

Analysis of Removal of PPIUCD At Tertiary Care Centre

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Abstract

Background: Postpartum intrauterine contraceptive device (PPIUCD) is easily applicable and available postpartum family planning method which provides effective reversible contraception to women in the delivery setting.

Aim: To analyse the relation of various factors associated with removal of PPIUCD.

Method: It is a retrospective observational study. A Cohort of 770 vaginal and caesarean deliveries with PPIUCD insertions, over a three-year period, was studied.

Results: Amongst the various reasons abdominal pain is found the most confounding factor for removal at any time. Literacy does not seem to have any concern with continuation rate. In fact, higher the education lower the continuation rates. With increasing number of male child removal rate is higher. Intra caesarean insertions have showed higher continuation rates with preference of removal at NCH.

Conclusion: PPIUCD is a promising method for immediate postpartum family planning. Early and frequent follow ups with counseling plays a very important role in acceptance as well as continuation of use.

Keywords: PPIUCD; NCH; Postpartum.

Introduction

India's population of over 1.2 billion is slated to overtake China as the world's most populous country in less than one and half decade. Family planning

could bring more benefits to more people at less cost than any other single technology now available to the human race(UNICEF). Unmet need of family planning is 12.9% and for spacing 5.7% (NFHS-4).

In India 65% of women in the first year of postpartum period have an unmet need of family planning and 27% pregnancies occur within 24 months. Studies show that women conceiving within 2 year of previous birth have increased risk of adverse outcomes like abortions, premature labour, postpartum haemorrhage, low birth weight babies, fetal loss and mortality rates are quite high. The issue of family planning needs to be addressed during this period. According to NFHS-4 (2015-2016) total PPIUCD users are 1.5%. Hence, postpartum IUCD insertion takes important place. With remarkably low failure rate of <1/100 in first year of use, CuT 380A occupies top tier placement. Despite all advantages why women opt for removal of PPIUCD for various reasons needs evaluation.

Objectives

To assess reasons for discontinuation/removal of PPIUCD at tertiary care hospital, over a period of 3 years.

Materials and Methods

This retrospective observational study was carried out at New Civil hospital, Surat over a period of 3 years April 2015 to March 2018. Data of postplacental

and intra caesarean IUCD insertion during this period was noted. Data of 770 women opting for removal of PPIUCD during this period with respect to education, type of PPIUCD insertion, duration of insertion, number of male child and reason for discontinuation were noted.

Results

A total of 770 women over study period of 3 year found to discontinue PPIUCD, the duration of acceptance is as follows in Table 1.

Tabel 1:

<12 months	458	59.48%
≥12 months	312	40.52%

It suggests that approximately 40% of patients would like to continue with PPIUCD for longer duration of more than 12 months and rest that is 60% opting for discontinuation in less than 12 months. The following Table 2 various reasons for discontinuation of PPIUCD in accordance with duration.

Tabel 2:

Reason for discontinuation	Less than 12 months	More than 12 months	Total
Partial expulsion	69	13	82 (10.64%)

Tabel 3: Educational Status of Acceptor

	Illiterate (n=114)	Primary (n=195)	Secondary (n=407)	Graduate (n=54)	Total
<12 month	58	114	249	37	458
>=12 month	56	81	158	17	312
	Illiterate + Primary		Secondary + Graduate		
Up to 12 months	172		286		
More than 12 months	137		175		

p-value - 0.0392

While analysis regarding education status to discontinuity of PPIUCD suggests trend of declining compliance with increasing literacy as seen above, highest compliance in illiterate (49%) and least in

Tabel 4: Number of Male Child

	NO Male Child	Male child
Up to 12 months	126	332
More than 12 months	124	188

p-value-0.00016669

Clients with no male child (8%) or one (7.6%) or two (7.6%) male child had almost same removal rates within 12 months irrespective of their current

Reason for discontinuation	Less than 12 months	More than 12 months	Total
Abnormal bleeding per vaginum	130	31	161 (20.90%)
Abdominal pain	183	31	214 (27.80%)
Desire for next child	8	190	198 (25.72%)
Sterilisation	55	42	97 (12.60%)
Others	13	5	18 (2.34%)

Amongst the various reasons for discontinuation, abdominal pain (27.80%) and the desire for the next child (25.72%) are the two most common reason given by the clients opting discontinuation. Partial expulsion (10.64%) and permanent sterilisation (12.60%) are carrying almost same contribution in discontinuation of PPIUCD.

Table 2 show that clients desiring next child have high proportion 190 (95%) for continuation of PPIUCD for more than 12 months, so, as to provide proper spacing which is a very positive outcome. Other major causes for discontinuation include pain and bleeding. Clients opting for removal any point of time because of these two reasons. Clients opting for permanent sterilisation (12.5%) over CuT were also seen in considerable amount.

graduates (31.9%). Hence, the counselling needs to be focused equally to all irrespective of literacy status of client (Table 3).

male child status. Clients having male child were found to discontinue PPIUCD as compared to those who are not having male child (*p*= 0.00016) (Table 4).

Table 5: Type of Insertion

	Caesarean delivery	Vaginal delivery
Up to 12 months	232	226
More than 12 months	202	110

p-value-0.000053

When we took the mode of delivery into consideration it was seen that clients who had undergone PPIUCD insertion intra caesarean were observed to have much higher continuation rates than with clients having undergone PPIUCD insertion postvaginal delivery ($p=0.00005$). This

clearly proves that we need to motivate clients undergone vaginal delivery to continue CuT for long time, as proper spacing is required not only following caesarean delivery, it is also essential following vaginal delivery (Table 5).

Table 6: Place of Removal

	NCH	Outside
Up to 12 months	137	321
More than 12 months	287	25

p-value-0.0000001

Clients who wanted to remove CuT within 12 months of insertion preferred to do so outside NCH, but clients who kept CuT for more than 12 months preferred to remove it at NCH ($p=0.00$). This concludes that early removal rate is higher outside which suggests we need to strengthen our counseling services for continuation of PPIUCD in government sector as well as private sector so, as to allow proper spacing of children (Table 6).

trained service provider, adhering to strict asepsis, and strictly following WHO medical eligibility criteria before inserting PPIUCD which also led to minimal side effects and complication. Public awareness through different media sources to increase not only acceptance but also continuation rate in a situation of limited access to postpartum care. We need to strengthen our counseling services to increase continuation rates to a extent at which proper birth spacing and limiting can be achieved.

Discussion

Postpartum IUCD insertion is an opportunity not to be missed in developing countries like ours where delivery may be the only time when a healthy woman comes into contact with health care providers and the chances of returning for contraceptive advice are uncertain. Recommended spacing between the births to next pregnancy is at least 24 months and between abortions to next pregnancy should be at least 6 months (WHO Technical Committee, 2006). Abdominal pain and bleeding are the two likely side effects of PPIUCD which can be combat by the early follow up and proper counseling. Which ultimately helps to achieve higher continuation rates. The continuation was higher in patients undergoing caesarean section which has its own vivid advantage in terms of birth spacing, regaining parturient's health. Our study show high retention in caesarean PPIUCD because of proper fundal placement of CuT at the time of insertion by the

Conclusion

After analyzing the different aspects which can be responsible for removal of PPIUCD in clients, We believe that apart from all odds our Strong counseling services can make PPIUCD the best and easily available option of contraception in family planning basket with higher continuation rate.

References

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