OBSTETRICS & GYNECOLOGY
Clinical Expert Series

Long-Acting Reversible Contraceptives: Intrauterine Devices and the Contraceptive Implant

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1. The most common reason for a reversible contraceptive method to fail is:

   A. Inconsistent use
   B. Biologic variability
   C. Inconsistent ovulation cycles
   D. Extended sperm survival
   E. Drug–drug interaction

2. According to the U.S. Medical Eligibility Criteria (MEC) for Contraceptive Use, 2010, use of a contraceptive method in the face of a condition for which the theoretical or proven risks usually outweigh the advantages of using the method would be classified as a:

   A. 1
   B. 2
   C. 3
   D. 4

3. The greatest risk for infection in women using intrauterine devices (IUDs) occurs:

   A. In nulliparous women
   B. In the first 20 days of use
   C. Near the end of the effective life of the device
   D. In immediate postpartum insertions
   E. In women who are smokers

4. The U.S. MEC gives IUD use in nulliparous women a rating of:

   A. 1
   B. 2
   C. 3
   D. 4

5. When compared to interval insertion, insertion of an IUD at the time of miscarriage is associated with complication rates that are:

   A. Significantly higher
   B. Slightly higher
   C. Unchanged
   D. Slightly lower
   E. Significantly lower

6. The levonorgestrel intrauterine system (LNG IUS) is approved by the Food and Drug Administration (FDA) for the indications of contraception and:

   A. Adenomyosis
   B. Pelvic pain
   C. Endometrial hyperplasia
   D. Heavy bleeding
   E. Uterine leiomyomas

7. A 17-year-old woman requests placement of an IUD. Samples are taken for sexually transmitted diseases (STDs) and the IUD is placed. The subsequent results of this screening are reported to be positive. The most appropriate next step in the management of this patient is:

   A. Administer antibiotic treatment for the STD as per standard protocol
   B. Remove the IUD and administer antibiotic treatment for the STD as per standard protocol
   C. Administer antibiotic treatment for the STD but at double the normal dosage rate
   D. Remove and culture the IUD directly, deferring treatment until the results are known
   E. Retest for the STD in 7 to 10 days following the insertion

8. Prior to adding the progesterone implant to one's practice, the FDA has mandated that the practitioner complete:

   A. A registration process with the federal government
   B. An online questionnaire
   C. A federal background check
   D. A 3-hour training and simulation course
   E. A TSA pat-down

9. The most common reason for pregnancy in women using the progesterone contraceptive implant is:

   A. Inadequate absorption of progesterone from the device
   B. Increased metabolic clearance of progesterone in some patients
   C. Obesity
   D. Scar formation around the device
   E. Non-insertion of the device

10. When compared to a woman's natural bleeding pattern, users of the progesterone contraceptive implant are likely to have:

A. Amenorrhea
B. Infrequent bleeding
C. Unchanged number of days but unpredictable pattern
D. Increased number of days bleeding
E. Fewer days of bleeding but with increased flow

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