Bayer IUDs (Intrauterine Devices): An Overview for New Learners

Kyleena® (levonorgestrel-releasing intrauterine system) 19.5mg

Mirena® (levonorgestrel-releasing intrauterine system) 52mg

Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.

PP-PF-WHC-IUS-US-1335-1, August 2021
Program Overview & Resources

Overview of contraceptive counseling and Bayer IUDs

- Contraceptive Counseling
- Bayer IUDs-Safety & efficacy
- Appropriate patients for Bayer IUDs
- Insertion timing
- Insertion procedure

Patient Counseling Resources

- Reproductive life planning questions
- Guidance from the CDC (Centers for Disease Control and Prevention) on Quality Contraceptive Counseling
- Counseling specific to Bayer IUDs

Insertion Steps Practice & Simulation

- Review equipment needed for IUD insertion
- patient preparation & insertion steps
- Insertion timing & need for back-up contraception
- perform complete insertion and removal procedure
Reproductive Life Planning

A set of personal goals regarding whether, when and how to have children\(^1\)

Reproductive Life Planning: When?

A set of personal goals regarding whether, when and how to have children

Primary Care Providers can incorporate family planning services, including when the primary reason for the visit might not be family planning, such as:

- Telehealth
- Annual Physical
- Pre/Post Natal visits
- Sick Visit

Reproductive Life Planning: Start the Discussion

Every patient encounter, regardless of the chief reason for the visit, is an important “teachable moment” to assess each woman’s short- and long-term reproductive plans, reducing unintended pregnancy, promoting maternal health, and improving pregnancy outcomes.¹

¹ Obstet Gynecol. 2016 Feb;127(2):e66-9
Principles of Quality Contraceptive Counseling
CDC and Office of Population Affairs

KEY STEPS IN PROVIDING CONTRACEPTIVE SERVICES

1. Establish and maintain rapport with the patient
2. Assess the patient’s needs and personalize discussions accordingly
3. Work with the patient interactively to establish a plan
4. Provide educational materials that can be understood and retained
5. Confirm patient understanding (“teach-back”)

An IUD (Intrauterine Device) is a long-acting method of birth control, and is considered to be one of the most effective methods of reversible birth control.¹

¹ Obstet Gynecol. 2017 Nov;130(5):e251-e269
What are Kyleena & Mirena?

Indications

- Prevention of pregnancy up to 5 years
- Replace the system after 5 years if continued use is desired

- Prevention of pregnancy for up to 7 years; replace after the end of the seventh year
- Treatment of heavy menstrual bleeding for up to 5 years in women who choose to use intrauterine contraception as their method of contraception; replace after the end of the fifth year if continued treatment of heavy menstrual bleeding is needed

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla (levonorgestrel-releasing intrauterine system) 13.5mg that is available at this presentation.
The combination of silver ring and thread color will help identify the brand of IUD.

<table>
<thead>
<tr>
<th>Properties</th>
<th>Kyleena</th>
<th>Mirena</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormone Reservoir (Total Amount)</td>
<td>19.5mg LNG</td>
<td>52mg LNG</td>
</tr>
<tr>
<td>Insertion Tube Diameter</td>
<td>3.8 mm</td>
<td>4.4 mm</td>
</tr>
<tr>
<td>Release Rate After 1 Year</td>
<td>9.8 mcg/d</td>
<td>~18 mcg/d</td>
</tr>
<tr>
<td>Thread color</td>
<td>Blue</td>
<td>Brown</td>
</tr>
<tr>
<td>Silver Ring / MR Compatibility</td>
<td>Yes / MR Conditional</td>
<td>No</td>
</tr>
</tbody>
</table>

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla (levonorgestrel-releasing intrauterine system) 13.5mg that is available at this presentation.
What is Skyla?
Indication & Properties

**INDICATION:**
- Prevention of pregnancy up to 3 years
- Replace the system after 3 years if continued use is desired

<table>
<thead>
<tr>
<th>Feature</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormone Reservoir (Total Amount)</td>
<td>13.5mg</td>
</tr>
<tr>
<td>Insertion Tube Diameter</td>
<td>3.8mm</td>
</tr>
<tr>
<td>Release Rate After 1 Year</td>
<td>~6 mcg/d</td>
</tr>
<tr>
<td>Thread color</td>
<td>Brown</td>
</tr>
<tr>
<td>Silver Ring / MR Compatibility</td>
<td>Yes / MR Conditional</td>
</tr>
</tbody>
</table>

The combination of silver ring and thread color will help identify the brand of IUD.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena (levonorgestrel-releasing intrauterine system) 19.5mg, Mirena (levonorgestrel-releasing intrauterine system) 52mg, and Skyla that is available at this presentation.
Important Safety Information for Kyleena, Mirena, and Skyla

Contraindications

- Known or suspected pregnancy and cannot be used for post-coital contraception
- Congenital or acquired uterine anomaly including fibroids if they distort the uterine cavity
- Known or suspected breast cancer or other progestin-sensitive cancer, now or in the past
- Known or suspected uterine or cervical malignancy
- Liver disease, including tumor
- Untreated acute cervicitis or vaginitis, including lower genital tract infections (e.g. bacterial vaginosis) until infection is controlled
- Postpartum endometritis or infected abortion in the past 3 months
- Unexplained uterine bleeding
- Current IUD
- Acute pelvic inflammatory disease (PID) or a history of PID (except with later intrauterine pregnancy)
- Conditions increasing susceptibility to pelvic infections
- Hypersensitivity to any component of the Kyleena, Mirena, or Skyla

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Use Kyleena, Mirena, or Skyla with caution after careful assessment in patients with:

- Coagulopathy or taking anticoagulants
- Migraine, focal migraine with asymmetrical visual loss, or other symptoms indicating transient cerebral ischemia
- Exceptionally severe headache
- Marked increase of blood pressure
- Severe arterial disease such as stroke or myocardial infarction

Consider removing the intrauterine system if these or the following arise during use: Uterine or cervical malignancy or jaundice

- If the threads are not visible or are significantly shortened they may have broken or retracted into the cervical canal or uterus
- If Kyleena, Mirena, or Skyla is displaced (e.g. expelled or perforated the uterus) remove it
- Kyleena and Skyla can be safely scanned with MRI only under specific conditions

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Suggested Mechanism of Action

The local mechanism of action has not been conclusively demonstrated.

