

Copper IUD compared to oral medication for emergency contraception: a study of patient choice and satisfaction



0.6

0.02

0.06

Table 3. Correlates of Cu-IUD Continuation at 6 months

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BACKGROUND

- 80% of all pregnancies in teens in the US are unintended.
- Long acting reversible contraception (LARC) such as IUDs have an effectiveness of 99% in the first year of use.
- The copper IUD (Cu-IUD) is the most efficacious method of emergency contraception (EC): pregnancy rates after EC treatment with Cu-IUD range from 0.04% to 0.19% compared to 2% to 3% with oral levonorgestrel (LNG).
- Oral LNG is much more readily available because the Cu-IUD often requires multiple clinic visits.
- Under-utilization of Cu-IUD as EC is due to lack of awareness regarding the Cu-IUD's superior efficacy and challenges of integrating same-day Cu-IUD insertions into clinic flow.
- The goal of this study was to determine the feasibility of offering sameday copper IUD insertion as EC to young women and evaluate decisionmaking, satisfaction and continuation for Cu-IUD versus oral medication for EC.

Hypotheses:

- 1) Same-day copper IUD insertion as EC will be feasible in the majority of women who are eligible and choose the method
- Patient satisfaction with the process of same-day copper IUD insertion for EC and with the method at 6 months post insertion will be high.

