

Acceptance of Post Placental IUCD Among Antenatal Patients

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ABSTRACT

Objective: To see the acceptance rate of PPIUCD among antenatal patients and compare it with international standards so that strategies to increase uptake of this contraceptive device can be devised especially for low compliance patients.

Background : Post placental intrauterine contraceptive device (PPIUCD) is the method of contraception that is effective immediately after delivery and patients don't have to come back again from home. It is long acting, reversible, cost effective, free of systemic side effects and best for women with low compliance.

Material and methods: This cross sectional observational study was carried out in outpatient department of obstetrics & gynaecology of Arif Memorial teaching hospital Lahore from January 2022 to March 2022. 285 pregnant patients irrespective of gestational age presenting to OPD were counselled for PPIUCD insertion after taking written informed consent.

Results: Out of 285 patients counselled for PPIUCD insertion only 86 women (30%) accepted its insertion while 199 women (70%) refused for it. Majority of patients 205 (72%) were in age group 21-30 years, only 61(30%) of them accepted PPIUCD insertion and acceptance was highest (61%) in age group less than 20 years . 228 (80%) patients were literate and acceptance rate was 63% among them. Acceptance of PPIUCD was lower among multi para (22%) as compared to primipara (41%).

Conclusion: Acceptance of PPIUCD in our antenatal mothers is poor. So counseling of antenatal women and their families will be helpful for high acceptance of PPIUCD.

Keywords: PPIUCD, Contraception, acceptance

INTRODUCTION

Family planning is an integral part of the strategies to improve country's economy and health indicators like MMR , IMR.¹ Pakistan is the sixth most populous country in the world .² The Government of Pakistan provides Family planning services in different centers since 1990 s but unfortunately these are underutilized .³ The unmet need for family planning in Pakistan are estimated to be 21%.³ Most women fail to return after puerperium for contraceptive advice due to multiple factors like social pressure , religious beliefs , fear of side effects, myths about future fertility ,lack of awareness and counseling , and if they return some of them already pregnant .⁴

Ovulation occurs as early as day 25 postpartum and women get easily pregnant as they are not practicing contraception in puerperium. PPIUCD (Post Partum Intrauterine Contraceptive Device) is the method of contraception that is effective immediately after delivery, patient don't have to come back from home to avail this facility.^{5,6} It was introduced in Pakistan in 2012 by WHO in association with Jhpiego. ³It is a cost effective method with failure rate between 0.1 to 1 % during first year of its use.⁷ The method is long lasting (8-10yrs) , non hormonal ,reversible with return of fertility immediately after its removal .⁸It has no systemic effects like weight gain ,bloating and disturbance in lactation. Immediately post partum it is also certain that the patient is not pregnant .^{9,10}

The otherwise most common side effect of IUCD i.e. irregular bleeding is masked by lochia and also the risk of perforation is low due to thick uterine wall post partum.¹¹ The learning curve of PPIUCD placement is very steep and risk of complications is low in trained hands , so we should train birth attendants .^{12,13} Antenatal visit is the best opportunity to discuss about future contraception plans with the patient , it is the time when patient is most receptive regarding contraceptive advice .Keeping in view benefits of PPIUCD patients should be counseled about this option during their antenatal visits as they have enough time to make decision.¹

I want to see acceptance rate for IUCD among pregnant patients that come for antenatal care in our hospital .We will compare it with international standard which is found to be around 39 % in studies done across the globe ¹⁴ so that we can devise strategies to increase uptake of a contraceptive method that is cost effective ,free of systemic side effects and best for women with low compliance.

MATERIALS AND METHODS

This cross sectional observational study was carried out at Out Patient Department of Obstetrics and Gynecology of Arif Memorial Teaching Hospital after taking ethical approval from Institutional Review Committee of RLMC. The pregnant females presenting in OPD during the study period i.e. from January 2022 to March 2022 were included in the study irrespective of the gestational age. Written informed consent was taken from all patients.

Sample size: Sample size is 285 as calculated by WHO Sample Size Calculator .

RESULTS

285 eligible patients were counselled for PPIUCD insertion during their antenatal visits. Out of them 86 patients accepted PPIUCD insertion with proper consent. So the acceptance rate was 30%(Figure 1 & Table 1) .

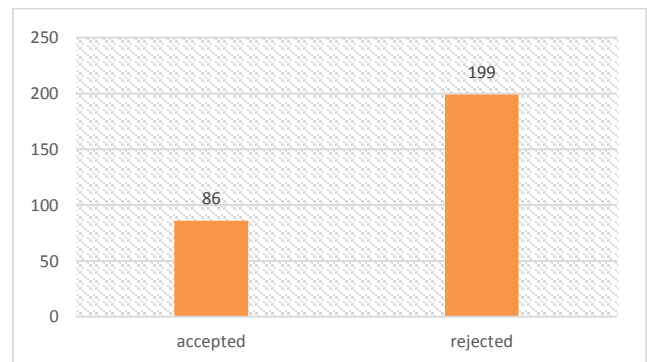


Figure 1: Acceptance vs. rejection of PPIUCD.