Studies of Kyleena, Mirena, Skyla and similar LNG-IUS prototypes have suggested several mechanisms that may prevent pregnancy.

Alteration of the endometrium

Inhibition of sperm capacitation or survival

Thickening of cervical mucus preventing passage of sperm into the uterus

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**Contraceptive Efficacy**

**Contraception Clinical Trials**

Multicenter, multi-national, randomized, open-label study conducted in 11 countries including the USA

**Demographics**

- N=1,452 women (5 year trial)
  - 18-35 years
  - 40% nulliparous (n=574)
  - BMI range: 15.2-57.6 kg/m² (avg=25.3 kg/m²)

**Efficacy**

- Year 1 Pearl Index= 0.16
- Cumulative 5-year pregnancy rate = 1.45% (95% Confidence Interval: 0.82, 2.53)

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Contraceptive Efficacy

Contraception Clinical Trials

5 Year Trial: conducted in Finland & Sweden

Extension Trial: multi-center, open label, uncontrolled study in the US

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.

5-Year Trial

- N=1,169 women (18-35 years old)
- 5.6% nulliparous (n=66)
- 1-year pregnancy rate ≤0.2/100 women (0.2%)
- 5-year cumulative pregnancy rate ~0.7/100 women (0.7%)

Extended Use Beyond 5 Years

- N=362 women (18-35 years old) using Mirena for 4.5-5 years
- 47.2% nulliparous
- BMI range: 15.4-57.7 kg/m² (avg=27.9 kg/m²)
- Pearl index: 0.35 (year 6), 0.45 (year 7)
- 2-year cumulative pregnancy rate (years 6 and 7) = 0.71% (95% Upper Confidence limit = 2.8%)
Clinical Trial on Heavy Menstrual Bleeding

Trial Overview\textsuperscript{1,2}:

Randomized, open label, active control, parallel group trial of reproductive aged women with \( \geq 80 \text{ mL} \) menstrual blood loss (MBL)\textsuperscript{*} confirmed with alkaline hematin method\textsuperscript{1,2}

Women were randomized to 6 cycles of Mirena (n=79) or Medroxyprogesterone acetate (MPA) (n=81) 10 mg/day for 10 days beginning on day 16 of cycle\textsuperscript{1,2}

*Excluded were women with organic or systemic conditions that may cause heavy uterine bleeding

\textsuperscript{1} Mirena Prescribing Information \textsuperscript{2} Kaunitz AM, et al. Obstet Gynecol. 2010;116:625–32

Mirena, users demonstrated:
80\% reduction in the median MBL at 3 cycles
95\% reduction in the median MBL at 6 cycles

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Contraceptive Efficacy

Clinical Trials

Multicenter, multi-national, randomized, open-label study conducted in 11 countries including the USA

Demographics

- N=1,432 women (3 year trial)
  - 18-35 years
  - 38.8% nulliparous (n=556)
  - BMI range: 16-55 kg/m² (avg=25.3 kg/m²)

Efficacy

- Year 1 Pearl Index= 0.41
- Cumulative 3-year pregnancy rate = 0.9% (upper 95% Confidence Interval: 1.7%)

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Important Safety Information

Pregnancy Related Risks

• If pregnancy should occur with Kyleena, Mirena or Skyla in place, remove the intrauterine system because leaving it in place may increase the risk of spontaneous abortion and preterm labor.

• Advise her of isolated reports of virilization of the female fetus following local exposure to LNG during pregnancy.

• Removal or manipulation may result in pregnancy loss.

• Evaluate women for ectopic pregnancy because the likelihood of a pregnancy being ectopic is increased with Kyleena, Mirena or Skyla.

• Also consider the possibility of ectopic pregnancy in the case of lower abdominal pain, especially in association with missed menses or if an amenorrheic woman starts bleeding.

• Tell women about the signs of ectopic pregnancy and associated risks, including loss of fertility.

• Women with a history of ectopic pregnancy, tubal surgery, or pelvic infection carry a higher risk of ectopic pregnancy.

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Insertion

Kyleena® (levonorgestrel-releasing intrauterine system) 19.5mg

Mirena® (levonorgestrel-releasing intrauterine system) 52mg

Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg

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Insertion Pain

• Patients may experience pain, bleeding or dizziness during and after placement.
• If symptoms do not pass within 30 minutes, the Bayer IUD may not have been placed correctly.
• If this happens, the patient should be examined to determine if the Bayer IUD needs to be removed or replaced.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
# Timing of Insertion

Same day insertion can be considered if it is reasonably certain the patient is not pregnant.

