

Supplemental Material: Pregnancy, Expulsion, and Continuation Rates in Other Studies

12-Month Rates for Expulsions, Pregnancies, and Continuation

Studies with >15 nulliparas using devices currently available in the United States						
Author	Nulliparas n (%)	Study design	IUD Types	Expulsion	Pregnancy	Continuation
Gemzell-Danielsson et al. 2012[26]	58 (23)	randomized	LNG-IUS	1.6%*	0	71%* at 3 years
Suhonen et al. 2004 [9]	94 (100)	randomized	LNG-IUS	1.1%	0	79%
Otero-Flores et al. 2003[10]	390 (100)	randomized	Cu T 380A	3.3%	1%	29%
Brockmeyer et al. 2008[8]	113 (100)	prospective	Various	7%	0	72%
Armitage et al. 2013[6]	97 (100)	prospective	LNG-IUS	4%	0	85%
Peipert et al. 2011 & Winner et al. 2012[11, 27]	853 (28)	prospective	LNG-IUS Cu T 380A	3.5%*	0.3%*	88% LNG* 84% Cu T*
Marions et al. 2011[7]	134 (100)	prospective	LNG-IUS		0	76%
Aoun et al. 2014[28]	273 (13)	retrospective	LNG-IUS Cu T 380A	4%*	0.4%*	81%*
Brown et al. 2014[15]	62 (37)	retrospective	Various	6.5%	0	81%* at 2 months
Berenson et al. 2013[29]	NR	retrospective	LNG-IUS Cu T 380A		1.8% LNG* 3.0% Cu T*	88% LNG** 84% Cu T**
Bayer et al. 2012[23]	238 (78)	retrospective	LNG-IUS Cu T 380A	3.1%	0	83%* at 6 months
Veldhuis et al. 2004[30]	142 (100)	retrospective	Various	0-3%	0	68%
Farmer et al. 2003[31]	103 (19)	retrospective	Various	5.8%*		
Studies in adolescents and young women with <15 nulliparas						
	Population	Study design	IUD Types	Expulsion	Pregnancy	Continuation
Godfrey et al. 2010[32]	23 adolescents	randomized	LNG-IUS Cu T 380A			75% LNG* 45% Cu * at 6 months
Lara-Torre et al. 2011[33]	89 adolescents and young women	retrospective	LNG-IUS Cu T 380A		2% overall* 17% Cu T 0% LNG	67% LNG* 41% Cu T*

All rates are for twelve months and for nulliparas only unless otherwise specified.

NR, not reported.

Various, at least one of the two devices available in the U.S. was used, along with other devices available in the E.U.

* Rate for events in total study population, not just nulliparas. Authors report no significant difference based on parity.

** Rate calculated using only known discontinuations based on claims data and is therefore an overestimate due to inability to account for loss to follow-up.