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Original Article

Awareness about postpartum insertion of intrauterine device among antenatal cases

Brig S.K. Kathpalia ^{a,*}, Lt Col M.S. Mustafa ^b^a Consultant (Obst and Gynae), Base Hospital, Delhi Cantt, India^b Officer Commanding, Station Health Organisation, Allahabad, India

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ABSTRACT

Background: In spite of many available contraceptives numerous unwanted and unplanned pregnancies occur. Though the couples desire contraception but are not able to accept it due to their ignorance and misconceptions. Intrauterine Contraceptive Device (IUCD); an effective contraceptive is usually inserted six weeks after delivery. It can be inserted within 48 h of delivery called postpartum insertion for which government has started the program in many states. The study was undertaken to find out the choices about contraception after delivery and awareness about postpartum insertion.

Methods: The present observational study was conducted in one of the zonal service hospitals. 500 antenatal cases were included in the study. Their choice of contraception after delivery and awareness was determined through a questionnaire. Reasons for refusal of postpartum insertion were recorded. A small sample of staff also was included in the study. **Results:** 500 cases were included in the study, a large number had decided about contraception; mainly breast feeding supplemented by barrier contraceptive. 94 of 500 were willing for insertion of contraceptive device but not immediately after delivery due to apprehension in general and fear of side effects. Staff's awareness about postpartum insertion was poor.

Conclusion: Knowledge and acceptance of postpartum insertion is very low among antenatal women; probably because the concept is new in the community. There is a strong need to increase the knowledge and awareness about this by health education and counseling.

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Introduction

India was the first country in the world to start its family planning program in 1952. The aim of the national program was population control so that economic development could keep pace with time. Contraception (both temporary and

permanent) was one of the main prongs of this national program. Contraception is a highly cost effective public health measure and the most effective methods are also cost effective.¹

In the last few decades there has been a great progress in the understanding and armamentarium of contraception; many new ones have been developed. Some of the

* Corresponding author. Tel.: +91 9990683557 (mobile).

E-mail address: kathpaliasukesh@gmail.com (S.K. Kathpalia).
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contraceptives are suitable at an individual level but at community level still the ideal contraceptive is elusive, the one which would cater to most of the couples. Couples need contraception throughout their reproductive years; initially it is required for delaying first pregnancy and later on for spacing and finally permanent methods when the family is complete. The choice and decision of contraception should be left to them; popularly called 'Cafeteria Approach'. The couples should have adequate information about all the options available and they reach the informed decision on their own. Lack of adequate knowledge or wrong information and beliefs are common hurdles in acceptance of contraception.^{2,3} Fear of side effects and misconceptions is wide spread and has been the most important explanation for non-use of contraception.⁴

Postpartum period is one of the important and crucial times when women and couples are highly motivated and more receptive to family planning methods. This period is defined as the period of six weeks after delivery when the woman returns to her pre-pregnancy state. If a contraceptive is provided prior to discharge from the hospital then the woman or couple need not return specially for contraception. The couple has been protected before they assume sexual activity.⁵ Delay in practice of contraception by couples during postpartum period can result in many unwanted/unintended or mistimed pregnancies.⁶ Delaying the next pregnancy and spacing are important as this affects the health of mother and child. It is well known that if the woman conceives within less than 24 months of delivery then there are higher chances of complications like abortions, pre term labor, postpartum hemorrhage, low birth weight babies, neonatal morbidity and mortality.⁷ There is not enough time for the mother to recuperate and build up her iron stores resulting in chronic ill health among women. Approximately 27% births in India occur within 24 months of delivery.

Intrauterine contraceptive device (IUCD) is most effective and one of the good options for spacing pregnancies as it is convenient, long acting and rapidly reversible.⁸ It can be removed whenever the individual desires and fertility returns immediately.⁹ IUCD is usually inserted as an interval procedure that is six weeks after delivery or along with induced abortion. It was not commonly inserted immediate postpartum; within 48 h of delivery before discharge of woman from the hospital. The initial clinical experience of intrauterine device inserted in the immediate postpartum has prompted its wide spread use.¹⁰

Postpartum IUCD (PPIUCD) insertion can be done post-placental that is within 10 min of placental expulsion, intra cesarean at the time of cesarean section or within 48 h of delivery. Inserting IUCD minutes after placental delivery is safe, will lead to wider usage of IUCD hence meeting the unmet needs of community. Contraception has been provided before assumption of sexual activity.⁵ It does not interfere with lactation and chances of perforation are almost nil due to thick walled uterus. Common menstrual abnormalities do not occur as many women as such have amenorrhoea or oligomenorrhoea during lactation period. The expulsion rates would be minimal if it was inserted by a trained provider and placed at the fundus.¹¹

It is not only advantageous to the women and couples; even the service providers benefit from PPIUCD insertion as pregnancy is definitely ruled out, time is saved as it is performed on the same delivery table. Additional evaluation and separate clinical procedure is not required. A special instrument may be required for its insertion. Under the new program being implemented by the Government of India in some states, pregnant women are counseled for the use of IUCDs during antenatal period itself and the IUCD is inserted soon after the woman delivers the baby, following proper consent.¹² It should not be inserted after 48 h of delivery up to six weeks as the chances of infection may increase. So far the acceptance of PPIUCD is low; probably due to lack of awareness among the clients and staff.¹³

Acceptance and continuation of IUCD can be increased by education and counseling. First step of any contraceptive implementation at the community level is to make the public aware and informed about the contraceptive. In populations with family planning policies designed to increase contraceptive use; measuring the level contraceptive awareness also provides useful measure of success of information, education and communication activities and may help to identify program areas that need to be strengthened.

Despite making contraception widely available, there is poor acceptance of contraceptive methods either due to ignorance or fear of complications using them. Inadequate knowledge about contraceptive methods and incomplete or erroneous information about their use or where to procure them are the main reasons for not accepting family planning.¹⁴ This study was conducted to find out the knowledge and awareness of PPIUCD insertion which is a new concept. Study would also find out the future plans of couples during antenatal period regarding contraception for spacing or limiting family after delivery.

Material and methods

The present observational study was conducted in one of the zonal service hospitals. All antenatal cases who reported for registration from Aug 2012 onwards were given the option of being included in the study. Those not willing were not enrolled for the study group; unwilling cases were not required to give the reason for their reluctance. Informed consent was obtained from all respondents prior to participating in the study. Confidentiality was maintained in data collection and compilation. The study was terminated on Jan 2014 when the requisite sample size of 500 cases in study group was achieved. Both willing and unwilling cases went through routine and standard antenatal care. Age, parity and other antenatal demographic parameters were noted. Those who were included in the study were given the questionnaire on second or third visit. This was not done purposely on the first visit as antenatal care was the primary aim of their visit.

Questionnaire included two parts; the first was to know the contraceptive method/methods which the couple had planned to use after delivery. The second part was to find out if they had heard about postpartum insertion of IUCD. If it was familiar and known to them; then what was the source of that information. All those who had opted for IUCD as a

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