<table>
<thead>
<tr>
<th>IUS insertion timing</th>
<th>Backup contraception?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women not currently using hormonal or intrauterine contraception</strong></td>
<td>YES if not inserted during the first 7 days of the menstrual cycle, a barrier method should be used or patient should abstain from vaginal intercourse for 7 days.</td>
</tr>
<tr>
<td>• Any time the provider can be reasonably certain the woman is not pregnant</td>
<td><strong>NO</strong> if inserted during the first 7 days of the menstrual cycle, or immediately after first trimester abortion.</td>
</tr>
<tr>
<td>• Consider the possibility of ovulation and conception prior to initiation</td>
<td></td>
</tr>
</tbody>
</table>

| **Switching from:** | |
|---------------------| |
| **Pills, transdermal patch, or vaginal ring** | YES if inserted during active use of previous method, continue previous method for 7 days after insertion, or until the end of the current treatment cycle. |
| • Any time, including the hormone-free Interval of the previous method | YES if inserted during use of continuous hormonal contraception, continue method for 7 days after insertion. |
| **Injectable progestin contraceptive** | YES if inserted >3 months (13 weeks) after the last injection, backup contraception (such as condoms or spermicide) should also be used for 7 days. |
| • Any time | NO if inserted <3 months after last injection. |
| **Implant or IUS** | NO there is no need for backup contraception. |
| • Anytime during the menstrual cycle | |
| • Insert on the same day as removal of the implant or IUS | |

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
### Timing of Insertion

**After First or Second Trimester Abortion or Miscarriage, and Childbirth**

<table>
<thead>
<tr>
<th>Insertion timing</th>
<th>Backup contraception?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After 1st trimester abortion or miscarriage</strong></td>
<td>• Can be inserted immediately, unless it's a septic abortion</td>
</tr>
<tr>
<td><strong>After childbirth or 2nd trimester abortion or miscarriage</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Immediate insertion after childbirth, or 2nd trimester abortion or miscarriage</strong></td>
<td>• Insert after removal of placenta</td>
</tr>
<tr>
<td><strong>Interval insertion following complete involution of the uterus</strong></td>
<td>• Wait a minimum of 6 weeks, or until the uterus is fully involuted before insertion</td>
</tr>
<tr>
<td></td>
<td>• Insert any time there is reasonable certainty that the woman is not pregnant</td>
</tr>
</tbody>
</table>

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Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Important Safety Information

Educate her about Pelvic Inflammatory Disease (PID)

- Kyleena, Mirena, and Skyla, are contraindicated in the presence of known or suspected PID or in women with a history of PID unless there has been a subsequent intrauterine pregnancy.

- IUDs have been associated with an increased risk of PID, most likely due to organisms being introduced into the uterus during insertion. Promptly examine users with complaints of lower abdominal pain or pelvic pain, odorous discharge, unexplained bleeding, fever, genital lesions or sores.

- Inform women about the possibility of PID and that PID can cause tubal damage leading to ectopic pregnancy or infertility, or infrequently can necessitate hysterectomy, or cause death.

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Important Safety Information
Educate her about Pelvic Inflammatory Disease (PID)

• PID is often associated with sexually transmitted infections (STIs); Kyleena, Mirena, and Skyla do not protect against STIs, including HIV. PID may be asymptomatic but still result in tubal damage and its sequelae.

• In clinical trials with:
  
  • **Kyleena & Skyla**— PID occurred more frequently within the first year and most often within the first month after insertion.
  
  • **Mirena** – upper genital infections, including PID, occurred more frequently within the first year. In a clinical trial with other IUDs and a clinical trial with an IUD similar to Mirena, the highest rate occurred within the first month after insertion.

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Effect on Bleeding

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Mirena® (levonorgestrel-releasing intrauterine system) 52mg

Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg

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Important Safety Information

Expect changes in bleeding patterns

3 MONTHS

- Spotting and irregular or heavy bleeding may occur during the first 3 to 6 months

6 MONTHS

- Periods may become shorter and/or lighter thereafter. Cycles may remain irregular, become infrequent, or even cease

- Consider pregnancy if menstruation does not occur within 6 weeks of the onset of previous menstruation

- If a significant change in bleeding develops during prolonged use, take appropriate diagnostic measures to rule out endometrial pathology

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Other serious complications and most common adverse reactions

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Mirena® (levonorgestrel-releasing intrauterine system) 52mg

Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg

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Important Safety Information

Be aware of other serious complications and most common adverse reactions. Some serious complications with IUDs like Kyleena, Mirena, and Skyla are sepsis, perforation and expulsion.

SEPSIS:

• Severe infection, or sepsis, including Group A streptococcal sepsis (GAS), have been reported following insertion of a LNG-releasing IUS

• Aseptic technique during insertion of the IUD is essential in order to minimize serious infections such as GAS

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Be aware of other serious complications and most common adverse reactions (cont.):

PERFORATION:

• Perforation (total or partial, including penetration/embedment of Kyleena, Mirena or Skyla in the uterine wall or cervix) may occur, most often during insertion, although the perforation may not be detected until sometime later.

• Perforation may reduce contraceptive efficacy and result in pregnancy.

• The risk of uterine perforation is increased in women who have recently given birth, and in women who are breastfeeding at the time of insertion.
  • In a large US retrospective, postmarketing safety study of IUDs, the risk of uterine perforation was highest when insertion occurred within ≤6 weeks postpartum, and also higher with breastfeeding at the time of insertion.

• The risk of perforation may be increased if inserted when the uterus is fixed, retroverted or not completely involuted.

