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Where do we stand a Decade after Introduction of Ppiucd Program

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ABSTRACT

Introduction: At present one of the major challenges our country is facing is population explosion, unintended and unwanted pregnancies. This is in spite of being the first country in the world to launch a family planning program. Long-acting, reversible family planning methods, such as intrauterine contraceptive devices, have been reported to be very effective. This is usually inserted as an interval procedure but can be inserted post-delivery also which has many advantages. Study was undertaken to find out the present status of this programme ten years after its initiation by the government.

Materials and Methods: This observational study was conducted for three months at three large medical institutes. The participants were all labour cases admitted for delivery. Only willing cases were included; they were interviewed to find out their awareness, acceptance and planning for future contraception.

Results and Observations: 3453 were willing to be part of the study. The study showed that a large number of women (23.5%) relied upon breast feeding as a method of spacing. Almost half of them (47.5%) were undecided regarding methods to delay the next pregnancy. 81% had heard about the device. 5.9% had some information regarding insertion after delivery. Only 9.1% cases remembered being told something specifically about insertion after delivery. Insertion was done in 3.5% cases, mostly with cesarean section.

Discussion: Contraception is an important part of population control and prevention of unwanted and unintended pregnancies. In India, as in many other countries, postpartum family planning is usually initiated after 6 weeks postpartum. The postpartum period is an optimal time for effective contraception as the new mother is more receptive to accept family planning and the couple is of proven fertility. Though insertion of contraceptive device immediately after delivery is a good method of contraception but its awareness, acceptance and insertion is extremely low hence there is a great need of making concerted efforts to improve its acceptance and insertion. Counseling during antenatal period is the ideal time.

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Introduction

At present one of the major challenges our country is facing is population explosion, unintended and unwanted pregnancies as shown in a study that almost 48.1 million pregnancies in India were unintended or unplanned [1,2]. This is in spite of India being the first country in the world to launch a family planning program in 1952, now known as Reproductive and Child Health (RCH) Program. The aim of the national program was population control so that economic development could keep pace with time.

Contraception; both temporary and permanent, was one of the main prongs of this national program [3]. Contraception is a highly cost effective public health measure.

It is estimated that 40% of women have an unmet need for contraception in the 1st year following childbirth [4]. This unmet need results in unwanted pregnancies which is an important worldwide public health issue imposing socioeconomic burden on individuals and society [5]. In one study; of postpartum unintended pregnancies, 86% resulted from nonuse of contraception and 88% ended in induced abortions [6]. Continuation of these pregnancies

is also associated with greater maternal complications and adverse perinatal outcomes.

Long-acting, reversible family planning methods (LARC), such as Intrauterine Contraceptive Devices (IUCD), have been reported to have very high pregnancy prevention rate [7]. IUCDs are an effective and increasingly popular form of reversible contraception and are the most cost-effective method of long-term contraception, their use doesn't affect lactation and is supplied free of cost by the Government of India and is hence cost effective as well. It is one of the good options for spacing and it can be removed whenever she desires and fertility returns back immediately [8, 9]. There are several advantages for use in postpartum period including protection before leaving the hospital and the couple has been protected before they assume sexual activity [10].

IUCD is usually inserted as an interval procedure that is six weeks after delivery or along with induced abortion. The initial clinical experience of intrauterine device inserted in the immediate postpartum period has prompted its wide spread use [11]. Postpartum IUCD (PPIUCD) insertion can be done post-placental that is within 10 min of placental expulsion, intra-caesarean at the time of caesarean section or within 48 hrs of delivery. Inserting IUCD minutes after placental delivery is safe, will lead to wider usage of IUCD hence meeting the unmet needs of community, chances of perforation are almost nil due to thick walled uterus [12-14].

Immediate postpartum intrauterine contraceptive device is an attractive and lucrative postpartum family planning method which provides effective reversible contraception to women in the delivery setting. Providing contraception in this sensitive period is important as early resumption of sexual activity coupled with early and unpredictable ovulation can lead to many unwanted pregnancies in the first year postpartum, particularly in developing countries, where women who once go back home after delivery do not return for even a routine postpartum check-up, leave aside contraception.

