Title

Time to removal and predictors of removal of the levonorgestrel 52-mg intrauterine system

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Conclusions: Most women who self-report heavy menstrual bleeding experience significant improvement quickly after Liletta insertion. Discontinuation for bleeding complaints among these women is very low.

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Time to removal and predictors of removal of the levonorgestrel 52-mg intrauterine system

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Objectives: We aimed to determine duration of use of the levonorgestrel (LNG) 52-mg intrauterine system (IUS) among real-world patients and identify select patient factors affecting time to removal.
Methods: Using product and procedure codes, the Marketscan Commercial Insurance Database was searched for women with LNG 52-mg IUS insertion from 2008 to 2014. We included women aged 18–49 at insertion who had continuous database enrollment for 12 months before insertion without intrauterine contraceptive use. Women who had LNG-IUS removal within 48 h were excluded. We identified discontinuation using IUS removal billing codes. We assessed time to removal using Kaplan–Meier analysis with censoring at the last observation when lost to follow-up. We evaluated the relationship of removal to multiple variables in the year preceding insertion using a Cox proportional-hazards model.
Results: Overall, 411,530 women were analyzed, and 330,711 (80.4%) were censored during follow-up. Women's average age at insertion was 32.1(±7.4) years. Median duration of use was 5.0 years overall and minimally longer among women aged 30 or older (5.1 years) than among those younger than 30 (4.5 years). Compared with women aged 18–24 at insertion, all women aged 30 or older were progressively less likely to discontinue ranging from HR, 0.90; 95% CI, 0.88–0.92 (women aged 30–34) to HR, 0.52; 95% CI, 0.50–0.54 (women aged 45–49). Women who had a pregnancy in the year preceding insertion were more likely to have removal within 5 years (HR, 1.18; 95% CI, 1.06–1.30) than those who had not.
Conclusions: More than 50% of women with commercial insurance use the LNG 52mg IUS for 4.5 years or longer. Age at insertion appears to have an important impact on removal rates.

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Postabortion long-acting reversible contraceptive uptake among opioid-dependent patients

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Objectives: We sought to assess the rate of postabortion IUD and contraceptive implant uptake among abortion patients on opioid maintenance therapy and identify if this therapy is a predictor of IUD and implant uptake among abortion patients.
Methods: This is a secondary analysis of data from a retrospective observational cohort study of LARC uptake by patients presenting for surgical abortion at Planned Parenthood League of Massachusetts between October 2012 and April 2017.
Results: During the study period, 26,858 patients had an abortion procedure, and 768 of them were on opioid maintenance therapy (2.9%). Of the patients on opioid maintenance therapy, 30.1% (95% CI, 26.9% –33.5%) received a LARC method; 22.7% (174/768) received an IUD, and 7.4% (57/768) received an implant. In univariate analyses, patients on opioid maintenance therapy were more likely to choose an IUD (22.7 % vs. 18.3%, OR, 1.31; 95% CI, 1.10–1.56, p=.003) and had a similar rate of implant uptake (7.4 vs. 7.0%, OR, 1.11; 95% CI, 0.84–1.46, p=.47) compared with all patients undergoing abortion. In multivariable analyses of all abortion patients, use of opioid maintenance therapy was not associated with either IUD or implant uptake. Older age, earlier gestation and having public insurance (compared with private or self-pay) predicted LARC uptake at time of abortion among patients on such therapy.
Conclusions: Postabortion LARC uptake is high among patients on opioid maintenance therapy in a setting with easy access to postabortion LARC. Public insurance coverage for abortion is correlated with increased uptake of LARC among patients on this therapy.

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Comparing breastfeeding patterns among women who chose immediate postpartum LARC versus all other contraceptive options

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Objectives: We aimed to evaluate whether immediate postpartum LARCs, when compared with all other contraceptive options, have an effect on breastfeeding over 3 months postpartum.
Methods: This was a prospective cohort study of women delivering at a single institution from April 2016 to September 2017. Included women were older than 18, enrolled less than 7 days after delivery, with active Medicaid coverage and no sterilization performed prior to discharge. Women completed a baseline survey at time of enrollment followed by phone surveys at 6 weeks and 3 months. The primary outcome was the association between immediate postpartum LARC and any breastfeeding at 3 months. χ^2, Student's *t* test, Wilcoxon rank-sum and univariable logistic regression were used where appropriate.
Results: Of the 544 women enrolled, 169 (31.1%) received a LARC prior to discharge, and 375 (68.9%) were utilizing other contraceptive methods. While the groups did not differ significantly with regard to age, race, parity, pregnancy and breastfeeding intention, LARC use was significantly associated with cesarean section delivery (39.3% LARC vs. 25.8% non-LARC; p<.01). At the 3-month follow up, the survey completion rate was 66.2%, and 112 (31.1%) women were utilizing a LARC, while 248 (68.9%) were utilizing other methods. LARC use was not associated with a significantly different breastfeeding rate at 6 weeks (46.0% vs. 47.8%; OR, 1.08; 95% CI, 0.70–1.66) or at 3 months (34.8% vs. 31.0%; OR, 0.84; 95% CI, 0.53–1.35).
Conclusions: Breastfeeding patterns were found to be similar among women who chose immediate postpartum LARC versus all other contraceptive options over a 3-month time period.

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