



**“Liberating women - removing
barriers and increasing access
to safe abortion care”**

14.-15. September 2018, Nantes, France

Timing of IUD insertion after abortion

DR. ROBERTO LERTXUNDI
CLÍNICA EUSKALDUNA, BILBAO. SPAIN



Conflict of interest

Dr. Lertxundi has relevant financial relationships with the following commercial interests:

- Exelgyn
- Nordic-Pharma
- Bayer
- Exeltis
- MSD
- Effik

The logo for Exelgyn, featuring the word "Exelgyn" in a green, sans-serif font. The letter "x" is stylized with a diagonal slash through it.The logo for Nordic Pharma, consisting of the word "NORDIC" in a bold, black, sans-serif font above the word "PHARMA" in a smaller, black, sans-serif font. To the right of the text is a solid green square.

Evidence

The scientific Community emphasizes the need to utilize an effective contraceptive method as rapidly as possible following an abortion.

CONCLUSIONS

The 6-month rate of expulsion of an IUD after immediate insertion was higher than but not inferior to that after delayed insertion. Immediate insertion resulted in higher rates of IUD use at 6 months, without an increased risk of complications. (Funded by the Susan Thompson Buffett Foundation; ClinicalTrials.gov number, NCT00562276.)

THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Immediate versus Delayed IUD Insertion after Uterine Aspiration

Paula H. Bednarek, M.D., M.P.H., Mitchell D. Creinin, M.D., Matthew F. Reeves, M.D., M.P.H., Carrie Cwiak, M.D., M.P.H., Eve Espey, M.D., M.P.H., and Jeffrey T. Jensen, M.D., M.P.H., for the Post-Aspiration IUD Randomization (PAIR) Study Trial Group

ABSTRACT

BACKGROUND

From the Department of Obstetrics and Gynecology, Oregon Health and Science University, Portland (P.H.B., J.T.J.); the Department of Obstetrics, Gynecology and Reproductive Sciences, University of Pittsburgh (M.D.C., M.F.R.); and the Department of Epidemiology, University of Pittsburgh Graduate School of Public Health (M.D.C.) — both in Pittsburgh; the Department of Gynecology and Obstetrics, Emory University, Atlanta (C.C.); and the Department of Obstetrics and Gynecology, University of New Mexico, Albuquerque (E.E.). Address reprint requests to Dr. Bednarek at the Department of Obstetrics and Gynecology, Oregon Health and Science University, 3181 SW Sam Jackson Park Rd., UHN 50, Portland, OR 97239, or at bednarek@ohsu.edu.

This article (10.1056/NEJMoa1011600) was

Intrauterine devices (IUDs) provide highly effective, reversible, long-term contraception that is appropriate for many women after first-trimester uterine aspiration. However, the effects of immediate versus delayed IUD insertion after uterine aspiration on rates of complications and IUD use are uncertain.

METHODS

We performed a randomized noninferiority trial involving women undergoing uterine aspiration for induced or spontaneous abortion at 5 to 12 weeks of gestation who desired an IUD. Subjects were randomly assigned (in a 5:5 ratio) to IUD insertion immediately after the procedure or 2 to 6 weeks afterward (delayed insertion). The primary outcome was the rate of IUD expulsion 6 months after IUD insertion; an expulsion rate 8 percentage points higher in the immediate-insertion group was defined as inferior.

RESULTS

Among 575 women who underwent randomization, an IUD was inserted in 100% (258 of 258) of the women in the immediate-insertion group and in 71.3% (226 of

Evidence

The scientific Community emphasizes the need to utilize an effective contraceptive method as rapidly as possible following an abortion.

"As soon as possible"



ABSTRACT

Objective: There is insufficient evidence on the continuation, safety and acceptability of immediate insertion of the intrauterine device (IUD) after medical abortion. The objective of the present study was to evaluate clinical outcomes of early IUD insertion, compared with those of delayed IUD insertion, following medical abortion.

Methods: Women undergoing medical abortion with mifepristone and misoprostol up to 49 days' gestation and opting for Copper T 380A IUD contraception underwent early (5-14 days after mifepristone) or delayed insertion (3-4 weeks after mifepristone). The primary outcome measure was 6 month IUD continuation rate after medical abortion. Secondary outcome measures included user acceptability and safety.

Results: Between October 2015 and October 2016, post-medical abortion IUD insertion was performed in 120 eligible women fulfilling the inclusion and exclusion criteria. There was no statistically significant difference in the continuation rates of the early and delayed IUD insertion groups at 6 months (76.7 versus 83.3%, $p = .75$). The 6 month IUD expulsion rates were 6.7 and 3.3% in the early and delayed insertion groups, respectively ($p = .56$). There were 10 (16.7%) removals in the early and eight (13.3%) in the delayed insertion groups ($p = .77$). Level of satisfaction with post-abort IUD use was comparable in both groups. Adverse events were rare and did not differ significantly between the two groups.

Conclusion: We demonstrated high continuation rates, safety and acceptability of early IUD insertion after medical abortion.