Thus, immediate postpartum family planning services need to be strengthened wherein the woman leaves the hospital with an effective contraceptive in place. Ministry of health and family welfare, Government of India launched provision of PPIUCD for women in 2010, and several training programmers and camps were conducted for its awareness [15-18]. Government of India has introduced 'Post Placental Intrauterine Contraceptive Device' in the National Family Planning Programme since 2012.

Selecting the mother and motivating them during antenatal period is an easier task than asking the mother to visit after 6 weeks for insertion of intrauterine contraceptive device [19]. Counseling for postpartum contraception can be given during antenatal visits, during early labour or it can be given after birth. PPIUCD is not only advantageous to the women and couples; even the service providers benefit from PPIUCD. PPIUCD insertion on the same delivery table saves time and separate clinical procedure is not required [20].

The study was planned and conducted to find out the awareness and acceptance of IUCD insertion in postpartum period; after ten years of the initiation of the programme and suggest measures to improve its acceptance.

Materials and Methods

This observational study was conducted for three months at three large medical institutes (two medical colleges and one hospital). The participants were all labour cases admitted for delivery. Only

willing cases were included; no force was imposed to be the part of the study. Interns working in the department were entrusted with the responsibility of asking questions and filling up the proforma. The cases in very early labour were interviewed before delivery but those who were in active phase of labour were not asked any question but they were interviewed two to three hours before being shifted to postnatal ward. The interns and first year post graduate residents were briefed and they interacted with the patients. Following information was to be obtained

- Had they heard about IUCD?
- What was the best method to delay the next pregnancy called spacing?
- Did they know that IUCD could be inserted after delivery or at the time of CS?
- Were they counseled about PPIUCD during antenatal period?
- If counselled; were they willing for insertion?

All cases those who were not counselled during antenatal period were counselled during the interview. A pre-validated questionnaire was prepared and handed over to the interviewers (interns and residents) so that no point was missed; and for standardization and uniformity. Demographic data of the cases and other information were collected, compiled and compared with the literature available. No force direct or implied was applied to convince them for the insertion of IUCD. The cases; those were willing during antenatal period but refused insertion; were not asked the reason for the change of their decision. Informed consent was obtained from all respondents prior to participating in the study. Confidentiality was maintained in data collection and compilation. Institutional Ethical Committee clearance was obtained before starting the project.

Results and Observations

3784 cases were admitted to labour room for parturition during the period of study, of these 51 cases did not deliver; either they were sent to antenatal ward or sent back home. 3453 were willing to be part of the study. 2641 (76.5%) were booked cases and rest were unbooked. Their age wise distribution is shown in (Table 1 & 2). Maximum cases were in the age group 25 to 30. Of the 3453 cases, 1023 were primigravida, 1891 were second para and rest were third para and above.

Table 1: Age Distribution of Cases

S No	Age Group	No of cases
1	<20 yrs	453 (13.1%)
2	20 -25	839 (26.2%)
3	25 – 30	1704 (49.3%)
4	30 -35	389 (11.2%)
5	>35	68(1.9 %)

Table 2: Planning for Contraception for Future

S No	Method	No of cases
1	Condom	53 (1.5%)
2	Breast Feeding	812 (23.5%)
3	OC Pills	170 (4.9%)
4	Tubectomy	338 (9.7%)
5	IUCD	268(7.7 %)
6	Undecided	1641(47.5%)

The study showed that a large number of women (23.5%) relied upon breast feeding as a method of spacing. Almost half of them

(47.5%) were undecided regarding methods to delay the next pregnancy. 2891 (81%) had heard about IUCD commonly called Copper-T. 212 (5.9%) had some information regarding insertion of IUCD after delivery before being sent home. Source of information was discussions during antenatal period. Only 324 (9.1%) cases remembered being told something specifically about PPIUCD, by doctor or Auxiliary Nurse Midwife (ANM) during their regular antenatal checkups but were not clear what PPIUCD meant.

