HHS Public Access

Author manuscript

Obstet Gynecol. Author manuscript; available in PMC 2020 March 01.

Published in final edited form as:

Obstet Gynecol. 2019 March ; 133(3): 582–583. doi:10.1097/AOG.0000000000003145.

In Reply

Tara C. Jatlaoui, MD, MPH, **Maura K. Whiteman, PhD**, **Gary Jeng, PhD**, **Naomi K. Tepper, MD, MPH**, and **Kathryn M. Curtis, PhD**

Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, Georgia

We appreciate the important considerations raised by Blumenthal and Lerma regarding our recent publication.[1] We agree that continuation is an important programmatic outcome. However, intrauterine device (IUD) reinsertion after expulsion may not be feasible for all women owing to cost, insurance coverage, or logistical barriers. Therefore, expulsion is an essential contributor to continuation, and these data may inform patient-centered counseling.

To provide information pertinent to U.S. practice, we included data on copper and levonorgestrel IUDs that were ever available in the United States, rather than those included in a recent review.[2] We agree that certain factors (eg, insertion technique and health care provider experience) may influence expulsion risk; however, these factors were not consistently reported by studies and therefore not included in our analysis.

We based our timing categories of postpartum IUD placement on U.S. Medical Eligibility Criteria for Contraceptive Use recommendations.[3] The majority of data are reported by these categories, and studies examining the early postpartum period (more than 10 minutes after placental delivery to less than 4 weeks postpartum) did not provide sufficient data to separate expulsion rates into additional time periods. Ideally, future studies will describe outcomes, including uptake, expulsions, and continuation, associated with placements in the delivery room, during the hospital stay, or at an early postpartum visit to better inform postpartum contraception care and programs. Nonetheless, postpartum IUD placement is safe at any time and can be provided based on the woman's preference.

REFERENCES

1. Jatlaoui TC, Whiteman MK, Jeng G, Tepper NK, Berry-Bibee E, Jamieson DJ, et al. Intrauterine device expulsion after postpartum placement: a systematic review and meta-analysis. Obstet Gynecol 2018;132:895–905. [PubMed: 30204688]
2. Lopez LM, Bernholc A, Hubacher D, Stuart G, Van Vliet HA. Immediate post-partum insertion of intrauterine device for contraception. The Cochrane Database of Systematic Reviews 2015, Issue6 Art. No.: CD003036 DOI: 10.1002/14651858.CD003036.pub3.
3. Curtis KM, Tepper NK, Jatlaoui TC, Berry-Bibee E, Horton LG, Zapata LB, et al. U.S. medical eligibility criteria for contraceptive use. MMWR Recomm Rep 2016;65:1–103.

Financial Disclosure: The authors did not report any potential conflicts of interest.