

# A Prospective Study of Patients Coming in Future for Tubal Ligation after Discharge who are not Willing for Abdominal Tubal Ligation in Immediate Postpartum Period

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**Abstract:** Population explosion is a burning problem in India. Due to this, our already limited resources are further getting diluted. China has stabilized its population by one child norm. We cannot adopt the same policy since ours is a democratic country. This study is probably one solution among different solutions to find out method to remind and encourage eligible clients to undergo a permanent method of contraception. Women who have attained desired family size can opt for a permanent contraceptive method. Tubal ligation is the most used contraceptive method worldwide for birth control. Usually, the patients forget about tubal ligation once they are discharged and get busy in their routine schedule. So, by constantly reminding them through telephone by health worker (social worker, ANM, doctors), we can remind the patients about their desire of contraception by tubal ligation which they have expressed during immediate postpartum period. Many people readily express that they have attained desired family size but most people shy away from choice of a permanent contraception. The reasons for this are by and large unknown but may be due to interplay of several socio-economic factors. This study aims at determining the factors that influence the decision to take up TL as a method of contraception by women who have attained their desired family size and are willing to undergo TL after puerperium but not in the immediate phase of postpartum. From this study, it can be seen that if repeated attempts are made, acceptance of permanent method of contraception can definitely increase among the eligible clients.

**Keywords:** Tubal ligation, permanent method of contraception, population

## 1. Introduction

Bilateral tubal ligation is a permanent method of contraception. It signals an end to a woman's obstetric career by choice. Bilateral tubal ligation involves surgical disruption of the fallopian tube patency and may be carried out laparoscopically, by mini laparotomy or during caesarean section. When it is performed within one week of the delivery, it is referred to as a postpartum TL. On the other hand, interval TL is performed after end of puerperium. It is highly accepted form of contraception in Asian countries, particularly India.

The current Indian population stands at 1,210,569,573 with a decadal growth of 17.64%, while the fertility rate is 2.53 births per woman. It is suggested that population in India will be about 143 crore by the year 2021. Such a population will strain our resources and create a hurdle in growth of the country because land and natural resources are not going to be increase as compared to population. Motto of census 2011 was 'Our census, Our future'. Considering the above fact it is said that control on the increasing population is immensely needed at present.

Many people readily express that they have attained desired family size but most people shy away from choice of a permanent contraception. The reasons for this are by and large unknown but may be due to interplay of several socio-economic factors. This study aims at determining the factors that influence the decision to take up TL as a method of contraception by women who have attained their desired

family size and are willing to undergo TL after puerperium but not in the immediate phase of postpartum.

Normally it has been observed that when patients are recalled for the planned surgeries, they normally turn up as advised. Keeping this concept of society in mind, this topic was selected. Patients who expressed their desire to undergo a permanent form of contraception after puerperium, were reminded by mobile-telephonic communication.

## 2. Aims and Objectives

- To analyze the patients who are willing to undergo interval tubal ligation after variable period but not willing for immediate postpartum tubal ligation.
- To detect the percentage of patients those turn up for tubal ligation after recalling and keeping under follow-up.
- To study the effect of recall of patients who desired to undergo interval tubal ligation, by telephonic mode of communication.

## 3. Materials and Methods

- This is a prospective study of the patients who had delivered normally or by LSCS in our unit. Patients who were eligible for permanent method of contraception as per their family size were counselled about postpartum tubal ligation. Out of these, those who underwent postpartum tubal ligation were excluded from the study and also the patients who were not willing to undergo tubal ligation in future were excluded.

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- Patients who expressed their desire to undergo tubal ligation in future, roughly within 3 months, were included in the study.
- Those who had expressed their desire for tubal ligation were called telephonically after approximately 1 month and they were reminded for tubal ligation and asked for admission.
- Inclusion criteria
  - Women who had expressed attainment of desired family size.
  - No medical, surgical or obstetrical contraindication.
  - Women who wanted to undergo TL in future but not in immediate post partum period.
- Exclusion criteria
  - Women who had not attained desired family size
  - Women not medically fit for TL
  - Women with psychiatric illness.
- Detailed history of all enrolled patients were taken and noted in specially designed proforma.

- All women were well counselled and regular follow up was taken through mobile phone for motivation for TL. All patients were reminded at 3 different times and their answers of each follow up was documented in the proforma.
- The women who came for TL after post partum period were clinically examined and laparoscopic tubal ligation was done by a senior consultant.
- Post operative care and observation of each patients was done. Patients were discharged 48 hours after TL procedure.

#### 4. Observation

This study was carried out in a teaching hospital in Ahmedabad, Gujarat from July-2016 to September-2017. During this study, total of 53 patients were included. This was a randomised prospective study.