After ToP, surgical or medical, all contraceptive methods are recommended

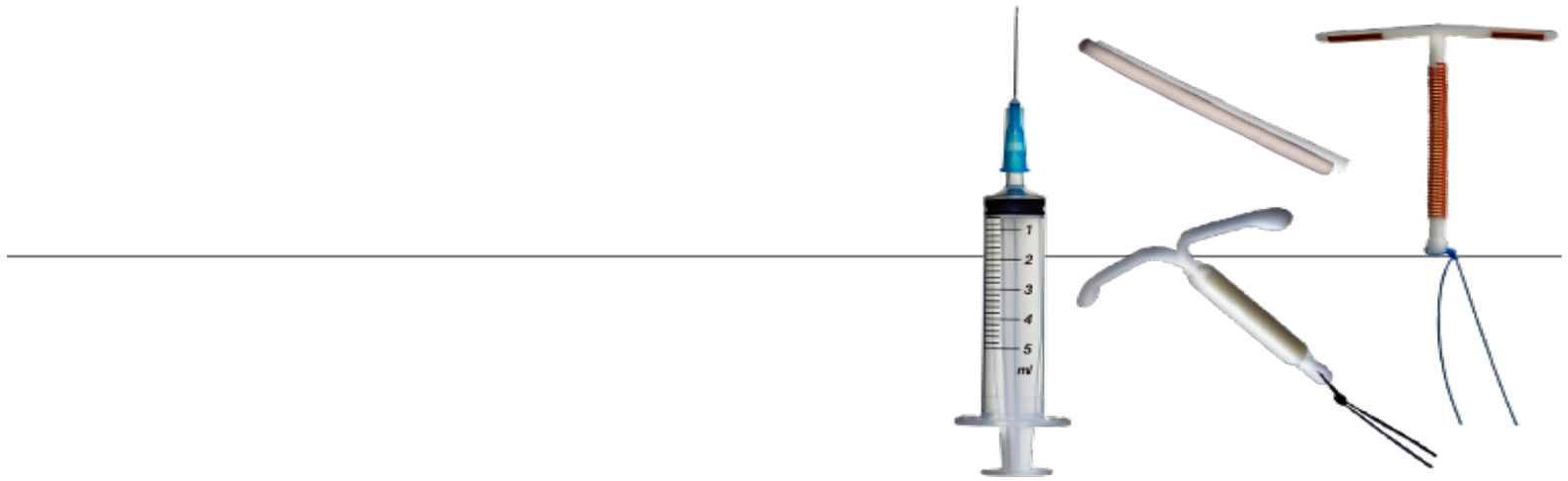
COMBINED HORMONAL CONTRACEPTIVES (CHCs)					
CHCs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.					
CONDITION	CATEGORY				CLARIFICATIONS/EVIDENCE
	I = initiation, C = continuation				
	COC	P	CVR	CIC	
† recommendations reviewed for the MEC 5 th edition, further details after this table * additional comments after this table	COC = combined oral contraceptive P = combined contraceptive patch CVR = combined contraceptive vaginal ring CIC = combined injectable contraceptive				
POST-ABORTION					Clarification: COCs, P, CVR or CICs may be started immediately post-abortion.
a) First trimester	1	1	1	1	Evidence: Women who started taking COCs immediately after first-trimester medical or surgical abortion did not experience more side-effects or adverse vaginal bleeding outcomes or clinically significant changes in coagulation parameters compared with women who used a placebo, an IUD, a non-hormonal contraceptive method, or delayed COC initiation (134–141). Limited evidence on women using the CVR immediately after first-trimester medical or surgical abortion indicated no serious adverse events and no infection related to CVR use during 3 cycles of follow-up post-abortion (77).
b) Second trimester	1	1	1	1	
c) Immediate post-septic abortion	1	1	1	1	

PROGESTOGEN-ONLY CONTRACEPTIVES (POCs)				
POCs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.				
CONDITION	CATEGORY			CLARIFICATIONS/EVIDENCE
	I = initiation, C = continuation			
	POP	DMPA/ NET-EN	LNG/ETG	
† recommendations reviewed for the MEC 5 th edition, further details after this table * additional comments after this table	POP = progestogen-only pill LNG/ETG = levonorgestrel and etonogestrel (implants) DMPA = depot medroxyprogesterone acetate (injectable) NET-EN = norethisterone enanthate (injectable)			
POST-ABORTION				Clarification: POCs may be started immediately post-abortion.
a) First trimester	1	1	1	Evidence: Limited evidence suggests that there are no adverse side-effects when an LNG implant or NET-EN are initiated after first-trimester abortion (113–116).
b) Second trimester	1	1	1	
c) Immediate post-septic abortion	1	1	1	

After ToP, surgical or medical, all contraceptive methods are recommended

INTRAUTERINE DEVICES (IUDs)			
IUDs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.			
CONDITION	CATEGORY		CLARIFICATIONS/EVIDENCE
	I = initiation, C = continuation		
	Cu-IUD	LNG-IUD	
† recommendations reviewed for the MEC 5th edition, further details after this table * additional comments after this table	Cu-IUD = copper-bearing IUD LNG-IUD = levonorgestrel-releasing IUD (20 µg/24 hours)		
POST-ABORTION*			
a) First trimester	1	1	<p>Clarification: IUDs can be inserted immediately after first-trimester, spontaneous or induced abortion.</p> <p>Evidence: There was no difference in risk of complications for immediate vs delayed insertion of an IUD after abortion. Expulsion was greater when an IUD was inserted following a second-trimester abortion vs a first-trimester abortion. There were no differences in safety or expulsions for post-abortion insertion of an LNG-IUD compared with a Cu-IUD (36–48).</p>
b) Second trimester	2	2	
c) Immediate post-septic abortion	4	4	

There is no question in regards to the convenience of inserting an IUD immediately after a SURGICAL termination if the women so desires.



