Risk of luteal phase pregnancy with modified intrauterine device insertion eligibility

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Background

The intrauterine device (IUD) is a highly effective, long-acting and reversible form of contraception. Additionally, the initiation of the device only requires a one-time act, eliminating adherence or user dependence. Modifying insertion guidelines may remove barriers to accessing sexual and reproductive care but may increase the risk of luteal phase pregnancies.

Modified insertion Guidelines?

Pros:
- Immediate initiation provides protection sooner
- Removes barriers to patient’s
- Decreases risk of unintended pregnancy with other methods

Cons:
- May increase risk of luteal phase pregnancy
- Patient history may be unreliable
- Risk of wasting device
- Risk of patients not returning

Methods

Assessed 3,535 randomly-selected IUD insertions from a retrospective cohort of AYA receiving IUDs with modified insertion guidelines. 11-24 years old, negative pregnancy test, patient at BC4U, an adolescent-specific Title X clinic in Aurora, Colorado.

Providers inserted according to standard guidelines or modified guidelines. Modified guidelines included:
- Patient reported abstinence or 100% condom use
- Since LMP
- Since discontinuation of contraceptive method

Two groups: AYA within standard guidelines and AYA outside standard guidelines with modified guidelines

Primary outcome: No evidence of pregnancy following IUD placement.

Results

3,535 IUDs placed at BC4U

Standard guidelines
- 1,992 (56.3%)

Modified Guidelines
- 1,543(43.7%)

Pregnancy status known
- 1,210 (60.7%)
- 926 (60%)

Pregnant
- 0 (0-0.31%)
- 1 (0-0.59%)

Standard Guidelines
<table>
<thead>
<tr>
<th>n=1,992</th>
<th>Modifid Guidelines</th>
<th>n=1,543</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Median Range)</td>
<td>21 (11-24.9)</td>
<td>20 (11-24)</td>
<td>0.009</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td>0.05</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>53.4%</td>
<td>48.7%</td>
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</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>5.9%</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>2.3%</td>
<td>2.2%</td>
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</tr>
<tr>
<td>Hispanic or Latino</td>
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<td>30.6%</td>
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<tr>
<td>Non-Hispanic Other</td>
<td>11.9%</td>
<td>12.3%</td>
<td></td>
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<tr>
<td>Days Since LMP (Median Range)</td>
<td>6 (0-35)</td>
<td>17 (8-35)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Discussion

- AYAs are at a higher risk for unintended pregnancies and may not have the resources to return to the clinic.
- Adopting a more liberal approach will allow providers to provide better care.
- The modified insertion guidelines do not result in a higher rate of luteal phase pregnancies.
- Even in an AYA population which is known to have complex reproductive behaviors and unclear medical history.

References


Acknowledgements

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