Lost IUD penetrating bladder wall

The incidence of uterine perforation following intrauterine device (IUD) insertion is reported to be rarely over 1 in 1000 insertions.1 Misplaced IUDs can be diagnosed simply with speculum examination. Missing threads is the usual sign and may be due to unrecognised expulsion, enlarged uterus due to pregnancy, the IUD threads becoming occluded, or whether the uterus was iatrogenically perforated or whether the IUD moved through the uterine wall. Most importantly, an accurate diagnosis lends further support to FSRH guidance. The authors conclude that despite an apparent association between contraceptive failure and higher body weight in studies of a Norplant® prototype and a levonorgestrel-releasing vaginal ring, there is insufficient evidence to demonstrate reduced efficacy in heavier women using the progestogen-only pill (POP).

Current guidance from the Faculty of Sexual and Reproductive Healthcare (FSRH)2 advises one progestogen-only pill (POP) per day irrespective of body weight. This recommendation is based on the evidence available at the time of publication and the consensus of the guideline development group.

The recent review of obesity and oral contraceptive pill failure by Trussell et al.3 lends further support to FSRH guidance. The authors conclude that “few convincing evidence that very heavy or obese women have a higher risk of oral contraceptive pill [combined and progestogen-only] failure during perfect use than thinner women, even with the lowest doses formulations”. Trussell and colleagues mention the difficulties of reliably measuring adherence and they speculate that OCs may be less forgiving of imperfect use among heavier women.

Given that long-acting reversible methods of contraception (LARC) are known to be highly effective and less dependent on adherence than OCs, LARC methods should be offered to all women, particularly following OCP failure.

Louise Melvin, MRCPCH, MFSRH
Director, FSRH Clinical Effectiveness Unit, and Consultant in Sexual and Reproductive Health, Sandyford, Glasgow, UK.
E-mail: louise.melvin@nhs.net

References

Contraceptive failure and the progestogen-only pill

The case report by Chandler and Nash1 in this issue of the Journal is interesting and highlights the need for trials of hormonal contraceptive use to include obese women.

The authors acknowledge that despite an apparent association between contraceptive failure and higher body weight in studies of a Norplant® prototype and a levonorgestrel-releasing vaginal ring, there is insufficient evidence to demonstrate reduced efficacy in heavier women using the progestogen-only pill (POP). Current guidance from the Faculty of Sexual and Reproductive Healthcare (FSRH)2 advises one progestogen-only pill (POP) per day irrespective of body weight. This recommendation is based on the evidence available at the time of publication and the consensus of the guideline development group.

The recent review of obesity and oral contraceptive pill failure by Trussell et al.3 lends further support to FSRH guidance. The authors conclude that “few convincing evidence that very heavy or obese women have a higher risk of oral contraceptive pill [combined and progestogen-only] failure during perfect use than thinner women, even with the lowest doses formulations”. Trussell and colleagues mention the difficulties of reliably measuring adherence and they speculate that OCs may be less forgiving of imperfect use among heavier women.

Given that long-acting reversible methods of contraception (LARC) are known to be highly effective and less dependent on adherence than OCs, LARC methods should be offered to all women, particularly following OCP failure.

Louise Melvin, MRCPCH, MFSRH
Director, FSRH Clinical Effectiveness Unit, and Consultant in Sexual and Reproductive Health, Sandyford, Glasgow, UK.
E-mail: louise.melvin@nhs.net

References

Lost IUD penetrating bladder wall

The incidence of uterine perforation following intrauterine device (IUD) insertion is reported to be rarely over 1 in 1000 insertions.1 Misplaced IUDs can be diagnosed simply with speculum examination. Missing threads is the usual sign and may be due to unrecognised expulsion, enlarged uterus due to pregnancy, the IUD threads becoming occluded, or whether the IUD moved through the uterine wall. Most importantly, an accurate diagnosis lends further support to FSRH guidance. The authors conclude that despite an apparent association between contraceptive failure and higher body weight in studies of a Norplant® prototype and a levonorgestrel-releasing vaginal ring, there is insufficient evidence to demonstrate reduced efficacy in heavier women using the progestogen-only pill (POP). Current guidance from the Faculty of Sexual and Reproductive Healthcare (FSRH)2 advises one progestogen-only pill (POP) per day irrespective of body weight. This recommendation is based on the evidence available at the time of publication and the consensus of the guideline development group.

The recent review of obesity and oral contraceptive pill failure by Trussell et al.3 lends further support to FSRH guidance. The authors conclude that “few convincing evidence that very heavy or obese women have a higher risk of oral contraceptive pill [combined and progestogen-only] failure during perfect use than thinner women, even with the lowest doses formulations”. Trussell and colleagues mention the difficulties of reliably measuring adherence and they speculate that OCs may be less forgiving of imperfect use among heavier women.

Given that long-acting reversible methods of contraception (LARC) are known to be highly effective and less dependent on adherence than OCs, LARC methods should be offered to all women, particularly following OCP failure.

Louise Melvin, MRCPCH, MFSRH
Director, FSRH Clinical Effectiveness Unit, and Consultant in Sexual and Reproductive Health, Sandyford, Glasgow, UK.
E-mail: louise.melvin@nhs.net

References
Contraceptive failure and the progestogen-only pill

Louise Melvin

J Fam Plann Reprod Health Care 2010 36: 182
doi: 10.1783/147118910791749362

Updated information and services can be found at:
http://jfprhc.bmj.com/content/36/3/182.1.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/