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Original article

To study the acceptance of postpartum intrauterine contraceptive device, CU T 380 A, in a tertiary care hospital in India

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ABSTRACT

Introduction: Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. Contraception plays a major role in women's health. Increased number of institutional deliveries allows us to offer family planning methods to couples. Postpartum intrauterine devices (PPIUCD) are the reversible long acting method. It does not interfere with breast feeding and can be provided before the woman leaves the hospital. This study of acceptance of postpartum intrauterine device was conducted in tertiary care hospital in India.
Aim and objectives: To find out the (1) acceptance of PPIUCD CU T 380 A, (2) retention rate of PPIUCD and (3) spontaneous expulsion rate at end of 6 months of delivery.
Material and methods: PPIUCD was inserted in 680 women either after vaginal delivery or during caesarian section. Data analysis was done at the end of 6 months.
Results: (1) Insertion of PPIUCD amongst Para 2 was highest 375 (55.14%). (2) Retention rate was 86.33%. (3) Spontaneous expulsion was found in 55 (8.54%) women. (4) Bleeding was the main symptom perceived by 249 (88.71%) women followed by long thread 73 (26.02%) and pain in lower abdomen 45 (15.90%). (5) Total 361 (61.29%) women were satisfied and were continuing the method.
Conclusion: Retention rate of PPIUCD was high. Spontaneous expulsion in intra-caesarian IUCD was less as fundal placement was assured at the time of insertion. Bleeding problems were the major complaint and the main reason for removal of PPIUCD.

1. Introduction

Every pregnancy should be a planned one. Family planning allows people to consider the number of children they desire and determine the period between each pregnancy.

Family planning allows spacing of pregnancies and can delay pregnancies in young women with increased risk of health problems and can help to prevent death because of childbearing at an early age. It prevents unintended pregnancies, including those in older women who face increased risks related to pregnancy. Family planning enables women to limit the size of their families, if they wish to do so. Evidence suggests that women who have more than 4 children are at increased risk of maternal mortality. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.[1]

Modern methods of contraception include female and male sterilization, oral hormonal pills, the intrauterine device (IUD), the male condom, injectables, the implant (including Norplant), vaginal barrier methods, the female condom, and emergency contraception.[2]

The unmet need for contraception remains too high. This situation is fueled by a growing population and a shortage of family planning services. In Africa, 23.2% of the women of reproductive age have an unmet need for modern contraception. In Asia, and Latin America and the Caribbean – regions with relatively high contraceptive prevalence – the levels of unmet need are 10.9% and 10.4%, respectively.[3]

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Family planning is important not only for population stabilization but also to improve maternal and newborn survival. Family planning can avert more than 30% of the maternal deaths and 10% of child mortality, if spacing between each pregnancy is more than 2 years.[4]

In 2015, worldwide, 64% of married or in-union women of reproductive age were using some form of contraception. However, contraceptive use was much lower in the least developed countries (40%) and was particularly low in Africa (33%). Worldwide, in 2015, 12% of married or in-union women are estimated to have had an unmet need for family planning; that is, they wanted to stop or delay childbearing but are not to do so using any method of contraception. According to WHO report 2015, use of contraception method in India is between 50 and 70%, with median of 59.8%, while unmet need of contraception is 13.1%. Among the various contraception methods used, IUD constitutes 2% of the total use.[5]

One of the modern methods of contraception is postpartum intrauterine contraceptive device (PPIUCD). PPIUCD is a reversible, long-acting method. It does not interfere with breast-feeding and can be provided before the patient leaves the hospital.

In postpartum period, resumption of sexual activities, return of menses, and breast-feeding put women at considerable risk of pregnancy. If no family planning is done, she needs to perform repeated urine pregnancy tests and is always under stress of unplanned pregnancy. Women are highly motivated and receptive to accept Family planning methods during the postpartum period. Increasing number of institutional deliveries helps us to provide more number of couples with family planning services. Institutional deliveries in India in 2012–2013 were found to be 82.864%.[6]

Postpartum intrauterine contraceptive device (IUCD) has specific advantages over other methods, which include convenience, safety, no risk of uterine perforation because of thick wall of uterus, reduced perception of initial side effects (bleeding, cramping) due to presence of normal puerperal changes, no effect on breast-feeding, and stress-free postpartum period.

