International Journal of Gynaecology and Obstetrics Research
www.gynaecologyjournal.in
E-ISSN: 2663-3612, P-ISSN: 2663-3604
Received: 24-05-2021, Accepted: 08-06-2021, Published: 23-06-2021
Volume 3, Issue 1, 2021, Page No. 18-21

Post partum intra uterine device in two reference maternities of Kara

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Abstract
Introduction: Integrating family planning services with other health services can be an effective way to reduce unmet need, accelerate access to postpartum family planning.
Aim: to determine the use of the IUDPP in the maternities of CHU Kara and CHR Kara.
Method: it was cross sectional and retrospective study in the maternities of CHU Kara and CHR Kara about 30months. Were included the births who had benefited from IUDPP. Epi Info 7 software made it to process the data.
Results: During the study period, 879 IUD were inserted in immediate postpartum. The 20-39 age group was more representative (88,29%). The clients were married (92,66%), pauciparous (42,66%) and had a level of primary (42,66%) or secondary education (42,43%). Counseling was done at latency phase (60,30%) or prenatal period (29,81%). The PPIUD was inserted more during caesarean section (85,78%). The main complication was the expulsion of the IUD (3,3%). Also 95,45% had continued using the method after six weeks post partum.
Conclusion: The IUPP has been very rarely inserted in vaginal deliveries. It is a low-cost, long-acting contraceptive method with minimal side effects and complications.

Keywords: IUDPP, post-partum family planning, providers, Togo

Introduction

Postpartum family planning (PFPP) is defined as the prevention of unwanted and closely spaced pregnancies in the first 12 months after delivery [1].
Given its undeniable contribution to the reduction of maternal and infant mortality, family planning is at the heart of the concerns of the government and health actors. According to the 2013-2014 Togo Demographic Health Survey, maternal (401 per 100,000 live births) and neonatal (27 per 1,000 live births) mortality rates remain high. Like other West African countries, contraceptive prevalence in Togo remains low at 17.1% and unmet need is estimated at 33.6% [1-3]. Within the framework of the "Partenariat de Ouagadougou", Togo has committed itself to the process of repositioning family planning, with the objective of reaching a contraceptive prevalence rate of 34.5% by 2022 [4].
To achieve this, several innovative strategies have been introduced, including immediate insertion of the postpartum intrauterine device (IUDPP). The IUDPP is said to be post-placental if insertion takes place 10 minutes after delivery, and immediate postpartum if insertion takes place within 48 hours of vaginal delivery. It is said to be per cesarean if insertion takes place during the cesarean section (before the hysterorraphy).
A woman who chooses the IUDPP leaves the facility after delivery with reliable contraception already in place, allowing her to take control of her fertility throughout the postpartum period and for as long as she wishes [5, 6]. After three years of using the IUDPP, we thought it appropriate to conduct a study of this new method in the maternity units of the Kara University Hospital and the Kara Regional Hospital. The objective of the study was to determine the use of the IUDPP in the maternities of CHU Kara and CHR Kara.

Patients and methods

This was a retrospective, cross-sectional study over a 30-month period from 01 July 2016 to 31 December 2018.
Inclusion: All women who gave birth by vaginal delivery or cesarean section and who had received a IUDPP were included. The T380 copper IUD was used.
Non-inclusion criteria: Women who had a vaginal delivery or cesarean section and who had adopted another method immediately postpartum.
Data sources: obstetric records of the deliveries, DIUPP and delivery registers. Epi-info version 7 software was used for data analysis and processing.

Results

Postpartum intrauterine device (IUPD) adoption rate

During the course of the study, 879 women had received the IUDPP out of 6,481 deliveries, i.e., an adoption rate of 13.56%. At the Kara University Hospital, 619 women had adopted the IUDPP out of 3714 deliveries, i.e., 16.66%, while at the Kara Regional Hospital, 260 women had adopted it out of 2767 deliveries, i.e., 9.39%.

