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EVALUATION OF ACCEPTANCE, SAFETY AND EXPULSION OF POSTPLANCENTAL INTRAUTERINE CONTRACEPTIVE DEVICES (PPIUCD)

Gynaecology

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ABSTRACT

Introduction: Currently in India, 65% of women in the first year postpartum have an unmet need for family planning, so the critical period need to be focussed, hence the ministry of health and family welfare, Government of India introduced PPIUCD services in 2010.
Objectives: To determine the rates of expulsion, pelvic infection, lost strings, and displacement following PPIUCD insertion among the acceptors by 6weeks.
Material And Methods: The cervix and vaginal walls were cleaned twice with gauze soaked in povide one iodine solution with speculum in place. The IUCD was removed from the insertion sleeve and grasped with the modified Kelley forceps using no-touch technique. Intrauterine contraceptive device with forceps was moved upward until it can be felt at the fundus. Uterus was stabilized until forceps removal was complete. The cervical os was then gently inspected for the strings.
Results: The acceptance of PPIUCD was high in the present study. Awareness of the PPIUCD among these women was very poor despite high acceptance. Majority of the women never heard about the PPIUCD before admission to labor room. Parturient who had a short duration from their last child birth (less than 2 years) had greater acceptance of the PPIUCD.
Conclusion: Inserting CuT 380 A by 10 min after placental delivery is safe and effective, has high retention rate. The expulsion rate was not high, and further can be reduced with practice. The PPIUCD was demonstrably safe, incidence of with low rates of expulsion, pelvic infection, and few lost strings.

KEYWORDS

INTRODUCTION

India has population of 1.21 billion as per march 2011 census[1]. Currently in India, 65% of women in the first year postpartum have an unmet need for family planning[2]. So the critical period need to be focussed, hence the ministry of health and family welfare, Government of India introduced PPIUCD services in 2010 [3]

Opportunity of success of this programme is excellent. Introduction of JSY and JSSK has increased institutional deliveries. Delivery in labour room provide a convenient opportunity for woman to receive IUCD services. Having just given birth, the woman is clearly non pregnant and likely to be motivated to consider long acting methods.

IUCD can be inserted safely at any time during the first 48hr after delivery, can also be inserted after 6 weeks postpartum (Extended PP). In India according to NFHS-4(2015-16) 1.7% women use Copper T as their choice of contraception. Recent studies estimate that prevention of unplanned and unwanted pregnancies could help avert 20-35% of maternal and 20%of infant death.

The effectiveness of copper IUCDs, esp CuT 380 A has been shown to be comparable to tubal sterilisation over the long term ,with the extra advantage of being easily reversible [4,5]

AIMS AND OBJECTIVES

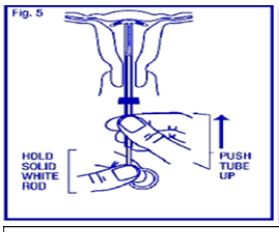
- To determine the rates of expulsion, pelvic infection, lost strings, and displacement following PPIUCD insertion among the acceptors by 6weeks.

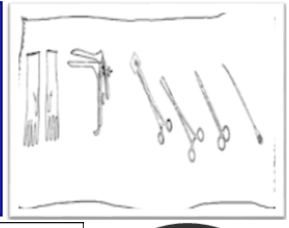
MATERIAL AND METHODS

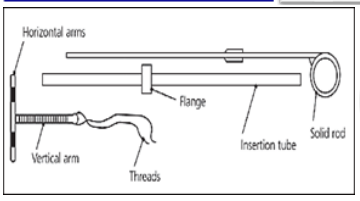
This study was conducted in Department of Obs and Gynae, RNT Medical College, Udaipur. During the period from Oct 18 to Jan 19 followed till March 19.

All antenatal patients who delivered in our labour room after consent for copper T after counselling Patient who had fever during labour and delivery were excluded from the study. Patients known to have ruptured membranes for more than 24 hours prior to delivery. Patients known uterine abnormalities. Manual removal of placenta and postpartum haemorrhage.

