Intrauterine Devices and Pelvic Inflammatory Disease: Dispelling the Myth

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Background:

Intra-uterine devices (IUDs) have been widely available since the early 1960s and offer higher rates of contraceptive efficacy than non long-acting reversible contraceptives methods. Many studies have demonstrated higher satisfaction rates and continuation rates of any contraceptive method. Yet the continuing public and professional perception that IUDs cause an increased risk of complications such as Pelvic Inflammatory Disease (PID) remains a barrier to accessing this safe and reliable contraception. This abstract will demonstrate that the risk of PID infection relates to the period immediately following insertion and that overall PID rates remain similar to that of non IUD users.

Method:

A review to summarize the existing literature on IUDs and PID.

Results:

Data from 12 randomised studies of IUDs showed an overall rate of PID of 1.6 cases per 1,000 woman-years of used. This is consistent with another retrospective cohort study showing PID occurred in less than 1% of patients regardless of IUD type. Further adjustment of confounding variables demonstrates that PID risk was elevated only for the 20 days following insertion and following that returned to baseline for up to 8 years post insertion.

Conclusion:

In 2011 estimated rates of IUD use in Australia was 3.2% compared to 35% of Vietnamese and Egyptian women and 30% of Chinese women. There is now strong evidence to indicate risk of PID is related to the insertion process and overall baseline risk of PID is the same as non IUD users 20 days post insertion. Concerns around PID should not be a barrier to accessing IUDs which continue to be among the most effective and well tolerated contraceptive methods.

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