

Post-placental IUD Insertion Outcomes

Authors

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Background

For the last several years, post-placental intrauterine device (IUD) insertion has increasingly been offered to patients around the country as a contraceptive plan following delivery. In August 2016, ACOG released a committee opinion endorsing the method, which has the added benefits of helping to reduce unintended and short-interval pregnancies as well as removing access to care barriers for contraception when patients are lost to postpartum follow up. However, with post-placental IUD insertions, the expulsion rate has been found to be significantly higher than interval IUD insertions, with numbers varying between 10-20%, even up to 30-40%

Objective

For the last two years, Palmetto Health Richland has participated in post-placental IUD insertion. The primary aim of the study was to determine outcomes of post-placental IUD insertion up to one-year post-insertion from December 2015 to March 2017, examining the expulsion rate in particular.

Methods

This was a retrospective cohort study analyzing data from post-placental IUD insertions. Any patient who received a post-placental IUD within the above time frame was included in the study. Patients were identified by billing codes for post-placental IUD insertion. Data was sorted based on patient age, gravida/para status, delivery method, gestational age at delivery, the presence of any delivery complications, insurance provider, and type of IUD inserted. Once patients within the study's time frame were identified, outcomes were determined from clinic appointments as well as any emergency room visits within the health system within their first year postpartum. Possible outcomes included successful insertion of post-placental IUD (determined from visualized strings and/or ultrasound confirmation of placement at six-week visit), expulsion, or removal (whether at patient request vs secondary to displacement.) Qualitative data was analyzed using qualitative content analysis procedures.

Results

During the study period, 147 IUDs were placed. Of the patients in which IUDs were inserted, 53 patients were lost to follow up at their post-partum appointments. Of those for which data was available, the rate of IUD expulsion was 11.7%. Additionally, 21.2% of patient's had their IUDs removed for various reasons, the most common of which were pain (38%) and irregular bleeding (35%). At the conclusion of the study, 67% of patients had IUDs remaining in place.

Conclusion

Post-placental IUD expulsions at our institution are comparable to national averages, and this remains a viable contraceptive option for patients.