

# Immediate Postpartum IUD Expulsion Fact Sheet

## Background

ACOG supports immediate postpartum long-acting reversible contraception (LARC) insertion (i.e., before hospital discharge) as a best practice, recognizing its role in preventing rapid repeat and unintended pregnancy.<sup>1</sup> Optimally, women should be counseled prenatally about the option of immediate postpartum LARC. Counseling should include discussion of both the advantages and disadvantages to allow for informed decision making.<sup>2</sup>

The immediate postpartum period is a particularly favorable time for intrauterine device (IUD) or implant insertion. Women who have recently given birth are often highly motivated to use contraception and are known not to be pregnant. The hospital setting offers convenience for the patient and clinician.<sup>1</sup>

## Research on Expulsion

Expulsion rates for immediate postpartum IUD insertion are higher than for interval or post-abortion insertion, vary by study, and may be as high as 10-27%. Differences in expulsion rates are similar across insertion methods, but may differ depending on the experience of the inserter.<sup>1</sup>

The benefits of immediate insertion may outweigh the higher risk of expulsion. Disadvantages of waiting 4-6 weeks postpartum for interval insertion include failure to return for follow-up and not obtaining an IUD at the follow up visit.<sup>1</sup> Evidence from clinical trials and from cost-benefit analyses strongly suggest the effectiveness of immediate postpartum placement in reduction of unintended pregnancy, particularly for those at greatest risk of not receiving postpartum care.<sup>2</sup>

In a study of IUD continuation at six months postpartum among 112 women randomized to immediate IUD insertion at cesarean delivery versus delayed insertion, significantly more women in the immediate postpartum placement group continued the IUD (83% versus 64%).<sup>3</sup> In the delayed group, 39% did not obtain the IUD; 25% did not return for the postpartum visit, and 14% either declined the IUD or had an unsuccessful insertion.

Find additional research on immediate postpartum IUD expulsion in the [ACOG LARC Program's Immediate Postpartum LARC Bibliography Resource Digest](#).<sup>4</sup>

## Immediate Postpartum LARC Placement: A Unique Opportunity for Contraceptive Access

Immediate postpartum LARC presents a unique opportunity for accessing postpartum contraception, since approximately 10–40% of women do not attend the six-week postpartum visit, and 40–75% of women who plan to use an IUD postpartum do not obtain it. Additionally, many women will still have insurance coverage and the woman and clinician are in the same place at the same time. This eliminates potential access barriers, including the need for an additional visit and potential loss of insurance coverage after delivery.<sup>2</sup>

[Most states have published guidance](#) on reimbursement for LARC services at the time of delivery.<sup>5</sup> As demonstrated in several cost-benefit analyses, immediate postpartum LARC is highly cost-effective.<sup>6,7</sup>



## ACOG & CDC Recommendations for Immediate Postpartum IUD Placement

Placing an IUD at the time of delivery has few contraindications and is supported by ACOG and the Centers for Disease Control and Prevention (CDC) recommendations. The CDC's 2016 U.S. Medical Eligibility Criteria for Contraceptive Use (MEC) has been endorsed by ACOG and provides guidance about the safety of postpartum IUD use (see table below).<sup>8</sup> Different scenarios for immediate postpartum initiation of IUDs are classified as Category 1 (no restriction for use) or Category 2 (advantages generally outweigh theoretical or proven risks).<sup>8</sup> Immediate postpartum IUD insertion is contraindicated for women in whom uterine infection (i.e., peripartum chorioamnionitis, endometritis, or puerperal sepsis) or ongoing postpartum hemorrhage are diagnosed (US MEC Category 4).<sup>1</sup>

U.S. Medical Eligibility Criteria for Postpartum IUD Initiation <sup>8</sup>		
	LNG IUD	Copper IUD
<b>Time from delivery of placenta</b>		
<10 minutes: breastfeeding	2	1
<10 minutes: not breastfeeding	1	1
>10 minutes to <4 weeks	2	2
>4 weeks	1	1

1 = no restriction for use

2 = advantages generally outweigh theoretical or proven risks

More information about method classifications can be found in the CDC's 2016 U.S. MEC for Contraceptive Use

## Additional Resources

- [ACOG LARC Program Website: Immediate Postpartum LARC](#)
- [Postpartum Contraceptive Access Initiative \(PCAI\) Website](#)
- [ACOG LARC Program Immediate Postpartum LARC Bibliography Resource Digest](#)
- [ACOG LARC Program Immediate Postpartum LARC Implementation Resource Digest](#)

<sup>1</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices>

<sup>2</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Immediate-Postpartum-Long-Acting-Reversible-Contraception>

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pubmed/26241250>

<sup>4</sup> <https://www.acog.org/-/media/Departments/LARC/IPP-LARC-Bibliography-Resource-Digest-Replaceable.pdf>

<sup>5</sup> <https://www.acog.org/IPPLARCmedicaid>

<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pubmed/25439838>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pubmed/20227546>

<sup>8</sup> <https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm>

This resource was last updated on June 6, 2018, please visit the LARC Program website at <http://www.ACOG.org/LARC> for the most updated version. Please email [pcai@acog.org](mailto:pcai@acog.org) with suggestions or comments.

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