



## THE CLINICAL OUTCOME OF POST PLACENTAL INTRA UTERINE DEVICE INSERTION.

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**ABSTRACT** This study is planned to evaluate the safety, efficacy, occurrence of complications like bleeding, Missing thread, infection, pregnancy, expulsion, and patient compliance of immediate post placental Intra Uterine Contraceptive Device Insertion after vaginal and caesarean section in Thoothukudi Medical College a tertiary care centre after 6months follow up. In our study a total of 100 women who accepts CuT 380A insertion within 10 minutes of placental expulsion were enrolled. Women having medical disorders, uterine anomalies, fibroid, chorioamnionitis, anaemia HB<8G%, PPH, Genital tract infection were excluded from the study. In our study out of 100 patients no cases of PID, perforation and failure were reported. 90% of patients were satisfied in using CuT 380A at 6 weeks postpartum period, 91% people were satisfied at 3 months postpartum period and it was 93% at 6 months follow up. Although there was complications like expulsion missing threads and menorrhagia, removal rate was low and at 6 months continuation rate was considerably good. Hence Post Placental CuT 380A insertion provides effective contraception in immediate postpartum period.

**KEYWORDS :** Intra Uterine Contraceptive Device Insertion, CuT 380A, Postpartum period.

### Introduction

Post Partum Intra Uterine Device Insertion offers safe method of birth spacing. Postpartum Intra Uterine Contraceptive Device if widely used will prevent unwanted pregnancy and its complication. The Ministry of Health and Family Welfare, Govt of India introduced Postpartum Intra Uterine Contraceptive Device service in 19 States in 2010,[1]. Postpartum contraception has certain advantages it reduces 1/3<sup>rd</sup> of maternal mortality, Anaemia, Preterm, low birth weight babies and neonatal mortality[2].

Postpartum Intra Uterine Contraceptive Device provides protection against unintentional pregnancy without affecting breast feeding, discomfort during Intra Uterine Contraceptive Device Insertion is less with Postpartum Intra Uterine Contraceptive Device. In our counting women complete her family by the age of 35 years and under five mortality rate is high, hence temporary reversible method of contraception like Postpartum Intra Uterine Contraceptive Device is better than permanent sterilization procedure.

### Materials, Methods & Data Collection

This is a prospective study carried out in the family planning Department of Government Thoothukudi Medical College Hospital, Thoothukudi for the period of May-2013 to May-2014. Women were counseled during Antenatal period and also in labour room to opt for Post Placental Intra Uterine Contraceptive Device Insertion. After applying inclusion and exclusion criteria eligible women were selected and consent was taken.

100 women who gave birth to a live baby and who gave consent for post placental Intra Uterine Contraceptive Device Insertion were includes in this study. Women who have medical disorders like Diabetes, Hypertension, Heart Disease, Uterine Anomalies, Fibroid, Anaemia with HB<8G% genital tract infection were excluded from the study.

In the study population, of the women who delivered normally Post Placental Intra Uterine Contraceptive Device Insertion was inserted within 10 minutes of Placental expulsion using Kelly's forceps under strict aseptic precautions. In caesarean deliveries Post Placental Intra Uterine Contraceptive Device Insertion was placed through the lower uterine segment, IUCD thread was not pushed through the cervical canal and care was taken while suturing the uterine incision not to include the strings in it.

During discharge the woman was given a Post Placental Intra Uterine Contraceptive Device Insertion information leaflet and explained about the follow up at 6weeks, 3 months, 6 months or she develop any alarming signs such as excessive bleeding, foul smell vaginal discharge, expulsion of Intra Uterine Contraceptive Device Insertion,

fever, pain lower abdomen.

During follow up, detailed history about her mensuration and other symptoms were taken. General and pelvic examination for CuT thread visualization was done. On pelvic examination if CuT thread was not found ultraround was done to confirm the presence of Intra Uterine Contraceptive Device Insertion.

### Results

Out of 100 cases enrolled and studied 9 patients were lost to follow up at the end of 6 months.

**Table 1: Outcome of Parameters studied.**

	Parameters	6 Weeks %	3 Months %	6 Months %
v	Satisfaction	90	91	93
v	Missing Thread	20	8	5
v	Expulsion	10	1	0
v	Excessive Bleeding	13	17	8
v	Pelvic Pain	11	6	4
v	Discontinuation	4	4	0
v	Perforation	0	0	0
v	PID	0	0	0
v	Failure	0	0	0

### Discussion

The importance of birth spacing is emphasized in our country because 27% of births occur in 2 years of last child birth [3]. In our study 93% of cases were satisfied with Post Placental Intra Uterine Contraceptive Device Insertion usage. The most common complication encountered is Missing threads and it is 20% at 6 weeks and 5% at 6 months follow up. In most of the cases strings were coiled and found at cervical canal. Expulsion rate of Post Placental Intra Uterine Contraceptive Device Insertion at 6 weeks in 10% and at 6 months there was no case of expulsion. This is similar to a study done in Chile and Philippines where the expulsion rate at 1 month ranged from 4.6-16% [4]. Other complications which occurred includes bleeding 13% at 6 weeks, 17% at 3 months and 8% at 6 months like other studies [5] bleeding is more than other complications and the patient with bleeding was reassured and advised to continue Intra Uterine Device Insertion. Discontinuation rate of Post Placental Intra Uterine Contraceptive Device Insertion in our study is 4% and the reason for discontinuation is non specific lower abdomen pain, Menorrhagia and as they wish to undergo permanent sterilization. Pelvic pain is another complication which occurred in 11% of women at 6 weeks follow up and in 4% at 6 months follow up. In our study, no cases of PID, perforation and failure was found.

**Conclusion**

In our study, we concluded that Post Placental CuT insertion following delivery was demonstrably safe and effective with absence of failure, perforation, pelvic infection and with lower rate of expulsion, bleeding and removal. We recommend that Post Placental Intra Uterine Contraceptive Device Insertion should be applied to all eligible postpartum women as a long acting reversible contraception in Indian population. A 2010 Cochrane Review concluded that Post Placental Intra Uterine Contraceptive Device Insertion was safe and effective Contraceptive Method.

It is also important to give Post Placental Intra Uterine Contraceptive Device Insertion training to health care providers in order to increase their skills this will help in reducing the expulsion rate. We also recommend larger size studies with longer period of follow up for further evaluation of Post Placental Intra Uterine Contraceptive Device Insertion safety and clinical outcome.

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