

The SO-LARC Study: Access to and Ease of Discontinuation of Immediate Postpartum IUDs as Component of Reproductive Justice

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BACKGROUND

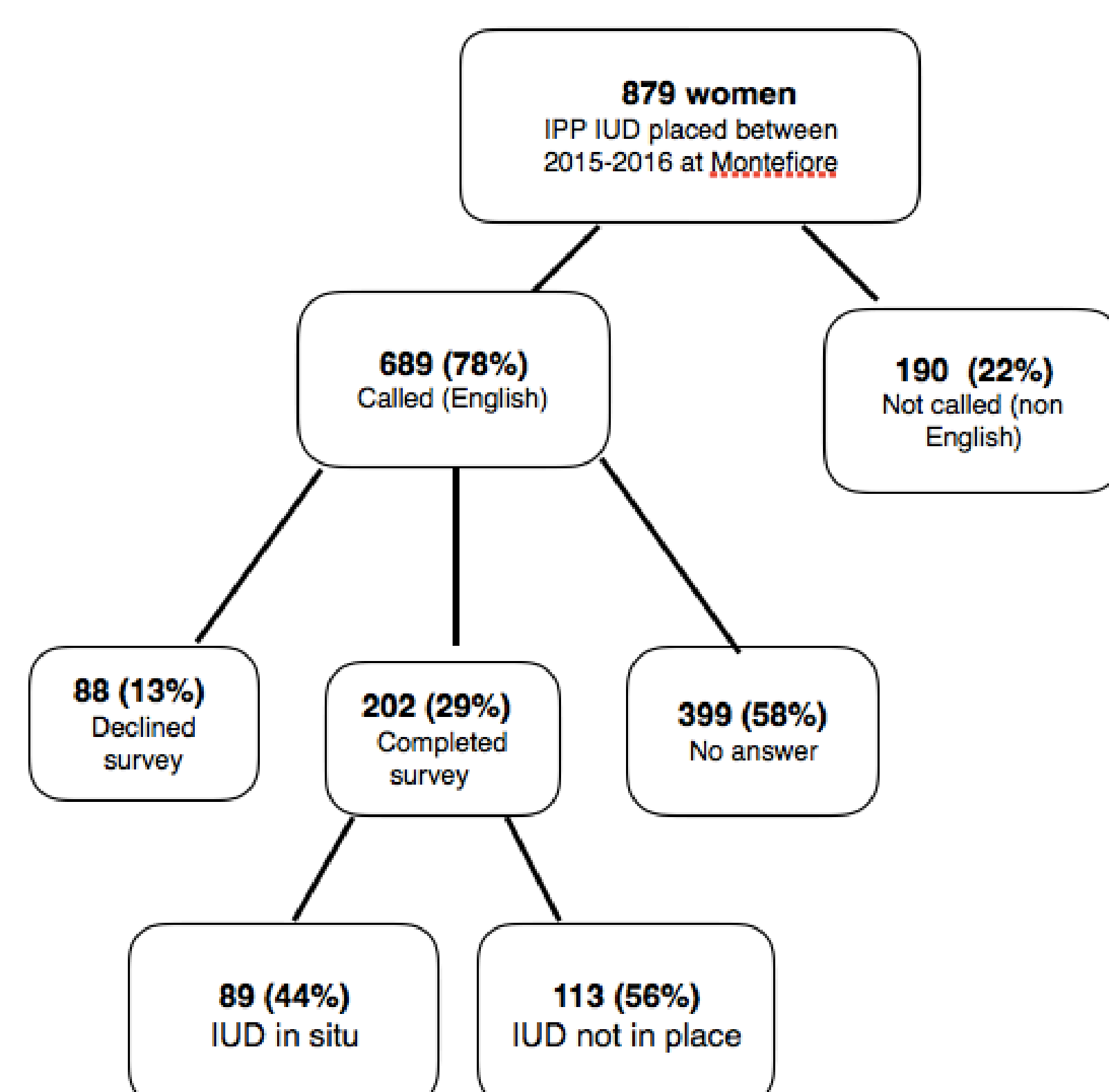
- Immediate postpartum (IPP) intrauterine device (IUD) placement is the placement of IUD during a woman's hospitalization for delivery.
- IPP IUD placement removes many barriers to accessing long acting reversible contraception.^{1,2}
- Access to on-demand discontinuation and removal of IPP IUDs is a critical component of reproductive justice³, particularly important for poor communities and communities of color.
- We are unaware of any published studies documenting women's experiences with IUD removal after IPP placement.