Table 1: Acceptance vs. rejection of PPIUCD.

	N=285	%
Accepted	86	30
Rejected	199	70

Majority 205(72%) of patients counselled were between age group of 21-30 years, only 61 (30%) of them accepted PPIUCD insertion. Among women between 31 to 40 years age, 75% refused IUCD insertion (Table 2).

Table 2: Age variables for different groups.

Age	Accepted	Declined	Total
<20 years	9 (60%)	6 (40%)	15 (5%)
21-30 years	61 (30%)	144 (70%)	205 (72%)
31-40 years	16 (25%)	49 (75%)	65 (23%)
Total	86	199	285

80% of study population was literate though acceptance rate for PPIUCD was 63% among them. 30% of women were educated less than 10th grade, among them 21% were there in acceptance & 79% in rejection group. Maximum patients (50%) were educated more than 10th grade and 42% of them accepted PPIUCD insertion. (Table3).

Table 3: Acceptance and rejection according to education.

Education	Accepted	Rejected	Total
No formal education	8 (14%)	49 (86%)	57 (20%)
<10 th grade	18 (21%)	67 (79%)	85 (30%)
>10 th grade	60 (42%)	83 (58%)	143 (50%)
Total	86	199	285

160(56%) women were multipara and out of them only 35 patients (22%) accepted PPIUCD insertion while 125(44%) women were primipara and 51 of them (41%) accepted PPIUCD insertion. So in our study acceptance of the PPIUCD was lower among multiparous (22%) compared to primiparous (41%) (Table 4).

Table 4: Acceptance and rejection according to parity.

Parity	Accepted	Declined	Total
primipara	51 (41%)	74 (59%)	125 (44%)
multipara	35 (22%)	125 (78%)	160 (56%)
Total	86	199	

DISCUSSION

Looking into the exploding population of Pakistan, population control and stabilization is the demand of the nation for its socioeconomic development and welfare of country. Although the available contraceptive methods are many, need of a single efficacious, feasible, and cost- effective method is desirable especially in low resource country like ours.

The present study was conducted to assess the acceptance of PPIUCD insertion in our setup. This study included 285 antenatal patients and 86 (30%) women were willing for PPIUCD insertion while 199 (70%) women refused for PPIUCD insertion. The possible reason for low acceptance rate could be lack of awareness, low education, family pressure and various misconceptions for IUCDinsertion. This low rate of acceptance was observed by Sharma N et al. where only 19% of women accepted PPIUCD insertion while 80% of women refused for its insertion.¹⁵

In a study done by Jain S et al. 587 women were counselled for immediate postpartum insertion of IUCD. Of those only 202 (34.4%) agreed for immediate insertion, comparable with our results.¹⁶

The rate of acceptance was higher (60%) in age group less than 20 years of age comparable to another study conducted by Ch.Madhuri et al. where acceptance rate in this age group was 56%.¹⁷ The acceptance rate among age group between 21-30 years in our study was 30% comparable to results of another study conducted by Barala S et al. where acceptance rate among this age group was found to be 35.8%.¹⁸

In this study maximum patient (50%) were educated up to 10th standard and more & 42% of them accepted PPIUCD. 20% were illiterate and out of them 86% women rejected the use of PPIUCD. Education has a positive effect on acceptance of PPIUCD insertion and women's education is the most important determinant of contraceptiveuse. Another study conducted by Chauhan R et al. showed 19.4% acceptance in illiterate patients as compared to 49.5% acceptance rate in women having high school education.¹⁹

In our study acceptance of the PPIUCD was lower among multiparous (22%) compared to primiparous (41%). A study was done by Ramya KS et al. in India where 73.8% of primiparous

accepted the use of PPIUCD compared to 51.4% acceptance in multipara.²⁰ Another study done by Jain R et al. found 45.12% acceptance rate in primiparous women and 17.07 % acceptance rate in women having 3 children.²¹ The reason behind is that majority of multipara patient are interested in permanent method of contraception & inclination of primiparous remains towards spacing methods.

Limitations: This study was conducted in a tertiary centre therefore the findings may not adequately reflect the entire population.

Conclusions and recommendations: We conclude from our study that acceptance of PPIUCDinour antenatal mothers is poor. For these women, the only opportunity to receive information about contraceptives is during antental period when they are in contact with medical personnel. Hence, it is suggested that family planning should be integrated with maternal and child-care services in order to effectively promote the use of contraceptive devices in these women who otherwise would not seek the use of such a device. Therefore counseling of antenatal women and their families will be helpful for high acceptance of PPIUCD.Also looking into current increasing population of Pakistan, it is better to give this contraceptive option than leaving a postpartum women on risk of another pregnancy with in this short interval.

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