**Contraceptives**

A couple, man or a woman need to pay much attention to the choice of methods of contraceptives to use. As such, it is always important for the users to consider acceptability, availability, effectiveness, and safety of the contraception so that their impacts can correspond with their intentions. Even though most of the contraceptives are effective, it is always critical to evaluate US medical eligibility criteria (US MEC) and recommendations given especially to women with medical conditions and certain characteristics. Comparing and contrasting intrauterine systems (IUS) and intrauterine device (IUD) is crucial because it enables people to make the right choice with regards to contraceptives.

**Indication**

Both IUD and IUS contraceptives are 99% effective if used as per the doctors’ prescriptions. IUS is worth using bearing in mind that it serves best to bring calmness particularly for women who have painful and heavy periods as well as those who experience migraines (Eisenberg et al., 2015). On the other hand, women use IUD just because it is highly effective in preventing them from getting pregnant.

**Contraindication**

The use of IUS goes hand in hand with skin problems and mood swings, therefore, making it inappropriate. Similarly, IUD is associated with mood swings because it is painful in the first 3-6 months. However, IUD is a bit worse because it involves bleeding between periods.

**Side Effects**

Use of both IUD and IUS has the potential of interrupting with the normal occurrence of periods such that periods can completely stop or become irregular. In IUS and IUD, fitting of such contraceptives exposes one to pelvic infection and graduate to serious illness if left untreated (Eisenberg et al., 2015). For the same reason, the use of both IUS and IUD lead to vaginal bleeding. Nevertheless, upon the use of IUS, women tend to change their libido and moods. Such a case is different when it comes to IUD whereby such an aspect is replaced with prolonged periods’ pains.

**US Medical Eligibility Criteria (USMRC)**

The use of IUS requires USMRC intervention whereby nurses and doctors are advised to offer more insights on the proper use of such a contraceptive because it leads to the development of fluid-filled cysts on the ovaries. USMRC puts it clear that development of cysts on the ovaries can pave the way for the growth of the ovarian tumor (Curtis et al., 2016). On the contrary, the type of USMRC intervention made on the use of IUD only exists to advise the user of the contraceptive to seek medical attention upon developing abnormal feeling. In both cases, USMRC whereby healthcare providers advise users to prioritize using condoms because IUD and IUS cannot prevent one from acquiring sexually transmitted infections (STIs).

**US Selected Practice Recommendations for Contraceptive Use (USSPR)**

When it comes to USSPR in relation to IUD and IUS, there is an emergence of a similarity. Healthcare providers have the mandate to prescribe revised and new recommendations if the involved persons have been under other forms of contraception before (Heinemann et al., 2015). However, recommendations given seem to differ, such a user of pills cannot match the IUD to avoid escalation of painful periods and excessive bleeding whereas a user of diaphragm and IUD cannot resort to IUS because of their vulnerability to ovarian cancer.

**Affordability**

Commonly, IUD is cheaper than IUS in most countries around the world.

**Mechanisms of Action**

The intrauterine system releases progesterone on the uterine cavity with intentions to thicken cervical mucus to prevent sperms from penetrating to the ovary. IUS also thins the endometrial wall to curtail embryo implantation even if fertilization occurs. On the other hand, the Intrauterine device releases copper ions on the endometrial wall to thicken cervical mucus to make it hard for sperms to swim. In both cases, subsequent processes of halting pregnancy are similar.

In conclusion, IUD is the most appropriate contraceptive not because of its low price but also because of its overall effectiveness. Although women using IUD feel pain during the first months of use, it out-competes IUS in that it does not facilitate the development of cysts on the ovaries, elements that contribute to cervical cancer. Therefore, Women should use IUD instead of IUS as a family planning method.

**References**

Curtis, K. M., Jatlaoui, T. C., Tepper, N. K., Zapata, L. B., Horton, L. G., Jamieson, D. J., & Whiteman, M. K. (2016). US selected practice recommendations for contraceptive use, 2016. *MMWR Recommendations and Reports*, *65*(4), 1-66.

Eisenberg, D. L., Schreiber, C. A., Turok, D. K., Teal, S. B., Westhoff, C. L., Creinin, M. D., & ACCESS IUS Investigators. (2015). Three-year efficacy and safety of a new 52-mg levonorgestrel-releasing intrauterine system. *Contraception*, *92*(1), 10-16.

Heinemann, K., Reed, S., Moehner, S., & Do Minh, T. (2015). Comparative contraceptive effectiveness of levonorgestrel-releasing and copper intrauterine devices: the European Active Surveillance Study for Intrauterine Devices. *Contraception*, *91*(4), 280-283.