

## Attitude towards PPIUCD

Mona D. Gandhi<sup>1</sup>, Kashyap M. Bhalodiya<sup>2</sup>

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<sup>1</sup>Associate Professor, <sup>2</sup>Resident, Department of Obstetrics and Gynecology, Shri M P Shah Government Medical College, Jamnagar, Gujarat 361008, India.

**Corresponding Author: Kashyap M. Bhalodiya**, Resident, Department of Obstetrics and Gynecology, Shri M P Shah Government Medical College, Jamnagar, Gujarat 361008, India.

**E-mail:** [kmbhalodiya1405@gmail.com](mailto:kmbhalodiya1405@gmail.com)

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### Abstract

*Aim:* To assess attitude of woman towards PPIUCD.

*Study:* Hospital based cross-sectional study done in G.G. Govt. Hospital-Jamnagar from July 2019 to December 2019

*Materials and Methods:* Between this duration of period total number of post partum patients were 4060 including Vaginal delivery & Cesarean section, out of these patients 2842 patients choose PPIUCD as method of contraception. Out of these 2842 patients I selected 500 random cases for this study

*Observation:* PPIUCD insertion rate was 70%. 90.9% of women belonged to age group of 20-30 years of which 74% having education of class 8 and above. The overall contraceptive knowledge was 91.8%, only 52% of 74% were aware of PPIUCD.

*Conclusion:* Total acceptance of PPIUCD in our study 84%. The awareness of PPIUCD is low leading to high refusal rates. The commonest reason for refusal is high prevalence of myths regarding PPIUCD in community, and not only women but the husband and mother-in-law also must be provided knowledge of it as they play important role in our society.

**Keywords:** PPIUCD; Insertion; Expulsion; Complications; Acceptance.

### Introduction

- Current population of India is 1.21 billion as per 2011 census.<sup>5</sup> Approximately 61%

of births in India occur at intervals that are shorter than recommended birth to birth interval of approx 36 months.<sup>4</sup>

- Currently 68% of women are using contraception in developed world higher in developing world in which it is 55%.<sup>4</sup>
- A woman who becomes pregnant too quickly following previous birth faces risk of anemia, abortion, premature rupture of membranes and maternal mortality.
- Baby born after short birth intervals has increased chances of being born preterm, small for gestational age, death during neonatal period.<sup>4</sup>
- Institutional deliveries have increased significantly all across the country, thereby creating opportunities for providing quality postpartum family services, so Cu T insertion after placental expulsion is important and effective.<sup>4</sup>
- 1/3<sup>rd</sup> of maternal mortality and 10% of neonatal mortality can be decreased if spacing between two pregnancy is more than 2 years.
- According to Cochrane review 2010, PPIUCD has been recognized as an ideal contraceptive method<sup>4</sup> in postpartum period in majority of women due to its simplicity of insertion, certainty of nonpregnant state, easy availability, long duration of action, reversibility, virtually no side effects, no

effects on breast feeding, high efficacy and continuation rates.

### Aims and Objectives

To assess attitude of women towards acceptance of PPIUCD.

### Materials and Methods

500 women were enrolled and their attitude towards acceptance of PPIUCD. Continuation and reasons for refusal were noted.

### Inclusion criteria

- All the women delivering vaginally or by cesarean section were included.

### Exclusion criteria

- Chorioamnionitis
- PROM > 18 hours
- Unresolved PPH
- Potentially infected dai handling cases
- Hb < 8 g/dl
- Fever during Labor and delivery
- Women with fibroids and uterine malformations
- Women allergic to copper

### Reasons of refusal of PPIUCD<sup>1</sup>

- Patient not willing 30%
- Husband not willing 25%
- Mother in law not willing 22%
- Religious reasons 9%
- Want some other method of contraception

### Fears associated with PPIUCD<sup>1</sup>

- Menorrhagia 62%
- Infertility 3.8%
- Pain 3%
- Malignancy 25%

### Causes of removal of PPIUCD<sup>2</sup>

- Social reasons
- Bleeding
- Pain

- PID
- For conception
- Other contraceptive methods
- Complications after PPIUCD insertion<sup>2</sup>
- Bleeding
- Discharge PV
- Abdominal pain
- PID
- Missing strings
- Expulsion

### Results<sup>1,2,3</sup>

Table 1: Acceptance rates

Age groups in years	Total No. of deliveries	No of cases who accepted PPIUCD	%
<20	45	8	17.7
20-25	2540	1821	71.69
26-30	1315	953	72.47
31-35	90	32	35.55
>35	70	28	40.00
	4060	2842	70.00

Table 2: Expulsion rates<sup>2</sup>

	Expulsion	%
Vaginal deliveries	52	10.4
Cesarean section	3	0.6

Table 3: Continuation rates<sup>3</sup>

	Continuation over 6 months	%
Vaginal deliveries n = 360	305	84.72
Cesarean sections n = 140	131	93.57

### Conclusion

- Total acceptance of PPIUCD in our study : 70%
- Majority of cases belongs to 20-25 years age group because most of patients came to hospital for delivery belongs to this age group.
- Expulsion rates more in vaginal PPIUCD (10.4%) compared to cesarean section group (0.6%) may be due to direct placement of PPIUCD at fundus of uterus.

- The commonest reason behind PPIUCD refusal is lack of awareness and appropriate counselling. Woman is not the sole deciding factor, counseling of couple should be done.<sup>6</sup>
- In my study, among 500 patients studied, 436 patients ( 87.2% ) continued with PPIUCD beyond 6 months.
- Rest of patients discontinued with PPIUCD due to various reasons, commonest reason being pain (45%), second most common reason being Bleeding PV (31%).<sup>2,3</sup>
- One new reason for removal of PPIUCD nowadays is increasing trend of injectable contraceptives (inj. DMPA).

## References

1. Data from PPIUCD register of Labor room in GG Govt. Hospital, Jamnagar, Gujarat.
2. Data from register of Family planning OPD in GG Govt. Hospital, Jamnagar, Gujarat.
3. Annual journal for women & child welfare of Gujarat government 2019.
4. Annual report of women & child health-development, population statistics ( 2019 ) from web site of WHO.
5. Population statistics & census data from website of ministry of home affairs of Govt. of India.
6. Park's Textbook of Preventive & social medicine 24<sup>th</sup> edition.