



WHY WOMEN REFUSE PPIUCD? STUDY OF ACCEPTABILITY AND COMPLICATIONS WITH POSTPARTUM IUCD INSERTION IN A TERTIARY HOSPITAL IN NORTH EAST INDIA

Manika Agarwal., Jupirika E Pyrbot and Dhurga Priyadarshini

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong

ARTICLE INFO

Article History:

Received 11th June, 2018

Received in revised form 26th
July, 2018

Accepted 18th August, 2018

Published online 28th September, 2018

ABSTRACT

PPIUCD is emerging as a safe and effective method of contraception. This study was carried out in a tertiary centre in North East India to study the acceptability, reasons for non-acceptance and complications with PPIUCD. In our study, among eligible population, only 48% accepted PPIUCD. Complications seen were partial expulsion in 4.1% and removal due to PID in 4.1% patients. Most of the patients who refused PPIUCD as they wanted some other spacing method. This reflects an inherent fear in patients and need to create more awareness regarding safety and efficacy of PPIUCD, which can lead to decrease in the rate of unwanted pregnancy and abortion rate.

Key words:

PPIUCD, Contraception, PPIUCD complications, PPIUCD north east India

Copyright © 2018 Manika Agarwal et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

IUCD is a well-known method for spacing children by inserting in the uterus. Traditionally the timing of insertion of IUCD was either after abortion or interval insertion. For few years now, postpartum insertion of IUCD is being recommended especially in developing countries as delivery may be the only time when a healthy women comes into contact with health care providers and chances of returning for contraceptive advice are uncertain. Insertion of IUCD during the postpartum period known as Postpartum Intrauterine Contraceptive Device (PPIUCD) is being focused to address the high unmet needs of spacing during postpartum period. With this background the present study was undertaken to assess the acceptability and safety of PPIUCD using Cu-T 380A, in North East India.

MATERIALS AND METHODS

It is a prospective study carried out in the Department of Obstetrics and Gynaecology, NEIGRIHMS, Shillong. Women delivering in the hospital and fulfilling inclusion criteria were included in the study, after obtaining informed consent. Duration of study was 3 months and minimum study population was 50.

Inclusion Criteria

- Age: between 18-35 years
- Term pregnancy: 37 weeks of gestation
- Consented to the study

- Only those with vaginal delivery
- <5th gravida

Exclusion Criteria

- History of PID, HIV, Pelvic TB, diabetes
- Women with anatomic abnormalities of the uterus or cervix which will interfere with insertion, retention or removal of IUCD
- Women with fibroids distorting the cavity
- PPH
- PPROM >18 HOURS or with obstructed labour
- Hb <8 g/dl

Patients who consented to PPIUCD were inserted with Cu-T 380 A after normal vaginal delivery. IUCD was provided to patient free of cost. Patient was advised to come back any time she had foul smelling discharge, lower abdominal pain, fever or chills or suspicion that IUCD had fallen out. Details of patient were collected in a proforma and results observed were analysed and expressed in number and percentages.

RESULTS AND OBSERVATIONS

50 patients were enrolled in the study after fulfilling the inclusion criteria in the study period. Out of 50, 24 (48%) accepted PPIUCD and 26 declined (52%).

Distribution of Age of Patients

Age of patient	Accepted PPIUCD		Refused PPIUCD	
	No.	Percentage	No.	Percentage

*Corresponding author: Manika Agarwal

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong

18-25	14	28%	13	26%
26-35	10	20%	13	26%

In our study 28% in the age group of 18-25 & 20% of patients in age group of 26-35 accepted PPIUCD.

Distribution of Parity of The Patient

Parity	Accepted PPIUCD		Refused PPIUCD	
	No.	Percentage	No.	Percentage
Primi	6	12%	8	16%
Multi	20	40%	18	36%

In our study, maximum number of patients 40% were multipara accepted PPIUCD. Only 12% primi accepted PPIUCD.

