



POSTPLACENTAL IUCD INSERTION –AN OBSERVATIONAL STUDY AT A TERTIARY CARE CENTRE

Archana Goyal*

Department Of Obstetrics And Gynecology Gandhi Medical College, Bhopal
*Corresponding Author

ABSTRACT

Background & objectives: In view of high rate of unintended pregnancy in our country, particularly in post-partum women, there is a need for reliable, effective, long-term contraception such as intrauterine device (IUD) in post-partum women. The present study was planned to evaluate the safety and efficacy of immediate post-partum IUD insertion.

Methods: The women recruited had CuT 380A insertion immediately after delivery of placenta in vaginal delivery. Women having post-partum haemorrhage (PPH), anaemia, pre-labour rupture of membranes >18 h, obstructed labour and distorted uterine cavity by fibroid or by congenital malformation were excluded from the study. The women were followed up at 6 wk after delivery.

Results: A total of 250 women were included in the study. The present study shows that expulsion rate in postplacental insertion group i.e. 13.2%. Removal rate of PPIUCD (Post partum Intrauterine Contraceptive device) in postplacental insertion i.e. 43 (17.2%) cases. Most common cause of removal of PPIUCD in our study was pelvic pain and menstrual disturbances.

Interpretation & conclusions: Thus from our study it is concluded that PPIUCD is safe, convenient, cost effective, reversible and long term birth spacing method. It should be part of a maternal/newborn/reproductive health package.

KEYWORDS : PPIUCD, Family planning, Expulsion, Contraception

Introduction

Family planning is important not only for population stabilization, but it has been increasingly realized that family planning is central to improve maternal and newborn survival and health. India accounts for more than 20% of global maternal and child deaths, most of them

Preventable^[1]. In spite of availability of wide range of contraceptives, the unmet need for family planning in India is estimated to be 21.3% by DLHS III survey^[2]. The common reasons for unmet need are unsatisfactory services, lack of information, and fear about side effects of contraceptive methods. Studies showed that pregnancies taking place within 24 months of previous birth have higher risk of adverse outcome like abortion, premature labour, postpartum haemorrhage, low birth weight babies, fetal loss, and maternal death^[3,4]. The recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes^[4,5]. Postpartum IUDs provide a high level of efficacy in the absence of systemic metabolic effects, and ongoing motivation is not required to ensure efficacy once the device has been placed^[6]. Contraceptive counselling is one of the important aspects of postpartum care.

To address the unmet need during the post-partum period the Ministry of Health and Family Welfare, Government of India developed a national strategy to expand Post Partum Intrauterine Device (PPIUCD) services among public sector facilities

The aim of this study was to compare the safety, efficacy and complications of postplacental insertion of Intrauterine contraceptive device.

Methods

The present study entitled "Postplacental IUCD insertion –An observational study at a tertiary care centre" is conducted in the department of obstetrics and gynaecology, Sultania Zanana Hospital from April 2015 to March 2016. 250 subjects were included in the study.

The present study was carried out on women who delivered at our hospital and underwent PPIUCD insertion. All pregnant women admitted in the labor ward were counseled for different postpartum family planning methods (Cafeteria approach). Those women who chose PPIUCD were told regarding advantages, limitations, effectiveness and side effects related to IUCD. Every woman was screened for clinical situations as per WHO medical eligibility criteria

in the antenatal period, as well as in postpartum period. Informed consent was obtained in all clients before insertion. The IUCD (CuT-380A) was placed within 10 minutes expulsion of placenta using Kelly's placental forceps to ensure the fundal placement.

Follow up visit was scheduled at 6 weeks and 6 months postpartum and thereafter as and when necessary. During the follow up visit the women were asked if they had any complaints and a speculum examination was performed to assess if the IUCD strings have descended into the vagina. In a few women in whom strings were not visible in vagina ultrasonography was done to confirm the intrauterine position of IUCD. Findings of the follow up visit were recorded in all clients including expulsion, excessive bleeding per vaginum, pelvic pain, removal, incidence of infection and other side effects. In case women failed to turn up for follow-up, they were contacted through telephone.

The inclusion criteria:

1.) Women in immediate post placental period (within 10 minute of placental expulsion)

2.) The exclusion criteria:

- 1) Women with acute purulent discharge
- 2) Has current, recent pelvic inflammatory disease
- 3) Chorioamnionitis, prolonged rupture of membranes >18 hours, obstructed labor, anaemia
- 4) Post-partum haemorrhage.
- 5) Has distorted uterine cavity.
- 6) Has known pelvic tuberculosis, HIV positive women.
- 7) Has genital tract cancer.

Results

1. Presenting Complaints at follow up visit:-

A. Bleeding P/V

Table 1.

Bleeding P/V	Postplacental	Percentage
Present	37	14.8%
Absent	213	85.2%
Total	250	100%

Table 2. Pelvic pain

Pelvic pain	Postplacental	Percentage
Present	30	12%
Absent	220	88%
Total	250	100%

Table 3. Infection

Infection	Postplacental	Percentage
Present	09	3.6%
Absent	241	96.4%
Total	250	100%

Distribution of cases based on Expulsion of PPIUCD**Table no. 4**

True Expulsion	Postplacental	Percentage
Present	33	13.2%
Absent	217	86.8%

Wants Removal**Table 5.**

Wants Removal	Postplacental	Percentage
Yes	43	17.2%
No	207	82.8%

Discussion

The present study done at Sultania Zanana Hospital, Bhopal, total 250 users participated in this study. The PPIUCD is a highly effective, long acting reversible, cost effective and easily accessible family planning method that is safe for use by most postpartum women including those who are breast feeding.

Majority of cases in our study i.e. 75.6% who accepted IUCD belongs to age group 21-30 years. This indicates that younger women accepted PPIUCD more, realizing the effectiveness of PPIUCD as an effective spacing method.

Alvarez Peyalo et al (1996) also found that the average age of PPIUD acceptors was 20.6 years^[7] This study shows that among Postplacental group 14.8% clients had complaints of bleeding P/V, Pelvic pain was reported in 30 (12%) women after postplacental insertion.

Infection was reported in 9 cases in postplacental insertions. Infection was reported in 3.6% cases in our study because it was based on self report not corroborated by microbiological examination.

In a systematic review by **Kapp and Curtis** the outcome of post-partum insertion of IUD at different time interval was compared. The evidence demonstrated no increase in risk of complications among women who had an IUCD inserted during the post-partum period.^[8]

In a study by **Shukla et al.** using Cu T 200 B in immediate post-partum period, 27.23% women were found to have heavy bleeding during menstruation. Neither of the women in their study complained of pain in lower abdomen or abnormal vaginal discharge nor did any of them had any sign of PID.^[9]

Celen S et al (2004)^[7] reported cumulative rates of bleeding equal to 11.4% in postplacental insertions.^[10]

Welkovic et al. studied post-partum bleeding and infection after post placental IUD insertion and found no difference in the incidence of bleeding.^[11]

The present study shows that expulsion rate in postplacental insertion group i.e. 13.2%.

Conclusion Thus from our study it is concluded that PPIUCD is safe, convenient, cost effective, reversible and long term birth spacing method. It should be part of a maternal/newborn/reproductive health package. The government schemes like Janani Suraksha Yojana (JSY) is an opportunity to add PPIUCD into family planning programme and could address the high unmet need for Family

planning in India. The increased institutional deliveries are the opportunities to provide women easy access to immediate PPIUCD services. PPIUCD has a huge potentiality and scope in India and if widely used it will have strong impact on population control and will prevent unplanned pregnancy and its sequelae.

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