

A Study of Cases of Discontinuation of PPIUCD at A Tertiary Care Centre

Dr. Indu Gautam

Assistant professor Obstetrics and gynecology S.M.S. Medical College, Jaipur
32 Sen colony, Prem nagar, Jhotwara, Jaipur (Raj) Pin code: 302012
Corresponding Author: Dr. Indu Gautam

Abstract

Introduction- PPIUCD insertion is a good option as a family planning method. In country like India IUCD insertion during delivery may prove to be the best option to reach out to the population.

Objective- To assess and evaluate cases of PPIUCD and reason for discontinuation of PPIUCD at a tertiary care teaching hospital, over a period of 1 year.

Material and Methods- This prospective observational study was carried out at a tertiary care teaching hospital associated with S.M.S. Medical College Jaipur for 1 year period. Women opting for discontinuation of PPIUCD were assessed for reason of removal and analysis done.

Result- Total number of PPIUCD inserted during 1 year period were 5622. Total number of PPIUCD removed due to various reasons was 245. Out of 245 women who discontinued use of PPIUCD 95 (38.8%) were due to bleeding problems, 92 (37.5%) removal were due to pain abdomen, missing thread accounted for 35 (13.8%) removals. Other causes cited for removal were own desire, partial expulsion and fear of perforation.

Conclusion- PPIUCD is a promising method for immediate post-partum family planning. Early and frequent follow up with counseling plays a very important role in acceptance and continuation of use.

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Introduction

In India, unmet need of contraception is estimated to be 15.8% as estimated by DHS survey. There is a need for an effective, acceptable, reliable and reversible contraceptive in women, especially in post-partum period, as this is the time when unplanned pregnancies occur the most. There is a high desire among the women regarding contraception in the immediate post-partum period, which declines over time.

Unwanted and unplanned pregnancies are a cause of distress in couples and lead to adverse outcome in the newborn. Studies show that pregnancies occurring within 24 months of previous pregnancy have higher risk of adverse outcomes like abortions, premature birth, low birth weight and fetal death⁽¹⁾. 27% of pregnancies occur within 24 months. The issue of family planning needs to be addressed during this period. Hence, post partum IUCD insertion takes important place.

PPIUCD insertion has several advantages like low health care cost, ease of insertion, avoids discomfort of insertion, high acceptance rates among women in labour, confirm non pregnant status post-partum, does not interfere with breast feeding and bleeding if any is masked in lochia. Thus immediate post-partum family planning services need to be emphasized wherein the woman leaves the hospital with an effective contraception in place. This ensures a higher rate of contraception with less number of women being missed. PPIUCD offers such benefits and is a good option.

Post placental IUCD insertion refers to IUCD insertion within 10 min. of expulsion of placenta. Intra caesarean insertion is done after removal of placenta and before closure of uterine incision. With remarkably low failure rate of <1/100 women in first year of use CuT380A occupies top tier placement. Post placental IUCD insertion thus offers an effective and safe method for spacing births⁽²⁾. Lower expulsion rates were found when Cu T was post-placental (within 10 min) than when immediate post partum (10 min to 48 hrs. of delivery)⁽³⁾. Contraceptive use is user friendly with IUCD use. It can be used as an alternative to permanent sterilization in higher age groups.

In a country like ours immediate post partum period provides a platform for counseling of such women who may never seek medical advice in post natal period if healthy. More research is needed in the field of PPIUCD to enhance awareness and acceptance in the community

Objective

To assess and evaluate cases of PPIUCD and reason for discontinuation of PPIUCD at a tertiary care teaching hospital ,over a period of 1 year.

Material and Methods

This prospective observational study was carried out at a tertiary care teaching hospital associated with SMS Medical College, Jaipur for the period April 2017 to March 2018. Post placental and intra caesarean IUCD insertion during this period were noted. Women opting for removal of PPIUCD during this period were also noted. Women opting for discontinuation of PPIUCD were 245 in the 1 year study period. Detailed questioning was done regarding desire for removal of IUCD. Simultaneously counseling was done. Assessment was done with reference to reason behind removal of IUCD. Causes cited were bleeding problems, pain abdomen ,fear of perforation, own desire without any specific reason, partial expulsion and denial of consent for insertion. Women citing fear of perforation as reason were counseled again and advised continuation of PPIUCD , although few still refused to continue. The data obtained was tabulated and statistical analysis in percentage was done after due validation. Outcome was analyzed

