



Awareness About Postpartum Insertion of Intrauterine Device Among Antenatal Cases

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Abstract

Background: In spite of many contraceptives device available numerous unwanted and unplanned pregnancies occur. Though the couples desire contraception but are not able to accept it due to their ignorance and misconceptions. Intrauterine Contraceptive Device (IUCD); an effective contraceptive is usually inserted six weeks after delivery. It can be inserted within 48 h of delivery called postpartum insertion for which government has started the program in many states. The study was undertaken to find out the choices about contraception after delivery and awareness about postpartum insertion. **Methods:** The present observational study was conducted in one of the Civil service hospitals. 250 antenatal cases were included in the study. Their choice of contraception after delivery and awareness was determined through a questionnaire. Reasons for refusal of postpartum insertion were recorded. **Results:** 250 cases were included in the study, a large number had decided about contraception; mainly breast feeding supplemented by barrier contraceptive. 46 of 250 were willing for insertion of contraceptive device but not immediately after delivery due to apprehension in general and fear of side effects. **Conclusions:** Knowledge and acceptance of postpartum insertion is very low among antenatal women; probably because the concept is new in the community. There is a strong need to increase the knowledge and awareness about this by health education and counseling.

Keywords:- Postpartum, Intrauterine Device, Contraception.

INTRODUCTION

India was the first country in the world to start its Family planning program in 1952. The aim of the national program was population control. Contraception (both temporary and permanent) was one of the main prongs of this national program. Contraception is a highly cost effective public health measure.^[1]

Some of the contraceptives are suitable at an individual level but at community level still the ideal contraceptive is elusive. Couples need contraception throughout their reproductive years; initially it is required for delaying first pregnancy and later on for spacing and finally permanent methods when the family is complete. The choice and decision of contraception should be left to them; popularly called 'Cafeteria Approach'. Lack of adequate

knowledge or wrong information are common hurdles in acceptance of contraception.^[2,3] Fear of side effects and misconceptions has been the most important cause for non-use of contraception.^[4]

Postpartum period is one of the important times when women and couples are highly motivated to family planning methods. This period is defined as the period of six weeks after delivery when the woman returns to her pre-pregnancy state. If a contraceptive is provided prior to discharge from the hospital then the woman or couple need not return specially for contraception. The couple has been protected before they assume sexual activity.^[5] Delay in practice of contraception by couples during postpartum period can result in many unwanted/unintended or mistimed pregnancies.^[6] It is well known that if the woman conceives within less than 24 months of delivery then there are higher chances of complications like abortions, pre term labor, postpartum hemorrhage, low birth weight babies, neonatal morbidity and mortality.^[2] There is not enough time for the mother to build up her iron stores resulting in chronic ill health among women.

Intrauterine contraceptive device (IUCD) is most effective and one of the good options for spacing pregnancies as it is convenient, long acting and rapidly reversible.^[8] It can be removed whenever the individual desires and fertility returns immediately.^[9] IUCD is usually inserted as an interval procedure that is six weeks after delivery or along with induced abortion. It was not commonly inserted immediate postpartum; within 48 h of delivery before discharge of woman from the hospital.^[10]

Postpartum IUCD (PPIUCD) insertion can be done postplacental that is within 10 min of placental expulsion, intra cesarean at the time of cesarean section or within 48 h of delivery. Inserting IUCD minutes after placental delivery is safe, will lead to wider usage of IUCD hence meeting the unmet needs of community. Contraception has been provided before assumption of sexual activity.^[5] It does not interfere with lactation and chances of perforation are almost nil due to thick walled uterus. Common menstrual abnormalities do not occur as many women as such have amenorrhoea or oligomenorrhoea during lactation period. The expulsion rates would be minimal if it was inserted by a trained provider and placed at the fundus.^[11]

Acceptance and continuation of IUCD can be increased by education and counseling. First step of any contraceptive implementation at the community level is to make the public aware and informed about the contraceptive.

Despite making contraception widely available, there is poor acceptance of contraceptive methods either due to ignorance or fear of complications using them. Inadequate knowledge about contraceptive methods and incomplete information about their use are the main reasons for not accepting family planning.^[12] This study was conducted to find out the knowledge and awareness of PPIUCD insertion which is a new concept. Study would also find out the future plans of couples during antenatal period regarding contraception for spacing or limiting family after delivery.

MATERIAL AND METHODS

The present observational study was conducted in one of the civil hospitals. The study was conducted between August 2020 to July 2021. All the antenatal cases were given the option of being included in the study. Those not willing were not included for the study group. 250 cases were included in the study group. Informed consent was taken prior to participating in the study. Confidentiality was maintained in data collection. Both willing and unwilling cases went through routine and standard antenatal care. Age, parity and other antenatal demographic parameters were noted. Those who were included in the study were given the questionnaire on second or third visit. This was not done purposely on the first visit as antenatal care was the primary aim of their visit.

Questionnaire included two parts; the first was to know the type of contraceptive method which the couple had planned to use after delivery. The second part was to find out if they had heard about postpartum insertion of IUC. All those who had opted for IUCD were asked if they were willing to get the IUCD inserted at the time of delivery. All the cases were given the option of postpartum insertion of IUCD when they reported in early labor. The reasons for the reluctance to get PPIUCD insertion were enquired into.