Reasons for Refusal of Ppiucd

Reason	Number	Percentage
Wants other spacing method	15/26	57.6%
Wants permanent contraception (PPS)	8/26	30.7%
Wants to conceive soon	2/26	7.7%
Dose not want any contraceptive	1/26	3.8%

In our study 57.6% did not accept PPIUCD, because of fear of intrauterine device and wanted some other spacing contraceptive method. Though it is a very effective method, with very little complication, however unknown fears prevent people from optimally utilizing it.

Complications

In our study, out of 24 women who had accepted PPIUCD, only 2 had complications (8.3%). One women complained of excess bleeding per vaginum and pain after 3 months of PPIUCD came to emergency and got it removed. Other patient who came to OPD after 6 weeks for routine checkup was found to have stem of Cu-T projecting out and hence it was removed.

Thus in our study complications were mild and only 8.3% thus indicating it is safe and effective method of contraception.

DISCUSSION

As a contraceptive used during postpartum period, IUCD is safe and effective. But in our study 52% declined to use PPIUCD. 57.6% wanted other spacing methods and not IUCD. This shows ignorance and fear in society regarding intrauterine device. This needs to be addressed by creating awareness of its advantages through public campaigns and proper counseling in antenatal and intra natal period. In our search of literature, we could not come across more studies where reasons of decline were recorded. More studies are required to know what is preventing such an effective method to become more popular. In a study by Manju Shukla *et al*⁽¹⁾, post placental intrauterine device insertion-a five year experience at a tertiary care center in North India 31.66% patients were primi and 68.33% were multiparous. In our study also 12% patients were primi and 40% were multiparous. Though among the patients refusing PPIUCD 16% were primi and 36% were multiparous.

In a study by Nathalic Kappa *et al*⁽²⁾, a systematic review of the intrauterine device insertion during the postpartum period was done fifteen such studies were studied. They found that immediate post placental insertion of an IUCD (less than 10 minutes after placenta delivery) appears to have the lowest risk for expulsion when compared to other postpartum intervals, but the risk remains higher than that of interval insertion.

Somesh *et al*⁽³⁾ studied women's experience with postpartum IUCD in India and found 3.8% patients presented with self-reported expulsion and 5.4% suffered from symptoms suggestive of infection such as lower abdominal pain, fever, foul smelling discharge. In our study 4.7% patient had partial expulsion at the time of follow up and 4.7% reported with pain abdomen and discharge due to which PPIUCD was removed.

In a study on factors influencing discontinuation of intra uterine contraceptive devices: an assessment in Indian context, S.Salhan *et al*⁽⁴⁾ found that apart from expulsion and complication of IUCD, residence, education, parity and age, reproductive history, counseling and knowledge about IUCD, also contributes to decisions for discontinuation of PPIUCD.

In a study, intrauterine copper device Cu-T 380 A, as a contraceptive method in the Indian context: Acceptability, safety and efficacy depending on the timing of insertion⁽⁵⁾ by P gupta found that in the postpartum insertion group 11.76% had spontaneous copper T expulsion in a interval group where 1.63% had spontaneous expulsion. Cumulative removal rate was more in postpartum insertion group 7.56% than interval group (4.37%) chronic pelvic pain was the most common for IUCD removal (3.88%). In our study, also 4.1% patient had spontaneous expulsion and 4.1% had Cu-T removal due to PID.

In a study by Mishra *et al*⁽⁶⁾, on tale of the tails, the missing postpartum IUCD strings, of the seven hundred and twenty six cases came for follow up, 36 had expulsion and 209 was missing strings at 3 months. They found removal rate was higher in missing strings group.

In a study by Kant S⁽⁷⁾ *et al*, on acceptance rates and expulsion of PPIUCD, they found that among them eligible for PPIUCD, acceptance rates was 39% expulsion rate was 18% and removal rate was 13.0% respectively. In our study, acceptance rate was 48% and expulsion and removal rate was 4.1% each.

In a cross sectional study conducted among eligible postpartum women in Telangana Jairaj S⁽⁸⁾ *et al* found that acceptance was higher in women from urban area (79.5%). Women undergoing caesarean section were accepting IUCD more than those who underwent normal vaginal delivery. Expulsion rate was 6.8% in their study.

