Title

Relationship of parity and prior cesarean delivery to intrauterine system expulsion over 3 years among women using Liletta®

Journal

Contraception, 94(4)

ISSN

0010-7824

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Publication Date

2016-10-01

DOI

10.1016/j.contraception.2016.07.078

Peer reviewed

Conclusions: While preference for effective contraception was common among this sample of women, we found substantial mismatch between preferred and usual methods, notably among women of lower socioeconomic status and among women using less effective methods. Findings may have implications for patient-centered contraceptive interventions.

http://dx.doi.org/10.1016/j.contraception.2016.07.077

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RELATIONSHIP OF PARITY AND PRIOR CESAREAN DELIVERY TO INTRAUTERINE SYSTEM EXPULSION OVER 3 YEARS AMONG WOMEN USING LILETTA®

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Objectives: We assessed the relationship between parity and prior route of delivery to expulsion of the intrauterine system (IUS) during the first 3 years of use.
Methods: The sample consisted of women enrolled in a multicenter trial on the efficacy and safety of Liletta® for up to 7 years. IUS presence was evaluated at 3 and 6 months after placement and then every 6 months and during unscheduled visits. Expulsion rates were evaluated based on obstetric history; univariate and multivariable regression analyses were performed to determine predictors of expulsion.
Results: Of 1714 women with IUS placement, 1702 had no missing data. Overall, 986 (57.9%) were nulliparous; 716 (42.1%) were parous, 198 (27.7%) of whom had had a Cesarean delivery. At 3 years, 58 (3.4%) women had had an expulsion, 50 (2.9%) within the first 12 months. The fewest expulsions occurred among women who were nulliparous (2.0%) or who had had a Cesarean delivery (3.0%) versus women who had had only vaginal deliveries (6.2%) ($p<.001$). In multivariable regression, multiparity (OR, 2.39; 95% CI, 1.28–4.44) and obesity (OR, 2.09; 95% CI, 1.21–3.61) were significant predictors of expulsion. Among parous women, only obesity (OR, 2.07; 95% CI, 1.06–4.02) was significant. Race, ethnicity, age, miscarriage history and hormonal contraceptive use in the 3 months before IUS placement were not significant.
Conclusions: Liletta expulsion in the first 3 years of use is uncommon and occurs mostly during the first year. Expulsion is more likely among obese and parous women. The association between obesity, delivery route and IUS expulsion needs further elucidation.

http://dx.doi.org/10.1016/j.contraception.2016.07.078

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PREGNANCY AND BIRTH OUTCOMES AMONG WOMEN WITH AN INTRAUTERINE DEVICE IN SITU: OUTCOMES IN THE NATIONAL INPATIENT SAMPLE DATA

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Objectives: Pregnancy with an in situ intrauterine device (IUD) is associated with increased incidence of abortion. However, other pregnancy outcomes with IUDs are not well described. We aimed to determine the association between IUDs present during pregnancy and the occurrence of abortion (spontaneous or induced), preterm delivery (PTD) and small-for-gestational-age (SGA) newborns.
Methods: We analyzed the National Inpatient Sample (NIS) database for the years 2010 and 2011. The NIS is a database of all-payer inpatient hospital stays collected from about 1000 hospitals across the United States from different hospital settings, care levels and diverse population. We identified the presence of an in situ IUD during delivery, spontaneous or induced abortion, PTD and SGA newborns using *ICD-9* codes. We used chi square and Fisher's Exact Tests to calculate the odds of abortions, PTD and SGA newborns among women with IUDs compared with those without IUDs. We repeated the analysis using logistic regression models to control for possible confounders including maternal race, age, hypertension, diabetes, infections, obesity, smoking and many others.
Results: We studied 8,597,284 maternal birth records. The prevalence of IUD in situ was 0.02%. Patients with an IUD in situ experienced greater risk for spontaneous abortion (OR, 7.2; 95% CI, 5.1–10.1; $p<.001$) and induced abortion (OR, 23.1; CI, 15.6–34.4; $p<.001$) than patients without an IUD in place. When compared with women without IUDs, women with IUDs in situ had significantly increased risk for PTD (adjusted OR, 2.04; CI, 1.7–2.4; $p<.001$) after we adjusted for associated demographic and clinical variables. IUDs were not associated with increased risk of delivering SGA newborns (adjusted OR, 0.56; CI, 0.34–0.92; $p=.022$).
Conclusions: The presence of an IUD in situ during pregnancy was associated with increased risk for spontaneous and induced abortions. IUDs were also associated with preterm deliveries but not with small-for-gestational-age infants.

http://dx.doi.org/10.1016/j.contraception.2016.07.079

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POSTPARTUM INTEREST IN AND UPTAKE OF LONG-ACTING REVERSIBLE CONTRACEPTION AT A LARGE UNIVERSITY-BASED MEDICAL CENTER IN CALIFORNIA

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Objectives: Unintended pregnancy and short interpregnancy intervals have been associated with adverse perinatal outcomes. We sought to assess interest in and uptake of long-acting reversible contraceptive (LARC) methods in the immediate postpartum period, including immediate postpartum uptake and uptake by 8 weeks postpartum.
Methods: This retrospective chart review included subjects whose delivery was managed by the university teaching service from January 1, 2012 through December 31, 2012 at 24 weeks' gestation or later. Documented postpartum contraceptive plans at time of discharge and at the postpartum visit were recorded and analyzed.
Results: A total of 2355 subjects were included. Some 651 subjects (28%) expressed interest in LARC methods at the time of discharge, and 44 (6.8%) of these subjects had immediate postpartum uptake of a LARC method (IUD or implant). Of the 895 women with anticipated postpartum follow-up in our outpatient clinic, 25% did not return for their postpartum visit. Only 15% of those interested in a LARC method at discharge had received this method by 8 weeks postpartum, and 32% of women interested in a LARC method at both discharge and their postpartum visit had not received this method by 8 weeks postpartum.
Conclusions: A large percentage of women who express interest in a LARC method during the immediate postpartum period at our medical center are not receiving this method by 8 weeks postpartum. Efforts should be made to eliminate barriers to LARC method placement in both the immediate postpartum setting and at the postpartum visit.

http://dx.doi.org/10.1016/j.contraception.2016.07.080

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INCREASING EFFECTIVE CONTRACEPTIVE USE AMONG OPIOID-MAINTAINED WOMEN AT RISK FOR UNINTENDED PREGNANCY

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