

# Experience with IUCD insertion outside of menses in Kenya

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## Abstract:

**OBJECTIVE:** To determine if women receiving intrauterine devices (IUCDs) outside of menses have an acceptable rate of insertion problems and subsequent IUCD-related complications. **DESIGN:** Cross-sectional and prospective cohort study of insertions at times other than during menses. **SETTING:** The study was carried out in two government family planning (FP) clinics in Nairobi, Kenya. **SUBJECTS:** After appropriate pre-test and post-test HIV counselling, 1686 women requesting IUCDs at two FP clinics between 1994 and 1995 in Nairobi were enrolled at baseline into a study examining the effect of human immuno-deficiency virus (HIV) infection on IUCD-related complications. Six hundred and forty nine women (156 HIV-infected and 493 HIV-uninfected) were selected for the four month follow up study. They were classified according to their menstrual cycle status at time of IUCD insertion. **MAIN OUTCOME MEASURES:** Problems at the time of insertion (pain, bleeding, immediate expulsion) and IUCD-related complications through four months. **RESULTS:** Rates of immediate insertion problems were low in the women who had insertions during menses (7.0%), outside of menses (4.0%) or had oligomenorrhea/amenorrhea (2.6%). The adjusted odds ratios for IUCD insertion problems outside of menses and in oligomenorrhea/amenorrhea (versus women with insertion during menses) were 0.54 (95 % CI 0.18-1.59) and 0.39 (95% CI 0.12-1.29) respectively. IUCD-related complications were higher in the oligomenorrhea/amenorrhea (11.5%) or insertion outside of menses (6.9%), than the within menses (4.3%) groups. However, the differences were not statistically significant. Adjusted odds ratios for IUCD outside of menses and oligomenorrhoea/amenorrhea groups were 1.65 (95% CI 0.21-12.91) and 2.72 (95% CI 0.34-21.71) respectively. **CONCLUSION:** The results confirm that the IUCD can be safely inserted outside of menses with minimal insertion difficulties and subsequent complications. Availability of IUCDs outside of menses may enhance IUCD acceptance in Kenya and create better opportunity for visual screening of the cervix for sexually transmitted infections.