

# Is an IUD a good contraceptive choice for a never sexually active teen?

**Yes, but some insertions may be required to be performed outside of the office setting.**

Authors of this retrospective cohort study compared the success of attempted intrauterine device (IUD) insertion in women aged 10 to 20 years who were and were not sexually active. Insertion was successful on the first attempt in 90.2% and 96.1% of women in the never sexually active and sexually active groups, respectively ( $P = .086$ ). Further, overall successful insertion rates in both groups were more than 98% when a second insertion attempt was performed. However, only 52.4% of the never sexually active women, compared with 94.5% of the sexually active women, had the IUD placed in an office setting ( $P < .001$ ).

## **FAST TRACK**

*IUD insertion was successful on the first attempt in 90.2% of never sexually active adolescents and in 96.1% of sexually active teens*

*Kebodeaux CA, Schwartz BI. Experience with intrauterine device insertion in never sexually active adolescents: a retrospective cohort study. Am J Obstet Gynecol. 2018;219:600.e1-e7.*

### **EXPERT COMMENTARY**

**Ronald T. Burkman, MD**, is Emeritus Professor of Obstetrics and Gynecology, Tufts University School of Medicine, Baystate Medical Center, Springfield, Massachusetts.

**D**ata demonstrate efficacy and safety of the IUD in adolescents. In addition, IUDs (particularly the levonorgestrel-containing IUD) have many noncontraceptive benefits. There is still reluctance, however, among clinicians to use IUDs in adolescents. In a sample of fellows of the American College of Obstetricians and Gynecologists, only 43% considered adoles-

cents appropriate candidates for use of an IUD.<sup>1</sup>

### **Study details**

In this retrospective chart review, Kebodeaux and Schwartz sought to compare successful IUD insertion rates on first attempt in 120 sexually active (SA) and 82 never sexually active (NSA) adolescents. The IUD type used for all women was the 52-mg levonorgestrel IUD (Mirena), except for 3 copper IUDs (Paragard) used in the SA group. The primary indications for IUD use were contraception (85.2%) in the SA group and abnormal uterine bleeding (43.9%) and menstrual suppression (24.4%) in the NSA group.

In the NSA group, 82.9% of adolescents had had some type of prior treatment affecting the menstrual cycle, compared with 60.9% in the SA group ( $P = .001$ ).

**Non-office insertion.** Either a sedation unit or operating room was utilized in 5.5% of the

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IUD insertions in the SA group and 47.6% of the NSA group. Among the 39 adolescents in the NSA group undergoing non-office insertion, 19 (48.7%) had special needs (learning or intellectual disabilities, autism/autism spectrum, or physical disabilities, such as cerebral palsy). Only 1 adolescent with special needs in the NSA group had an office insertion compared with 5 out of 6 in the SA group.

The performance of another procedure other than the IUD insertion (including diagnostic laparoscopy and hymenectomy) was common among adolescents undergoing procedures in the sedation unit or operating room who did not have special needs. It is also important to note that adolescents with special needs were routinely offered insertion under anesthesia while SA adolescents were offered insertion under anesthesia only if they were undergoing another procedure as well.

### Study strengths and weaknesses

The study's strengths include IUD insertions performed at a children's hospital by providers with experience working with adolescent populations. This likely accounts for the high rates of "tolerance of the procedure well" (93.8% in the SA group vs 81.7% in the NSA group;  $P = .006$ ). The study also included a

### WHAT THIS EVIDENCE MEANS FOR PRACTICE

These study findings provide further support to combat the myth that adolescents, particularly if nulliparous or not sexually active, are not suitable candidates for IUD use. However, if they have never been sexually active or have special needs, IUD insertion under sedation or in an operating room may be necessary. It is also likely that selection of the IUD as an option by an adolescent and overall tolerance of the insertion procedure requires providers with experience in caring for adolescents as well as providers possessing good counseling skills.

RONALD T. BURKMAN, MD

patient population—adolescents with special needs—that has not been studied relative to IUD use previously.

A significant weakness of the study, however, is that there are no long-term follow-up data, particularly related to continuation rates. ●

### Reference

1. Luchowski AT, Anderson BL, Power ML, et al. Obstetrician-gynecologists and contraception: practice and opinions about the use of IUDs in nulliparous women, adolescents and other patient populations. *Contraception*. 2014;89:572-577.