

Comparing IUC and Tubal Ligation



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Dear colleagues,
We agree that many patients find that permanent contraception aligns well with their personal reproductive life goals. However, we feel strongly that recent estimates indicating 10.2% of patients regret these procedures (12.6% who had permanent contraception at age 21–30 years and 6.7% who had permanent contraception after age 30 years)¹ are troubling. Persistent racial disparities in permanent contraception in the USA are also concerning, especially as Medicaid covers only limited assisted fertility services. Compared to European women, US women are less likely to use IUDs and three times as likely to undergo permanent contraceptive procedures,² indicating that healthcare financing may impact contraceptive counseling and service provision.

While we await future studies assessing the real-world safety and effectiveness of newer approaches to permanent contraception such as bilateral salpingectomy, clinicians should be aware that both the US Centers for Disease Control³ and the American College of Obstetricians and Gynecologists,⁴ state, as we reported, that hormonal IUDs are more effective than permanent contraception, and that the subdermal implant and vasectomy are typically more effective than both IUDs and tubal ligation. Recognizing that effectiveness is only one of many factors that shape contraceptive preferences, patient-centered contraceptive counseling must prioritize what matters to each of our patients, whether that is safety, convenience, menstrual changes, or other concerns. As undesired pregnancy poses significant health risks⁵ and access to safe abortion services

is now restricted in many states, provision of high-quality patient-centered contraceptive counseling and services are more important than ever.

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