Diminish **repeat abortion rate** is one of the main objectives of Public Health Policies

- Repeat abortion rate in Spain is almost 40%
- The best way to reduce repeat abortion is **to improve post abortion contraception**

Original research article

Preventing repeat abortion in Canada: is the immediate insertion of intrauterine devices postabortion a cost-effective option associated with fewer repeat abortions?[☆]

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Received 1 September 2010; revised 3 May 2011; accepted 4 May 2011

Abstract

Background: In 2005, 97,254 abortions were performed in Canada, of which 38% were repeat abortions. The objective of this research was to determine if provision of free intrauterine devices (IUDs) postabortion is associated with a reduction in health-care costs and repeat abortions in a Canadian population compared with provision of oral contraceptives (OCPs) or depo-medroxyprogesterone acetate (DMPA). **Study Design:** A retrospective cohort study was conducted by intention-to-treat chart review in a facility providing the majority of abortions in a Canadian health region. All ($n=1782$) residents of this region who underwent abortion in 2003, 2004 and 2008 were included. One- and 5-year rates of repeat abortion were calculated, and a cost-effectiveness analysis was conducted to compare health-care system costs of providing patients with IUDs, OCPs or DMPA and subsequent repeat abortions.

Results: In 2003 and 2004, 1101 index abortions occurred. The main contraceptive cohorts were immediate IUD insertion ($n=117$, 10.6%), immediate OCP ($n=413$, 37.5%) and immediate DMPA administration ($n=357$, 32.4%). After 5 years repeat abortion rates in the respective cohorts were: IUD, 9.4%, OCP, 17.4%, DMPA, 16.2% ($p=.05$). One-year rates of repeat abortion were not significantly different. Costs of providing contraception and subsequent abortions over 5 years were \$142.63 (IUD), \$385.61 (OCP) and \$384.81 (DMPA) per user.

Conclusion: The immediate insertion of IUDs postabortion is associated with a lower 5-year rate of repeat abortion than provision of OCPs or DMPA. A cost reduction to the health-care system occurs when providing IUDs postabortion vs. alternate contraception of equivalent duration.

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Keywords: Abortion; Induced abortion; Health system cost analysis; Contraception health policy

Original research article

Impact of immediate postabortal insertion of intrauterine contraception on repeat abortion[☆]

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Received 7 December 2007; revised 5 March 2008; accepted 5 March 2008

Abstract

Background: Of the 1.3 million abortions performed annually in the United States, approximately half are repeat procedures. Immediate postabortal intrauterine device (IUD) insertion is a safe, effective, practical and underutilized intervention that we hypothesize will significantly decrease repeat unintended pregnancy and abortion.

Study design: All women receiving immediate postabortal IUD insertion in eight clinics of a Northern California Planned Parenthood agency during a 3-year period comprise the IUD cohort. We selected a cohort of controls receiving abortions but choosing other, non-IUD contraception on the day of the abortion visit in a 2:1 ratio matched by date of abortion. We obtained follow-up data on repeat abortions within the agency for both cohorts through 14 months after the 3-year period. We evaluated differences in repeat abortion between cohorts. All analyses were intent-to-treat.

Results: Women who received an immediate postabortal IUD had a lower rate of repeat abortions than controls ($p<.001$). Women who received a postabortal IUD had 34.6 abortions per 1000 woman-years of follow-up compared to 91.3 for the control group. The hazard ratio for repeat abortion was 0.38 [95% confidence interval (CI), 0.27–0.53] for women receiving a postabortal IUD compared to controls. When adjusted for age, race/ethnicity, marital status, and family size, the hazard ratio was 0.37 (95% CI, 0.26–0.52).

Conclusion: Immediate postabortal intrauterine contraception has the potential to significantly reduce repeat abortion.

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Keywords: Repeat abortion; IUD; IUC; Intrauterine contraception; Postabortal

Original research article

Preventing repeat abortion in Canada: is the immediate insertion of intrauterine devices postabortion a cost-effective option associated with fewer repeat abortions?[☆]

Christina M. Ames^{a,*}, Wendy V. Norman^b

Abstract

Background: In 2005, 97,254 abortions were performed in Canada to determine if provision of free intrauterine devices (IUD) abortions in a Canadian population compared with provision of other methods.
Study Design: A retrospective cohort study was conducted in a Canadian health region. All ($n=1782$) residents of this region were included in the study. Rates of repeat abortion over a 5-year period were calculated, and a cost analysis was conducted providing patients with IUDs, OCPs or DMPA and subsequent abortions over 5 years.
Results: In 2003 and 2004, 1101 index abortions occurred. Immediate OCP ($n=413$, 37.5%) and immediate DMPA administration ($n=174$, 16.2%) cohorts were: IUD, 9.4%, OCP, 17.4%, DMPA, 16.2% (p=0.001) providing contraception and subsequent abortions over 5 years.
Conclusion: The immediate insertion of IUDs postabortion is associated with fewer repeat abortions compared to OCPs or DMPA. A cost reduction to the health-care system was observed with IUDs.

