

Are Postcoital IUD Insertions at Increased Risk of Insertion-Related Complications?

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This study aimed to determine risk factors affecting the incidence of intra-uterine device (IUD) insertion related complications and failures. In particular, whether postcoital IUD insertions have a higher incidence of complications than routine IUD insertions. A retrospective case-notes analysis of 545 consecutive IUD insertions in general family planning clinics was conducted. The incidence of complications at insertion, or up to 12 weeks after insertion, was determined, including: failed insertion, cervical problems, syncope, bradycardia, convulsions, early perforation and early expulsion. Fourteen potential risk factors were examined to determine the effect on incidence of complications: patient age, postcoital versus routine insertion, same appointment versus elective IUD insertion, IUD type, whether the IUD was being changed, day of cycle on which insertion took place, parity, outcome of last pregnancy (vaginal delivery versus Caesarean section), whether the patient had ever had a vaginal delivery, breastfeeding status, past history of cone biopsy, past history of convulsions, analgesia used and experience of doctor. The results were analysed using logistic regression. Failed insertions were statistically more likely in women who had never previously had a vaginal delivery and also when a less experienced doctor performed the insertion. Nulliparous women were at statistically increased risk of cervical problems and bradycardia. Cervical problems at insertion also increased significantly with age. Patients who were amenorrhoeic at insertion were more likely to suffer an early IUD expulsion. The results showed that IUD insertion failures and complications were no more common in postcoital than routine IUD insertions. Of the potential risk factors, nulliparity was the most important but, in general, complications were unpredictable.