

# Non-consented IUD placement reported by Mexican immigrants: A caution for caregivers in the US?

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Published reports of nonconsented contraceptive practices in Mexico,<sup>1-3</sup> including intrauterine device (IUD) placement, have been largely anecdotal and have not been systematically validated. The Family Planning Clinic of the Maricopa County Department of Public Health predominantly serves a Mexican immigrant population. Providers in the clinic have also reported hearing about nonconsented IUD placement. To investigate this issue, 466 women between July 1, 2000, and July 1, 2002, were recruited to answer a survey. This sample of convenience represented 29% of new clients during this period. Informed consent was obtained from each participant and no woman refused to participate. The study was IRB-approved. The survey was translated into Spanish and delivered orally by bilingual interviewers.

The mean age of the participants was 27.2 years, and the mean number of prior pregnancies was 2.6. One hundred eighty-eight women (40%) reported receiving gynecologic health care in Mexico from 1 month to 20 years previously (mean of 6.1 years). One hundred four women reported having an IUD placed at some time, including 85 of those who had received care in

Mexico (46%). Of these, 23 women reported having an IUD inserted without their knowledge or consent. All 23 reported that the IUD had been placed while receiving care in Mexico, representing 27 % of those who had received an IUD there. Twenty-one of the 23 women said the IUD had been placed immediately after they had given birth, and 2 while seeking family planning services. Sixteen reported that the IUD insertion occurred at a hospital, while 4 said it happened at a clinic; 3 did not respond to this question.

Five of the women realized within days that an IUD had been placed; 3 within weeks, 4 within months, and 9 did not find out for a year or more; 5 did not respond. Three felt a string, 3 said the IUD fell out, 7 reported that a second healthcare worker discovered it, 2 were informed later by the person who placed the IUD, and 4 had adverse symptoms (2 from infection). Of 19 responding, 2 said they had the IUD taken out the same day it was discovered, 4 about a month later, 5 about a year later, 5 one to five years later, 1 five to ten years later, and 2 still had the IUD in place. Sixteen provinces in Mexico were listed as the location where the IUD placement occurred.

A significant percentage of women of reproductive age from Mexico served by this border area family planning clinic reported that they had an IUD placed without their knowledge or consent

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In immigrant Mexican women, pelvic  
or abdominal pain, pelvic infection, or  
infertility may signal an undetected IUD

in Mexico. It is possible that these women were actually informed about the procedure, and just did not fully understand it. We were not able to investigate if this practice occurs in other countries or if it affects women of all socioeconomic classes in Mexico.

It is not clear if the women who did not have the IUD removed chose to keep it as their contraceptive method of choice or because they lacked access to health care to have it removed. It is possible that many of them would have chosen an IUD had the option been presented to them.

Since our sample was one of convenience in a busy public clinic, the possibility for selection bias exists. Therefore these findings are very preliminary and need to be verified in larger, better-controlled studies. However, all those who provide healthcare services to women immigrants from Mexico should add the possibility of complications from an unrecognized IUD to the differential diagnosis if patients present with pelvic or abdominal pain, pelvic infections, or infertility.

#### REFERENCES

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