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Keywords: Abortion; Induced abortion; Health system cost analysis

Original research article

Impact of immediate postabortal insertion of intrauterine contraception on repeat abortion[☆]

Suzan Goodman^{a,*}, Sarah K. Hendlish^b, Matthew F. Reeves^{c,d}, Anne Foster-Rosales^{a,b}

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Conclusion: Immediate postabortal intrauterine contraception has the potential to significantly reduce repeat abortion.

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Keywords: Repeat abortion; IUD; IUC; Intrauterine contraception; Postabortal

Our last experience



250 IUD immediate inserted after SToP through out 2015 and 2016

After 1 year follow-up (10,2% lost to follow-up) the results are equivalent to other published data regarding

- Continuation
- Expulsion
- Failure
- Satisfaction

Our last experience

250 IUD immediate inserted after SToP through out 2015 and 2016

(1 year follow-up. The results are based on subjects for whom data were available)

	n	%
Voluntary removal	12	4,8%
Expulsion	7	3%
Faliure	3	1,2%
Continuation	202	90,8%
Satisfaction	187	85%

IUD models: Cu T 380 and ML 375

IUD insertion post SToP

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ORIGINAL ARTICLE

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Eve Espey, M.D., M.P.H., and Jeffrey T. Jensen, M.D., M.P.H.,
for the Post-Aspiration IUD Randomization (PAIR) Study Trial Group

Table 2. Outcomes of Immediate versus Delayed IUD Insertion after Uterine Aspiration.*

Outcome	Immediate Insertion no./total no. (%)	Delayed Insertion no./total no. (%)	P Value†	Difference in Percentage Points (95% CI)	Risk Ratio (95% CI)
Insertion‡	258/258 (100)	226/317 (71.3)	<0.001	28.7 (23.7 to 33.7)	1.40 (1.31 to 1.50)
LNG-IUS	199/258 (77.1)	178/226 (78.8)			
Copper IUD	59/258 (22.9)	48/226 (21.2)			
Expulsion§	13/258 (5.0)	6/226 (2.7)	0.19	2.3 (-1.0 to 5.8)	1.90 (0.73 to 4.91)
Partial	8/258 (3.1)	5/226 (2.2)			
Complete	5/258 (1.9)	1/226 (0.4)			
By type of IUD¶					
LNG-IUS	11/199 (5.5)	6/178 (3.4)			
Copper IUD	2/59 (3.4)	0/48			
Removal§	16/258 (6.2)	11/226 (4.9)	0.60	1.3 (-2.7 to 5.4)	1.27 (0.60 to 2.69)
LNG-IUS	10/199 (5.0)	8/178 (4.5)			
Copper IUD	6/59 (10.2)	3/48 (6.2)			
Reinsertion			NA		
After expulsion	7/13 (53.8)	0/6			
After removal	2/16 (12.5)	0/11			
Use at 6 months	179/194 (92.3)	177/231 (76.6)	<0.001	15.7 (8.7 to 21.9)	1.20 (1.11 to 1.31)
LNG-IUS	143/152 (94.1)	139/148 (93.9)			
Copper IUD	36/42 (85.7)	38/41 (92.7)			

* IUD denotes intrauterine device, LNG-IUS levonorgestrel intrauterine system, and NA not applicable.

† All P values were calculated with the use of the chi-square test.

‡ Insertion rates are based on all subjects who underwent randomization.

§ Expulsion and removal rates at 6 months are based on all subjects who had an IUD inserted at any time after randomization. The type of IUD did not differ significantly within the immediate-insertion group or within the delayed-insertion group.

¶ Numbers are totals for partial and complete expulsions.

|| Rates of use at 6 months are based on subjects for whom 6-month follow-up data were available. IUD-specific use at 6 months is based on subjects who had an IUD insertion and had 6-month follow-up data.

What about MToP and IUD
insertion time?



In our opinion, like most authors:

A.S.A.P!!

In the first follow-up visit after the MToP procedure

Why not in the same day after MFP intake?

Two reasons:

- Higher expulsion rates
- No contraceptive advantage because we recommend **one week** without vaginal penetration on sexual intercourse

BJOG An International Journal of Obstetrics and Gynaecology

DOI: 10.1111/1471-0528.14813
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Original research

Expulsions and adverse events following immediate and later insertion of a levonorgestrel-releasing intrauterine system after medical termination of late first- and second-trimester pregnancy: a randomised controlled trial

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Objectives To compare expulsions and adverse events (AEs) between immediate and delayed insertion of a levonorgestrel-releasing intrauterine system (LNG-IUS) following medical termination of pregnancy (MTOP).

Design Randomised controlled trial.

Setting Helsinki University Hospital, Finland, January 2013–December 2014.

Population Cohorts of 102 (gestational age 64–84 days, late first trimester) and 57 (gestational age 85–140 days, second trimester) women requesting MTOP and LNG-IUS contraception.

Conclusions Immediate LNG-IUS insertion after late first- or second-trimester MTOP is feasible, does not increase the complication rate, or alter the uterine bleeding pattern; however,

(risk ratio, RR 6.86; 95% confidence interval, 95% CI 1.64–28.66). By 1 year the expulsion rates were 17 (33.3%) and six (12.0%) (RR 2.78, 95% CI 1.19–6.47). Following second-trimester MTOP LNG-IUS expulsion rates by 3 months and 1 year were five (18.5%) in the immediate-insertion group and one (3.6%) in the delayed-insertion group (RR 5.19, 95% CI 0.65–41.54). No differences in AEs and bleeding profiles emerged between the groups.