V.Gupta *et al*⁽⁹⁾ have reported a rare case of perforation of uterus following PPIUCD insertion. In their case, X-ray pelvis showed Cu-T outside uterine cavity and mini laparotomy was carried out. The device had perforated at level of uterocervical junction and was removed and abscess drained.

In a study, on comparison of outcome after PPIUCD insertion by doctors and nurses in India by Yadav *et al*⁽¹⁰⁾, they concluded that trained nurses and midwives who conduct deliveries in public health facilities can perform PPIUCD insertion as safely as doctors.

CONCLUSION

In our study the expulsion rate and removal rate is comparable to that in other studies. The limitation of the study is the small sample size, but the uniqueness of the study is analysis of reasons for non-acceptance of PPIUCD where 57.6% patients wanted some other spacing method. This reflects a need to create awareness by public campaigns and counseling regarding safety and efficacy of PPIUCD.

Acknowledgement

I would like to thank Mr.Sudhansh Rai for the help provided in preparing the manuscript.

Bibliography

1. Shukla M, Qureshi S, Chandrawati. Post-placental intrauterine device insertion--a five year experience at a tertiary care centre in north India. *Indian J Med Res*. 2012 Sep;136(3):432-5.
2. Kapp N, Curtis KM. Intrauterine device insertion during the postpartum period: a systematic review. *Contraception*. 2009 Oct;80(4):327-36.
3. Kumar S, Sethi R, Balasubramaniam S, Charurat E, Lalchandani K, Semba R, *et al*. Women's experience with postpartum intrauterine contraceptive device use in India. *Reprod Health* [Internet]. 2014 Dec [cited 2018 Jun 12];11(1). Available from: <http://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-11-32>
4. Salhan S, Tripathi V. Factors influencing discontinuation of intrauterine contraceptive devices: an assessment in the Indian context. *Eur J Contracept Reprod Health Care*. 2004 Jan;9(4):245-59.
5. Gupta P, Gupta MM, Sharma R. Intrauterine Copper Device (CuT380A) as a Contraceptive Method in the Indian Context: Acceptability, Safety and Efficacy Depending on the Timing of Insertion. *J Obstet Gynecol India*. 2018 Apr;68(2):129-35.
6. Mishra S. Tale of the Tails, the Missing Postpartum IUCD Strings. *J Obstet Gynecol India*. 2017 Jun;67(3):202-7.
7. Kant S, Archana S, Singh A, Ahamed F, Haldar P. Acceptance rate, probability of follow-up, and expulsion of postpartum intrauterine contraceptive device offered at two primary health centers, North India. *J Fam Med Prim Care*. 2016;5(4):770.
8. Jairaj S. A Cross Sectional Study on Acceptability and Safety of IUCD among Postpartum Mothers at Tertiary Care Hospital, Telangana. *J Clin Diagn Res* [Internet]. 2016 [cited 2018 Jun 12]; Available from: http://www.jcdr.net/article_fulltext.asp?issn=0973-709x&year=2016&volume=10&issue=1&page=LC01&issn=0973-709x&id=7020
9. Gupta V, Kumari N, Goswami D, Maheshwari P. A Rare Case of Perforation Following PPIUCD Insertion. *J Obstet Gynecol India*. 2016 Aug;66(4):292-4.
10. Yadav V, Balasubramaniam S, Das S, Srivastava A, Srivastava A, Kumar S, *et al*. Comparison of outcomes at 6 weeks following postpartum intrauterine contraceptive device insertions by doctors and nurses in India: a case-control study. *Contraception*. 2016 Aug;92(4):247-55.

How to cite this article:

Manika Agarwet *al* (2018) 'Why women refuse ppiucd? Study of acceptability and complications with postpartum IUCD insertion in a tertiary hospital in North East India', *International Journal of Current Medical And Pharmaceutical Research*, 04(9), pp. 3623-3625.