METHODS

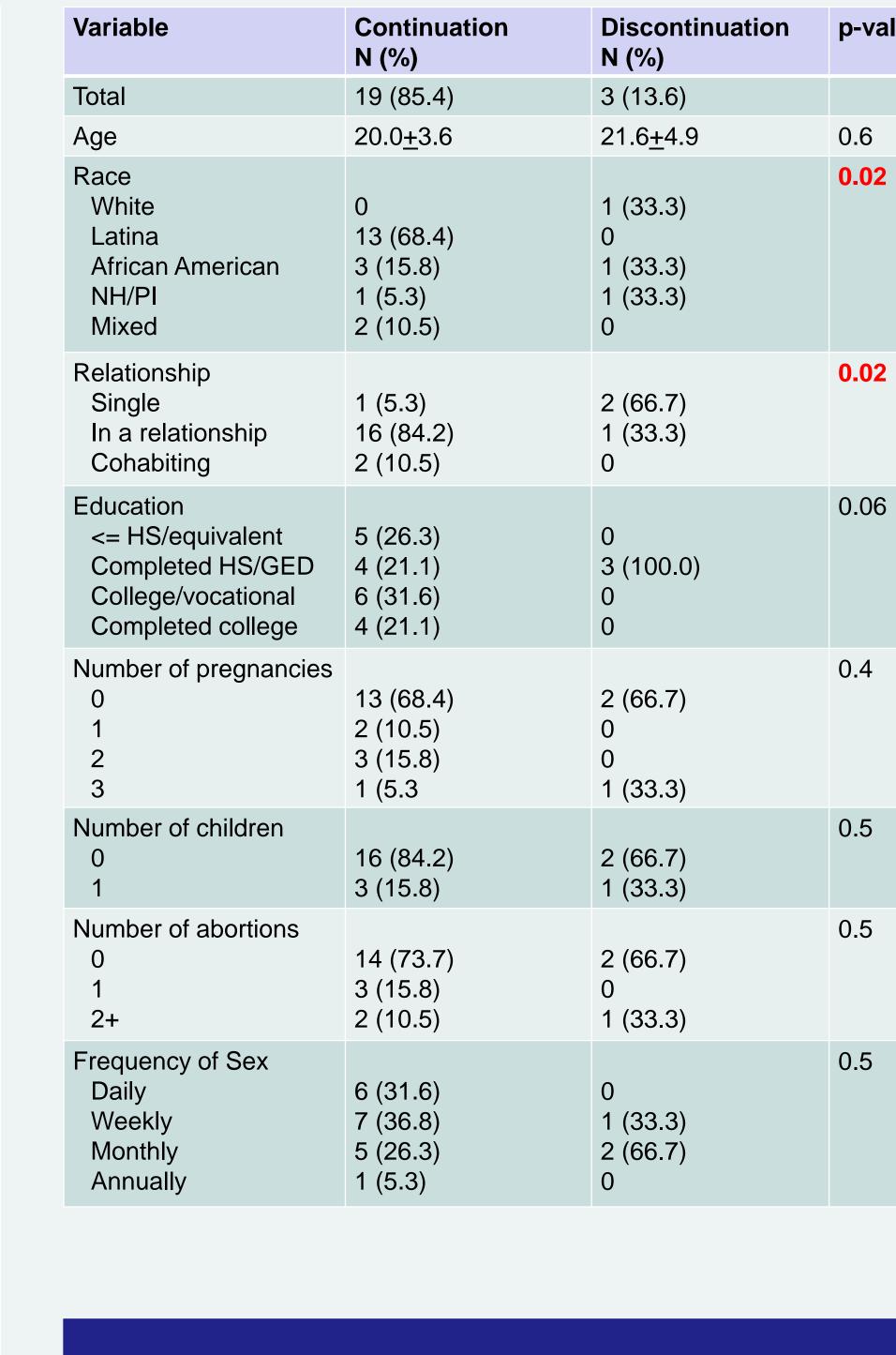
- <u>Design</u>: We conducted a prospective cohort study of uptake, satisfaction and continuation of Cu-IUD vs oral LNG among adolescents and young adults seeking EC.
- Site: We recruited women from a university-affiliated family planning clinic, specializing in reproductive health needs of adolescents and young adults. This clinic had recently modified its clinical procedures in order to routinely counsel on, and offer, the Cu-IUD and traditional oral EC medication to all appropriate patients seeking emergency contraception.
- Eligibility: All patients seeking EC were offered a Cu-IUD up to 7 days or oral LNG up to 5 days post-unprotected sex. Patients who chose the Cu-IUD completed a baseline survey after insertion and a telephone followup survey six months post insertion.
- Baseline data collected at enrollment included demographic and clinic experience data.
- Six month follow-up done only for those who chose Cu-IUD
 - Expectations vs. experience of copper IUD use
 - Satisfaction at 6 months
 - Would choose copper IUD again
 - Would recommend copper IUD to a friend
- Analysis: Analysis were performed using Stata 13.0. Descriptive statistics were done to describe baseline characteristics of study participants.

