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EVALUATION OF POST PARTUM INTRA CESAREAN AND VAGINAL INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE

Obstetrics & Gynaecology

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ABSTRACT

To evaluate the efficacy and long-term safety effect of post partum intrauterine contraceptive device after vaginal and cesarean birth in NMCH, Patna over a period of 12months. A total of 300 women who opted for PPIUCD, whether delivered vaginally or by cesarean were enrolled into study at NMCH, Dept. of Obst & Gynae, Patna. Both modes of PPIUCD Insertion were found to have very low rate of expulsion, vaginal bleeding, missing strings and also effective as contraceptive. Strings of PPIUCD were less visible after cesarean insertion than vaginal insertion. Expulsion rate was 5% in vaginal group and 2% in intra-cesarean group. PPIUCD is an appealing approach and may become the best choice as post partum contraception after vaginal as well as cesarean delivery.

KEYWORDS

Post Partum Intra Uterine Contraceptive Device

INTRODUCTION

In developing countries, delivery is the only opportunity when healthy women come in contact to the health care providers. Post partum time provides a unique opportunity to address a women need for contraception as the procedure is carried out by experts, and she remains under professional care post delivery. Only 26% of women are using any method of family planning during the first year post partum. Taking advantage of the immediate post partum period counseling for family planning by PPIUCD is a good option. Immediate post partum IUCD insertion is insertion within 48 hours post partum. Post placental IUCD insertion is insertion of IUCD within 10 minutes of expulsion of placenta. Intra-cesarean insertion is insertion of IUCD after removal of placenta before closure of uterine incision.

METHOD AND MATERIAL

The study was done in Obst & Gynae Dept. of NMCH, Patna for the period of October 2018 to September 2019. About 300 women were counseled in the labour room and encourage to opt for PPIUCD.

INCLUSION CRITERIA

1. The study was done in Obst & Gynae Dept. of NMCH, Patna for the period of October 2018 to September 2019. About 300 women were counseled in the labour room and encourage to opt for PPIUCD.
2. Patients who gave consent.

EXCLUSION CRITERIA

1. Past history of ectopic pregnancy, hemorrhagic disorder.
2. Known case of heart disease, diabetes.
3. Uterine abnormalities causing distortion of uterine cavity.
4. Chorioamnionitis or LPV > 18 h.
5. Hemoglobin < 8 g%.
6. Past or current genital tract infections or history of multiple sexual partners.
7. Potential infected cases of Dai handling.

PROCEDURAL METHODOLOGY

The mothers were explained about the benefits and side effects of IUCD. An informed consent was taken and Copper-T was placed high up the fundus immediately followed vaginal bleeding by long kelley's forceps (called post placental) in lithotomy position. Those mothers who agreed IUCD within 48 hrs post partum were also inserted by the same method. The strings were not cut and not visible vaginally.

Those undergoing cesarean, IUCD, were placed high up at the fundus manually holding the IUCD in between middle and index fingers of the hand and passed in through the uterine incision followed by slow with drawl of hand. Strings were pointed towards cervical canal but not pushed to the canal to avoid infections by vaginal flora contamination. Care has to be taken to avoid strings to be included during suture. Uterus was repaired in two layers.

Depending upon the mode of delivery they were sub-divided as vaginal PPIUCD insertion group and intra-cesarean insertion PPIUCD. Those going home with IUCD inserted were followed up at 6 weeks, 6 months, 12 months and 18 months.

During follow up, detailed history including the menstrual cycles and regarding the warning signs was taken. Physical and pelvic examination was carried out. PPIUCD thread was checked and trimmed. In case post placental IUCD thread was not found on per speculum examination ultrasound examination was done to confirm the presence of IUCD and the patient was counseled. Women were enquired about the satisfaction level.

RESULTS AND DISCUSSION

Post partum IUCD is a long acting reversible contraception used in the immediate post partum period which avoids unwanted conception without interfering with breast feeding. According to JHPIEGO and NRHM the use of long placental forceps (kelly's forceps) is recommended for post partum IUCD insertion, where as the data on its uses are deficient in the literature. Expulsion rate in the existing study was 6.6% in the vaginal group and 5.3% in the intra-cesarean group which were much lower than the previous hypothesis and studies.

TABLE – 1
Complications of PPIUCD and comparison between vaginal and intra-cesarean group (n=150 each)

Complication	Vaginal insertion group		Total n=150 n%	Intra Cesarean Insertion n=150
	Post placental n=126	Immediate Post partum n=24		
Expulsion	6	4	6.6%	8(5.3%)
Bleeding PIV	12	5	10.1%	10 (6.3%)
Pain abdomen	13	6	12.2%	10 (6.3%)
Pregnancy	0	0	0	0 (0)
White discharge	6	5	31.12%	12 (8%)
Perforation	0	0	0	0 (0)
Long strings	12	4	10.6%	8(5.3%)
Missing strings	16	4	13.3%	40 (26.3%)

TABLE – 2
Reasons of discontinuation of PPIUCD in both groups

Reasons of removal	Type of insertion n=150 (each group)	Removal at 6 weeks	Removal at 6 months	Removal at 12 months	Total no of removal
Couple desires	Vaginal	0	2	4	6
	Intracesarean	0	0	2	2
Partial expulsion	Vaginal	4	0	1	5
	Intracesarean	3	0	0	3
Excessive vaginal bleeding	Vaginal	0	3	4	7
	Intracesarean	0	4	0	4

Severe pain abdomen	Vaginal	0	0	0	0
	Intracesarean	0	0	1	1
Total removal	Vaginal	4	5	8	17
	Intracesarean	3	4	3	10

Celen S et al. in 2004 found that 1 year cumulative expulsion rate with copper-T was 12.3% in early post placental insertion of IUCD. Another study in 2011 found 17.6% expulsion rate in intra-cesarean IUCD.

In this study statistically no significant differences regarding bleeding and infection were found among vaginal and intra-cesarean group.

Those mothers complaining missing strings and those not complaining were examined for visibility of threads at each follow up. Among vaginal insertion group at 6 weeks, 6 months and 12 months threads of IUCD were visible in 81, 91, 94 percent respectively. In the intra-cesarean group visibility rates were 65, 70, 79, 89 at 6 weeks, 6 months and 12 months respectively.

In this study long strings formed one of the major complaints, 9% of mothers in vaginal PPIUCD and 4% in intra-cesarean PPIUCD had long strings on vaginal examination.

IUCD inserted vaginally or intra-cesarean, contraceptive efficacy were same as for example 0 per 100 women year. No perforation was recorded in both groups.

In the present study discontinuation due to removal and expulsion were 7, 9, 11 and 7, 0, 1 at the end of 6 weeks, 6 months and 12 months in vaginal and cesarean group respectively, which was lower than reported incidence shown by celen S et al.

CONCLUSIONS

Inserting cu-T 380A post partum is safe leading to the expanding of the usage of IUCD meeting the unmet needs. The expulsion rate is minimal as the study shows, continuation rate in intra-cesarean insertion was higher compared to vaginal insertion. It is recommended that post partum IUCD should be routinely offered to all eligible post partum women undergoing institutional deliveries.

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