Extending use of 52-mg levonorgestrel intrauterine systems to 8 years: bridging phases of life

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A high school senior who receives a 52-mg levonorgestrel intrauterine system (LNG IUS) at age 18 years can keep it until they are 26 years old and finishing graduate school. A 32-year-old mother of 2, who receives a 52-mg LNG IUS after the birth of her youngest child, can have it replaced when she is 40 years old and that child enters third grade. A patient who does not want children and enjoys the amenorrhea associated with the 52-mg LNG IUS can now envision needing only a handful of IUS removal and insertion procedures to carry them through the entirety of their reproductive years.

The data from Creinin et al1 and Jensen et al2 conclusively demonstrated that the 52-mg LNG IUS (Liletta, Medicines360, San Francisco, CA, and AbbVie, North Chicago, IL, and Mirena, Bayer AG, Germany) maintains its contraceptive efficacy for up to 8 years of use. The Pearl indices (pregnancies per 100 women-years of use) at the end of year 7 were 0.49 (95% confidence interval [CI], 0.06 to 1.78) for Liletta and 0.40 (95% CI, 0.01–2.25) for Mirena. For year 8, neither study reported any pregnancies, with 8-year cumulative pregnancy rates of 1.09 (95% CI, 0.56–2.13) and 0.68 (95% CI, 0.17–2.71), respectively, and with both studies reporting similar rates of amenorrhea (34%–39%) in the eighth year.

This is great news for satisfied 52-mg LNG IUS users. Most patients are not eager to have an IUD removal and replacement procedure if they are not experiencing adverse effects and can be reassured of ongoing contraceptive efficacy, as each procedure is associated with discomfort, inconvenience, and, in some cases, cost. In addition, although uterine perforation is rare, most perforations occur at the time of IUD insertion, and thus, reducing the frequency of insertion procedures reduces the risk of perforation.3,4 Similarly, although the risks of expulsion and infection persist at extremely low levels over time,5,6 these risks are also the highest around the time of insertion, and reducing the number of insertions a patient will undergo in their lifetime will reduce these risks as well.

Although many patients will be happy to learn that they can keep their current IUD for longer, we must be clear in our counseling that patients do not have to keep it that long if they do not want to. We must inform patients that they are free to have the IUD removed at any time, for any reason, and we must provide easy access to IUD removal and alternative methods of contraception on request.

For just how long will individuals be able to rely on a single 52-mg LNG IUS for contraception? The jury is still out. Studies extending use to 10 years and beyond face challenges posed by the phases of life and the dynamics of age, desired childbearing, and declining fertility. Small numbers of patients who have used the device for up to 10 or 15 years suggest that further extended use may be possible, especially for users approaching menopause,1,7 and this is certainly a reasonable approach to discuss with individual patients toward the end of their reproductive years. Furthermore, we must keep in mind that data are limited on the use of the 52-mg LNG IUS beyond 5 years for noncontraceptive indications. For now, however, we can confidently recommend routine use of the 52-mg LNG IUS for contraception for up to 8 years for anyone who wants it.

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REFERENCES


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