Immediate post-partum insertion of intrauterine devices: a Cochrane review

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BACKGROUND: Insertion of an intrauterine device (IUD) immediately after delivery is appealing for several reasons. The woman is known not to be pregnant, her motivation for contraception may be high and the setting may be convenient for both the woman and her provider. However, the risk of spontaneous expulsion may be unacceptably high. The objective of this study was to assess the efficacy and feasibility of IUD insertion immediately after expulsion of the placenta. Our a priori hypothesis was that this practice is safe, but associated with higher expulsion rates than interval IUD insertion. METHODS: We used Medline, Popline, Embase, and Cochrane Controlled Trials Register computer searches, supplemented by review articles and contact with investigators. We sought all randomized controlled trials that had at least one treatment arm that involved immediate post-partum (within 10 min of placental expulsion) insertion of an IUD. Comparisons could include different IUDs, different insertion techniques, immediate versus delayed post-partum insertion, or immediate versus interval insertion (unrelated to pregnancy). Studies could include either vaginal or Caesarean deliveries. We evaluated the methodological quality of each report and sought to identify duplicate reporting of data from multicentre trials. We abstracted data onto data collection forms. Principal outcome measures included pregnancy, expulsion and continuation rates. Because the trials did not have uniform interventions, we were unable to aggregate them in a meta-analysis. RESULTS: We found no randomized controlled trials that directly compared immediate post-partum insertion with either delayed post-partum or interval insertion. Modifications of existing devices, such as adding absorbable sutures or additional appendages, did not appear beneficial. Most studies showed no important differences between insertions done by hand or by instruments. Lippes Loops and Progestasert devices did not perform as well as copper devices. CONCLUSIONS: Immediate post-partum insertion of IUDs appeared safe and effective, though direct comparisons with other insertion times were lacking. Advantages of immediate post-partum insertion include high motivation, assurance that the woman is not pregnant, and convenience. However, expulsion rates appear to be higher than with interval insertion. The popularity of immediate post-partum IUD insertion in countries as diverse as China, Mexico and Egypt support the feasibility of this approach. Early follow-up may be important in identifying spontaneous IUD expulsions.