RESULTS

17.5% (24/137) of participants chose the copper IUD. At 6 months: 2 lost to follow up, 19/22 (86.4%) sill using the Cu-IUD

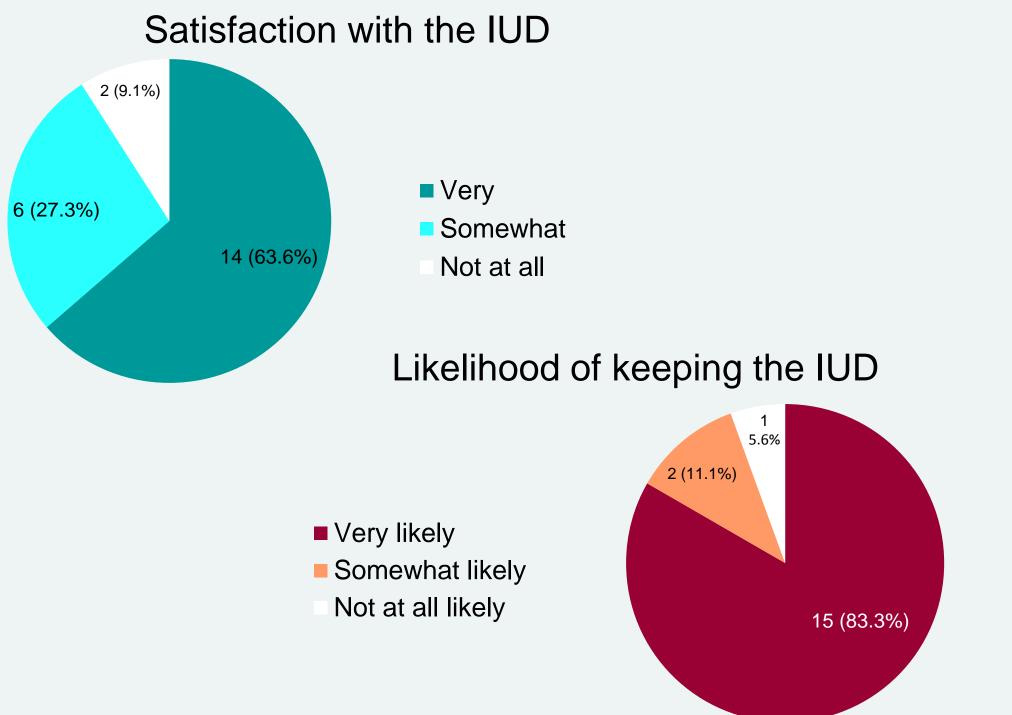
Table 1. Participant Characteristics							
Variable	Total N (%)	Cu-IUD N (%)	Oral EC N (%)	p-value			
Total	137	24 (17.5)	113 (82.5)				
Age	20.01 <u>+</u> 4.14	21.33 <u>+</u> 4.50	19.73 <u>+</u> 4.02	0.084			
Race* White Latina African American Asian NH/PI Mixed	9 (6.6) 71 (52.2) 25 (18.4) 14 (10.3) 4 (2.9) 13 (9.6)	1 (4.2) 15 (62.5) 4 (16.7) 0 (0.0) 2 (8.3) 2 (8.3)	8 (7.1) 56 (50.0) 21 (18.8) 14 (12.5) 2 (1.8) 11 (9.8)	0.23			
Relationship Single In a relationship Cohabiting Married	22 (16.2) 106 (77.9) 6 (4.4) 2 (1.5)	3 (12.5) 19 (79.2) 2 (8.3) 0 (0.0)	19 (17.0) 87 (77.7) 4 (3.6) 2 (1.8)	0.63			
Education <= HS/equivalent Completed HS/GED College/vocational Completed college	51 (37.2) 31 (22.6) 45 (32.8) 9 (6.6)	6 (25.0) 7 (29.2) 7 (29.2) 4 (16.7)	46 (40.7) 24 (21.2) 38 (33.6) 5 (4.4)	0.16			
Heard of as EC: Copper IUD EC pill	60 130	12 (50.0) 23 (95.8)	48 (44.4) 107 (95.5)	0.55 1.0			
Left clinic with BCM	73	24 (100)	49 (43.8)	<0.0001			
Partners in the past 12 months	2.12 (1.52)	2.71 (2.31)	1.99 (1.28)	0.036			
Number of pregnancies 0 1 2+	93 (67.9) 23 (16.8) 21 (16.3)	16 (66.7) 3 (12.5) 5 (10.8)	77 (68.1) 20 (17.7) 16 (14.2)	0.87			
Number of children 0 1 2+	120 (87.6) 16 (11.7) 1 (0.7)	19 (79.2) 5 (20.8) 0	101 (89.4) 11 (9.7) 1 (0.9)	0.28			
Number of abortions 0 1 2+	102 (74.5) 21 (15.3) 14 (10.2)	18 (75) 3 (12.5) 3 (12.5)	84 (74.3) 18 (15.9) 11 (9.8)	0.60			
Frequency of Sex Daily Weekly Monthly Annually	12 (8.9) 46 (34.1) 58 (45.9) 19 (14.1)	6 (25.0) 10 (41.7) 7 (29.2) 1 (4.2)	6 (5.4) 36 (32.4) 51 (45.9) 18 (16.2)	0.006			