PURPOSE

Objective: This study aimed to document and describe women's experiences with IPP IUDs, particularly their experiences with and access to IUD removal.

STUDY DESIGN

- Using a database created by Clinical Looking Glass, we conducted a phone survey with the following eligibility criteria:
 - Women who delivered between 2015-2016 at Wakefield and Weiler Hospitals (Montefiore)
 - Had documented IPP placement of either the hormonal or copper IUD.
 - English speaking
 - 18 years or older at time of interview

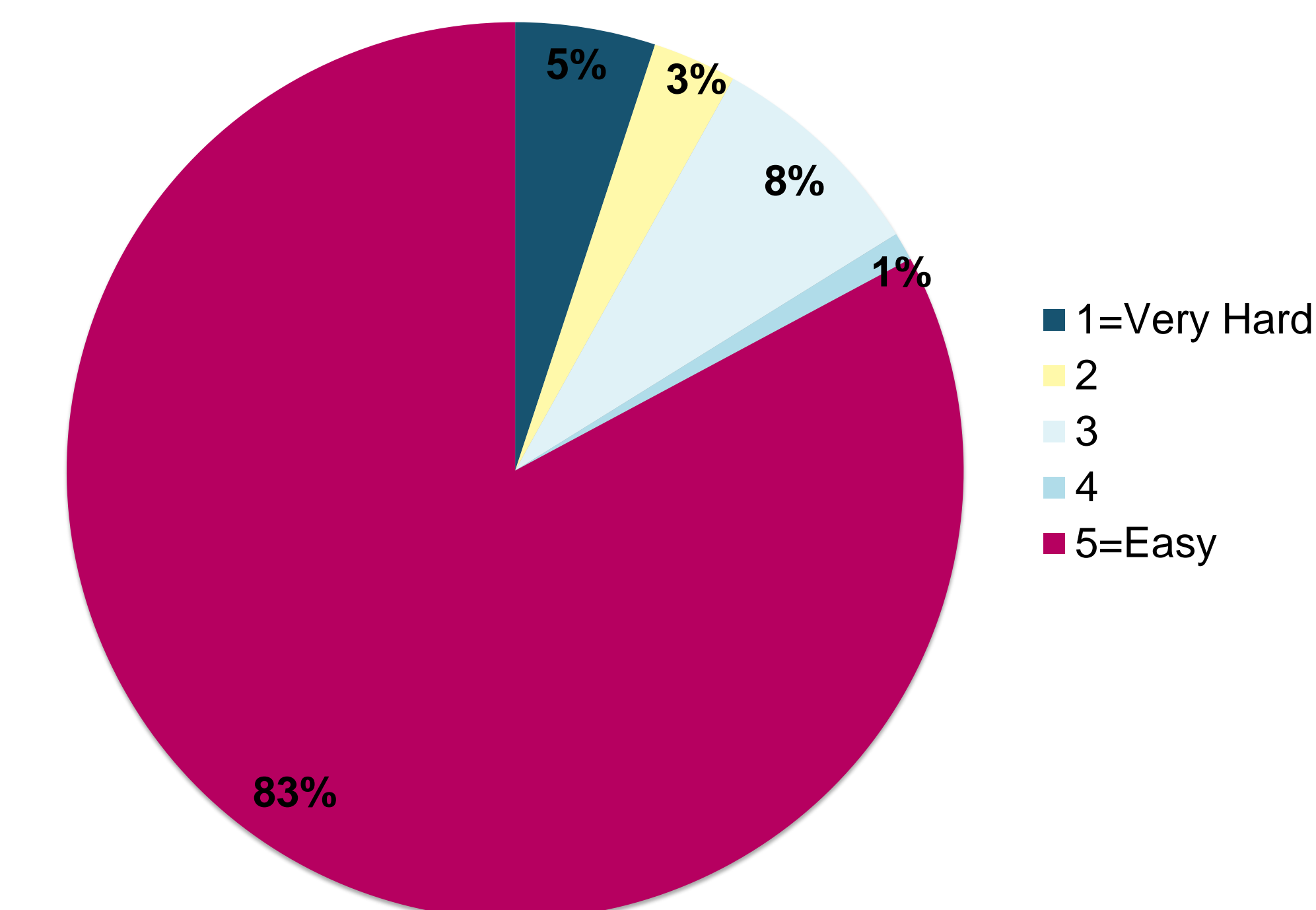


RESULTS

DEMOGRAPHICS

	N = 202
Age at time of IUD placement, n (%)	
<18	4 (2)
18-29	109 (54)
30-49	89 (44)
50+	0 (0)
Race, n (%)	
Black or African American	74 (37)
White	10 (5)
Asian	3 (1)
Other	98 (49)
Declined/not applicable/unknown	17 (8)
Ethnicity, n (%)	
Spanish/Hispanic/Latino	98 (49)
Not Spanish/Hispanic/Latino	93 (46)
Declined/not applicable/unknown	11 (5)
Type of delivery, n (%)	
Vaginal	94 (47)
C Section	108 (53)
Type of IUD, n (%)	
Hormonal	152 (75)
Copper	50 (25)
Parity at the time of IUD placement, n (%)	
0	39 (19)
1	36 (18)
2 to 5	51 (25)
5+	0 (0)
Unknown	76 (38)

EASE OF IUD REMOVAL



- It took a median of one week for patients to make an IUD removal appointment
- It took a median of one visit for patients to have their IUD removed
- Race and ethnicity were not associated with ease of discontinuation
- The most common barriers to removal were inability of provider to remove the IUD and inability to visualize the strings.

CONCLUSIONS

In a large, urban, racially and ethnically diverse patient population in the Bronx, NY, among patients who had IPP IUD removed, the majority of them found it easy.

- Race and Ethnicity were not associated with difficulty accessing removal
- Women did not cite common barriers to postpartum care—such as transportation, childcare, etc—as barriers to IUD removal