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Important Safety Information

Be aware of other serious complications and most common adverse reactions (cont.):

PERFORATION:

• If perforation occurs, locate and remove the intrauterine system.
  • Surgery may be required.
  • Delayed detection or removal of the intrauterine system in case of perforation may result in migration outside the uterine cavity, adhesions, peritonitis, intestinal perforations, intestinal obstruction, abscesses, and erosion of adjacent viscera
APEX-IUD Study
Assessment of Perforation and Expulsion of Intrauterine Devices Study

Purpose: retrospective cohort study to assess the impact of breastfeeding (BF) and insertion timing on perforation and expulsion

LNG-IUS Insertion Timing: 72,201 LNG-IUS were placed within 1 year of delivery: 3% (2,173) within 0-3 days; 18% (13,112) from 4 days - 6 weeks; 58% (41,688) >6-14 weeks; 21% (15,228) >14-52 weeks

Perforation Results:

• Immediate post partum insertion (0-3d) findings are limited due to relatively small sample size. Perforations occurred in:
  - 4.2/1000 insertions when BF, and 0/1000 insertions when not BF for LNG-IUS placed 0-3 days after delivery

• Risk of perforation was highest in women with IUD insertion 4 days to 6 weeks after delivery:
  - 11.18/1000 for BF women; 11.78/1000 for not-BF women

• Progressively lower risk of perforation was observed for insertions beyond 6 weeks – 1 year, in both BF (9/1000- 7/1000) and not-BF women (6.6/1000- 2.4/1000). After 1 year (or no delivery), the perforation rate was 1.3/1000 [not-BF women].

• Women who were breastfeeding at the time of insertion were at 33% higher risk of perforation (adjusted HR: 1.33, 95% CI: 1.07-1.64), compared to not-breastfeeding women

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Expulsion Results:

- Risk of expulsion was variable over the postpartum intervals through 52 weeks.
- Expulsion rates were highest when the LNG-IUS was placed in the first 3 days after delivery:
  - BF: 9.86% (187/1,896), Not BF: 4.33% (12/277).
- Expulsion rates were lower for LNG-IUS placed from 4 days to 52 weeks after delivery. Rates for 4d-6weeks, >6-14weeks, and >14-52 weeks were respectively:
  - BF: 1.7%; 1.4%, 2.0%; Not BF: 2.2%, 2.5%, 3.0%.
- Expulsion rate for LNG-IUS placed >52 weeks, or no delivery on record: 3.0% (Not BF).
- Women who were breastfeeding at the time of insertion were at 28% lower risk of expulsion (adjusted HR: 0.72, 95% CI: 0.64-0.80), compared to non-breastfeeding women.
Important Safety Information

Be aware of other serious complications and most common adverse reactions (cont.):

**EXPULSION:**

- Partial or complete expulsion of Kyleena, Mirena or Skyla may occur resulting in the loss of contraceptive protection.

- For Kyleena and Skyla, delay insertion a minimum of six weeks or until uterine involution is complete following a delivery or a second trimester abortion.

- The risk of expulsion is increased with insertions immediately after delivery and appears to be increased with insertion after second-trimester abortion based on limited data.

- In the same postmarketing study, the risk of expulsion was lower with breastfeeding status.

- Remove a partially expelled IUD.

- If expulsion has occurred, a new Kyleena, Mirena or Skyla can be inserted any time the provider can be reasonably certain the woman is not pregnant.
Important Safety Information

Be aware of other serious complications and most common adverse reactions (cont.):

**OVARIAN CYSTS:**

- Ovarian cysts may occur and are generally asymptomatic, but may be accompanied by pelvic pain or dyspareunia
- Evaluate persistent enlarged ovarian cysts

<table>
<thead>
<tr>
<th>Kyleena – the most common adverse reactions (≥5% users) were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulvovaginitis</td>
</tr>
<tr>
<td>Ovarian Cyst</td>
</tr>
<tr>
<td>Abdominal/pelvic pain</td>
</tr>
<tr>
<td>Headache/migraine</td>
</tr>
<tr>
<td>Acne/seborrhea</td>
</tr>
<tr>
<td>Dysmenorrhea/uterine spasm</td>
</tr>
<tr>
<td>Breast pain/discomfort</td>
</tr>
<tr>
<td>Increased bleeding</td>
</tr>
</tbody>
</table>

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Important Safety Information

Be aware of other serious complications and most common adverse reactions (cont.): In clinical trials with:

<table>
<thead>
<tr>
<th>Mirena – adverse reactions reported in ≥5% of users were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alterations in menstrual bleeding patterns</td>
</tr>
<tr>
<td>Unscheduled uterine bleeding</td>
</tr>
<tr>
<td>Decreased uterine bleeding</td>
</tr>
<tr>
<td>Increased scheduled uterine bleeding</td>
</tr>
<tr>
<td>Female genital tract bleeding</td>
</tr>
<tr>
<td>Breast pain</td>
</tr>
<tr>
<td>Abdominal/pelvic pain</td>
</tr>
<tr>
<td>Breast pain</td>
</tr>
<tr>
<td>Amenorrhea</td>
</tr>
<tr>
<td>Benign ovarian cyst and associated complications</td>
</tr>
<tr>
<td>Headache/migraine</td>
</tr>
<tr>
<td>Acne</td>
</tr>
<tr>
<td>Genital discharge</td>
</tr>
<tr>
<td>Depression/depressive mood</td>
</tr>
<tr>
<td>Vulvovaginitis</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
</tr>
</tbody>
</table>

A separate study with 362 women who have used Mirena for more than 5 years showed a consistent adverse reaction profile in Years 6 and 7.

By the end of Year 7 of use:
- amenorrhea and infrequent bleeding are experienced by 28% and 26% of users, respectively;
- irregular bleeding occurs in 12%,
- frequent bleeding in 8%, and
- prolonged bleeding in 2% of users.

In this study, 6% of women reported the adverse event of weight gain, it is unknown if the weight gain was caused by Mirena.