PPIUCD insertion was done in 122 (3.5%) cases, of these only eight cases were done post-placental whereas it was inserted at the time of CS (concurrent) in 114 cases. Concurrent cases were all post CS pregnancies; they were counselled before undergoing surgery and were all elective cases.

456 (3.1%) cases were willing for IUCD insertion but not at the time of delivery but later, only 37 (1.0%) got it inserted at the time of postnatal visit; rest either had not reported for postnatal checkup or refused IUCD insertion and volunteered for other methods of contraception. 338 cases refused IUCD as they had already decided about sterilization, 321 underwent sterilization and rest changed their mind.

Discussion

The world including India is facing a big problem of population explosion. Contraception is an important part of population control and prevention of unwanted and unintended pregnancies. A couple will need contraception either to delay first pregnancy or to space subsequent pregnancies, and later on some may go for permanent method of contraception. All couples have various needs, beliefs, misconcepts and different requirements. Hence the couple should decide which contraceptive suits them. This has been aptly named as 'Cafeteria Approach'.

IUCD is one of the best suited contraceptive especially for spacing. It can be inserted between two deliveries (interval), after abortion or even as emergency contraceptive. It is safe, effective, and convenient method, is long term reversible contraceptive, is coitus independent, and does not interfere with breast feeding [9,21]. In India, as in many other countries, postpartum family planning is usually initiated after 6 weeks postpartum.

The postpartum period is an optimal time for effective contraception as the new mother is more receptive to accept family planning and the couple is of proven fertility [14]. IUCD can be inserted immediately after delivery or at the time of cesarean section called PPIUCD [13]. It has been shown that overall complication rates of PPIUCD are low; spontaneous expulsion has been reported to be higher than when inserted as an interval procedure [22]. But even if expulsion rate is higher; a large number of women (90%) remain protected especially in our country where attendance for postnatal visits is very low due to various reasons like lack of education and awareness, social pressure, and non- access to facilities nearby. In the absence of PPIUCD insertions, these women would have left the hospital premises without effective postpartum contraception.

PPIUCD is a strong weapon in the family planning armamentarium and should be encouraged in both vaginal and caesarean deliveries as most women do not desire a pregnancy immediately after delivery but are unclear about contraceptive usage in postpartum period, as shown in our study where 47.5% were undecided. A large number of them believe in breast feeding as contraception – including our study, where 27% chose to rely on breast feeding for contraception. Increase in hospital deliveries provides an

excellent opportunity to sensitize women and provide effective contraception along with delivery services. The couples can be counselled during antenatal period (Figure 1) as depicted in the antenatal card, in very early labour or immediately post-delivery. Ideal time for counseling is antenatal period as the couple has a reasonable time to decide and their decision can be implemented during postpartum period before leaving the hospital.

The image shows a handwritten antenatal card. The top section contains demographic information: Institution (G.B.P.H.), Regn. No. (9/99), Name (KUNTI KUMARI), W/o. (C.P. SANTAY KUMAR), Age (24yrs), Parity (G2P1), Address (ATLANTA POINT), and Phone (9531811855). Below this is a section for Obstetric History with columns for Sl. No., Year, Preg. Complication, Delivery, Postnatal Period, and Sex of Baby. The history shows two pregnancies: one in 2015 resulting in a male baby, and another in 2016 which is currently present. At the bottom, there is a section for 'FP OPTIONS' with checkboxes for OCPs, PPIUCD, Injectables, Tubal Ligature, Condoms, Vasectomy, Interval IUCD, and LAM. The 'PPIUCD' option is checked.

