Levonorgestrel-releasing intrauterine system (LNG-IUS): Adherence to pre-insertion recommendations Are we good at it?

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INTRODUCTION

Hormone releasing intrauterine systems are highly effective long acting reversible contraceptives (LARC) and offer control of heavy menstrual bleeding^{1,2}.

BACKGROUND

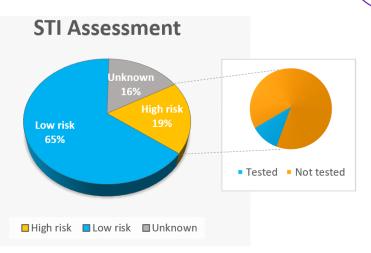
At the time of insertion, pregnancy must be reasonably excluded and sexually transmitted infection (STI) risk assessed^{1,2,3}. Criteria as per recommendations included; age <25 years, age >25 years with a new sexual partner, or more than one partner in the past year, or regular partner has other partners¹. We evaluated adherence to these recommendations, pre-insertion of LNG-IUS.

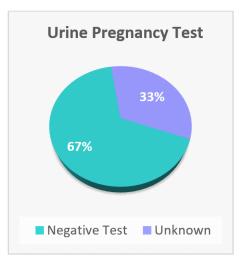
METHODS

A retrospective audit was carried out for a total of 46 women, aged 19-52 years, attending a suburban tertiary NSW hospital outpatient gynaecology clinic for LNG-IUS insertion during 2018.

RESULTS

Out of the 43 attendees who had the intrauterine system inserted, in the reproductive age group, 14 (33%) women did not have a documented negative urinary pregnancy test (UPT). Risk assessment for STI's was carried out for 84% of women. Of those assessed, 65% were deemed low risk and 19% were high risk. Only 1 case in the high-risk group had undergone testing.





DISCUSSION

We recommend a standardised approach for women undergoing LNG-IUS insertion. It may be beneficial to start using checklist referral criteria for assessing suitability for booking into the clinic, educating General Practitioners of these criteria and start mandating urinary pregnancy test in the clinic prior to insertion. We will continue to monitor our practise through re-audit after implementation of change.

REFERENCES

- 1. RANZCOG. (2017) WHC 217 Intrauterine contraception (C-Gyn 3)
- 2. Faculty of Sexual and reproductive healthcare Clinical Guidance. (October 2015) Intrauterine Contraception.
- 3. National Institute for Health and Clinical Guidance (NICE) 2005. Long acting reversible contraception. [updated July 2019].