

STUDY ON PPIUCD ACCEPTORS AND THEIR FOLLOW UP

ABSTRACT

BACKGROUND :

India is world's second most populated country with 1.3 billion people. It contributes 17.5% of the world's population by adding 25 million births every year. Nearly 20.7% of the Indian population have unmet needs for family planning with 65% of the needs in the first year of postpartum period.

Postpartum period is the ideal time of family planning. Studies show that spacing less than two years of child birth can lead to obstetric complications and maternal mortality. Hence practice of contraception is mandatory.

This study helps to determine the socio economic and demographic factors associated with postplacental insertion of copper T. It also helps to determine the complications.

The intra uterine device is highly effective, safe, rapidly reversible, long acting, coital independent method of contraception with relatively few side effects. This is also known as coil.

With the increased number of institutional deliveries due to the provision of Janani Suraksha Yojana – a cash transfer scheme there is increased access to the pregnant women for promoting family planning services. Furthermore in the immediate postpartum period, the insertion of intrauterine device is convenient and these women are highly motivated. The postplacental IUCD insertion is particularly

suitable for our country where even para medical personnel can insert the Cu T and delivery is the only time these patients come in contact with the hospital.

AIM OF THE STUDY:

The present study is aimed at determining the safety, efficacy and expulsion of postplacental insertion of Cu T 380A following vaginal deliveries, instrumental deliveries and caesarean section. In this study, the Cu T 380 A was inserted within 10 minutes of the delivery of placenta and their outcome studied.

OBJECTIVES:

1. To determine proportion of women accepting immediate PPIUCD insertion
2. To determine the factors associated with acceptability including the socio demographic and obstetric characters.
3. To determine the rates of expulsion, pelvic infection, lost strings and misplacement among the acceptors following the postplacental insertion and its outcome after six weeks.

MATERIALS AND METHODS:

STUDY DESIGN:

The study was a prospective observational study to assess the awareness, acceptance and safety of PPIUCD use in women inserted 10 minutes following deliveries.

STUDY SETTING:

The study was conducted in the Department of Obstetrics and Gynaecology at Govt Theni Medical college Hospital, Tamilnadu.

STUDY PERIOD:

One year from August 2015 to July, 2016.

STUDY POPULATION:

1. All patients delivered during the study period fulfilling the inclusion criteria.
2. Mode of delivery can be vaginal, instrumental or by caesarean sections.

METHODOLOGY:

- A structured open ended questionnaire was given to all patients participating in the study.
- It includes socio demographic factors, antenatal history, awareness of PPIUCD, reasons for acceptance
- Study was the insertion of IUCD (Cu T 380 A) immediately after the delivery of the placenta following vaginal, instrumental or caesarean sections
At six weeks interval, the women are followed up to evaluate the efficacy, complication and continuation

INCLUSION CRITERIA:

1. Women counseled about PPIUCD and their willingness
2. 19 -35 year old mothers

3.gestational age :34-40 weeks

4.haemoglobin more than or equal to 9gm%

EXCLUSION CRITERIA:

1.Patients not willing for participation in the study

2.History of antepartum haemorrhage

3.History of rupture of membranes > 12 hours

4.Any lower genital tract infection

5.Uterine anomalies

6.History of post partum haemorrhage.

RESULTS:

Total women counselled - 1150

Accepted - 500

Declined - 650

Lost to follow up- 18

Followed up - 482

Complications- 104

(Expulsion = 23 ,Bleeding = 45 ,

String problem= 24 , abdominal pain =12)

Removal -42

Continuation -417

CONCLUSION:

The PPIUCD is particularly safe with few complications as demonstrated in the study. The patients should be counselled regarding the advantages even in the antenatal clinic itself as successful family planning measures helps to avert 20-35% of maternal deaths and nearly 20% of neonatal deaths.