POSTPARTUM GLUCOSE TOLERANCE IN WOMEN WITH RECENT GESTATIONAL DIABETES USING THE LEVONORGESTREL IUD AND NON-HORMONAL CONTRACEPTION: A PROSPECTIVE COHORT STUDY

PI: JESSICA KILEY, MD

Contraceptive provision is a major reproductive health care priority. Safe, reliable birth control helps families and society. Women who plan their pregnancies have healthier pregnancies and healthier babies. Some women have medical conditions that place them at risk of pregnancy complications, and contraception is required. While most contraceptives are safe for most women, some birth control methods may be superior to others for women with certain medical problems. Long-acting reversible contraceptives offer convenient, effective protection from pregnancy. Intrauterine devices and implant contraceptives are the most effective birth control methods. Health care providers and public health advocates promote the use of these methods, because they best serve the needs of women. An important area of contemporary medical research is the study of contraceptive use in special populations. This study addressed the question of using the intrauterine device in postpartum women with gestational diabetes.

Women with gestational diabetes are at risk of developing type 2 diabetes, and it is important that health interventions focus on decreasing this risk. Diet, exercise, and weight loss helps women decrease this risk. Contraception is critically important in all postpartum women, and in women with gestational diabetes, preventing another pregnancy allows time to optimize health before another conception. A long-acting reversible contraceptive, such as an IUD, may be ideal for these women because they are highly effective. However, the effects of the progestin medication in the levonorgestrel IUD in women with gestational diabetes are unknown.

This study is the first to assess if women with gestational diabetes using the levonorgestrel IUD would have higher (worsened) blood sugars one year after delivery. Women using this IUD were compared to those using a copper (non-hormonal) IUD and those who had tubal ligations. Forty-two women enrolled in the study, and 19 women followed up at 1 year. Of these 19 women, 13 had levonorgestrel IUDs, and 6 had copper IUDs or tubal ligations. Three of the women in the levonorgestrel group had worsened blood sugars, and one woman using a copper IUD had worsened blood sugars. Due to slow enrollment and losses to follow-up, there were not enough women in the study to make conclusions about the effect of the IUD on blood sugars. However, these data serve the basis for future larger studies. Furthermore, there were no complications with IUD placement, no pregnancies, and women were very satisfied with IUD use.