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## Immediate placement of intrauterine devices after first and second trimester pregnancy termination

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### Abstract

#### Background

We reviewed our experience with intrauterine device (IUD) placement after surgical abortion up to 20 weeks' gestation.

#### Study Design

Women presenting for elective abortion between January 2004 and March 2009 who requested an IUD were included in this retrospective review.

#### Results

Of 308 women requesting postabortion IUD placement, 221 (72%) planned insertion at the time of abortion (immediate group) and 87 (28%) planned insertion at their postoperative visit (interval group). IUDs were placed in 96% of the immediate group and in 23% of the interval group (212/221 vs. 20/87;  $p < .0001$ ). Failure to return for placement was the most common reason for noninsertion in the interval group (60/87=69%). Follow-up information was obtained for 56% of patients and was documented a median of 137 days postabortion (range 3◆◆◆◆1594 days). There was no difference in complication rates between groups. Expulsion rates were 3% and 0% in the immediate and interval groups, respectively (6/212 vs. 0/20;  $p = .4$ ). Considering only those with documented follow-up after immediate insertion (119), there was a nonsignificant trend towards increased expulsion with placement after second vs. first trimester abortion (4/54=7% vs. 2/65=2%;  $p = .3$ ). When analyzing the 172 subjects with documented follow-up, those planning immediate insertion were more likely to have an IUD in situ at the last contact than those planning later insertion (84/124=68% vs. 20/48=42%;  $p = .002$ ).

#### Conclusion

Immediate postabortion IUD insertion is safe and effective. Given the low rate of return for interval insertion, immediate placement may be preferable.

#### Keywords:

[Postabortion contraception](#), [Postabortal](#), [Intrauterine contraception](#), [Intrauterine device](#), [IUD](#), [Immediate insertion](#)

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