Results Following late first-trimester MTOP the LNG-IUS expulsion rates by 3 months were 14 (27.5%) in the immediate-insertion group and two (4.0%) in the delayed-insertion group

Please cite this paper as: Korjamo R, Mentula M, Heikinheimo O. Expulsions and adverse events following immediate and later insertion of a levonorgestrel-releasing intrauterine system after medical termination of late first- and second-trimester pregnancy: a randomised controlled trial. BJOG 2017;124:1965–1972.



Early IUD insertion after medically induced abortion

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ABSTRACT

Objective: There is insufficient evidence on the continuation, safety and acceptability of immediate insertion of the intrauterine device (IUD) after medical abortion. The objective of the present study was to evaluate clinical outcomes of early IUD insertion, compared with those of delayed IUD insertion, following medical abortion.

Methods: Women undergoing medical abortion with mifepristone and misoprostol up to 49 days' gestation and opting for Copper T 380A IUD contraception underwent early (5–14 days after mifepristone) or delayed insertion (3–4 weeks after mifepristone). The primary outcome measure was 6 month IUD continuation rate after medical abortion. Secondary outcome measures included user acceptability and safety.

Results: Between October 2015 and October 2016, post-medical abortion IUD insertion was performed in 120 eligible women fulfilling the inclusion and exclusion criteria. There was no statistically significant difference in the continuation rates of the early and delayed IUD insertion groups at 6 months (76.7 versus 83.3%, $p = .75$). The 6 month IUD expulsion rates were 6.7 and 3.3% in the early and delayed insertion groups, respectively ($p = .56$). There were 10 (16.7%) removals in the early and eight (13.3%) in the delayed insertion groups ($p = .77$). Level of satisfaction with postabortal IUD use was comparable in both groups. Adverse events were rare and did not differ significantly between the two groups.

Conclusion: We demonstrated high continuation rates, safety and acceptability of early IUD insertion after medical abortion.

Table 3. Clinical outcomes of early versus delayed IUD insertion after medical abortion.

Clinical outcome ^a	Total (n = 120)	Early insertion (n = 60)	Delayed insertion (n = 60)	p Value
Adverse event				
Heavy menstrual bleeding	18 (15.0)	8 (13.3)	10 (16.7)	.91
Pelvic pain	28 (23.3)	16 (26.7)	12 (20.0)	.87
Pelvic inflammatory disease	2 (1.7)	1 (1.7)	1 (1.7)	1.00
Pregnancy	2 (1.7)	0 (0)	2 (3.3)	.72
Uterine perforation	0 (0)	0 (0)	0 (0)	–
Continuation rate				
Expulsions	6 (5.0)	4 (6.7)	2 (3.3)	.56
Removals	18 (15.0)	10 (16.7)	8 (13.3)	.77
Discontinuations	24 (20.0)	14 (23.3)	10 (16.7)	.82
Continuations	96 (80.0)	46 (76.7)	50 (83.3)	.75
Acceptability				
Satisfaction with postabortal IUD	90 (75.0)	44 (73.3)	46 (76.7)	.89
Recommend postabortal IUD to others	72 (60.0)	34 (56.7)	38 (63.3)	.78

Data are n (%).

^aCumulative event rate at 6 months.

Timing of Copper Intrauterine Device Insertion After Medical Abortion

A Randomized Controlled Trial

Noa'a Shimoni, MD, MPH, Anne Davis, MD, MPH, Maria Elena Ramos, MA, Linette Rosario, MD, and Carolyn Westhoff, MD, MS

OBJECTIVE: To compare intrauterine device (IUD) use at 6 months in women randomized to receive an intrauterine copper contraceptive 1 week compared with 1 month after medical abortion.

METHODS: We recruited women undergoing medical abortion with mifepristone and misoprostol and choosing the copper IUD for contraception. We randomly assigned participants to "immediate" insertion 1 week after mifepristone or "delayed" insertion 4–6 weeks later. We followed rates of IUD insertion, 6-month utilization, expulsion, removal, and pregnancy. Participants recorded bleeding in a diary for 4 weeks.

RESULTS: We randomized 156 participants. We inserted an IUD in 97% of participants in the immediate group and 76% in the delayed group ($P<.001$). At 6 months, 69% of participants in the immediate group used the IUD compared with 60% in the delayed group ($P=.24$). Expulsion rates were comparable; 12% (8 of 69) in the immediate group compared with 11% (7 of 65) in the delayed group. Removals occurred in 14% (10 of 69) of immediate and 8% (5 of 65) of delayed group participants ($P=.21$). Four pregnancies occurred in delayed group participants who did not return for IUD insertion ($P=.09$). The immediate

and delayed groups reported a median of 20 and 19 bleeding or spotting days, respectively ($P=.15$). We detected no cases of serious infection, uterine perforation, or hemorrhage.

CONCLUSION: Immediate insertion increased uptake of the IUD without increasing expulsions or bleeding.

CLINICAL TRIAL REGISTRATION: Clinicaltrials.gov, www.clinicaltrials.gov, NCT00737178.

