

# **The Routine IUD Follow-Up Appointment: Clinical Significance, Provider Practices, and Patient Experiences**

## **Background:**

The Centers for Disease Control and Prevention does not recommend a routine 4-6-week follow-up visit after intrauterine device (IUD) insertion, as there is no evidence that it changes clinical outcomes. Nevertheless, IUD manufacturers recommend this appointment, and research indicates that most providers continue to advise it.

## **Objective:**

We aimed to investigate current clinical practices and outcomes regarding the routine IUD follow-up appointment.

## **Methods:**

We enrolled 114 patients who underwent IUD insertion from May 2022-June 2023. They were surveyed about their experience with IUD placement as well as self-reported complications 4-6 weeks after insertion. Through patient survey and chart review, we assessed whether a 4-6-week scheduled follow-up appointment was recommended, offered optionally, or not offered, whether patients attended an appointment, and if they had any interventions. We defined an intervention as an exam for a specific patient complaint, string trimming, ultrasound, or IUD removal. We also evaluated standardized complications and unscheduled visits within six weeks of insertion and their outcomes. Descriptive statistics were used for data analysis.

## **Results:**

Of 114 patients who had successful IUD insertions, 76 (67%) were recommended to schedule a 4-6-week follow-up appointment, 19 (17%) were given the option to schedule one, and 19 (17%) were not offered one. Of patients recommended to schedule an appointment, 24 (32%) did not attend, and of those given the option, 15 (79%) did not schedule one for a total of 56 scheduled appointments attended.

A specific intervention was performed for nine (8%) patients, four (3.5%) of which occurred at a scheduled appointment: two ultrasounds and two string checks (visualization/trimming). All other interventions, including all IUD removals, occurred at unscheduled appointments. Of the five participants who had unscheduled appointments, three had a scheduled follow-up appointment in place, and two did not.

Of 91 patients who completed a follow-up survey 4-6 weeks after insertion, 49 (54%) described concerns in the free response section. Forty-three (87%) of these concerns were related to cramping or bleeding. Twenty-four (26%) of patients describing concerns attended a scheduled follow-up visit, and three (3%) made an unscheduled appointment due to their concerns. Four required an intervention, three of which occurred at an unscheduled visit.

## **Conclusion:**

Our results show that while most providers recommend a scheduled IUD follow up appointment, there is little clinical utility in this visit and patients often choose not to attend. A scheduled follow-up visit did not decrease the number of unscheduled visits, and only a small minority of patients required an intervention at their scheduled follow-up appointment. All interventions occurred due to specific patient complaints rather than findings of a routine exam.

This indicates that patients who require interventions related to their IUD will make an appointment regardless of whether they have a routine visit scheduled. Instead of identifying complications, the routine follow-up visit puts patients through an additional appointment with its accompanying exam and costs.

In our follow-up survey, many patients endorsed a concern. Most of these patients did not have scheduled follow-up appointments and the vast majority did not schedule one due to their concerns. Most of their concerns were known IUD side effects.

Our recommendation is that the scheduled follow-up appointment not be routinely recommended. Rather, providers should educate patients about common IUD side effects and procedural outcomes. They should also encourage them to schedule appointments as needed and ensure access to a triage system to facilitate urgent appointments. This will reduce burden placed on patients and providers and empower patients in their healthcare decisions.

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