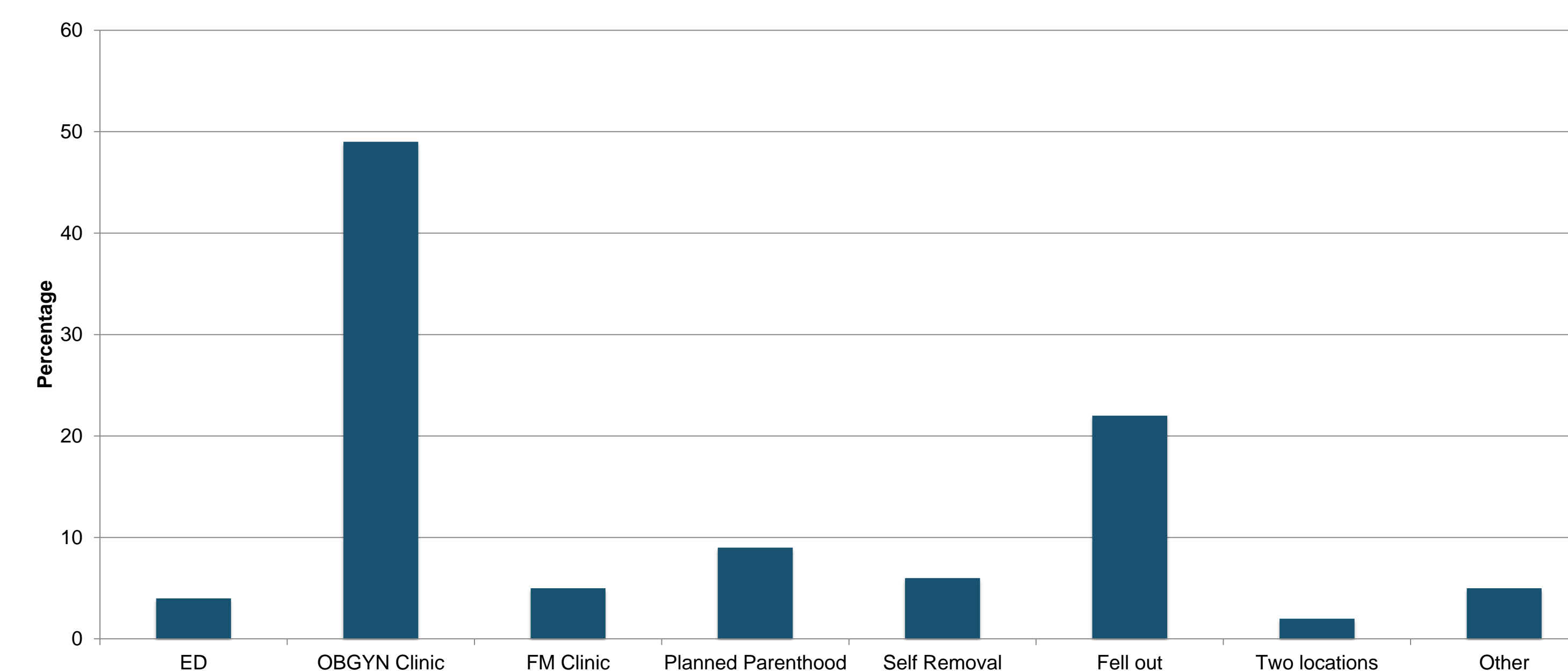
LIMITATIONS

- Inability to reach potential participants by phone (no answer, out of service numbers)
- Only conducted surveys with English speaking participants
- Participant recall bias
- Only the experiences of discontinuation in an academic hospital