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INTRA-CAESAREAN IUCD-SAFETY AND EFFICACY

Obstetrics & Gynaecology

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ABSTRACT

Aim and Objective: To assess the safety and efficacy of postpartum intrauterine contraceptive device(PPIUCD)insertion in caesarean section patients. **Material and Methods:**This study included 100 women who gave informed consent for PPIUCD insertion during caesarean section done between January 2018-December2018 in NMCH,Patna.Follow up of these patients was done at 6 weeks(wks) and 6 months(mths). **Results:**No major complains were recorded at the end of either 6 wks or 6 mths.At 6 mth follow up in PPIUCD users.90% continued to use this method,5%had spontaneous expulsion and 5% removed the IUCD due to various reasons.10%patients who wanted removal of IUCD in the follow up were counselled to continue and all complied. **Discussion and Conclusion :**The study suggests that immediate intra-caesarean IUCD insertion appears to be a safe and effective method of contraception. The acceptability was high and its continuation rate demonstrates its safety.

KEYWORDS

PPIUCD, Contraception, Caesarean Section

Aim and Objective:
Unintended pregnancy rates vary from 38 to 64%worldwide. (1)Abortions account for nearly one-third of all pregnancies and nearly half of pregnancies are unintended(2).

As the delivery of postpartum contraception is limited,particularly the time and type(3),so there is a need to give women some form of contraception before her discharge from the hospital after child-birth. The PPIUCD services in India started in 2009 and rapid expansion took place in 2012.The government policy in India is mainly focusing on spacing methods(4).Immediate postpartum

IUCD insertion during caesarean section provides long-term contraception with minimal discomfort to the woman.

Material and Methods:
This prospective study was conducted on patients admitted in Department of Obstetrics and Gynaecology,NMCH,Patna,Bihar between January 2018-December2018.100 women who gave informed consent for intra-caesarean IUCD insertion were included in the study.

Inclusion Criteria:
Patients aged 18-40 years ,who had desire to use CuT-380A for contraception,with no known uterine anomalies,genital or pelvic lesions or any genital cancerous condition were included in the study.

Exclusion Criteria: Patients with intrapartum fever, AIDS(not on anti-retroviral therapy), genital tuberculosis, congenital uterine abnormality, rupture of amniotic membrane for more than 18 hrs or postpartum haemorrhage were excluded from the study.

The insertion of IUCD was done just after the delivery of the placenta by a trained duty doctor.It was inserted manually at fundus of uterus and the string was directed towards the cervix. Post insertion,patients were followed up closely and counselled regarding the merits and demerits of PPIUCD again and also about the time for follow-up after 6 wks and 6 mths.

Results:
1. Mean age of the women was 25 yrs and majority were gravida 2 with previous caesarean section.

2. Out of the 100 selected cases 72 were Antenatal clinic booked and 51 among them were counselled for PPIUCD during their Antenatal visits.17 cases were counselled in early labour and 32 cases just prior to caesarean section.(Tabie-1)

3.62 cases were taken as elective and rest 38 as an emergency caesarean section.

4. Most of the patients belonged to lower and middle class and more than half were illiterate.

5. Main complains and complications at follow up visits at 6 wks and 6 mths were:missed thread but IUCD was in situ,menorrhagia and abdominal pain.None reported perforation of uterus or pregnancy with IUCD in situ.(Table-2)

6. At the end of 6 months,90% continued to use this contraception,5% had spontaneous expulsion and 5% removed IUCD due to some problem.10% who wanted removal of IUCD were counselled to continue and they did so.

7. Common causes for removal were menorrhagia followed by abdominal pain,misconceptions about IUCD and disappointing relatives.

Table-1:Counselling period

Time	Cases(100)
1.During ANC	51
2.Early labour	17
3.Prior to CS	32

Table-2:Complication or Complaints

Complications /Complain	At 6 weeks	At 6 months
1.Perforation	Nil	Nil
2.Infection	Nil	Nil
3.Expulsion	3	5
4.Removed	2	5
5.Abdominal pain	35	29
6.Heavy bleeding	40	10
7.Threads not visible(but IUCD in situ)	60	30

Discussion and Conclusion:
As caesarean section rate is increasing for various causes, women need effective long-term reliable method of spacing.Besides,termination of unplanned pregnancy in patients with previous scar is dangerous. IUCD is safe,effective,long-acting and convenient contraceptive with few side-effects and its intracaesarean insertion has higher retention rate than other routes of PPIUCD insertion.

72%cases in our study were ANC booked case.In study conducted by Gaikwad and Gurran(5)68%patients were ANCbooked.This shows that ANC counselling can increase PPIUCD insertion rate and its continuation.The above study included 73% cases as Gravida 2 or higher which again co-relates with our study.Continuation rate after 6 months was 90%,comparable to the study of Ruiz velasco et al(6).The complains and complications at follow up periods were also in accordance with the above mentioned studies.

The current national strategy in India is for increasing PPIUCD uptake.The availability of such eligible patients has expanded in recent years providing an opportunity to provide many more women with effective birth spacing.These women now leave the hospital with a contraceptive in place rather than being required to return for IUCD insertion at a later date.

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