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POST PARTUM COUNSELLING: A TOOL TO INCREASE ACCEPTABILITY OF POST PARTUM INTRAUTERINE CONTRACEPTIVE DEVICE (PPIUCD)

Dr. Aarushi Chaudhary*[1], Dr. Anupa Singhal[2] and Dr. Vikas Dhillon[3]

[1]Senior Resident, Department of Obstetrics and Gynaecology, Kalpana Chawla Government Medical College, Karnal.
[2]Consultant, Department of Obstetrics and Gynaecology, Dr. Baba Saheb Ambedkar Medical College, Govt. of NCT of Delhi.
[3]Assistant Professor Department of ENT, Kalpana Chawla Government Medical College, Karnal.

***Corresponding Author: Dr. Aarushi Chaudhary**
Senior Resident, Department of Obstetrics and Gynaecology, Kalpana Chawla Government Medical College, Karnal.
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ABSTRACT

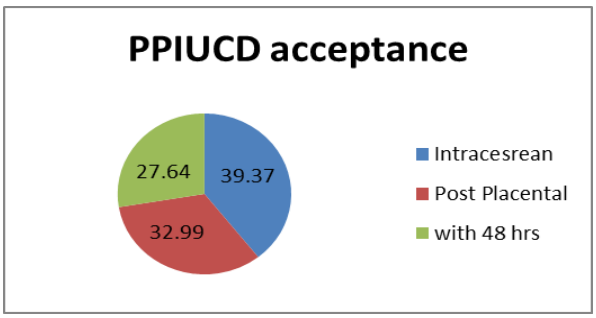
Aims and Objectives: To assess the acceptability, safety and efficacy of PPIUCD inserted Post Placental, Intracesarean, within 48 hours of delivery and the role of counseling. **Material and methods:** A prospective study was conducted at Dr BSA Medical College & Hospital,Delhi. The study period was from January 2016 to June 2016.Women were counselled in antenatal period, in early labour , before cesarean section and those women who were not convinced before delivery or who could not be counselled before delivery, repeat counseling was done in the ward within 48 hours of delivery and those who agreed PPIUCD was inserted. Women were followed from 6 weeks to three months and noted for their acceptability, satisfaction, complaints, expulsion and removal. **Results:** Total number of delivery during the study period were 5865. 4367 were normal delivery and 1498 cesarean section. Women who accepted PPIUCD were 973 (16.5%). Out of 973, 383 (39.3%) were intracearean insertion, 321(32.99%) post placental, 269 (27.64%) within 48 hours of delivery respectively. Acceptability was higher with second gravid than with primi .529 Patients followed up (54.36%). Out of which 413 were satisfied (78.07%) and rest 116 (21.92%) had complaints of bleeding pv, pain lower abdomen, discharge, long thread, expulsion. Expulsion rate was 5.8% and removal 4.7%. **Conclusion:** PPIUCD is a safe, effective and method of contraception. A repeat counselling in postpartum ward had remarkably increased the acceptability of PPIUCD as by that time woman is calm and can take the decision better.

KEYWORDS: Counseling, PPIUCD, Acceptability.

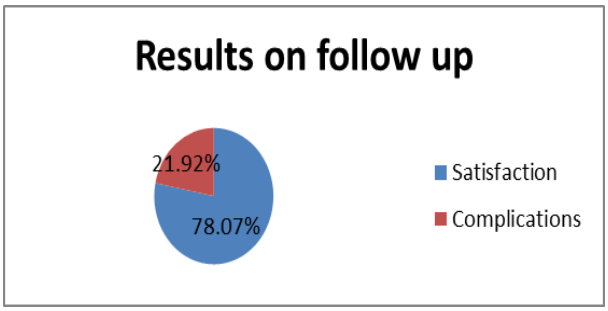
INTRODUCTION

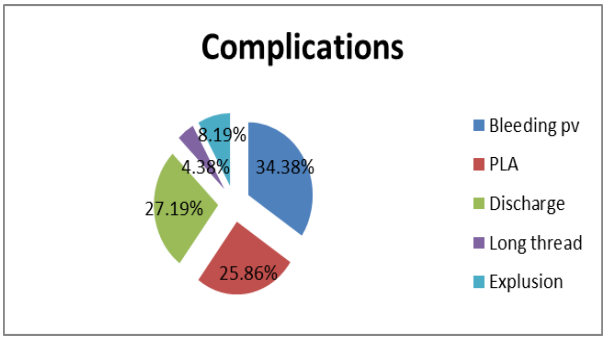
Intrauterine contraception is one of the most cost-effective methods of contraception. After introduction of JSY and JSSK, many women opt for institutional deliveries. Hence there is wide scope and opportunity for insertion in the government hospitals. It is a long term reversible method and may be an alternative to tubectomy. Its efficacy and compliance is high, its conveniently available, does not require daily self administration, it is easily inserted. Follow up can be scheduled along with immunization visits.[1] A 2010 Cochrane review concluded that PPIUCDs were a safe and effective contraceptive method.[2] The total fertility rate was 2.2 children per woman in 2015-2016. Only about 24 per cent of married women (aged 15-49) wanted to have another child and the proportion of women (aged 15-49) who received antenatal care rose to 84 per cent in 2015-16. Deliveries at health facilities increased significantly in the same period, from 39 per cent to 79 per cent.[3] Access to safe and effective contraceptive services in the postpartum period would enable women to space their births and prevent unintended pregnancies, thereby averting maternal and child mortality.[4-9] Hence PPIUCD is an excellent option for fulfulling this unmet need of contraception and improving fetomaternal outcome. **Objective:** To assess the acceptability, safety and efficacy of PPIUCD inserted Post Placental, Intracesarean, within 48 hours of delivery and the Role of counseling. **Material and Methods:** A prospective study was conducted at Dr BSA Medical College & Hospital, Delhi. The study period was from January 2016 to June 2016.Women were counselled in antenatal period, in early labour, before cesarean section and those women who were not convinced before delivery or who could not be counselled before delivery, repeat counseling was done in the ward within 48 hours of delivery and those who agreed PPIUCD was inserted. Women were followed from 6 weeks to three months and noted for their acceptability, satisfaction, complaints, expulsion and removal. **Study population:** Antenatal patients in opd, labour ward, postnatal ward who were willing for contraception were enrolled. Patients with 1)

