INTRAUTERINE CONTRACEPTIVE DEVICES (IUD) INSERTION AS CONTRACEPTIVE METHOD BY TEENAGERS WITH A RECENT HISTORY OF INDUCED ABORTION IN TWO DIFFERENT POPULATIONS

P. TSIKOURAS, P. PINIDIS, S. ZERVoudIS, N. VRACHNIS, N. TSAGIAS, A. LIBERIS, G. GALAZIOS, V. LIBERIS

Purpose:
Pregnancy in adolescents is a public health problem for both the mother and infant worldwide. Installation of IUD directly after induced or spontaneous abortion offers immediate contraceptive protection. The purpose of the present study was to underline the contraceptive safety and adverse reactions of IUD insertion directly after first-trimester abortion under general anesthesia in teenagers.

Method:
During the period January 1999 to December 2007, 57 Muslim teenagers women (Group A) and 35 Christian Orthodox (Group B) women living in Thrace, Greece underwent an immediate insertion of IUD after a first-trimester induced abortion. Questionnaires were completed by all the women of the study with respect to the effects of IUD. The women were examined every three months for two years after the fitting of the IUD in the pediatric family planning department of Obstetrics Gynecological Department of Democritus University of Thrace, Greece.

Results:
The demographic characteristics of the women of the two groups were similar. The age of the women ranged between 16 and 19 years. While 14.98% of teenagers in (Group A) had already one child and 4.02% had two children, in the other Group B no participant bore any children. During the first menstrual cycles, with the exception of vaginal haemorrhages (9%) and adnexitis (1%), no serious adverse reactions were noted. During the transvaginal ultrasonography checks in both groups, no observation of any dislocation of the IUD was made, except for two cases in the (Group A). No pregnancy had been occurred. Concerning the questionnaire with regard to the women’s subjective evaluation of IUD, satisfactory answers were given.

Conclusions:
There were no differences between the two groups with respect either to the security of the supplied contraceptive methods or to the development of side effects.