(*Obstet Gynecol* 2011;118:623–8)

DOI: 10.1097/AOG.0b013e31822ade67

LEVEL OF EVIDENCE: I

Women undergoing abortion are often at risk for repeat pregnancy and are likely to benefit from immediate initiation of highly effective contraceptive methods such as the intrauterine device (IUD). Use of IUDs has increased in the United States,¹ and recent studies demonstrate that women undergoing suction abortion accept immediate IUD insertion when available.^{2,3} Intrauterine device perforation and expulsion rates immediately after first trimester suction abortion are low and comparable to interval insertion.^{3–6} A

Therefore, we turned down the notion of
“**delayed insertion**” (3-4 weeks after abortion)
and we recommend an “**early insertion**”
(between 5 and 14 days after the MFP intake)



Immediate postabortal insertion of intrauterine devices (Review)

Okusanya BO, Oduwole O, Effa EE

Immediate postabortal insertio (Review)

Okusanya BO, Oduwole O, Effa EE

PLAIN LANGUAGE SUMMARY

Inserting an IUD right after abortion or miscarriage versus at a later time

Inserting an intrauterine device (IUD) right after an abortion or miscarriage can be good for many reasons. The woman is not pregnant and may be thinking about birth control, and the time and place are convenient for the woman. If asked to delay IUD insertion, many women do not return to get the device. However, the IUD might be more likely to come out on its own if put in right after abortion or miscarriage. This review looked at how safe it was to insert an IUD right after abortion or miscarriage. We also looked at whether the IUD stayed in.


We did computer searches for randomised trials of IUDs inserted right after abortion or miscarriage. We also wrote to researchers to find more studies. Trials could compare types of IUDs or times for insertion. We found 12 studies to include.

Four trials randomised women to an IUD inserted right away or at a later time. One had no major difference. Three recent trials (of levonorgestrel intrauterine system or CuT380A) showed use was greater at six months for an IUD inserted right away compared to one inserted later. Another trial assigned women to the levonorgestrel IUD or Nova T; more women with the Nova T stopped use due to pregnancy. A subanalysis showed more IUDs came out when inserted right after abortion or miscarriage rather than later.

Seven trials looked at inserting the IUD right away. From two large trials, the TCu 220C was better than the Lippes Loop and the Copper 7 for preventing pregnancy and staying in. The IUD was more likely to come out on its own when inserted after a mid-pregnancy abortion than after an earlier one. In other work, when the Lippes Loop had copper arms added, fewer women got pregnant and the IUD stayed in more often.

Moderate level evidence shows that inserting an IUD right after an abortion or miscarriage is safe and practical. However, the IUD is more likely to come out when inserted right away rather than at a later time. Women are more likely to use an IUD at six months if they had it inserted right away compared to some weeks after the abortion or miscarriage.

There are no reasons to delay the insertion.



Usually the follow-up visit is the **ONLY OPPORTUNITY** for the women to start using an adequate contraceptive
... and the benefits of **LARC** over **SARC** are evident.

ORIGINAL RESEARCH ARTICLE



Risk factors and the choice of long-acting reversible contraception following medical abortion: effect on subsequent induced abortion and unwanted pregnancy

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ABSTRACT

Objective: To analyse the post-abortion effect of long-acting reversible contraception (LARC) plans and initiation on the risk of subsequent unwanted pregnancy and abortion.

Materials and methods: retrospective cohort study of 666 women who underwent medical abortion between January–May 2013 at Helsinki University Hospital, Finland. Altogether 159 (23.8%) women planning post-abortion use of levonorgestrel-releasing intrauterine system (LNG-IUS) participated in a randomized study and had an opportunity to receive the LNG-IUS free-of-charge from the hospital. The other 507 (76.2%) women planned and obtained their contraception according to clinical routine. Demographics, planned contraception, and LARC initiation at the time of the index abortion were collected. Data on subsequent abortions were retrieved from the Finnish Abortion Register and electronic patient files until the end of 2014.

Results: During the 21 months (median), IQR 20–22) follow-up, 54(8.1%) women requested subsequent abortions. When adjusted for age, previous pregnancies, deliveries, induced abortions and gestational-age, planning LARC for post-abortion contraception failed to prevent subsequent abortion (33 abortions/360 women, 9.2%) compared to other contraceptive plans (21/306, 6.9%) (HR 1.22, 95% CI 0.68–2.17). However, verified LARC initiation decreased the abortion rate (4 abortions/177 women, 2.3%) compared to women with uncertain LARC initiation status (50/489, 10.2%) (HR 0.17, 95% CI 0.06–0.48). When adjusted for LARC initiation status, age <25 years was a risk factor for subsequent abortion (27 abortions/283 women, 9.5%) compared to women ≥25 years (27/383,

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Abortion; termination of pregnancy; repeat abortion; long-acting reversible contraception

Conclusions: Initiation of LARC as part of abortion service at the time of medical abortion is an important means to prevent subsequent abortion, especially among young women.