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Important Safety Information

Be aware of other serious complications and most common adverse reactions (cont.): In clinical trials with:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulvovaginitis</td>
<td>20.2%</td>
</tr>
<tr>
<td>Abdominal/pelvic pain</td>
<td>18.9%</td>
</tr>
<tr>
<td>Acne/seborrhea</td>
<td>15.0%</td>
</tr>
<tr>
<td>Ovarian cyst</td>
<td>13.2%</td>
</tr>
<tr>
<td>Headache</td>
<td>12.4%</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>8.6%</td>
</tr>
<tr>
<td>Breast pain/discomfort</td>
<td>8.6%</td>
</tr>
<tr>
<td>Increased bleeding</td>
<td>7.8%</td>
</tr>
<tr>
<td>Nausea</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Teach patients to recognize and immediately report signs or symptoms of the aforementioned conditions. Evaluate patients 4 to 6 weeks after insertion of Kyleena, Mirena and Skyla and then yearly or more often if clinically indicated.

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Insertion & Removal Procedure

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IUD Insertion*

*NOTE: The inserter provided with Kyleena, Mirena, and Skyla and the insertion procedure described here, are not applicable for immediate insertion after childbirth or second-trimester abortion or miscarriage. For immediate insertion the Bayer IUD should be removed from the inserter and inserted according to accepted practice.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Preparation for Insertion

- Obtain a complete medical and social history to determine conditions that might influence the selection of a Bayer IUD. If indicated, perform a physical examination, and appropriate test for any form of genital or other sexually transmitted infections (STI)

- Because irregular bleeding/spotting is common during the first months of Kyleena, Mirena, or Skyla use, exclude endometrial pathology (polyps or cancer) prior to the insertion of the IUD in women with persistent or uncharacteristic bleeding

- Follow the insertion instructions exactly as described in order to ensure proper placement and avoid premature release of the Bayer IUD from the inserter. Once released, the Bayer IUD cannot be reloaded

- Check the expiration date prior to initiating insertion

- Bayer IUDs should be inserted by trained health care providers. Health Care Providers should be thoroughly familiar with the insertion instructions prior to attempting insertion.

- Insertion may be associated with some pain and/or bleeding or vasovagal reactions (for example, syncope, bradycardia) or with seizure, especially in patient with a predisposition to these conditions. Consider administering analgesics prior to insertion

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Preparation for Insertion: Tools

- Speculum
- Antiseptic solution, and applicator
- Sterile uterine sound
- Sterile tenaculum
- Sterile, sharp curved scissors
- IUD with inserter in sealed package (consider have an unopened backup of available)
- Sterile gloves
- If anticipated, also have instruments & anesthesia for paracervical block available

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Preparation for Insertion: Bimanual Exam

- Exclude pregnancy and confirm that there are no other contraindications to use of Kyleena, Mirena, or Skyla.

- With the patient comfortably in lithotomy position, do a bimanual exam to establish the size, shape and position of the uterus.

![Image of antverted uterus](antverted-uterus.png)

**Anteverted Uterus**
(tilts toward bladder, occurs in ~66% women)

![Image of retroverted uterus](retroverted-uterus.png)

**Retroverted Uterus**
(tilts back toward colon, occurs in ~33% women)

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Preparation for Insertion: Bimanual Exam

- Exclude pregnancy and confirm that there are no other contraindications to use of Kyleena, Mirena, or Skyla.

- With the patient comfortably in lithotomy position, do a bimanual exam to establish the size, shape and position of the uterus.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena®, Mirena®, and Skyla® that is available at this presentation.
Preparation for Insertion: Cleansing

Gently insert a speculum to visualize the cervix

Thoroughly cleanse the cervix and vagina with a suitable antiseptic solution and applicator

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Preparation for Insertion: Tenaculum

- Grasp the upper lip of the cervix with a tenaculum forceps and gently apply traction to stabilize and align the cervical canal with the uterine cavity. Perform a paracervical block if needed.

- If the uterus is retroverted, it may be more appropriate to grasp the lower lip of the cervix.

- The tenaculum should remain in position and gentle traction on the cervix should be maintained throughout the insertion procedure.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Preparation for Insertion: Sounding

While maintaining traction on the tenaculum, gently insert a uterine sound to:

- check the patency of the cervix,
- measure the depth of the uterine cavity (in cm),
- confirm cavity direction, and
- detect the presence of any uterine anomaly

If you encounter difficulty or cervical stenosis, use dilatation, and not force, to overcome resistance.

- If cervical dilation is required, consider using a paracervical block

All patients should be sounded prior to insertion:

- Patients receiving Mirena should sound between 6-10cm;
- Kyleena and Sykla do not contain a sounding depth requirement

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Sounding Depths

Average Sounding Depth

7.25 cm
In a clinical study of n=2,876 parous & nulliparous patients²

6.5 cm
In a clinical study of n=165 nulliparous patients³

2. Bayer Data on File; Clinical Study Report, Table 14.1.2 / 8
*NOTE: The inserter provided with Kyleena, Mirena, and Skyla and the insertion procedure described here, are not applicable for immediate insertion after childbirth or second-trimester abortion or miscarriage. For immediate insertion the Bayer IUD should be removed from the inserter and inserted according to accepted practice.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
**Step 1: Open the Package**
- The contents of the package are sterile
- Using sterile gloves lift the handle of the sterile inserter and remove from the sterile package

Please see Important Safety Information throughout. Please see full Prescribing Information for **Kyleena**, **Mirena**, and **Skyla** that is available at this presentation.
Step 2: Load the IUD into the insertion tube

- Push the slider forward as far as possible in the direction of the arrow thereby moving the insertion tube over the T-body to load the IUD into the insertion tube. The tips of the arms will meet to form a rounded end that extends slightly beyond the insertion tube.
- Maintain forward pressure with thumb or forefinger on the slider.