Epidemiological profile of clients

The age group 20-39 years was more represented (88.29%). They were married (n= 811 or 92.26%) or single (n=68 or 7.74%). They were more likely to be educated at the primary (42.66%) and secondary (42.44%) levels. They had a history of abortion (39.02%) or scarred uterus (29.92%) and an average parity of 3 (Table I).

Qualification of providers

The majority of insertions were performed by senior health technicians (n=725 or 82.48%) and obstetrician-gynecologists (n:78 or 8.87%) who perform cesarean sections, followed by state midwives (n:76 or 8.65%).

Time of counseling and IUD insertion

Timing of counseling

Counseling was most often done during the latency phase (60.30%) (Table II).

Time of insertion

The IUD was inserted in 754 clients (85.78%) per cesarean section, 75 clients (8.53%) immediate postpartum, and 50 clients (5.69%) post placental, respectively.

Follow-up method

The first appointment was given at six weeks during the second postnatal consultation. Fifty-six clients (6.37%) consulted within the first four weeks of postpartum because of side effects and complications. The majority of clients (n=675 or 76.79%) kept the appointment and received the first check-up at 6 weeks. Also 148 (16.84%) of them consulted after six weeks.

Complications and side effects related to the use of the IUPP

Side effects accounted for 1.02% and complications for 5.69%. Expulsion of the IUD was the most frequent complication, at 3.3% (Table III).

Discontinuation of the Method

During follow-up, 40 clients (4.55%) discontinued the method because of complications and side effects. However, 839 clients (95.45%) agreed to continue with the IUD after the six-week postpartum period.

Discussion

Uptake rate of the IUDPP

During the course of the study, 879 women received the IUPP, a rate of 13.56%. This rate is higher than the rates found in other hospital studies. Thus Bassowa *et al* [7] in Togo (2016) had found a rate of 1.49% while Binefou [8] in Mali (2014) had found 5.4% and Dembélé [9] in Burkina Faso (2017) a rate of 5%. According to the 2018 SONU monitoring in Togo [10], the national adoption rate was 4.3%. Madina [11] in Guinea reported a national rate of 5.7% in 2017. This national adoption rate for the IUD was low. By standards, the national adoption rate should be at least 10%. This can be explained on the one hand by the fact that counseling was done much more in the latency phase (60.30%). The IUD was very weak. The IUDPP has increased the overall IUD adoption rate.

Epidemiological profile of IUPD beneficiaries

The majority of clients were young (20-39 years old = 88.29%), had a primary or secondary education (85.10%), had an income-generating activity (40.95%) and were married (92.26). Most studies show an association between age, economic activity, level of education and the husband's adherence to continuous use of a contraceptive method [13, 14]. Pauciparous women were predominant (47.78%) with an average parity of 3. The Bassowa study at the CHU SO of Lomé (Togo) found a preponderance of pauciparous women. On the other hand, Binefou in Mali found an average parity of 5.5.

The majority of clients had a history of abortion (39.02%) and scarred uterus (29.92%). The ideal spacing of pregnancies is imperative in the case of a scar uterus to prevent complications from closely spaced pregnancies. Also, prevention of unwanted pregnancies, failure of a short-acting contraceptive method and birth control are all factors that are associated with the use of a long-acting method [15, 16]. Exploring lifestyle and history during the contraceptive interview positively influences client satisfaction [12].

Postpartum intrauterine device insertion

The majority of clients received counseling during the latency phase (60.30%) followed by the prenatal period (29.81%). Ideally, she should receive counseling about IUDPP services during the prenatal period. This gives her more time to think about and discuss her method choice with her partner and other family members since pregnancy. In the absence of counseling during pregnancy, the latency phase and immediate postpartum (48 hours) represent an opportunity for the client to make an informed choice. Tefouet study in Cameroon at 2019 [19] found a 17% rate of good knowledge of immediate postpartum family planning for couples. A hospital study conducted in France by Pourtier E. found that 94% of women who gave birth had adopted a contraceptive method of their choice before leaving the maternity ward [12]. In this study, we did not take into account women who had adopted other contraceptive methods before leaving the hospital.