Material- contraceptive device used was Copper T 380 A. Post placental insertion. After performing appropriate hand washing, a pair of sterile gloves was worn. The perineum was cleaned with povidone iodine. The perineum, labia, and vaginal walls were inspected for lacerations.







The cervix and vaginal walls were cleaned twice with gauze soaked in povidone iodine solution with speculum in place. The anterior lip of the cervix was then gently held with sponge-holding forceps.

The IUCD was removed from the insertion sleeve and grasped with the modified Kelley forceps using no-touch technique.

Once it is inserted into the lower uterine segment, the other hand was moved to the abdomen and placed over the fundus, and uterus was pushed gently upward to reduce the angle and curvature between the uterus and vagina.

Intrauterine contraceptive device with forceps was moved upward until it can be felt at the fundus.

Then the forceps was opened to release the IUCD and swept to side wall. Uterus was stabilized until forceps removal was complete. The cervical os was then gently inspected for the strings. Sims speculum was removed.

Follow-up

All the patients who had copper T 380A inserted post placentally were

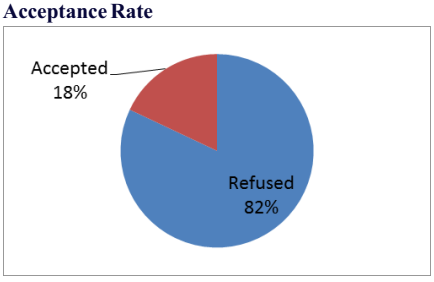
reviewed at 6 weeks to check for string status, any complaints, and to check for expulsions, pelvic infections, or displacements of copper T.

In patients who had strings not visible, ultrasound was done to confirm the position of the IUCD and to rule out displacement of the IUCD.

RESULTS

The acceptance rate of copper T in this study was 17.83% (Graph 1). The expulsion rate of copper T at the end of 6 weeks was 4.007% (Graph 2).

Graph-1 Acceptance Rate



Graph-2 Expulsion Rate

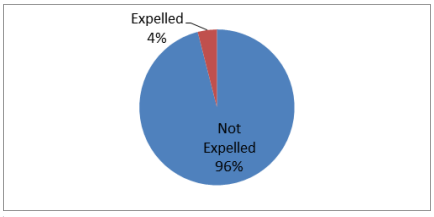


Table 1: Acceptance rate

Acceptance rate	*Number*	*Percent*
Counseled	5775	100
Accepted	1030	17.83
Refused	4745	82.17

Table 2: Reason for accepting copper T

Reason	*N = 1030*	*Percent*
No interference with breastfeeding	268	26.02
Reversible	118	11.46
Few clinical visits	54	5.24
Long term	129	12.52
My Doctor's advice must be good	279	27.09
One-time procedure	161	15.63
Safe	21	2.04
Total	1030	100

Table 3: Reason for refusing copper T

Reason	N = 4745	Percent
Chose permanent method	1267	5.62
Family refusal	934	19.62
Fear of bleeding	995	20.97
Fear of loss of weight	409	8.62
Had already tried and not satisfied	89	1.88
Need to discuss with partner	585	12.33
Did not conceive spontaneously before	89	1.88
No reason	799	16.84
Religious belief	267	5.62
Had already tried and had to remove after USG localisation	18	0.38
Prefers to use other method	560	6.18
Total	4745	100

Table 4: Follow-up rate at 6 weeks

Follow-up	N = 1030	Percent
Came for follow-up	726	70.48
Lost to follow-up	304	29.52
Total	1030	100

Table 5: Willingness to retain copper T at 6 weeks

Review at 6 weeks	N =726	Percent
Wanted to retain	516	71.07
Wanted removal	210	28.93
Total	726	100

Table 6: Reasons for wanting to remove copper T

Reasons	N = 210	Percent
Fear of bleeding and weight gain	121	57.62
Lost strings	38	18.09
Family's advice to remove	51	24.29
Total	210	100

