

Post-Partum IUCD and Its Complication in Teaching Hospital

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Abstract: Background: More than half of the Indian women in the first year of post partum wish to use a family planning method but only ¼ is using any method. This study was done to assess the complication of immediate post partum insertion of intra uterine contraceptive device with the aim to offer a more effective post partum family planning method. **Methods:** The study was done in Teaching Hospital, all women who wanted to have family planning method (Cu T 380A) were enrolled in this study after taking consent. **Results:** 60 women were taken to the study and followed up to 6 months. 40 women had transvaginal insertion and 20 women had intra Caesarean insertions. Most common complication was expulsion by transvaginal route and missing threads in case of intra caesarean insertion. **Conclusions:** Immediate post partum insertion of CuT 380A is a method of family planning with good client satisfaction.

Keywords: intrauterine device, family planning, copper, expulsion, post partum.

Introduction

Intra uterine contraceptive devices have been used by women in India for decades for spacing pregnancies. The Cu T 380A is a highly effective contraceptive device approved by Govt of India with an effective protection period up to 10 yrs. India is the 2nd most populated country in the world with an population of 125 billion¹. Indian women have more children than decided and also too closely spaced due to lack of choice of quality of family planning services, with contraceptive prevalence being 48.5% for modern methods and 56.3% when all methods combined as per National Family Health Survey². According to WHO on birth spacing, a birth to next pregnancy interval of less than two yrs put the baby, the next pregnancy and the mother at risk for poor health outcomes³. In India, 8% of women desire to have another child within the next 2 yrs and about 65% of the women in the 1st yr post partum have need for family planning, while only 26% of women are using method of family planning⁴. The Government of India has initiated immediate postpartum family planning services through insertion of CuT 380A device in the last decade with more than 8000 postpartum intrauterine devices

(PPIUCDs) having been inserted over the yrs⁵. In India a higher rate of expulsion of PPIUCD is noted (8-14%), but with a good technique the expulsion rate comes to 5%.

Material and Methods

A prospective, longitudinal study done in the Dept of OBG, of Dr. B.R. Ambedkar Medical College and Hospital, Bangalore. 60 Women who delivered in this hospital who were willing for the study were enrolled after taking consent and counselling.

Results

In the study period of 6 months, 60 women who were inserted with PPIUCDs enrolled and followed up to 6 months for any complication. 40 (66.66%) women were 21-30yrs of age as shown in table 1. 47 (78.33%) women belongs to gravida2 and 10 women of gravid 3 as shown in table 2. About the living children, 49 women were having only one child as shown in table 3. Out of 60 women, 58 women were term pregnancy and one each were preterm and post term as shown in table 4. 40 women had vaginal delivery and 20 had Caesarean delivery as shown in table 5. Out of 60 women, 40 women who had vaginal delivery, 10 women had PPIUCD insertion within 10 minutes after delivery and 30 women had 48 hrs after delivery as shown in table 6. Increased vaginal bleeding noted one case each in both type of insertion as shown in table 7. About 37 women had satisfaction after vaginal insertion and 18 women intra caesarean route as shown in table 8.

Table 1: Distribution of Age

Sl No	Age group	Freuency	Percentage
1	<20	03	05
2	21-30	40	66.66
3	31-40	17	28.33
	Total	60	100

Table 2: Distribution of gravid

SI No	Gravidity	Frequency	Percentage
1	Primi	0	0.0
2	G2	47	78.33
3	G3	10	16.66
4	G4	3	5.0
	Total	60	100

Table 3: Distribution according to living children

SI No	Living children	Frequency	Percentage
1	Nil	0	0.0
2	1	49	81.66
3	2 or more	11	18.33
	Total	60	100

Table 4: Distribution according to present pregnancy

SI No	Present pregnancy	Frequency	Percentage
1	Term	58	96.66
2	PreTerm	1	1.66
3	Post Term	1	1.66
	Total	60	100

Table 5: Distribution according to Type of Delivery

SI No	Type of Delivery	Frequency	Percentage
1	Vaginal delivery	40	66.66
2	Caesarean	20	33.33
	Total	60	100

Table 6: Distribution according to Time of Delivery

SI No	Time of Insertion	Frequency	Percentage
	Post vaginal delivery		
1	<10 Min	10	66.66
2	<48 Hours	30	
3	Intra Caesarean	20	33.33
	Total	60	100

Table 7: Distribution of increased vaginal bleeding immediate post partum

SI No	Vaginal bleeding	Increased	Normal	Total
1	vaginal route	1[2.5]	39[97.5]	40
2	Caesarean	1[5]	19[95]	20
	Total	2[3.33]	58[96.66]	60

Table 8: Distribution according to Patient Satisfaction

SI NO	Satisfied	Yes	No	Total
	Method of insertion Transvaginal	37(92.5)	3(7.5)	40
	Intra Caesarean	18(90)	2(10)	20

Discussion

In this study, 40 (66.66%) women were b/w 21-30 yrs and 17 (28.33%) women were b/w 31-40 yrs. In this study, 47 (78.33%) were of gravid 2, 10 (16.66%) of gravid3 and 3 women more than gravida4. In this study, 49 (81.66%) women had only one child and 11 (18.33%) had more than 2 child. Other study shows about 68.33% of women were of multipara6 In this study, 58 (96.66%) women who were term pregnancy. 40 (66.66%) women had vaginal delivery and 20 (33.33%) had LSCS. In this

study, Out of 40 women who delivery vaginally, 10 women had PPIUCD insertion within 10 minutes after placental removal and 30 women had after 48 hrs. No studies have shown any delay in the postpartum involution of uterus after PPIUCD7 In this study, one women each in both type of insertion of PPIUCD had excessive vaginal bleeding. Other study showed 11% of women had excessive bleeding8 and one more study showed 20-30% had more bleeding9

Conclusions

Post partum IUCD with CuT380A can be effectively offered to young mothers who have completed their family. PPIUCDs do not interfere with the normal physiologic al events in the immediate post partum period. Incidence of infection can be avoided by strict aseptic precautions during insertion. Expulsion is a complication of PPIUCDs insertion with the vaginal route more than intra caesarean route.

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References

1. Population Ref Bureau. World population data sheet.2012, www.prb.org/pdf12/2012-population-data-sheet-eng.pdf
2. International Institute for population sciences, Mumbai India, National Family Health Survey NFHS-3, 2005-06.
3. WHO, 2006 Geneva, Switzerland. Report of WHO Technical consultation on birth spacing, 13-15 june 2005.
4. USAID ACCESS-FP. Family planning needs during the extended postpartum period in India. ACCESS Program USAID, 2009.
5. USAID MCHIP. Postpartum Intrauterine contraceptive device study tour report, 2011 June. Maternal and Child Health Integrated Program, Govt of India.
6. Shukla M, Qureshi S: Chandrawati. Post-placental intrauterine device insertion- a five yr experience at a tertiary care centre in north India Indian J Med Res.2012 Sep; 136(3); 432-5.
7. Finger W R, United Nations Population Information Network, insertion timing vital in Postpartum Use. Family Health International, vol 16, no2, Winter 1996.
8. Gupta A, Verma A, Chauhan J. Evulation of PPIUCD versus interval IUCD(380A) insertion in a teaching hospital of western UP. Int J Reprod Contracept Obst Gynec 2013, June; 2(2); 204-208.
9. Newton F, Int Studd J, ed. Progress in Obstetrics and Gynaecology. London; Churchill Livingstone, 1993, 10; 253.