

How Intrauterine Devices and Contraceptive Implants Help Young Mothers Avoid Quickly Becoming Pregnant Again

Rebecca Cohen, University of Colorado

Along with contraceptive implants, intrauterine devices – popularly known as “IUDs” – are safe and effective types of birth control that help women avoid unwanted pregnancies without taking a pill every day. Although recommended by pediatricians and obstetrician-gynecologists, these methods have not been frequently used until recently. Patients have often not known about these birth control methods, which can be costly because trained healthcare providers must insert and remove the devices. But now the use of IUDs and implants is more common. Some health providers offer them right after a woman has given birth, when she is already in the hospital and may be highly motivated to delay or avoid further pregnancies.

The new timing matters, because traditionally IUDs and implants have been administered at a separate visit about six weeks after a woman gives birth. Unfortunately, many women who plan to start using these methods end up missing the additional appointment and may not receive birth control at all. Young women often experience unplanned pregnancies and young mothers are at especially high risk of getting pregnant again soon after they give birth. When that happens, they face higher risks of premature births and other poor outcomes for the new pregnancy.

My research takes what is already known about the effectiveness of IUDs and implants as contraceptive devices, and asks whether one is better than the other at preventing pregnancy in a high-risk group of young women. Overall, I am interested in better understanding healthcare policies that can best help women reduce unplanned pregnancies.

Which Method Best Helps Young Mothers Avoid Further Unplanned Pregnancies?

IUDs and implants both lower rates of unintended repeat pregnancy, but my research team wanted to see if one method was more effective than the other. We hypothesized that implants might prove more effective, because up to one-fourth of IUDs placed right after birth fall out of the uterus. In contrast, contraceptive implants stay put, since they are inserted under the skin in the upper arm.

Our team studied young women aged 13 to 22 years who were participating in a special program that integrates prenatal care, hospital delivery services, postpartum care, and well-baby care for their newborns. Over a two-year period, 82 women chose and received IUDs before leaving the hospital after giving birth, while 162 women chose and received implants. We collected information for a year after they gave birth by reviewing their charts and contacting them on the phone. We sought to learn whether each woman was still using her original contraceptive device – and to learn if she had gotten pregnant within one year of the earlier birth. We obtained such information for 83% of the original group of women – and response rates did not differ for those who chose IUDs versus implants.

Study Findings

We learned that one year after giving birth only 14% of women who chose to use either IUDs or implants had stopped using their chosen method because they did not like it. Beyond that, patterns we found fit our initial hypotheses:

- More implant initiators than IUD initiators were still using their original device (86% versus 61%), because – as we had suspected might be the case – 25% of IUDs placed right after birth had fallen out within a year.

- Almost all IUDs that fell out did so within 12 weeks of initial placement. Most women using those IUDs knew if they fell out – and responded either by replacing the IUD with a new one or turning to another more reliable form of birth control like the implant or a contraceptive injection.

As for women who got pregnant again within the year, this happened for a higher proportion of women who initiated IUD use right after birth (7.6% versus 1.5% of implant initiators). However, no pregnancies occurred due to IUD or implant failure, and none happened among women whose IUDs fell out without them knowing it occurred. All pregnancies occurred when women discontinued use of their original device and either stopped using birth control or began using a less-effective method. We did not find any association between repeat pregnancy and patient age, race, or number of children.

Policy Implications

In our study, women who initiated use of contraceptive implants immediately postpartum had lower rates of pregnancy at one year than women who initiated use of IUDs. However, the pregnancy rates of both groups are much lower than for women followed in other studies who used birth control methods such as pills and condoms. For women who want to avoid rapid repeat pregnancy, both implants and IUDs provide effective contraception when offered immediately postpartum. This kind of offer to women who give birth should become routine as a best medical practice. Our findings should encourage healthcare providers to educate their patients about the effectiveness of IUDs and implants before they give birth. Equally if not more importantly, our findings suggest that health insurance plans should cover IUDs and implants, both the devices and their administration, as a routine part of postpartum care. This would lead to major long-term savings on health care for repeat unintended pregnancies, with the costly health complications such quick repeat pregnancies often entail.

We need to stress that the young women we studied had many opportunities to discuss birth control choices and were not simply presented with certain methods immediately after giving birth. They made free choices and had access to comprehensive care after as well as before births. The effectiveness of a birth control method is not all that matters to patients, who also need to understand potential side effects and feel certain that continuous care will support later choices to discontinue or change birth control methods. Avoidance of coercion is paramount.

Read more in Rebecca Cohen, Jeanelle Sheeder, Natalia Arango, Stephanie B. Teal, and Kristina Tocce, “Twelve-Month Contraceptive Continuation and Repeat Pregnancy among Young Mothers Choosing Postdelivery Contraceptive Implants or Postplacental Intrauterine Devices.” *Contraception* 93 (2016): 178-183.