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Gynecology

COMPARISON OF ACCEPTANCE OF ORAL CONTRACEPTIVE PILLS VERSUS INTRAUTERINE DEVICE AS CONTRACEPTIVE METHODS.

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ABSTRACT An observational study was performed in 40 female patients.The patients included in the study were primipara with one living children between the age 20-28 years.They were provided prior information regarding hormonal contraceptives and intrauterine devices.Then they were grouped into two groups of 20 patients each.Group A was given oral contraceptive pills(ethinyl estradiol 0.02 mg and desogestrel 0.15 mg) .Group B was inserted IUD(Copper T 380 A) for a period of one year.They were advised to come for follow –up at 3 months,6 months and 1 year to evaluate the level of acceptance and compliance of both the contraceptive methods.

KEYWORDS : Oral Contraceptive pills(OCPs),Intrauterine Devices(IUDs),ethinyl estradiol,desogestrel,CuT380A.

Introduction-Living in a developing country with a population of 1.2 million(Census of India,2011)[4] and where a large family size leads to reduced level of education and other basic amenities to children,the need of the hour is a good contraceptive method.Contraception when used correctly and consistently helps women to optimally space pregnancies, prevent unwanted pregnancies and pursue their academic and career goals.This reduces abortion rate and the related maternal morbidity and mortality.Worldwide contraceptives are used by 56% women in reproductive age.[1]Many contraceptive methods are available such as barrier methods,hormonal contraceptives(OCPs) , intrauterine contraceptive devices(IUD),depot progesterone injections etc.Failure rate of oral contraceptives is 9% while that of intrauterine devices is _<0.8%.[1]

The National Family Health Survey(NFHS-3) done in 2005-2006 states[2,3]

-Contraceptive prevalence in India in currently married women is 56.3%.

-OCPs use is 3.1%.
-IUD use is 1.7%.
-Unmet need for family planning is 12.8%
Women of reproductive age not currently using is 43.7%.

The monophasic 21 day OCPs contain the same amount of hormones estrogen and progesterone .When taken from first day of the period they help prevent pregnancy immediately. They are to be taken for 21 days followed by a gap of 7 days and then starting a new pack.OCPs work by preventing ovulation,thickening cervical mucus and preventing sperm penetration, thinning the endometrium thus preventing implantation.OCPS are over 99% effective if used correctly. But various other methods such as the IUD, IUS, implant and injection are better at preventing pregnancy,[4] OCPS should not be used if you are pregnant,smoker,overweight, have or a history of thrombosis,stroke,migraine,breast cancer,gall bladder or liver disease,diabetes.OCPs do not protect against sexually transmitted diseases. Copper-bearing IUDs, such as the Copper T 380A, primarily prevent fertilization . Copper ions alter the uterine and tubal fluid environment, decrease sperm motility and prevent sperm from fertilizing the egg. IUDs trigger foreign body reaction in the endometrium and prevents implantation. The IUD is a highly effective form of long-term, reversible contraception: The Government of India advocates the use of Copper T380 A for upto 10 years.

Copper T 380A is a long term, highly effective reversible method. It is a good alternative to permanent sterilization methods.It Is effective immediately after insertion with prompt return of fertility after removal. It is a cost effective,one time procedure,Can be used by lactating women and does not interact with other drugs.

RARE complications of IUD are expulsion,perforation,infection and pregnancy if occurs there are chances of abortion and ectopic pregnancy

Cu T 380A should not be inserted when pregnant,uterine cavity distortion, PID, uterine or cervical malignancy, genital bleeding, Wilson's disease ,allergy to copper,multiple sexual partners.

The study evaluates the acceptance and compliance of OCPs(ethinyl estradiol 0.02 mg and desogestrel 0.15 mg) and IUDs(CuT 380 A) in patients aged 20-28 years .

Patients and methods-

1. Females aged 20-28 years,primipara with one living children who wish to use contraception.
2. Any organic uterine disease was excluded by TVS.
3. Patients with problems such as migraine,stroke,diabetes,gall bladder or liver disease ,breast cancer were excluded.
4. 40 patients with normal uterine anatomy were included.

Both the groups were given contraception of their choice .In group A patients were given OCPs for 1year and Group B patients were inserted IUD for 1 year.They were called for follow up at 3 months,6 months and 1 year.both the groups were evaluated for acceptance based on patients feedback .

Results- Both the Groups were evaluated at 3 months, 6 months and 1 year. In Group A ,6 patients complained of nausea and bloating,resulting in discontinuation by 2 patients.One patient became pregnant because of missing 3 pills consecutively,she was counselled to continue the pregnancy .The patients found it difficult to remember taking the pill on a daily basis.

In Group B ,5 patients complained of irregular spotting and bleeding per vaginum,2 of them got it removed.3 patients complained of lower abdominal pain which was treated .Despite counseling 2 patients discontinued the method because of the prevailing myths about IUD.Both the groups showed some level of dissatisfaction .IUDs have an advantage of being a one time insertion, long acting reversible method which is not user dependent.IUDs have no medical contraindications,no interactions with other drugs.But IUDs are underrated and underutilized in India because many myths and misconceptions are prevalent among users and providers.

We advocate use of Long acting reversible methods such as IUDs as the first line method of contraception.

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