TABLE NO. 1Number of PPIUCD inserted and removed during study period(1 year)

M o n t h	P P I U C D i n s e r t e d	P P I U C D r e m o v e d
A p r i l 2 0 1 7	4	8
M a y 2 0 1 7	5	0
J u n e 2 0 1 7	3	8
J u l y 2 0 1 7	6	4
A u g u s t 2 0 1 7	4	6
S e p t e m b e r 2 0 1 7	6	9
O c t o b e r 2 0 1 7	7	0
N o v e m b e r 2 0 1 7	3	4
D e c e m b e r 2 0 1 7	9	5
J a n u a r y 2 0 1 8	6	8
F e b r u a r y 2 0 1 8	4	4
M a r c h 2 0 1 8	1	8
T o t a l	5	6

TABLE NO. 2Reasons of removal of PPIUCD in the study

Reasons for removal	n	=	2	4	5	%
Bleeding problem	9				5	3.8%
Pain abdomen	9			2	3	7.5%
Missing thread	3				5	1.3%
Partial expulsion	9				3	6.1%
Own desire	1				9	7.5%
Fear of perforation	2				0	8.1%
Denial of consent	2				0	8.1%
T o t a l	2	4	5		1	0%

I ResultsAnd Discussion

Total number of PPIUCD inserted during 1 year period April 2017 to March 2018 were 5,622. Total number of women discontinuing PPIUCD usage were 245. Removal rate calculated is 4.51%. This is in accordance to study done by Gupta G. 2015 where removal was 4.66%⁽⁴⁾. This is less when compared to results shown by Halder A. et al 2016 where total removal was 4% in intra caesarean group and 8% in vaginal insertion group⁽⁵⁾. Ranjana et al 2017 showed that IUCD removal was done in 12.71% women⁽⁶⁾.

Heavy menstrual bleeding was found in 95(38.77%) women and abdominal pain in 92(37.5%) women in this study. Similar results were shown by other studies like Mishra S. where bleeding was main complication in 23.5% women⁽⁷⁾. Ranjana et al where heavy menstrual bleeding was found in 17.79% women and pelvic pain in 16.10% women. Gupta G. showed that 2 women out of 150 i.e. 1.33% removal was done due to pain and in 2 out of 150 i.e. 1.33% removal was done for menorrhagia. Halder A. showed that IUCD had to be removed in 3% women for vaginal bleeding (2% in vaginal insertion group and 1% in intra caesarean group). Couple desire for removal of IUCD was present in total 3% women (2% in vaginal group and 1% in intra caesarean group). In present study vaginal bleeding as cause of removal was present in 95(38.77%) women, pain abdomen was cause of removal in 92(37.5%) women and couple desire as cause was present in 19(7.75%) women out of total 245 removals.

Partial expulsion was cause of removal in 9(3.6%) cases in present study. In other studies it was in total 3% (2% for vaginal group and 1% for intra caesarean group)⁽⁵⁾. Missing thread was found in 35(13.77%) women in this study. According to study done by others 30% women in intra caesarean group and 16% in vaginal group had missing thread finding respectively⁽⁵⁾, another study demonstrated 8.69% cases with

missing strings⁽⁷⁾, another study shows incidence of missing strings to be 23.47% in intra caesarean and 6.47% in post placental insertion⁽⁸⁾. Ranjana et al showed 28% women had missing thread in intracaesarean group whereas in vaginal group it was 11.76%.

In this study fear of perforation, despite counseling, was cause of removal in 2(0.81%) women. This reason comes out to be new in this study and has not been cited elsewhere. This could be probably due to such cases being included in couple desire. Ignorance regarding consent for insertion seemed to be feigned and was used as a reason for discontinuation. This inference was made on examining the consent signed by the women and their acceptance of same on being asked again.

II Conclusion

PPIUCD has a promising role in the field of contraception. It is safe, effective and user-friendly method of contraception, similar inference drawn by Cochrane Database review by Grimes et al 2010⁽⁹⁾. The benefits of providing highly effective contraception immediately after delivery outweigh the disadvantages. Early follow up should be encouraged to detect expulsions and tackle common problems leading to removal of PPIUCD. With good counseling prior to insertion and during follow up, acceptance of PPIUCD can be improved.

From the study done it can be concluded that PPIUCD use can pave path to meet the unmet need of contraception.

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