DISCUSSION

- As depicted in Table 1 **Acceptance rate** for copper T was **17.83%** which explains the importance of counselling.
- In this study reason for majority of women accepting Copper T was because "**MY Doctor advised, must be Good"** followed by NO interference in breast feeding as shown in Table 2. In a study done by Garuda et al,(6) 83.63% of patients accepted copper T since it is a one-time procedure when compared with other methods of temporary contraception, such as injectables or oral contraceptive pills which will have to be taken everyday.
- In this present study, the main reason for refusal was fear of bleeding which can again be overcome by promoting more health education in the forms of meetings, advertisements which aim at breaking the myths related to copper T insertion. Similarly, in the study by Mishra,(7) the main reason for refusal was not enough knowledge about copper T which implies the need for more educational interactive sessions to be conducted with patients to bring about more awareness about copper T.
- The total follow-up at the end of 6 weeks was **70.48%** (726) and 29.5% of the women were lost to follow-up as shown in Table 4
- At the end of 6 weeks, when the women came for review, **28.93%**(210) of the women wanted to remove their copper T as shown in Table 5and the main reason for the above was fear of bleeding which was 121 (57.62%).
- Still the reason for removal of copper T was fear of bleeding of the women which is similar to a study done by Mishra[7] in which the reason of majority of the women discontinuing copper T was bleeding.

CONCLUSIONS

- The acceptance of PPIUCD was high in the present study, and it is comparable to other studies done globally. Awareness of the PPIUCD among these women was very poor despite high acceptance. Majority of the women never heard about the PPIUCD before admission to labor room. Parturient who had a short duration from their last child birth (less than 2 years) had greater acceptance of the PPIUCD.
- We can conclude that Inserting CuT 380 A by 10 min after placental delivery is safe and effective, has high retention rate. The expulsion rate was not high, and further can be reduced with practice.
- The PPIUCD was demonstrably safe, incidence of with low rates of expulsion, pelvic infection, and few lost strings
- With the high level of acceptance despite low levels of awareness, the government needs to develop strategies to increase public awareness of the PPIUCD through different media sources. It is also important to arrange for training on PPIUCD in order to increase knowledge and skills among healthcare providers. This will also further promote PPIUCD use and aid in reduction of the expulsion rates.

REFERENCES

1. Gupta A, Verma A, Chauhan J. Evaluation of PPIUCD versus interval IUCD (380A) insertion in a teaching hospi- tal of Western UP. Int J Reprod Contracept Obstet Gynecol 2013;2(2):204208.
2. Postpartum IUCD Reference Manual, Family Planning Divi- sion. Ministry of Health and Family Welfare, Government of India, New Delhi, India; 2010.
3. Asif R, Charunat E, Das S, Kumar S, Rath M, Saha S, Sethi R, Srivastava V, Yadav V. Revitalisation of PPIUCD services experience from India, Jhpiego/India (New Delhi). Contraception 2012 Aug;86(2):184-185
4. Kulier R, O'Brien PA, Helmerhorst FM, Usher-Patel M,D' Arcangues C. Copper containing, framed intrauterine devices for contraception. Cochrane Database Syst Rev 2007 Oct 17;(4):CD005347.
5. United Nations Development Programme, United Nations Population Fund, World Health Organization, World Bank, Special Programme of Research, Development and Research Training in Human Reproduction. Long-term reversible contraception. Twelve years of experience with the TCu380A and TCu220C. Contraception 1997 Dec;56(6):341-352.
6. Garuda L, Kambham S, Neelohita B. Clinical outcome of PPIUCD – intracesarean insertion. Indian J Obstet Gynaecol Res 2015;2:(4):218-226.
7. Mishra S. Evaluation of safety, efficacy, and expulsion Garuda L, Kambham S, Neelohita B. Clinical outcome of post-placental and intra-caesarean insertion of intrauterine contraceptive devices (PPIUCD). J Obstet Gynecol India 2014Sep-Oct;64(5):337-343.