Our experience on IUD early insertion after MToP



115 IUDs after MToP (2015 and 2016)

- 1 year follow-up (11% lost to follow-up)
- 3 IUD models
 - Mirena
 - Nova T Cu 380
 - OCON IUB 300



Our experience on IUD early insertion after MToP



(1 year follow-up. The results are based on subjects for whom data were available)

	n	%
Voluntary removal	8	7%
Expulsion	4	3,9%
Faliure	1	0.9%
Continuation	88	86%
Satisfaction	82	80%

Results similar to the rest of IUD users

Cost-effectiveness of immediate post abortion IUD



ELSEVIER

Contraception 87 (2013) 404–408

Contraception

Original research article

Cost analysis of immediate postabortal IUD insertion compared to planned IUD insertion at the time of abortion follow up

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Abstract

Background: Immediate postabortal intrauterine device (IUD) insertion decreases rates of repeat abortions. However, only one third of high-volume, non-hospital abortion providers in the United States offer immediate postabortal IUD placement.

Study Design: We conducted a cost analysis from a public payer perspective to evaluate the potential cost savings associated with a policy of immediate postabortal IUD insertion, compared to planned IUD insertion at the time of abortion follow up. Sensitivity analyses and Monte Carlo simulation were performed.

Results: Considering only direct costs of contraception and pregnancy-related care over 1 year, immediate postabortal IUD provision decreases public program expenditures by US\$111 per woman compared to planned IUD placement at follow up. Over 5 years, the savings increases to \$4296 per woman, when public health and social program costs are also considered.

Conclusion: Immediate postabortal IUD insertion is cost saving from a public payer perspective, compared to planned insertion at the time of follow up. These savings are seen over a wide range of model inputs.

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Keywords: Cost analysis; Postabortal contraception; IUD; Medicaid



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Original research article

Preventing repeat abortion in Canada: is the immediate insertion of intrauterine devices postabortion a cost-effective option associated with fewer repeat abortions?[☆]

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Abstract

Background: In 2005, 97,254 abortions were performed in Canada, of which 38% were repeat abortions. The objective of this research was to determine if provision of free intrauterine devices (IUDs) postabortion is associated with a reduction in health-care costs and repeat abortions in a Canadian population compared with provision of oral contraceptives (OCPs) or depo-medroxyprogesterone acetate (DMPA). **Study Design:** A retrospective cohort study was conducted by intention-to-treat chart review in a facility providing the majority of abortions in a Canadian health region. All ($n=1782$) residents of this region who underwent abortion in 2003, 2004 and 2008 were included. One- and 5-year rates of repeat abortion were calculated, and a cost-effectiveness analysis was conducted to compare health-care system costs of providing patients with IUDs, OCPs or DMPA and subsequent repeat abortions.

Results: In 2003 and 2004, 1101 index abortions occurred. The main contraceptive cohorts were immediate IUD insertion ($n=117$, 10.6%), immediate OCP ($n=413$, 37.5%) and immediate DMPA administration ($n=357$, 32.4%). After 5 years repeat abortion rates in the respective cohorts were: IUD, 9.4%, OCP, 17.4%, DMPA, 16.2% ($p=.05$). One-year rates of repeat abortion were not significantly different. Costs of providing contraception and subsequent abortions over 5 years were \$142.63 (IUD), \$385.61 (OCP) and \$384.81 (DMPA) per user.

Conclusion: The immediate insertion of IUDs postabortion is associated with a lower 5-year rate of repeat abortion than provision of OCPs or DMPA. A cost reduction to the health-care system occurs when providing IUDs postabortion vs. alternate contraception of equivalent duration.

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Keywords: Abortion; Induced abortion; Health system cost analysis; Contraception health policy

Cost-effectiveness of immediate post abortion IUD



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Contraception 87 (2013) 404–408

Original research article

Cost analysis of immediate postabortal IUD insertion compared to planned IUD insertion at the time of abortion follow up

Abstract

Background: Immediate postabortal intrauterine device (IUD) insertion, compared to planned IUD insertion at the time of abortion follow up, decreases public program expenditures by US\$4296 per woman, when public program expenditures increase to \$4296 per woman, when public program expenditures increase to \$4296 per woman, when public program expenditures increase to \$4296 per woman.

Study Design: We conducted a cost analysis of immediate postabortal IUD insertion, compared to planned IUD insertion at the time of abortion follow up. Carlo simulation were performed.

Results: Considering only direct costs of IUD insertion, immediate postabortal IUD insertion decreases public program expenditures by US\$4296 per woman, when public program expenditures increase to \$4296 per woman, when public program expenditures increase to \$4296 per woman.

Conclusion: Immediate postabortal IUD insertion at the time of abortion follow up. These savings are seen over a wide range of public program expenditures.

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Keywords: Cost analysis; Postabortal contraception

Contraception



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Contraception 85 (2012) 51–55

Original research article

Preventing repeat abortion in Canada: is the immediate insertion of intrauterine devices postabortion a cost-effective option associated with fewer repeat abortions?*

Contraception

Abstract

Background: In 2005, 97,254 abortions were performed in Canada, of which 38% were repeat abortions. The objective of this research was to determine if provision of free intrauterine devices (IUDs) postabortion is associated with a reduction in health-care costs and repeat abortions in a Canadian population compared with provision of oral contraceptives (OCPs) or depo-medroxyprogesterone acetate (DMPA).