Uterine anomalies 2) Active lower genital tract infections 3) Postpartum hemorrhage requiring additional management were excluded. **Types of insertion**: 1.Post placental: Post placental insertion of the intrauterine contraceptive device is done immediately following delivery of the placenta, typically within 10 minutes. Post placental insertion can be done by two techniques: a) Instrumental insertion using the Kelly's ring forceps, in which the intrauterine contraceptive device is held by the forceps without a lock and inserted up to the fundus of the uterus and then it, is released. b) Manual post placental insertion where the intrauterine contraceptive device is held in the providers hand and inserted up to the uterine fundus and placed there. 2. Intracaesarean: The intrauterine contraceptive device is introduced through the uterine incision during a caesarean section and placed at the uterine fundus and the uterine incision closed **Results:** Total number of deliveries during the study period were 5865. 4367 were normal delivery and 1498 cesarean section. Women who accepted PPIUCD were 973 (16.5%). Out of 973, 383 (39.3%) were intracesarean insertion, 321(32.99%) post placental, 269 (27.64%) within 48 hours of delivery respectively.

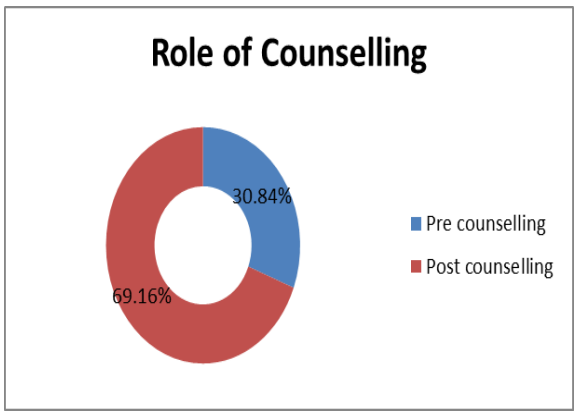


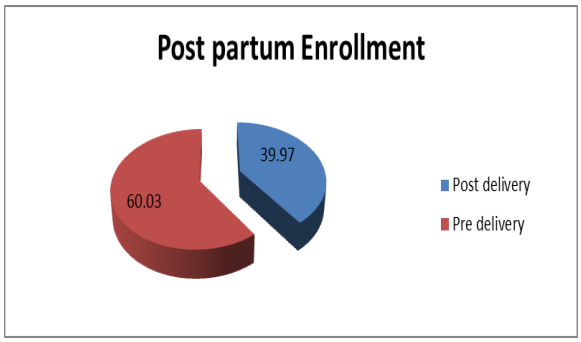
Acceptability was higher with second gravida than with primi. 529 patients followed up at PNC clinic (54.36%). Out of which 413 were satisfied (78.07%) and rest 116 (21.92%) had complaints of bleeding pv (34.38%), pain lower abdomen (25.86%), discharge (27.19%), long thread (4.38%), expulsion (8.19%). Removal rate was 4.7%.





Out of a total of 973 PPIUCD acceptors, 300 were aware of copper T as a reversible method of contraception and wanted the same to be inserted on their own. 673 patients were enrolled with counselling in anc opd, labour room and post operative and post partum ward. Out of these 673 patients, 269 (39.97 %) were inserted copper T in ward. Acceptance more than doubled with counselling when pros and cons of the same were discussed with the patients and they were made aware of its benefits like reversibility,ease of insertion and availability, long duration of action, low explusion and failure rate.





DISCUSSION

Out of 5865, 973 (16.5%) accepted PPIUCD. Most of the patients (39.3%) opted for same during cesarean section.78.07% patients were satisfied on follow up. Also 69.16% patients accepted PPIUCD with counselling 27.64% accepted 48 hours post delivery in the ward when they underwent repeat counseling there. Commonest complication was bleeding (34.38%) Expulsion and removal rate were low.[11-14] Acceptance can be increased if fear factor in the minds of patients is

removed which can be done with effective counselling. No case of perforation was noted. Phobias related to expulsion, exceesive bleeding, infection, dyspareunia, pain lower abdomen rates of which are low as per our study, need to be addressed In the post partum period, patients are done away with labour therefore they can think and take decision properly. Hence post partum counselling plays a crucial role in raising acceptance rate.

CONCLUSION

PPIUCD is a safe, effective and method of contraception. A repeat counseling in postpartum ward had remarkably increased the acceptability of PPIUCD as by that time women are calm and can take the decision better.

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