

An Evaluation of Skyla: Intrauterine Device as a form of contraception

Skyla is a small, flexible plastic intrauterine device (IUD) that contains 13.5 mg of levonorgestrel. It has a lower dose of hormone than its counterpart, Mirena. As a result, Skyla only lasts for 3 years. It is also smaller than Mirena, which suits younger women, or those who haven't given birth. A health care provider inserts it into the uterus. There it slowly releases levonorgestrel, which increases cervical mucus, inhibits sperm movement and survival, and thins the lining of the uterus. There are also strings at the end of the IUD, which allow the position of the IUD to be checked by either the user or a health provider.

Some concerns accompanied the introduction of Skyla. With its debut in early 2013 and availability by prescription by February, it's relatively new. Though it was tested before its release, it's not known if it will work for its intended audience as well as was hoped. Optimism remains for its success as a long acting reversible contraceptive; it's likely that its benefits will outweigh its rarely-occurring detriments.

Criteria for IUD Contraceptive

Acceptable forms of contraception must fulfill the following criteria:

- Effectiveness
- Safety
- User friendliness

Contraception must be effective in preventing pregnancy. To ensure this, it must be tested and proven that it significantly prevents pregnancy, or else it shouldn't be on the market. It must be properly inserted, delivered, and/or introduced to patients. It must be easy to use consistently and correctly, or else it may become significantly less effective. According to the Guttmacher Institute, "the 19% of women at risk who use contraceptives but do so inconsistently account for 44% of unintended pregnancies", and "the 16% of women at risk who do not use contraceptives at all account for 52%" (2013). For this reason, long acting reversible contraceptives (LARCs) are highly recommended for most women seeking contraception. LARCs, like the IUD and the implant, do not require frequent management, and therefore are at less risk for human error.

Contraception must be safe. As per The Hippocratic Oath, "first, do no harm." If the form of contraception incites life threatening side effects there's no point in preventing pregnancy. Less threatening side effects are not ideal, but can be weighed with the benefits by the user. If it is known that a form of contraception is dangerous for certain people (ex. smokers and the pill), it should not be used. Also, contraception must not impede the user's fertility if they desire to become pregnant in the future. As contraception is a family planning tool, it must not totally stop the user from planning a family without their consent (ex. sterilization).

Contraception must be user friendly. If it isn't easy to understand, it won't be easy to use consistently and correctly. Consistent and correct use is crucial for optimal effectiveness. It must also be easy to get it checked on. It is important to make sure the contraceptive is working as it should, especially in the case of the IUD, the implant, and the ring.

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