IMPORTANT
DO NOT move the slider downward at this time as this may prematurely release the threads of the IUD. Once the slider is moved below the mark, the IUD cannot be reloaded.
Step 3: Set the Flange

- Holding the slider in this forward position, set the upper edge of the flange to correspond to the uterine depth (in centimeters) measured during sounding.

- For Mirena, the uterus should sound to a depth of 6-10cm.
- The Kyleena and Skyla labels do not specify a range for sounding depth.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Step 4. The IUD is ready for insertion

- Continue holding the slider in this forward position. Advance the inserter through the cervix until the flange is approximately 1.5 to 2 cm from the cervix and then pause.

- Do not force the inserter. If necessary, dilate the cervical canal.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Insertion Steps

Step 5: Open the arms

- While holding the inserter steady, move the slider down to the mark to release the arms of the IUD

- Wait 10 seconds for the horizontal arms to open completely.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Step 6. Advance to fundal position

- Advance the inserter gently towards the fundus of the uterus until the flange touches the cervix.
- If you encounter fundal resistance do not continue to advance.
- The IUD is now in the fundal position.
- Fundal positioning of Kyleena, Mirena, or Skyla is important to prevent expulsion.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Step 7: Release the IUD and withdraw the Inserter

Holding the entire inserter in place, release the IUD by moving the slider all the way down.

Continue to hold the slider all the way down while you slowly and gently withdraw the inserter from the uterus.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Cut the Threads

Using a sharp, curved scissor, cut the threads perpendicular, leaving about 3 cm visible outside the cervix (cutting threads at an angle may leave sharp ends).

Do not apply tension or pull on the threads when cutting to prevent displacing the IUD.

Insertion is now complete. Prescribe analgesics if indicated, and record the lot number in the patient’s records.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Important Information During & After Insertion

Preparation for Insertion → Insertion Procedure → Important Information to Consider during or after Insertion

If you suspect that the Bayer IUD is not in the correct position, check for placement (for example with transvaginal ultrasound):

- Remove if it is not positioned completely within the uterus
- Do not reinsert a removed IUD

If there is clinical concern, exceptional pain, or bleeding during or after insertion, appropriate steps (such as physical examination and ultrasound) should be taken immediately to exclude perforation.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Patient Follow-up

Reexamine and evaluate patients 4 to 6 weeks after insertion and once a year thereafter, or more frequently if clinically indicated.

Advise patients to check that their IUD is in place once a month by feeling for the threads.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Insertion Video for Kyleena and Mirena

For insertion and removal steps for Skyla, please refer to the full Prescribing Information for Skyla.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Timing of Removal

Kyleena should not remain in the uterus after 5 years;
Mirena should not remain in the uterus after 7 years for contraception, replace Mirena by the end of 5 years if continued treatment of HMB is needed;
Skyla should not remain in the uterus after 3 years

If pregnancy is not desired, remove the Kyleena, Mirena, or Skyla during the first 7 days of menstruation, provided the woman is experiencing regular menses

If removal will occur at other times during the cycle, or the woman does not experience regular menstrual cycles, she is at risk of pregnancy; start a new contraceptive method a week prior to removal for these women

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Removal

Tools for Removal:

• Preparation: gloves, speculum
• Procedure: sterile forceps

Removal Procedure:

• Remove Kyleena, Mirena, or Skyla by applying gentle traction on the threads with forceps
• If the threads are not visible, determine location by ultrasound
• If found to be in the uterine cavity on ultrasound exam, it may be removed using a narrow forceps, such as an alligator forceps. This may require dilation of the cervical canal. After removal, the system should be examined to ensure that it is intact
• Removal may be associated with some pain and/or bleeding or vasovagal reactions (for example, syncope, bradycardia) or with seizure, especially in patients with a predisposition to these conditions
• Breakage or embedment in the myometrium can make removal difficult. Analgesia, paracervical analgesia, cervical dilatation, alligator forceps or other grasping instrument, or hysteroscopy may be used to assist in removal

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Continuation of Contraception after Removal

• If pregnancy is not desired and if a woman wishes to continue using Kyleena, Mirena, or Skyla, a new system can be inserted immediately after removal any time during the cycle.

• If a patient with regular cycles wants to start a different birth control method, time removal and initiation of new method to ensure continuous contraception:
  • Either remove the IUD during the first 7 days of the menstrual cycle and start the new method immediately thereafter, or
  • Start the new method at least 7 days prior to removal if occurring at other times during the cycle.

• If a patient with irregular cycles or amenorrhea wants to start a different birth control method, start the new method at least 7 days before removal.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Questions?

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Module 1: Contraceptive Counseling

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
KEY STEPS IN PROVIDING CONTRACEPTIVE SERVICES

Establish and maintain rapport with the patient

Assess the patient’s needs and personalize discussions accordingly

Work with the patient interactively to establish a plan

Provide educational materials that can be understood and retained

Confirm patient understanding ("teach-back")

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.

Bayer IUDs: Comprehensive Counseling

Providers should ensure patients understand the following, points, including any signs and symptoms which indicate she should promptly contact her provider

- Bayer IUDs do not protect against HIV infection (AIDS) and other STIs
- Pregnancy or suspected pregnancy; Risk of Ectopic & Intrauterine Pregnancy
- Life Threatening Infection (Sepsis)
- Pelvic Infection (PID)
- Perforation & Expulsion
- Ovarian Cysts
- Bleeding Pattern Alterations (Irregular bleeding and amenorrhea)

- Kyleena & Skyla can be safely scanned with Magnetic Resonance Imaging (MRI) under certain conditions
- Clinical Considerations for Use and Removal. Contact her provider if she experiences:
  - stroke or heart attack,
  - very severe or migraine headaches,
  - unexplained fever
  - yellowing or the skin or whites of the eyes
  - pregnancy or suspected pregnancy,
  - pelvic or abdominal pain or pain during sex
  - HIV positive seroconversion (herself/ partner)
  - possible exposure to STIs,
  - unusual vaginal discharge or genital sores,
  - severe bleeding or bleeding that lasts a long time, if she missed a period,
  - if she can’t feel the IUD threads

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Nikki

- 28 years old, G2P1
- Vaginal delivery, 8 weeks ago
- Presents for post partum visit to discuss contraception
- Clinical exam shows her uterus is completely involuted

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena® (levonorgestrel-releasing intrauterine system) 19.5mg, Mirena® (levonorgestrel-releasing intrauterine system) 52mg and Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg that is available at this presentation.
What questions might you ask Nikki during contraceptive counseling?