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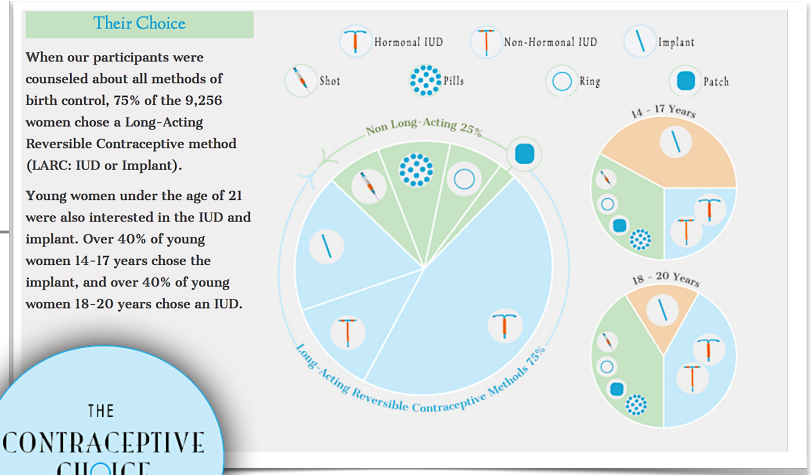
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Accessibility, cost free for users

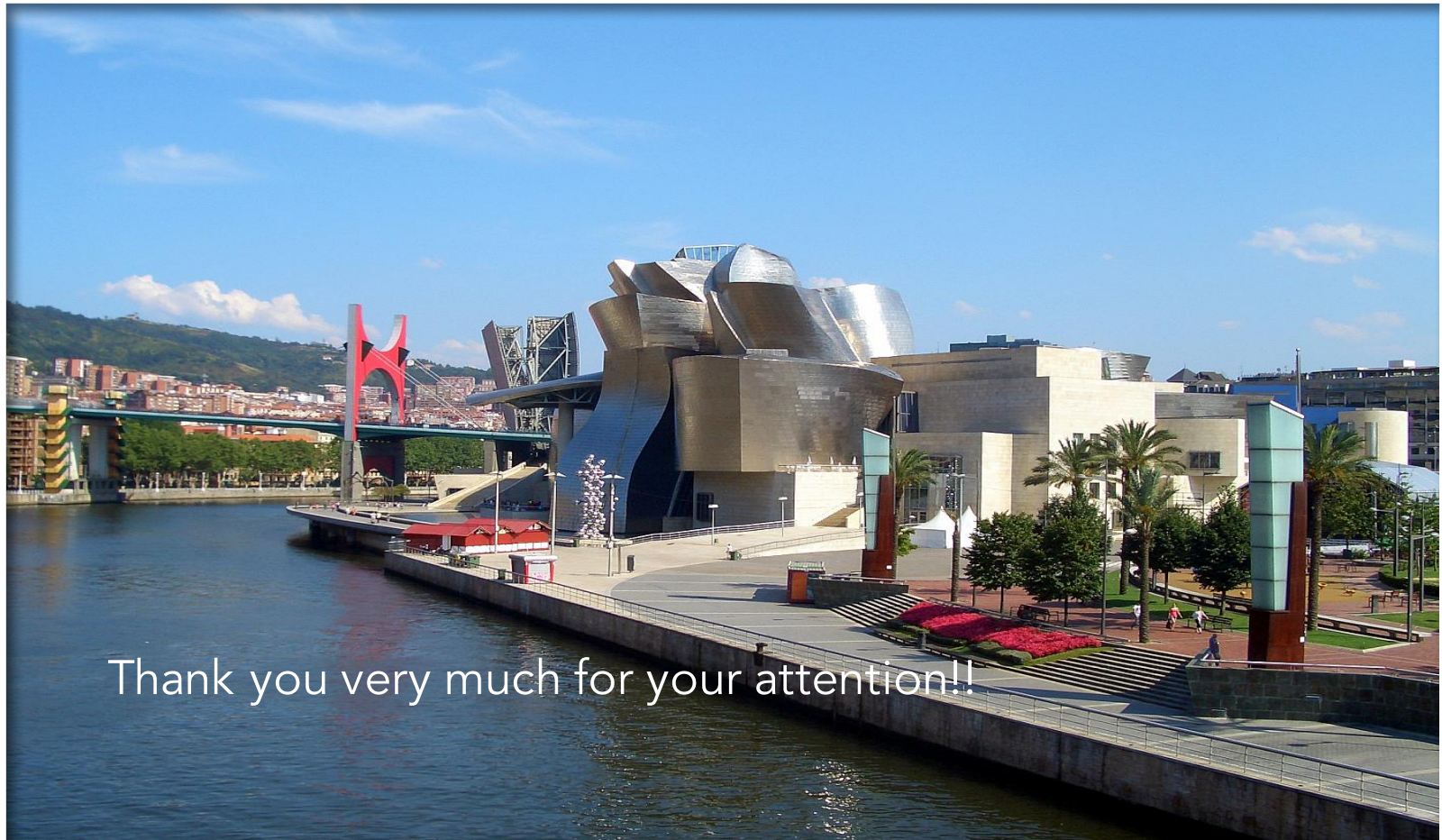
In our experience after having an abortion

- 35% of women decided to use an IUD after the procedure if it is cost free
- Only 5% of women decided to use an IUD after the procedure if they must pay for it



Our advice

- ✓ Let none leave the follow-up visit without an adequate contraceptive advice
- ✓ Take advantage of the opportunity of follow-up visit on this way.
- ✓ If women desire, insert the IUD A.S.A.P
- ✓ Ask to Health Care Services to improve the accessibility and cost free of LARCs



Thank you very much for your attention!!