

The Safety of Intrauterine Contraception Initiation among Women with Asymptomatic Cervical Infection or at High Risk for Sexually Transmitted Infections

Tara C. Jatlaoui MD MPH, Katharine B. Simmons MD MPH, Kathryn M. Curtis PhD
Centers for Disease Control and Prevention, Division of Reproductive Health

Background

- Women perceived as being at high risk of sexually transmitted infections (STIs) due to demographic or behavioral factors may face barriers to initiating intrauterine devices (IUDs).

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Methods

- We searched PubMed and Cochrane for studies that directly evaluated pelvic inflammatory disease (PID) risk among women with undiagnosed cervical infection or who were high risk of STIs comparing those who did and did not initiate IUDs.
- We also searched for studies that provided relevant evidence indirectly related to this question.

Results

- Ten studies met inclusion criteria.
- Two studies provided direct evidence comparing PID rates in women undergoing IUD placement with women initiating other contraceptive methods:
 - One examined women with asymptomatic gonococcal or chlamydial (GC/CT) infection
 - One examined women at an urban, university-based clinic
 - Neither study found a difference in PID rates between IUD users and non-users.
- Eight studies provided indirect evidence.
 - One study found no difference in PID rates between levonorgestrel and copper IUD initiators.
 - Five studies used demographic, history and exam characteristics to estimate STI risk and compared this to laboratory screening for GC/CT. None of the characteristics adequately differentiated women with current asymptomatic cervical infection who should not undergo IUD placement from women with negative screening who could safely undergo placement.
 - Two studies found no difference in PID rates among women who had IUDs placed at the time of STI screening compared with IUDs placed after screening, IUDs placed with no screening or among women who did not have an IUD placed.



Conclusion

- Limited evidence suggests PID rates are not increased after IUD placement among women with asymptomatic GC/CT or considered high risk of STIs by demographic factors compared with women without IUD placement or women at low risk of STIs.
- Algorithms to identify asymptomatic GC/CT did not have added benefit over laboratory screening prior to IUD initiation.
- Women screened for asymptomatic GC/CT according to CDC guidelines on the same day as IUD placement had similarly low rates of subsequent PID as delayed placement after screening or no screening.
- Based on these data, CDC guidelines recommend screening at the time of IUD insertion according to CDC STD screening guidelines. IUD insertion should not be delayed to await screening test results.

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health