Follow-up Method

The first IUDPP appointment was at 6 weeks during the postnatal consultation. The follow-up consisted of looking for possible side effects and complications, but also of making sure that the IUD threads were present in the vagina during the gynecological examination with a speculum. When the wires were not visible, a second appointment of 6 weeks was given. In this study, 76.79% of clients kept the first appointment. The rate was similar to that of the first visit, 78.1%, according to Binefou F. [9]. Also 6.38% had consulted before the 6th week because they had experienced side effects.

Side Effects and Complications of IUPD Use

Side effects accounted for 1.02%. The main side effects were pelvic pain and bleeding as found in other studies [8, 9, 21].

Fifty clients (5.69%) had experienced complications. IUD expulsion was the main complication (3.3%) as described in the literature. According to WHO, the rate of expulsion is higher in the post partum insertion than in the interval IUD, especially during immediate postpartum insertion [23]. This expulsion rate is

similar to those found by Dembélé and Binefou F. (3%). MCHIP reported lower expulsion rates in some countries such as Paraguay (1.4%), India (2%) and Guinea (2.3%) [18]. The cases of expulsion were reportedly due to poor technique for inserting the IUD into the uterine fundus or in cases of postpartum hemorrhage.

The other complications were absence of the IUD thread in the vagina (2.16%) and endometritis (0.23%). Binefou F and Gueye M also found that the threads were missing [9, 21]. In the study by Gueye M [21], an ultrasound check 6 months later showed the IUD well in place despite the absence of threads. The non-visible threads could be explained by slow migration in the vagina. The occurrence of endometritis could be due to a lack of asepsis during IUD insertion or failure to observe the contraindications

Discontinuation of the Method

The majority of clients, 95.45%, agreed to continue with the IUD. However, 4.55% discontinued the method because of complications and some side effects. According to Muthal-Rathore A [22], method discontinuation can vary from 1 to 5.5% because of pain and bleeding. The factors that encourage continued use of a contraceptive method are: communication about side effects, proper management of side effects, competence of providers and dialogue about family planning among couples [13].

Conclusion

The IUDPP is a high-impact intervention for significantly reducing unmet need in the postpartum period. In our study, less than a quarter of the women who delivered had adopted the IUDPP. The method was more widely adopted by those who had given birth by cesarean section. The main complication was expulsion of the IUD. However, the majority of clients continued to use the method six weeks after delivery. Emphasis should be placed on the quality of counseling with a focus on side effects. It would be appropriate to conduct a study to investigate factors associated with low use of the IUDPP by women who give birth vaginally. We suggest that the Kara regional health department train all providers who provide prenatal care in postpartum family planning counseling, particularly the postpartum intrauterine device.

Table 1: Distribution by Epidemiological Profile of Clients

	Effectif	**Pourcentage (%)**
Age (years)		
≤ 19	56	6,37
20 -29	408	46,42
30-39	368	41,87
≥ 40	47	5,34
Education level		
Primary	375	42,66
Secondary	373	42,44
Higher education	114	12,97
None	17	1,93
Profession		
[1]IGA	360	40,95
Household	339	38,57
Students	172	19,57
Others	8	0,91
Parity		
Primiparous (1)	198	22,53
Pauciparous (2-3)	420	47,78
Multiparous (≥ 4)	261	29,69
Antecedent		
Abortion	343	39,02
Scarred uterus	263	29,93
Dead /stillborn child	177	20,14
None	96	10,92

[1]IGA: Income generating activities

Table 2: Distribution of clients by time of counseling

	Effectif	Pourcentage (%)
Latency phase	**530**	**60,3**
[2]ANC	262	29,81
Immédiat post partum	83	9,44
Not specified	4	0,45
Total	879	100

[2]ANC: antenatal consultation

Table 3: Distribution of clients by side effects and complications

	Effectif	Pourcentage (%)
Side effects		
Pain	3	0,34
Bleeding	3	0,34
Metrorragia	3	0,34
None	870	98,98
Complications		
Expulsion	29	3,3
Endometritis	2	0,23
Thread unseen	19	2,16
None	829	94,31

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