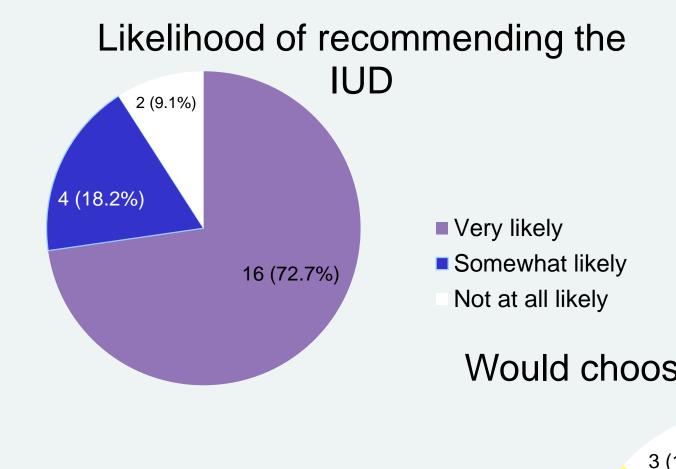
	Total N (%)	Cu-IUD N (%)	Oral EC N (%)	p-valu
Total	137	24 (17.5)	113 (82.5)	
If pregnant today would: Continue pregnancy Have abortion	54 (41.2) 77 (58.8)	15 (65.2) 8 (34.8)	39 (36.1) 69 (63.9)	0.01
Importance of preventing pregnancy today: Very Somewhat Not	122 (89.7) 14 (10.3) 0	23 (95.8) 1 (4.2) 0	00 (88.4) 13 (11.6) 0	0.25
How happy if became pregnant today: Very happy Somewhat happy Somewhat unhappy Very unhappy	6 (4.5) 31 (23.5) 29 (22.0) 66 (50.0)	3 (12.5) 10 (41.7) 3 (12.5) 8 (33.3)	3 (2.8) 21 (19.4) 26 (24.1) 58 (53.7)	0.01
Consider how long method would last: A lot Somewhat Not at all	61 (44.5) 58 (42.3) 17 (12.4)	16 (66.7) 8 (33.3) 0	45 (39.8) 50 (44.2) 17 (12.4)	0.05
Importance of how to take/use method: A lot Somewhat Not at all	72 (52.9) 45 (33.1) 19 (14.0)	13 (54.2) 5 (20.8) 6 (25.0)	59 (52.7) 40 (35.7) 13 (11.6)	0.14
Sure of method choice: Very Somewhat Not at all	100 (74.1) 33 (24.4) 0	20 (87.0) 3 (13.0) 0	80 (71.4) 30 (26.8) 0	0.3
Length of appointment: Fast Average Too long	36 (26.7) 89 (65.9) 9 (6.7)		33 (29.5) 69 (61.6) 9 (8.0)	0.12
EC information: Good Bad Average	130 (96.3) 5 (3.7) 0	23 (95.8) 1 (4.2) 0	107 (96.4) 4 (3.6) 0	1.0
Contraception information: Good Bad Average	126 (93.3) 0 9 (6.7)	23 (95.8) 0 1 (4.2)	103 (92.8) 0 8 (7.2)	1.0
Recommend to a friend: Yes No	124 (95.2) 10 (7.5)	23 (95.8) 1 (4.2)	101 (91.8) 9 (8.2)	0.7



* Missing data for some variables

Figure 1. Satisfaction with the Cu-IUD as EC and LARC





Would choose IUD again 3 (13.6%) 3 (13.6%) Don't know

DISCUSSION

- Young, nulligravid women are receptive to using the Cu-IUD as EC
- Most women who choose the Cu-IUD as EC continue its use at 6 months
- Offering same-day Cu-IUD insertions for patients seeking EC has the potential to decrease unintended pregnancy through more effective EC use and long-term contraception.
- Optimal strategies for implementation of offering Cu-IUD as EC should be investigated

