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Post Partum IUCD: Its Acceptability and Clinical Outcomes in Tertiarty Care Maternity Hospital of Kashmir

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Abstract: ***Postpartum IUCD is a very effective method of contraception that can be offered to the patient immediately after delivery to meet the unmet needs of contraception in postpartum period. The aim of our study was to evaluate the acceptance rates of PPICD-Reasons for acceptance and denials and the clinical outcomes/course which included complications, rates of expulsion and continuation rates at 6& 10 weeks, in those women who got it inserted. Method: A Prospective observational study was conducted at Kashmir's largest maternity hospital, Lalla Ded hospital. This study was conducted on those women who had received counselling for PPIUCD insertion. In this study, the acceptance rates of PPIUCD insertion, reasons for denial in those who refused, and clinical outcomes in those who accepted PPIUCD were observed at 6 weeks and 10 weeks. Results: Out of 4000 women counselled for contraception only 560 accepted PPIUCD with acceptance rate of 14%. The commonest reason for refusal were fear of side effects, lactational amenorrhea, preference to natural methods (coitus interruptus), and fear of pain. In our study group continuation rates were seen in 92.2%woman. Among complications only expulsion was seen in 3.6% (n=15). Perforation of uterus did not occur in any of the women. No women reported with failure. In our study it was seen the long term action of PPIUCD was the most important motivator for PPIUCD uptake. Conclusion: The concept of PPIUCD is new in the community and there is need to increase the level of awareness by adequate counselling and clarification of myths associated with PPIUCD. It is a safe and effective method of postpartum contraception and can play a pivot role in decreasing the unmet needs of contraception.***

1. Introduction

Postpartum period is the most common time where unintended pregnancies occur. Only 26% women are using any method of family planning during the first year postpartum. (1) So post partum period is an ideal time to begin contraception as woman are very receptive and can be strongly motivated to do so in this time (2). The immediate postpartum contraceptive counselling and delivery can prove a big leap in overcoming this unmet need of women. Post partum insertion of IUCD has the potential to reduce the unintended and short interval pregnancies.

The Intra uterine contraceptive device is considered most reliable, inexpensive, non hormonal and reversible contraceptive methods suitable for lactating woman (3) as it has no negative effect on lactation and may in fact increase its duration in some women and does not affect the quality of breast milk. (4)

Post partum IUCD is relatively new method of long acting reversible contraception (LARC) and is likely to bring a revolutionary change in contraceptive use (5). PPIUCD has been established as an effective and reliable method of contraception as it offers numerous advantage-ease of insertion, no adverse impact on breast feeding, costless and protection against unwanted pregnancies and abortions. (6) In addition insertion complaints caused by lochial blood and cramping are masked. (7)

Intrauterine contraceptive device (IUCD) can be safely inserted at any time during first 48hrs after delivery: Postpartum IUCD (PPIUCD).

It can be inserted anytime after 6weeks post delivery: Interval IUCD.

When inserted after an abortion: Post abortion IUCD (PAIUCD).

Postpartum insertion is convenient for both provider as well as the client as for most women returning to health care facility specifically for contraceptive services during postpartum period becomes burdensome as women stay busy attending and caring for the health of newborn (8).

2. Methods

This study was conducted in the family planning unit of Department of Obstetrics and Gynaecology at Govt Lalla Ded hospital, Srinagar from 2017 march to march 2018.

Verbal counselling on immediate postpartum contraception (i. e PPIUCD) was given during ANC visits and during postpartum stay within 48hours of delivery. Cu T 375 was inserted in those women who accepted this method of contraception.

Those women who had H/O Chorioamnionitis, Post partum Haemorhage, rupture of membranes more than 18hours, coagulation disorders, fever, extensive genital trauma, puerpeural sepsis, large fibroids were excluded from the study.

Those women who were eligible for PPIUCD insertion were counselled individually. During counselling session women

were provided information about how this method works, its non hormonal benefits, duration of use, effectiveness, immediate return of fertility upon removal of IUCD and least side effects. Counselling also included to dispel any prevailing misconceptions, as many myths are related that it travels to other organs like stomach.