setting where providers universally trained in IUD removal

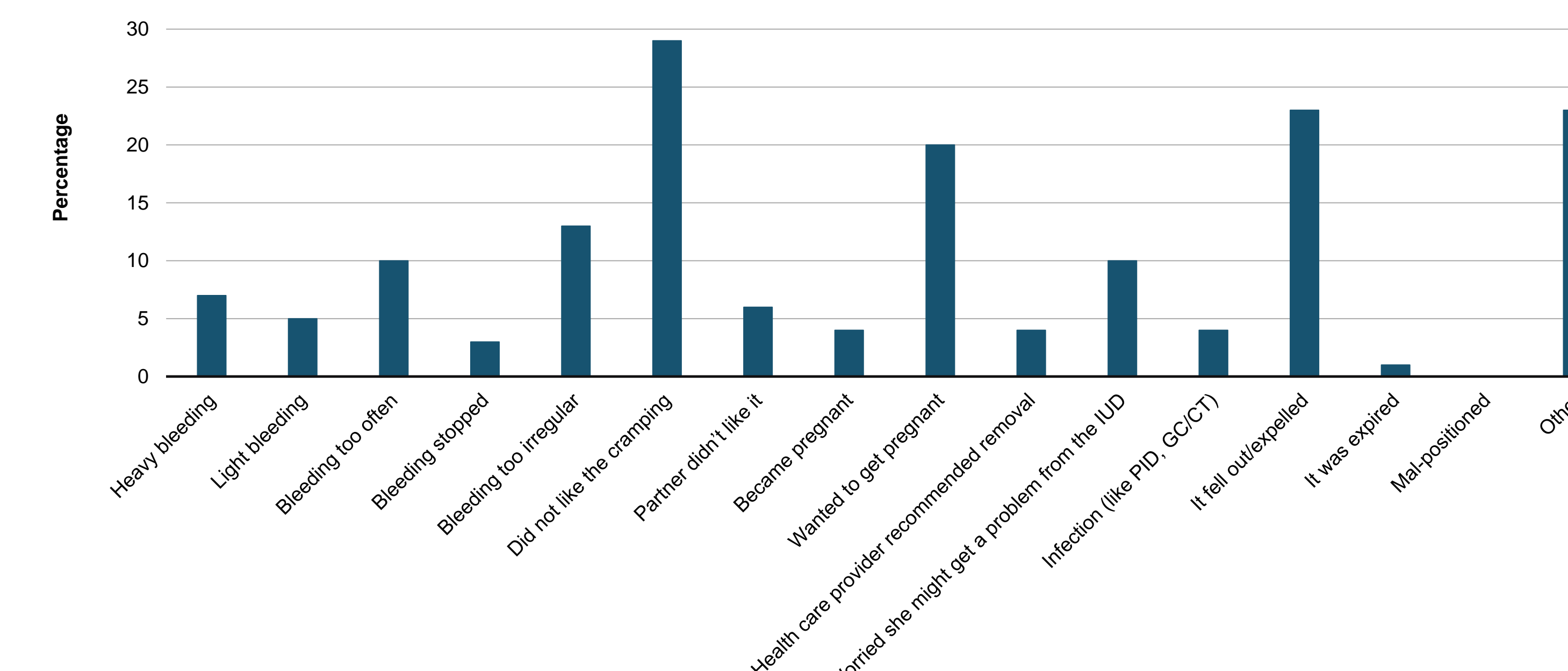
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LOCATION OF IUD REMOVAL



REASON FOR IUD DISCONTINUATION



- The rate of IUD expulsion in our population was 11%, similar to existing literature.⁴