datasets collaboratively by reviewing the initial transcripts and then modifying the coding schemes through an iterative process until they were comprehensive [12,13]. We derived the data for this analysis from a series of codes pertaining to self-removal and provider removal. Two members of the research team (J.A., A.B.) coded each transcript using NVivo10 analytic software [14]. We conducted a rolling analysis of the data and used memoing to reflect on the data and identify thematic saturation. We organized the data around the three domains of the interview guides (experiences related to self-removal, disadvantages of/concerns about self-removal and benefits of self-removal). We further divided two of the domains (concerns and benefits) into individual themes (e.g., safety), which rose inductively from the data. We present quotes illustrative of these themes, shortened for clarity and with identifying information masked, but otherwise verbatim. We provide counts below for how many patients and providers expressed concerns about as well as potential benefits of self-removal in order to provide context to the remainder of the qualitative results.

3. Results

We interviewed 16 patients and 12 providers for the original studies. One patient interview ended prior to asking about self-removal due to technical issues, so this paper reports data from 15 patients and 12 providers. Demographic characteristics are in Tables 1 and 2. Most patients expressed concerns about self-removal (12/15) as well as perceived benefits of self-removal (9/15). Most providers also expressed both benefits (10/12) as well as concerns (11/12) about self-removal.

3.1. Experiences with self-removal or discussing self-removal

IUD self-removal was introduced to patients during the interview as a hypothetical concept. While no patients reported knowing about or discussing self-removal with a provider, one provider, who was a current IUD user herself, reported that she was planning to self-remove:

> I would like to remove my own IUD. To save me the trouble of coming to see a doctor. You know, we have busy lives.... I've talked to colleagues, who are like, "I plan on taking mine own out." (Provider 10)

Table 1
Patient characteristics (n=15)

Demographics	n (%)[a]
Age years, mean (range)	25.1 (18–35)
Race	
Hispanic	9 (60)
Black	4 (27)
White	1 (7)
Multiracial	1 (7)
Parity	
Parous	10 (67)
Nulliparous	5 (33)
Employment	
Full-time	1 (7)
Part-time	9 (60)
Unemployed	5 (33)
Insurance	
Medicaid	12 (80)
Private	3 (20)
Education	
<HS	2 (13)
HS diploma	5 (33)
Some college	8 (53)
IUD type	
Hormonal	9 (60)
Copper	6 (40)
Duration of IUD use at time of visit, mean (range)	3.3 months (8 days–9 months)
Visit outcome	
IUD removed	7 (47)
IUD not removed	8 (53)

HS, high school.
[a] Percentages may not sum to 100% due to rounding error.

Three providers reported experience with patients removing or expressing interest in removing their own IUDs. While no provider reported routinely counseling their patients about self-removal, one provider reported counseling a few patients about this option. One provider recounted that when a patient came in with a partial expulsion, she encouraged her to remove the IUD herself, which the patient did successfully. Another provider described one patient who had removed her own IUD at home.

> She was like, "Look, your next available appointment was this far off and I wasn't going to have this thing a day longer." And I was like, "Well, how the heck did you do that?" And she was like, "Put my finger in and grabbed the rope and pulled." (Provider 6)

Another provider described a patient who informed her that she would take it out herself if the provider refused.

Table 2
Physician characteristics (n=12)

Demographics	n (%)
Stage of career	
Current resident	4 (33)
Early career (1–5 years)	3 (25)
Midcareer (6–20 years)	3 (25)
Later career (21–35 years)	2 (17)
Gender	
Female	9 (75)
Male	3 (25)
IUD experience last 12 months	
Insertions, mean (range)	20.25 (0–70)
Removals, mean (range)	3.8 (0–12)
Proportion of clinical care that is women's reproductive health[a]	
<20%	1 (9)
20%–40%	8 (66)
>40%	2 (17)

[a] Percentages do not sum to 100% due to missing data for one participant.

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