Nikki

- 28 years old, G2P1
- Vaginal delivery, 8 weeks ago
- Presents for post partum visit to discuss contraception
- Clinical exam shows her uterus is completely involuted

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Nikki

- 28 years old, G2P1
- Vaginal delivery, 8 weeks ago
- Presents for post partum visit to discuss contraception
- Clinical exam shows her uterus is completely involuted

Assess her preferences with questions such as:

What methods have you used in the past?
What methods are you currently using?

Assess her Reproductive Life Plan, with a question such as:
Would you like to have more children?

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Nikki

- 28 years old, G2P1
- Vaginal delivery, 8 weeks ago
- Presents for post partum visit to discuss contraception
- Clinical exam shows her uterus is completely involuted
- Does not desire pregnancy for the next few years
- She is exclusively breast feeding her son, has concerns about hormonal contraception and breast feeding
- She previously used a vaginal ring and liked the non-daily administration
- She does not want a contraceptive that contains estrogen

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Nikki

- 28 years old, G2P1
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- Clinical exam shows her uterus is completely involuted
- Does not desire pregnancy for the next few years
- She is exclusively breast feeding her son, has concerns about hormonal contraception and breast feeding
- She previously used a vaginal ring and liked the non-daily administration
- She does not want a contraceptive that contains estrogen

Why would a low dose IUD like Kyleena be a good option for Nikki?

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Explaining Kyleena to Nikki
In Patient-friendly language

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What is Kyleena?

Kyleena is a small, flexible, plastic, T-shaped system that slowly releases a progestin hormone that is often used in birth control pills.

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What is Kyleena?

Kyleena is a small, flexible, plastic, T-shaped system that slowly releases a progestin hormone that is often used in birth control pills.

Kyleena is placed in your uterus, and it prevents pregnancy for up to five years.

Because it releases this hormone into your uterus, only small amounts of hormone enter your blood.

Kyleena does not contain estrogen.

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Kyleena and Breast Feeding

“Kyleena is not likely to affect the quality or quantity of your breast milk, or the health of your nursing baby. However, isolated cases of decreased milk production have been reported.”

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The risk of Kyleena going into the wall of the uterus (becoming embedded) or going through the wall of the uterus is increased when I place Kyleena while you are breastfeeding.

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena®, Mirena® (levonorgestrel-releasing intrauterine system) 52mg and Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg that is available at this presentation.
Inform Nikki about what to expect with bleeding

“How will Kyleena change my periods?”

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena®, Mirena® (levonorgestrel-releasing intrauterine system) 52mg and Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg that is available at this presentation.
Inform Nikki about what to expect with bleeding

“How will Kyleena change my periods?”

“For the first 3-6 months, your period may become irregular and the number of bleeding days may increase. You may also have frequent spotting or light bleeding. You may also have cramping during the first few weeks”

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Inform Nikki about what to expect with bleeding

“How will Kyleena change my periods?”

“After you have used Kyleena for a while, the number of bleeding and spotting days is likely to lessen. For some women, periods will stop altogether. When Kyleena is removed, your periods should return”

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena®, Mirena® (levonorgestrel-releasing intrauterine system) 52mg and Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg that is available at this presentation.
Inform Nikki about side effects

“You may also experience other side effects with Kyleena. I’d like to discuss those next”

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Inform Nikki about serious side effects

“Kyleena can cause serious side effects, including ectopic pregnancy and intrauterine pregnancy risks, life threatening infection, Pelvic Inflammatory Disease (PID), perforation, and expulsion.”

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Inform Nikki about some of the common side effects

“Common side effects include pain, bleeding or dizziness during and after placement, changes in bleeding, missed menstrual periods, and cysts on the ovary. Other common side effects include: inflammation or infection of the outer part of your vagina; abdominal or pelvic pain; headache or migraine; acne or greasy skin; painful periods; or or painful breasts.”

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Inform Nikki about side effects

“If you ever have any questions or concerns after placement, please call the office right away. It might be something we can manage over the phone, or I may need to see you back in the office.”

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Nikki asks about fertility

“What if I change my mind and want to get pregnant?”

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Nikki asks about fertility

“What if I change my mind and want to get pregnant?”

“If your plans change, I can remove Kyleena at any time. About 7 out of 10 women who want to become pregnant do so within the first year after Kyleena removal.”

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Assessing Nikki for same day insertion

“Can I have Kyleena placed today?”

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“Since you’re 8 weeks post-partum, and I’ve determined that your uterus is back to its non-pregnant state, I may be able to place Kyleena today, if you’re not pregnant. Have you had a period since your delivery?”

“Can I have Kyleena placed today?”

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Assessing Nikki for same day insertion

“No, I haven't had a period yet.”

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Assessing Nikki for same day insertion

“Have you been sexually active since you delivered your baby?”

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Assessing Nikki for same day insertion

“Have you been sexually active since you delivered your baby?”

“No, I haven’t had sex since then.”

