

Immediate Postpartum Intrauterine Contraception Insertion



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KEYWORDS

- Postpartum period • Intrauterine devices • Contraceptive agents • Female • Copper
- Levonorgestrel

KEY POINTS

- The immediate postpartum period is a favorable time for initiating contraception, given high levels of motivation to use contraception after delivery, convenience for patients and physicians, and the fact that pregnancy is excluded.
- Immediate postpartum intrauterine contraception (PPIUC) is safe and effective and a majority of intrauterine contraception (IUC) devices are retained.
- Increased rates of device expulsion compared with delayed postpartum insertion and interval insertion have been demonstrated. This risk should be weighed against the risk of patients not returning at all for postpartum follow-up.
- Although immediate PPIUC may not be the right choice for all women in every clinical setting, it remains a reasonable choice for many.

INTRODUCTION TO IMMEDIATE POSTPARTUM INTRAUTERINE CONTRACEPTION

The immediate postpartum period is a favorable time for initiating contraception, because women who have recently given birth are often highly motivated to use contraception, pregnancy is excluded, and the hospital setting offers convenience for both patients and the health care providers. This article addresses both the copper IUC and the 52-mg levonorgestrel (LNG) intrauterine system (IUS) (Mirena [Bayer, NJ, USA]). There are no published data on immediate postpartum use of the lower dose 13.5-mg LNG-IUS (Skyla [Bayer, NJ, USA]) or the new 52-mg LNG-IUS (Liletta [Actavis, NJ, USA]), so all references to LNG-IUS in this article are to the 52-mg LNG-IUS (Mirena).

Disclosure Statement: S.W. Prager trains providers in Nexplanon insertion and removal (receives no honoraria). E.E. McCoy has nothing to disclose.

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WHAT IS POSTPARTUM INTRAUTERINE CONTRACEPTION?

Many providers of contraception are unaware that placement of IUC immediately after delivery is possible. The following terms describe the timing of placement of the IUC:

- Postplacental IUC refers to the placement of IUC within 10 minutes of delivery of the placenta.
- Immediate PPIUC refers to the placement of IUC within the first 48 hours after delivery.
- Immediate postcesarean IUC refers to the placement of IUC through the hysterotomy at the time of cesarean delivery.
- Delayed postpartum IUC is placed typically 4 to 6 weeks postpartum.
- Interval placement—IUC placement not related to timing of childbirth.

The timing of placement can have relevance to rates of expulsion as well as implementation consequences for programs. This is discussed later.

WHY PLACE POSTPARTUM INTRAUTERINE CONTRACEPTION?

Immediate PPIUC placement has several major advantages over interval insertion. First, confirmation that a woman is not pregnant is a necessary requirement prior to IUC insertion. The immediate postpartum period offers complete certainty of this requirement.

Second, women are usually in the care of a health care provider at the time of delivery. In the United States, as in all industrialized countries, nearly all deliveries occur within a hospital. Of the 1.36% of births that took place outside a hospital in the United States in 2012,¹ 99% of these are attended by a skilled birth attendant (SBA). Although a lower proportion of deliveries take place with the presence of an SBA in low- and middle-resource settings, globally, the proportion of births attended by skilled birth personnel increased from 59% to 68% between 1990 and 2009.²

Delivery by an SBA is increasing globally, but access to contraceptive care is often limited. Some women face significant geographic barriers to accessing care, let alone access to a provider trained in placing IUC. Other women lack the financial resources to get to a clinic or provider. Still others simply do not have the time, given work and/or family responsibilities. For all these women, placement of IUC before they leave the hospital after delivery allows them to manage their contraception without any additional visits. Many women who would not follow-up after IUC placement alone may follow-up with a provider after delivery for either themselves or their newborn child.^{3,4} This increases the chance of evaluating PPIUC within 2 to 6 weeks and addressing any concerns or complications.

The availability of equipment and skilled personnel at the time of delivery allows for additional convenience with immediate PPIUC insertion. To place immediate PPIUC, all that is needed are the following (Fig. 1):

- 1 To 2 ring forceps
- Cotton swabs or gauze
- Sterile gloves
- Povidone Iodine or another antiseptic
- Right-angle retractor (not always needed)
- Scissors/razor (not always needed – depends on type of IUC)
- IUC

All necessary items are normally present or immediately available at the time of a vaginal or cesarean delivery, so no additional equipment is required.

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