RESULTS

All cases attending antenatal OPD were given the option of joining the study group. Total of 250 cases participated in the study. Their age [Table 1] varied from 18 to 41 yrs, out of which 143/ 250 (57.2%) belonged to 20-30 yrs. 26.4% of cases belonged to 30-40 years, there were only two cases whose age was more than 40

years. Of the 250 cases 129 (51.6%) cases were nulliparous, 108 (43.2%) were primiparous and 4.8% were multiparous. This observation shows that the incidence of high parity is low [Table 2].

All the cases were asked about their intended plan of contraception after delivery. The details are recorded in [Table 3], stratified into two groups. Group 1 (total 129 cases) was of nulliparous and Group 2 (total 121 cases) consisted of others that is the ones with one child or more. There was a large no of women in both groups who were still undecided about the contraception they would practice after delivery (65 of 250). Breast feeding was the first option in both the groups. Many in both the groups had indicated more than one option; breast feeding and barrier male contraceptive combined.

46 out of 250 cases (18.4%) had decided on IUCD after delivery, they all knew that IUCD needs to be inserted later; after delivery or when the menstruation begins. Volunteers for IUCD were offered the option of PPIUCD insertion; twelve of them agreed. Two had to undergo Cesarean Section (CS) and IUCD was put intra cesarean; ten cases were willing for IUCD insertion at the time of labor; this was done post placentally. Rest 34 cases who were willing for IUCD insertion after delivery refused PPIUCD. The reasons for not being willing are enumerated in [Table 4]. Female sterilization was an option for 17 out of 250 (6.8%) cases, and only one was for male sterilization.

Twelve volunteers were willing for IUCD insertion and 34 refused PPIUCD; they had multiple reasons for refusal. Two most common reasons for refusal were not being

ready (17/34) and general apprehension (13/34) about the procedure immediately after delivery. Relatives including husband refusing for the procedure was another reason. All 250 cases were enquired if they had heard about

the PPIUCD program, only six of them mentioned they has some idea about this but not very clear. These six cases were not able to convey the source of this information.

Table 1: Age distribution of cases.

Age	Frequency (%)
Less than 20	039((15.6)
20-30	143(57.2)
30-40	066(26.4)
More than 40	002(0.8)
Total	250(100)

Table 2: Distribution of cases as per parity.

Parity	Frequency (%)
1	129(51.6)
2	108(43.2)
3	012(4.8)
4	001(0.4)
Total	250(100)

Table 3: Intended contraception in future

Intended contraception	Group e 1 nulliparous (129 cases)	Group e 2 primiparous and multiparous (121 cases)	Total (250)
Not yet decided	45	20	65
Breast feeding	34	33	67
Barrier Male	32	28	60
IUCD	25	21	46
Injectable	04	12	16
Oral pills	00	04	04
Female sterilization	00	17	17
Male sterilization	00	01	01
Total	140	136	276

Total more than 500 due to multiple choices

Table 4: Reasons for refusal of PPIUCD.

Criteria	Frequency (n)
IUCD volunteers (Interval)	46
Willing for PPIUCD	12
Unwilling for PPIUCD	34
Reasons for refusal of PPIUCD (n=34)	



Apprehension in general	13
Not agreed by husband	04
Not agreed by relatives	03
Apprehension about infection	10
Not ready as yet	17
Total	47

DISCUSSION

All women need contraception sometime or other in their reproductive years. Postpartum period is one such important phase of their lives. IUCD is a very effective method of contraception; at times comparable to sterilization, it is one of the good and acceptable method. The study was conducted to find out the awareness about the timing of IUCD insertion. Timing of insertion is usually six weeks after delivery. Recent studies have shown that insertion of IUCD immediately after delivery is a safe and effective procedure. Awareness about this timing is very low and needs to be enhanced by health education and counseling during antenatal period. The reasons given for being unwilling were frivolous and need to be allayed by health education and counseling.

Many women and couples remained undecided about contraception after delivery and this would increase the chances of conception resulting in unplanned and unwanted pregnancies.^[13]

Breast feeding was a common option for many women, there is need to strengthen this method of contraception as it is well known that lactational amenorrhoea method (LAM) is

a useful and effective method if used properly,^[14,15] but only up to six months.

CONCLUSIONS

Knowledge and acceptance of PPIUCD insertion is very low among women attending antenatal OPD; probably because the concept is new in the community. There is a strong need to increase the knowledge and awareness about this by health education and counseling. Knowledge among medical and paramedical staff also is very low. The staff providing family planning services too; needs to be made aware of this new, useful and practical method of delaying pregnancy thereby improving the health of mother and baby.

Postpartum Family Planning services need to be strengthened and providers updated on recent developments in contraceptive services. Provision of IUCD in the immediate postpartum period offers effective and safe method of spacing and limiting pregnancy.

Antenatal services should be enhanced as currently it does not create a significant impact on acceptance of contraceptive. Counseling during antenatal period gives them time to decide finally.

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