

Title: Risk of luteal phase pregnancy with modified intrauterine device insertion eligibility

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Objective: To determine rates of luteal phase pregnancy (LPP) in adolescents and young adults (AYA) initiating intrauterine devices (IUDs) using modified insertion guidelines.

Methods: We assessed a randomly selected cohort of AYA receiving IUDs at a Title-X clinic between 2009-2019. IUD manufacturers' guidelines state that IUDs should only be inserted following a negative pregnancy test, ≤ 7 days of last menstrual period (LMP) or switching from prescribed contraception. In this cohort, IUDs could also be inserted if people reported abstinence or 100% condom use. We created two groups: within manufacturers' guidelines and modified guidelines. We computed rates of LPP and compared them using Fisher's exact tests.

Results: We assessed 3,535 insertions: 56.3% were within guidelines; follow-up pregnancy status was documented in 60.4% and was similar across groups ($p=0.99$). Patients within guidelines were older (median (range): 21 (11-24.9) vs 20 (11-24) years; $p=0.009$). Of patients outside guidelines 67% reported 100% condom use, 30% reported abstinence, 3% reported withdrawal, breastfeeding, or initiated EC with their IUD insertion. Overall, the rate of LPP was 0/1,992 (95%CI:0-0.31%) within guidelines and 1/1,543 (95%CI:0-0.59%) with modified guidelines; $p=0.44$. For those with documented pregnancy status these rates were: 0/1,210 (95%CI:0-0.3%) within guidelines and 1/926 (0.1%95%CI:0-0.6%); $p=0.44$. EC was dispensed to 53 patients with modified guidelines; 0 pregnancies occurred.

Conclusion: AYAs experience barriers accessing sexual and reproductive healthcare. Same-day IUD insertion may improve access for these people. Adopting a more liberal eligibility criteria that allows providers to insert IUDs when patients report abstinence, or condom use does not result in more LPP.