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“Good news – based on our conversation today, I should be able to place a Kyleena today. Kyleena does not protect against STIs, so you should use condoms to protect against STIs and HIV.

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Nikki asks when Kyleena will start working

“If I can get Kyleena today, how soon will it start working?”

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Nikki asks when Kyleena will start working

“You will need a non-hormonal back-up method of contraception (condoms or spermicide) or abstain for vaginal intercourse for 7 days to prevent pregnancy.”

“If I can get Kyleena today, how soon will it start working?”

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I will place the IUD during today’s office visit.

First, I will do an exam to find the exact position of your uterus. Then I will then clean the vagina and cervix with an antiseptic solution. Next, I will slide a slim plastic tube containing Kyleena through the cervix into the uterus. Then, I will remove the tube, leaving Kyleena in the uterus, and cut the threads.
I will place the IUD during today’s office visit.

First, I will do an exam to find the exact position of your uterus. Then I will then clean the vagina and cervix with an antiseptic solution. Next, I will slide a slim plastic tube containing Kyleena through the cervix into the uterus. Then, I will remove the tube, leaving Kyleena in the uterus, and cut the threads.

You may experience pain, bleeding, or dizziness during and after placement. If these symptoms do not resolve within 30 minutes, the IUD may not have been placed correctly. I will determine if the IUD needs to be removed or replaced.
“I recommend all my patients return to see me, 4-6 weeks after insertion. At that visit, I can check in with you to see you how you are doing, and check the threads of Kyleena.

It’s also a good habit for you to check for the removal threads on your own, once a month, being careful not to pull them, as you do this. I can tell you how to check for the removal threads, if you have questions”

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Follow-up with Nikki after insertion

“If you feel more than just the threads, or don’t feel them at all, Kyleena may not be in the right position, and may not prevent pregnancy.

If this happens, avoid intercourse or use non-hormonal back-up contraception (such as condoms or spermicide), and follow-up with me as soon as possible”

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Follow-up with Nikki after insertion

“Also remember, that before you have an MRI, tell your health care provider you have a Kyleena, as it can be scanned under specific conditions.

If you have any questions or concerns, please call me right away. Otherwise, I will see you again in 4-6 weeks, and then once a year thereafter.”

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Samantha

- 25 years old, G0, in good general health
- Presents for flu shot

What questions could you ask to address her reproductive life plan? Is she currently using contraception, and is she looking to learn more about her other options?
Samantha

- 25 years old, G0, in good general health
- Presents for flu shot
- She currently taking oral contraceptives, interested to hear about other methods
- She is not seeking pregnancy for several years
Samantha

- 25 years old, G0, in good general health
- Presents for flu shot
- She currently taking oral contraceptives, interested to hear about other methods
- She is not seeking pregnancy for several years

How can you use the framework below to help Samantha select an appropriate contraceptive method? Could she initiate that method today?

- Establish and maintain rapport with the patient
- Assess the patient’s needs and personalize discussions accordingly
- Work with the patient interactively to establish a plan
- Provide educational materials that can be understood and retained
- Confirm patient understanding ("teach-back")

Karen

- 42 years old, G2P2
- Presents for birth control refill

What questions could you ask to address her reproductive life plan? Is she interested in other birth control options?
Karen

- 42 years old, G2P2
- Presents for birth control refill
- While discussing future childbearing plans, she mentions having heavy periods
Karen

- 42 years old, G2P2
- Presents for birth control refill
- While discussing future childbearing plans, she mentions having heavy periods

What questions could you ask to learn more about her experience with heavy periods? How many pads or tampons does she use per cycle? How can you use the framework below to help Karen select an appropriate contraceptive method? Could she initiate that method today?

Establish and maintain rapport with the patient
Assess the patient’s needs and personalize discussions accordingly
Work with the patient interactively to establish a plan
Provide educational materials that can be understood and retained
Confirm patient understanding (“teach-back”)

Module 2: Equipment & Insertion Practice

- Review & Understand:
  - Insertion Timing
  - Instruments needed for Bayer IUD insertion
  - Patient Preparation steps
  - Steps to insert Bayer IUDs
  - Follow-up Information
  - What patients should expect during insertion

- Practice using a tenaculum and sounding prior to IUD placement using a step by step guide, in a model with a pre-placed speculum

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Insertion & Removal Procedure

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Module 3: Complete Insertion & removal using patient case

Attendees will *work in pairs* for this final simulation, using a model which allows speculum placement.

- Practice for ~10 minutes using all tools
- One person will perform the insertion procedure (non-reloadable IUD so threads can be cut), while the other follows a step-by-step guide to ensure all steps were completed
- Following insertion, the IUD will be removed

Please see Important Safety Information throughout. Please see full Prescribing Information for **Kyleena**, **Mirena**, and **Skyla** that is available at this presentation.
Complete Insertion & Removal Procedure

Patient Scenarios

Susan, 35 years old, G1, P1. Good general health with no significant medical history. Currently on oral contraceptives. Has been counseled, and presents for Kyleena insertion.

After 3 years, desires pregnancy and wants the IUD removed.

Beth, 40 yo, G3, P3. No significant past medical history and in good general health. Has been counseled on Mirena, and presents for Mirena insertion. Currently using condoms for birth control.

After 2 years, requests IUD removal.

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Complete Insertion & Removal Procedure

Please see Important Safety Information throughout. Please see full Prescribing Information for Kyleena, Mirena, and Skyla that is available at this presentation.
Thank you!
Any Questions?

Kyleena® (levonorgestrel-releasing intrauterine system) 19.5mg
Mirena® (levonorgestrel-releasing intrauterine system) 52mg
Skyla® (levonorgestrel-releasing intrauterine system) 13.5mg

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