World Health Organization

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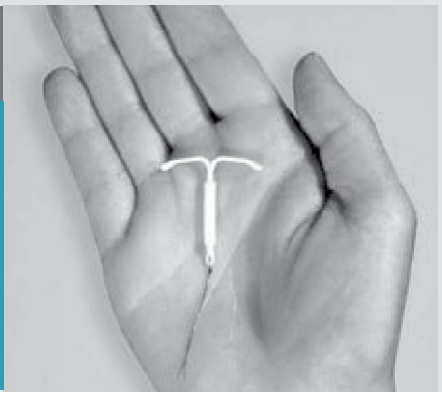
WHO statement

on levonorgestrel-releasing intrauterine device nomenclature

WHO proposes more clarity for the terminology surrounding levonorgestrel-releasing intrauterine devices



Background

The levonorgestrel-releasing intrauterine device is one of the most effective forms of long-acting reversible contraception (LARC). LARC has many advantages for women in terms of convenience and ease of continuation. The reported pregnancy rate for a 52 mg levonorgestrel-releasing intrauterine device (releasing 20 µg/24 hours) is less than 1 per 100 women over the first year, and 5–8 pregnancies per 1,000 women over 5 years of use *(1)*. The levonorgestrel-releasing intrauterine device is equally effective in women of all ages (when using the pill, patch or vaginal ring, younger women have significantly higher contraceptive failure rates than older women). Other potential advantages of the levonorgestrel-releasing intrauterine device include its role in treating menorrhagia and dysmenorrhoea.

The World Health Organization (WHO) recommends that every individual is ensured the opportunity to make informed choices about their use of contraception without discrimination for a range of methods, including emergency, short-acting, long-acting and permanent methods. LARC should be among the available contraceptive choices for all women, including young and nulliparous women. The levonorgestrel-releasing intrauterine device is available and is a popular choice in the United States of America and some European countries. Its use is increasing in Africa, Asia, and Latin America. Efforts aimed at facilitating broader access to the levonorgestrel-releasing intrauterine device in low- and middle-income countries have increased since 2020. Notably, there are plans to add the method to product catalogues, to increase procurement of the method and to ensure that commodity funding does not prevent wider access to contraception.

There are several acronyms currently used to describe the levonorgestrel-releasing intrauterine devices, including LNG-IUD, hormonal IUD, LNG-IUS, and hormonal IUS. The term intrauterine system and its acronym IUS were introduced to differentiate the levonorgestrel-releasing intrauterine device from other types of intrauterine devices, such as the copper-bearing intrauterine device. Furthermore, in 2019, Bayer, the manufacturer of Mirena®, expressed concerns about the use the term of LNG IUS to describe the broader method category. Bayer recently trademarked the abbreviation LNG IUS through the International Contraceptive Access Foundation and distributed a levonorgestrel-releasing intrauterine device under this trademark. The WHO publication *Family planning: a global handbook for providers* states that the levonorgestrel-releasing intrauterine device is marketed under several brand names *(1)*.

Current nomenclature

The WHO International Nonproprietary Names (INN), or generic names, facilitates the identification of pharmaceutical substances or active pharmaceutical ingredients. The INN describes the pharmaceutical molecule, not its dosage. Levonorgestrel is an INN, and its spelling and form are decided by the WHO INN expert committee *(2)*.

In the latest edition of *Medical eligibility criteria for contraceptive use*, WHO uses the acronym LNG-IUD for the levonorgestrel-releasing intrauterine device *(3)*. Similarly, in *Family planning: a global handbook for providers*, the acronym LNG-IUD is used to describe the levonorgestrel-releasing intrauterine device *(1)*. The handbook acknowledges that various other terms or acronyms can be used for this method, such as hormonal IUD, levonorgestrel-releasing intrauterine system or LNG-IUS.

Proposed WHO nomenclature

The use of many different acronyms to describe a method category can lead to confusion among governments, procurers, distributors, academics, providers and

users. It is important to select and align a single term. Consistency in contraceptive nomenclature supports country-level efforts to introduce different methods and help ensure adequate supplies.

Given that the launch of the levonorgestrel-releasing intrauterine device is just beginning in many low- and middle-income countries, there is an opportunity to be consistent in the generic term and acronym used, so that countries are consistent when developing a health management information system, training guidelines and other documents at all levels of service provision.

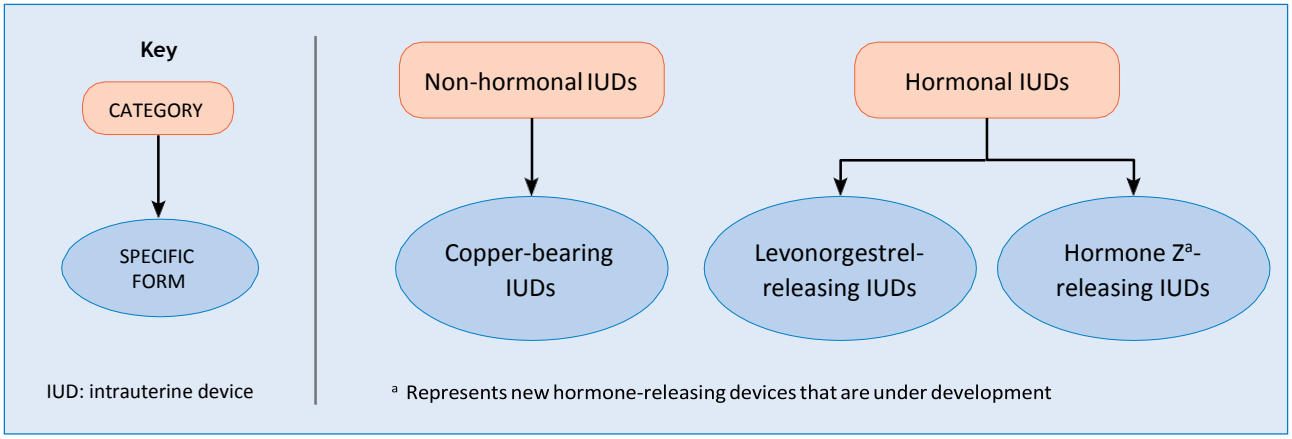
WHO acknowledges the need to discuss and reach a consensus on the preferred nomenclature for the levonorgestrel-releasing intrauterine device. It notes that the term levonorgestrel-releasing intrauterine device and its currently used acronym, LNG-IUD, differentiate this method from the copper-bearing intrauterine device.

The LNG-IUD acronym, however, may not make it clear to women and providers that this product releases a hormone. It is important to highlight the hormonal aspect of the device, because the levonorgestrel-releasing intrauterine device produces different effects than those of the copper-bearing intrauterine device. For this reason, some health-care providers already use the term hormonal IUD when discussing the levonorgestrel-releasing intrauterine device with clients. During counselling, it is important to clarify that current hormonal intrauterine devices, such as the levonorgestrel-releasing intrauterine device, do not contain estrogens.

To accommodate new hormone-releasing intrauterine devices that are under development, and to clarify the nature of the current levonorgestrel-releasing intrauterine device, the term **hormonal IUD** should be used to categorize these products (see Fig. 1). Within this category of hormonal IUD, different types of hormone-releasing intrauterine devices may be included, such as the levonorgestrel-releasing intrauterine device.

WHO will continue to use the existing term, levonorgestrel-releasing intrauterine device, in existing guidelines. In the future, the terms **hormonal IUD** (as a category) and levonorgestrel-releasing IUD (as the specific form) will be preferred and will be used in WHO guidelines (see Fig. 1).

Figure 1. Intrauterine devices



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