**Table 1: Details of different age groups of women included in this study**

Age group (years)	Total no of patients counselled for TL post delivery	Turned up for TL	Didn't turn up for TL	Percentage undergoing TL
21-25	16	4	12	25%
26-30	30	8	22	26.6%
31-35	7	2	5	28%
Total	53	14	39	

**Table 2: Residential information about women in this study**

	Total no of patients delivered and counselled for TL	Turned up TL	Didn't turn up for TL	Percentage undergoing TL
Urban	40	11	29	27.5%
Rural	13	3	10	23.07%
Total	53	14	39	

**Table 3: Number of women coming for follow up after telephonic reminder and counselling for tubal ligation**

	No of cases	Percentage undergoing TL
Total no of patients delivered and counselled for TL	53	100%
Patients turned up for TL	14	26.41%
Patients didn't turn up for TL	29	73.59%

**Table 4: Effect of having atleast one live male child in this study**

	Total no of patients delivered and counselled for TL	Turned up for TL	Didn't turn up for TL	Percentage undergoing TL
Women having atleast one live Mch	47	14	33	29.78%
Women not having any live Mch	6	0	6	0%
Total	53	14	29	

**Table 5: Effect of previous use of contraception on this study**

	Total no of patients delivered and counselled for TL	Turned up for TL	Didn't turn up for TL	Percentage undergoing TL
Women using any type of contraception in past	35	11	24	31.42%
Women not using any type of contraception in past	18	3	15	16.6%
Total	53	14	29	

**Table 6: No of recalling by telephonic contact and its effect on the study**

No of telephonic recalls	Turned up for TL	Percentage undergoing TL
After 1 recall (after 1.5 months)	3	21.42%
After 2 recall (after 2.5 months)	4	28.57%
After 3 recall (after 4-6 months)	7	50%
Total	14	

**Table 7:** Reason of refusal for TL after 3 telephonic follow up.

	No of women who didn't turn up for TL after 3 follow up taken telephonically	Percentage undergoing TL
Refusal from family members	8	27.58%
Fear of child mortality	2	6.89%
Want a male child	3	10.34%
Death of spouse/separation from spouse	1	3.44%
Adopted another safe and satisfactory contraceptive method	3	10.34%
Spouse had undergone vasectomy	1	3.44%
Lost to follow up(could not contact on phone)	6	20.68%
Unexplained	5	17.24%
Total	29	

## 5. Discussion

- Maximum number of women (26.6%) who turned up for TL were in the age group of 26-30 years, because by this age in our society majority of women complete their child bearing. So they are more amenable to accepting permanent method of contraception.
- As our institution is in a metropolitan city, 75.47% patients were from urban area and 24.53% patients were from rural area and they were referred to our institute in view of high risk pregnancy or complication of antenatal, intranatal or postnatal period. So, the number of women turning up for TL was higher in women belonging to urban area(27.5%) compared to women belonging to rural area(23%).
- India is a male dominant country, so every couple wants at least one male child.88.67% women had at least one male child compared to11.32% women who did not have any male child. Out of these 88.67% women 29.78% women turned up for TL. Many women feel insecure about their children, or they feel fear of death of only male child. So there were more chances of acceptance of permanent method of contraception when women had 2 or more male children.
- Successful acceptance for TL was higher in women who had history of contraception use in the past (31.42%) as compared to women who had not used any type of contraception (16.6%). Women using any type of contraception are more likely to turn up for TL as they are aware about usefulness and importance of contraception and limitation of temporary contraceptive methods.
- The number of women turning up for TL was higher in case of multiple recalling, i.e. 50% after 3 recalling and 28.57% after 2 recalling compared to 21.42% who turned up after just one recall via telephonic communication.
- Many women refused to turn up after multiple recalls. They had various reasons for refuse for TL. Majority of women (27.58%) stated that her relatives didn't allow her to undergo the procedure .About 6.89%women didn't turn up for TL because of fear of child mortality as their children were too young.10.34% women started to use another type of contraception and they were satisfied with it. 17.24% of women who did not turn up in follow up for tubal ligation had no valid reason for refusal for TL.20.68% of women were lost to follow up due to either change of contact number or migration to some another place.

## 6. Conclusion

- It can be observed in the present study that with proper counselling and proper use of mode of communication we can increase the awareness and acceptance of tubal ligation in the community.
- If the patient express the strong desire for the permanent method of contraception, there should be strong method for follow up by telephonic communication, contact tracing and if required, personal visit to the residence of client by social workers. This can go in long way in reducing population explosion, which is a burning problem in our country.
- 6.89% patients didn't turn up for tubal ligation because their children were very young and they had fear about their mortality. So, it is the duty of the service providers of the society to ensure the security of young children .This can be achieved by upliftment of socio-economic standards, better education, 100% immunization, better portable water supply to the community and better cleanliness in the society.
- Some of the patients who refused to undergo permanent method of contraception did so under the pressure of their in-laws and husband. So, when counselling a patient about permanent method of contraception, her husband and in-laws should also be counselled and explained its importance. This may go a long way in increasing the acceptance of permanent method of contraception.

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