The women included in this study underwent Cu T 375 insertion within 48hours post delivery. These women were asked to come for follow up at 6 weeks and thereafter in case of any complications and at routine checkup at 10weeks. During follow up visit a detailed history of pain, fever, vaginal discharge, excessive bleeding if any was noted. General examination followed by abdominal examination for involution of uterus was carried out. Per speculum examination was performed to check for the strings of IUCD and any local vaginal discharge present. The strings were trimmed at approximately 2cm from the cervical os. Women whose threads were not visible, USG was done for confirmation of intrauterine IUCD.

3. Results

In this study out of 4000 counselled women 560 accepted the use of PPIUCD. Out of these women follow up was lost in 144 patients at 6weeks. The age and education of woman had a great effect on IUCD acceptance as contraceptive. In our study the acceptance rates were seen higher in women aged more than 25yrs, who had two or more children and in those women who were literate. Those women who had awareness and were using contraception in past, had higher acceptance rates.

Table 1

Age (yrs)	N (4000)	%	Accepted (560)	%
<20	326	8.15 %	51	9.1 %
21-25	1340	33.5 %	190	33.9 %%
26-30	1826	45.65 %	235	41.96 %
>30	508	12.7 %	84	15 %

Table 2

Education	N (4000)	%	Accepted (560)	%
Literate	2350	58.75 %	340	60.71 %
Illetrate	1650	41.25 %	220	39.29 %

Table 3

Parity	N	%	Accepted	%
P1	668	16.7%	180	32.15%
P2	1200	30%	219	39.10 %
>P2	2132	53.3	161	28.75 %

Table 4

Contraceptive use in past	Acceptors (560)	%	Decliners (3440)	%
Not used	192	34.29 %	2264	65.81%
Used	368	65.71 %	1176	34.19 %

Most common reason for acceptance that Women stated was its long term and reversible (45.53 %) use, no effect on quality of breast milk (12.5 %). some women stated that this method was beneficial for them in a way it did not need continuous procurement and fewer visits to health facility (18.2 %) and it being non hormonal (5%) about 2.67 % of woman had experienced its use in the past.

Table 5

Reasons for acceptance	N	%
Long term reversible method	255	45.53 %
Fewer visits to health facility/non remembrance once inserted	102	18.2 %
No interference with breast feeding	70	12.5 %
Non hormonal	28	5 %
Previous IUCD experience	15	2.67 %

In this study Reasons for refusal of PPIUCD were also ascertained. The most common was fear of side effects (48.19 %), followed by lactational amenorrhea (38.72%), preference to use natural methods of contraception (28.6%). In our study refusal of use was also attributed to the absence of husband or denial by other family members accompanying (22.38%). Women who refused to choose PPIUCD expressed the preference for familiar contraception that they have been used in the past (6.25 %). The lack of information and misconceptions about the IUCD (14%) was also one of the reason for nonuse.

Table 6

Reason for refusal	N	%
Fear of side effects	1658	48.19 %
Rely on lactational amenorrhea	1332	38.72 %
Preference to use natural methods	984	28.6%
Refusal from husband/family	770	22.38%
Misinformation/myths/fears	482	14%
Satisfied with prvious family planning method	215	6.25 %

The women were followed at 6weeks and 10weeks interval and complications if any were recorded. No serious complication or complaint was seen. follow up at 6weeks was seen with 416 patients only. Spontaneous expulsion of IUCD was reported in n=15patients. Among these patients reinsertion was accepted by 1 patient.28 patients compelled for removal of IUCD and got it removed at the facility for attributing backache and heavy bleeding to it. Counselling to choose another method of contraception was done in these patients.34 patients complained of backache of mild to moderate degree. In these patients analgesics were prescribed along with calcium supplements.27 patients reported thread felt at vulva. Inthese patients this IUCD thread was trimmed upto a distance of 2cm from cervical os.9 patients reported of abnormal vaginal discharge. In these patients treatment for PID was given.14 patients reported missing thread. USG was done in these patients for localisation of IUCD. Counselling was done to continue the use. No failure of contraception Or perforation was seen in our study.

