IMMEDIATE POSTPARTUM VS. 4-8 WEEK POSTPARTUM LNG-IUS USE AND BREASTFEEDING:
A RANDOMIZED CLINICAL TRIAL

PI: GRETCHEN STUART, MD

Immediate postpartum placement of an intrauterine device can decrease unplanned pregnancy in the United States. The objective of this study was to compare breastfeeding prevalence between women who receive the a levonorgestrel-releasing intrauterine contraceptive (LNG-IUS; marketed as Mirena®) immediately postpartum, or 4-6 weeks later. The study was stopped early because almost 50% of women who received an immediate LNG-IUS either expelled the LNG-IUS or required early LNG-IUS removal.

We conducted a randomized clinical trial at a single hospital in North Carolina. The LNG-IUS was inserted after an uncomplicated vaginal delivery prior to hospital discharge, or at the first postpartum visit. All women started intent to breastfeed their infants. The primary outcome was self-report of any breastfeeding at 6 months. 147 women were screened, 61 women enrolled antepartum, and 35 women were randomized postpartum. The study was stopped early because the expulsion rate approached 50%. Seventeen women were allocated to immediate insertion and 18 to postpartum insertion. Primary analysis was intent to treat. Seven (41%) women in the immediate arm and 13 women (72%) in the control arm had the original LNG-IUS in situ at the 6-month study visit. The proportion of women reporting any breastfeeding at 6-months was similar in the immediate compared to the postpartum group (59% and 50%; RR and 95% confidence interval 1.26 (0.71, 2.23).

Immediate postpartum LNG-IUS should be reserved for women who state extreme difficulty in returning for a postpartum clinic visit. Breastfeeding women or women in research studies are not good candidates for LNG-IUS insertion immediately after a vaginal delivery unless they clearly state they will assume the risk of LNG-IUS expulsion, and subsequent pregnancy over the benefit of waiting until the 6-week postpartum visit for insertion.