Advantages for service providers include the following: certainty that the woman is not pregnant; saves time, as it is performed on the same delivery table for postplacental\intracesarean insertions; additional evaluations and separate clinical evaluation not required; need for minimal additional instruments, supplies, and equipment.[7]

Therefore, the present study is carried out to study the acceptance of postpartum intrauterine device among women who delivered at tertiary care hospital in India.

2. Material and methods

The study was carried out during the period of June 2011 to May 2014 in Department of Obstetrics and Gynecology in Smt. Kashibai Navale Medical College, Narhe, Pune, Maharashtra, India. It is a prospective, observational study.

2.1. Inclusion criteria

Inclusion criteria for study participants were all women of any age who opted for PPIUCD after vaginal birth and during lower segment cesarean section (LSCS).

2.2. Exclusion criteria

The exclusion criteria were as follows: postpartum hemorrhage (PPH) and prolonged rupture of membranes (PROM).

Institutional ethical committee approval was taken for this study.

During antenatal visits, all the registered women were counseled about the need for contraception in postpartum period, options available, and advantages and disadvantages of each option. The antenatal woman is expected to opt for one of the options for postpartum contraception. This counseling continues during labor and even after delivery.

Sampling frame: The women who opted for PPIUCD and met World Health Organization (WHO) standard criteria were enrolled in the study. The written informed consent was obtained at the time of insertion of PPIUCD. All the concerned staff are well trained in the procedure.
Time of insertion: Copper T 380 A (CU T 380 A) was inserted in women who were enrolled in the study after vaginal delivery or during caesarian section. Women were counseled about probable side effects and importance of follow-up and to visit the hospital in case of any complaints at the time of insertion of intrauterine contraceptive devices (IUCD) and also at time of discharge from hospital.

Intrauterine contraceptive devices (IUCD) were inserted the following periods:

Postplacental: Within 10 min of removal of placenta after vaginal delivery;
Immediate postpartum: Within 48 h of vaginal delivery;
Intracesarean: During LSCS.

2.3. Technique of insertion of PPIUCD

After the active management of 3rd stage of labor was complete, bimanual examination was performed. Empty uterine cavity was ensured. All the required equipments were arranged in a tray. Written consent was obtained from the patients. Perineum was again properly inspected for lacerations. Cervix was visualized using speculum and retractor. Cervix and vagina were again cleaned up. IUCD pack was aseptically opened and copper-T was held in Kelly's forceps and slowly inserted through the cervix to the fundus. Left hand was moved to suprapubic region to give pressure in upward and backward direction to straighten uterocervical angle. IUCD was left at the fundus and the instrument was slowly removed with prongs open. The strings were not to be cut. During intracesarean stage, after removing placenta and membranes, IUCD was placed at fundus with the help of the right hand.

Follow-up after PPIUCD insertion was advised after one and half months and the next after 6 months. It was ensured that study participants would come for follow-up, but only few of them have turned out for the first follow-up.

Following were some of the reasons that could lead to loss of follow-up:

As it is tertiary care hospital, the women come from various places of Maharashtra for delivery, so difficult for follow up, change of focus from mother to baby after delivery, lack of awareness about self-health, women pay attention to new borne babies so even if they come for immunization of baby at one and half month, do not turn in Obstetrics and Gynecology OPD, migration of women from in law's place to maternal side or vice versa after delivery and tendency of no complains no follow up.
For the second follow-up, at the end of 6 months, prior telephonic confirmation was obtained and it was ensured that study participants would come for follow-up.
At follow-up visit, per speculum examination was done to note down position of thread and signs of infection. Pelvic ultra sonography (USG) was performed if thread was not found on