Table 7

Complaints	N416	%	Intervention required
Spontaneous expulsion of IUCD	15	3.6%	Reinsertion in 1 patient was done
Removal of IUCD in v/o backache and heavy bleeding	28	6.7%	Counselling for injectable contraception was done.
Mild to moderate backache	34	8.1%	Analgesics were given alongwith calcium supplements
Thread felt at vulva	27	6.4%	Trimming of thresd done

			2cm beyond cervical os
Abnormal Vaginal discharge	09	2.1%	Treatment for PID given
Lost threads	14	3.3. %	USG done. IUCD Confirmed. counselled to continue use
Perforation	0	0	

4. Discussion

Postpartum family planning is very crucial to the health and well being of women and their families. Postpartum period is one of the very critical time in which women are more prone to unwanted pregnancies. PPIUCD thus has a very important place to hold in the basket of contraception available for postpartum women.

Our study was focussed on observing the acceptance rates, redressal of factors which can improverise the acceptance rates, reasons for denial, its safety profile, and to observe the complications from its use.

Acceptance rates in our study were about 14%. Almost4000 patients were counselled in postpartum period out of which only 560 accepted its use and got it inserted. Among those women who accepted PPIUCD majority of women were in the Age group of 26 to 30 years. In a study done by Tomar et al the mean age of majority of clients was 20 to 25 years. In this respect our study was consistent with study done at Embu district of Kenya where the mean age of clientale was 27+_6.6 yrs (9). This is quite expected as increase in maternal age is associated with having more children, so the acceptance is more evident in this age group. In our study it was observed that majority of patients who accepted PPIUCD were educated. Also study done by Swati Singh et al (10) and S. Mishra (11) showed similar results. clearly educational status is important determining factor because educated people are able to participate in discussing the merits and demerits of family planning and thus choose the contraceptive method of their choice. Woman with higher number of children had more acceptance for this method. Similar inferences were drawn in the study done by Mohammed SA et al where grand multiparas were majority of acceptors. (12)

In our study it was seen women who had past history of contraceptive use had higher acceptance rates for this method (65.71%) which was lower than study done by Tomar et al (13) and a study conducted in Tanzania (14).

Thus it can be inferred that there is need for family planning awareness programmes so that overall contraceptive use increases and in particular PPIUCD in this vulnerable postpartum group of woman. Acceptance rates were seen higher in women who had knowledge and /or experience of IUCD use. Our study recommends improved counselling that adequately addresses women's concerns, clarifying doubts, myths and misbeliefs associated with this mode of contraception.

The commonest reason for acceptance of PPIUCD in our study was its long term reversible use. Similar findings were seen in study done by Sharma A et al (15) and Tomar B et al (13) followed by lactational amenorrhea and convenience of insertion following delivery in same setting. As several women mentioned that returning to healthcare facilty for contraceptive advise in postpartum period was burdensome.

In our study the woman who refused this method were 3440 out of these women fear of side effect was the most common reason for refusal (48.19 %), followed by lactational amenorrhea (38.72%) and natural methods of contraception (28.6%) were the reasons for refusal. In a study done in Egypt planning next pregnancy in the near future was the most common reason (34.3%) followed by preference to interval IUCD (30.2%) and LAM (9.3%) (13). In our study refusal from husband and other attending family members was also the reason for denial in 22.4% patients. Hence this observation gives the message of collective counselling of both partners and other family members should be the integral part of contraceptive counselling.

In this study total number of complications were also recorded. Expulsion rate was seen only in 3.6% patients, which was comparatively lower than found in the study done by Tomar et al (6.56%) and expulsion rates seen in study done by Celen C et al in 2004 whose expulsion rates were 6.4% (13, 17). In another study conducted by Mishra et al expulsion rate of 8.99% were observed (11). Its worth to mention here that proper technique of PPIUCD insertion is very important to reduce the expulsion rates. Training of service provider for this method is very beneficial in this regard. About 3.3% patients reported loss of thread in our study which is again lower than the observation done in Tanzanian study (14). Loss of thread can be because of possible curling of threads into endocervical canal. In these patients USG was done for localisation of IUCD and continuation of the use was harmless, as the spontaneous descent of thread was expected in these patients.

In our study 6.7% patients demanded removal of PPIUCD for backache and bleeding PV. This removal rate is slightly lesser than (6.8%) seen in study done by Tomar et al (13) but more than the rate (6%) found in study done by Barala et al (16).

In our study PID was reported only in 2.1%. which was higher than seen in study done by Tomar et al (0%) (13)

No serious complication like perforation of uterus, genital trauma or pregnancy was observed in our study.