Figure 1: Antenatal Card Showing Family Planning Options

This study was conducted to find out about the practice of counseling, awareness and acceptance of PPIUCD. Demographic data like age distribution and parity were similar to other studies [1]. Most of the women either did not remember or were not counselled during antenatal period. 81% had heard about IUCD but only 5.3% had some information about its insertion after delivery (PPIUCD) and our figure was lower than that reported by Pradeep et al [1] who reported 15.3% women being aware about PPIUCD. Acceptance of PPIUCD insertion was only 3.5% and this was mostly done at the time of CS. Awareness about PPIUCD was low as shown in our study; this observation can be compared with other studies [23]. A study done in India stated that only half of the women participants had ever heard about IUCD and only 7% had used one before counseling [24]. This is comparable with an acceptability rate of 7% reported from a prospective cross sectional study among 26,123 pregnant women, who were counseled for PPIUCD insertion [25]. Due to case load of deliveries, the Government of India has introduced Post Placental Intrauterine Contraceptive Device in the National Family Planning Programme since 2012.

PPIUCD is not only advantageous to the women and couples; even the service providers benefit from PPIUCD. PPIUCD insertion on the same delivery table saves time and separate clinical procedure is not required [20]. In spite of making contraception widely available, there is poor acceptance of contraception due to ignorance and fear of complications. Inadequate knowledge about contraceptive methods and incomplete information about their use are the main reasons for not accepting the family planning [5, 26-32]. Studies done in Tamil Nadu found that knowledge on birth spacing is high, yet observed birth interval is less; showing the KAP (Knowledge, Attitude and Practice) gap [24,33].

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 [3, 5, 7, 28, 33-36]. According to the findings presented in a study of 17 countries, 40% of women in their first year of postpartum period reported that they planned to use

contraception method within 1 year after delivery but did not do so [24,36,37].

Despite the initiatives and the benefits of PPIUCDs, only 1.5% of women in India [2, 33, 38, 39] prefer to use IUCDs/ PPIUCDs for contraception. In 2013, the International Federation of Gynecology and Obstetrics (FIGO) piloted the PPIUCD initiative to address the unmet contraceptive needs of women during the postpartum period with the goal of reducing maternal and child mortality. Initially piloted in Sri Lanka, the project expanded to include five additional countries—Kenya, India, Tanzania, Nepal, and Bangladesh [40]. Initial clinical experience of intrauterine device inserted in the immediate postpartum has prompted its wide spread use [11]. Ministry of health and family welfare, Government of India launched provision of PPIUCD for women in 2010, and several training programmes and camps were conducted for its awareness [15,16].

Unfortunately even after one decade of starting the program, PPIUCD insertion is not accepted widely as a method of temporary contraception as shown by our study and other studies [41]. The overall utilization rate of PPIUCD is extremely low. Lack of information, fear of side effects and complications are the common reasons for the unmet need [18,42,43]. It is suggested that counseling for family planning after delivery be done during antenatal period [19]. It may be done in group for the women waiting (Figure 2) for their turn for antenatal checkup and should be done individually also. Husband and other members of the family may be included during individual counseling. To increase uptake of PPIUCD, it is better to involve and address the concerns of partners/husbands and family members of postpartum women during postpartum family planning counseling services [33, 44-46]. It is well documented that family planning decisions are not made by the woman herself. The spouse along with other family members plays an important role in contraceptive acceptance [3, 33].



Figure 2: Antenatal Cases in Waiting Area

One of the main advantages of counseling during antenatal period is that these women are of proven fertility and get adequate time to decide when they report to labour room for delivery [47]. Selecting the mother and motivating them during antenatal period is an easier task than asking the mother to visit after 6 weeks for insertion of intrauterine contraceptive device [19]. A significant rise to 51.8% from 15.3% in acceptance rate of PPIUCD was observed after effective counseling with antenatal mothers and their families as reported by Sebastian MP et al [41]. This shows that a lot of publicity from Television, radio, newspaper, ASHA (accredited social health activist) workers, and educational campaign is needed to accept wide spread use of this method. Increase in hospital deliveries provides an excellent opportunity

to sensitize women and provide effective contraception along with delivery services. Women undergoing caesarean section seem to have greater probability of accepting postpartum IUCD possibly due to post-caesarean conception fear.

Insertion of IUCD in immediate postpartum period is an effective, safe, and convenient contraceptive intervention in both cesarean and vaginal deliveries. Concerted and targeted efforts are needed to boost the utilization rates of this effective and safe contraceptive during the postpartum period.

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