



INTERNATIONAL FEDERATION OF PAEDIATRIC AND ADOLESCENT GYNAECOLOGY

FEDERATION INTERNATIONALE DE GYNECOLOGIE INFANTILE ET JUVENILE

FEDERACION INTERNACIONAL DE GINECOLOGIA INFANTIL Y JUVENIL

25 June 2020

To: Dr. Aurelijus Veryga, MD, PhD
Professor, Head of Health Research Institute
Faculty of Public Health, Lithuanian University of Health Sciences
Minister of Health of the Republic of Lithuania

From: Mr. Paul Wood, MD, FRCOG
President of the International Federation of Paediatric and Adolescent Gynaecology (FIGIJ)

Dear Dr. Veryga,

The Board of the International Federation of Paediatric and Adolescent Gynaecology wishes to express our strong support for the Lithuanian Association of Obstetricians and Gynaecologists in their request of coverage for the levonorgestrel intrauterine device (LNG-IUD) to young women aged 15-20 years.

The mechanism of action of the LNG-IUD involves thickening of the cervical mucus and thinning of the endometrium, thereby preventing sperm transport and fertilisation. It does not interfere with ovulation, nor implantation, and does not therefore induce abortion.

From the contraception perspective, it is one of the safest and most tolerated methods, as it contains no estrogen, and so eliminates the risk of thromboembolic events. It can be used in patients with complex underlying conditions, such as patients with congenital heart disease, in whom pregnancy would be a great risk. The LNG-IUD does not depend on patient compliance, so it is extremely effective. There is ample published evidence in the medical literature of the suitability of the LNG-IUD in adolescents as opposed to older women.

From a public health perspective, prevention of adolescent pregnancy reduces morbidity of mothers and infants by reducing the risk of preterm labor and preeclampsia found more often in this age group. The availability of the LNG-IUD to young women aged 15-20 years results in the protection of a vulnerable cohort. Provision of the LNG-IUD will not endorse precocious sexual activity or promiscuity, but will offer protection in the knowledge that some young women aged 15 or over will voluntarily choose to be sexually active before the age of 20 years.



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From the general medical perspective the non-contraceptive use of the LNG-IUD for girls with complicated medical disorders is equally important. The reversible effect of the levonorgestrel on the endometrium minimizes menstrual bleeding. It is recommended to control heavy menses in girls with bleeding disorders (such as Von Willebrands Disease), and is used for adolescents with complex needs and significant developmental delay, where menstrual hygiene can be challenging for patients, parents and teachers.

Given the broad utility, safety and efficacy of the LNG-IUD, the FIGIJ Board gives its strongest recommendation that cost not be a barrier for its use by adolescents, and that coverage should be provided as for other necessary medications.

At a professional level we have no doubt that the LNG-IUD is the most appropriate choice of contraception for adolescents.

You and the Lithuanian Association of Obstetricians and Gynaecologists have our full support.

Yours sincerely,

Paul Wood, MD, FRCOG
President FIGIJ