None of these women in whom above complications were seen required any major intervention for any compliant/ complication.

5. Conclusion

Postpartum use of contraception is very crucial to health and wellbeing of woman. Therefore it is very important to understand why woman opt to use and not to use and continue or discontinue postpartum contraceptive use. Our study highlights the factors affecting the continuation rates and reasons of disapprovals by the clients.

To improve the PPIUCD uptake postpartum contraceptive awareness and counselling is very important. This information should address womens concerns, clarifies doubts and myths and provides information about its benefits.

PPIUCD is a safe and effective method of Postpartum contraception which can prove to be a very beneficial method for population control and safe motherhood policy in India.

References

[1] Postpartum IUCD Refrence Manual, New Delhi. Family Planning Division: Ministry of Health and Family Welfare, Govt of India 2010; 1: 2.
[2] Xu JX, Reusche C, Burdan A: Immediate postplacental insertion of intrauterine device: A review of Chinese and world experiences. Adv Contracept 1994; 10: 71-82.
[3] Gomesz-Rogers C, Ibarro-Polo AA, Faundes A, Guiloff E: Effect of IUCD and another contraceptive methods on lactation. Proc 8th Int Conf Int Planned Parenthood Fed, Santiago, April 1967, pp 328-334.
[4] Chi IC, Farr G: Postpartum IUCD contraception: A review of international experience. Adv Contracept 1989; 5: 127-146.
[5] Celen S, Moroy P, Sucak A, Aktulay A, Danisman N. Clinical outcomes of early postplacental insertion of intrauterine contraceptive devices. Contraception 2004; 69: 279-82.
[6] Tatum HJ, Beltran RS, Ramos R, Van Kets H, Sivin I, Schimdt FH: immediate postplacental insertion of GYNE-T 380 postpartum intrauterine contraceptive devices: Randomised study. Am J Obstet Gynecol 1996; 175: 1231-1235.
[7] Cordeo CF, Grinvin S, Henr JT, Herper PB, Gulhane TG, Tweedy S, Kurica A: AVSC postpartum IUCD Curriculm Trainers Guide. New York, AVSC International, 1997, pp 2-11.
[8] Huber-kurm et al. Women's perspective on postpartum intrauterine device in Tanzania. December 2019 (studies in family planning).
[9] Chareur E, Ayuyo CM, Muthoni J, Kamuyna R, Archer L, Koskei N, et al An assessment of postpartum intrauterine contraceptive device services in Embu, Kenya. February 2011.
[10] Singh S, Malik R, Ahalawat R, Taneja B K. Evaluation of efficacy, expulsion and safety of postplacental and intra caesarean insertion of contraceptive devices. International Journal of Reproduction, Contraception, Obstetrics and Gynaecology. Vol 4, No 6 (2015)
[11] Mishra S. Evaluation of Safety Efficacy and expulsion of postplacental and intracesarean insertion of intrauterine contraceptive devices (ppiucd). the journal of obstetrics and gynaecoogy of India (September-October2014) 64 (5): 337-343.
[12] Mohamed SA, Kamel MA, Shabaan OM, Salem HT. Acceptability for the use of postpartum contraceptive devices. Assuit Experience Medical Principles andPractice.2003; 12: 170-5.
[13] Tomar et al. Int J Reprod Contracept Obstet Gynecol.2018May; 7 (5): 2011-2017.
[14] Ram A. Acceptability and safety of PPIUCD among parturients in Muhimbili National Hospital, Tanzania, Department of Obstetrics and Gynaecology of the Muhimbili University of Health and Allied Sciences.2012.
[15] United nations population information network, IUD insertion timing vital in postpartum use. Family Health International.1996; 16 (2).
[16] Barala S, Maheshwari S, Sharma P. Analysis of awareness, acceptance, safety and continuation rate of post placental and intra caesarean insertion of intra uterine contraceptive devices. Int J Reprod Contracept Obstet Gynecol.2017; 5 (6): 1974-80.
[17] Celen S, Moroy P, Sucak A, Aktulay A, Danisman N. Clinical outcomes of early postplacental insertion of intrauterine contraceptive devices. Contracept, 2004; 69 (4): 279-82.