

Original research article

Immediate post placental insertion of IUCD: Satisfaction score

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Abstract

The IUCD is usually inserted 6 weeks following delivery, either vaginal or caesarean or unrelated to timing of pregnancy usually in the postmenstrual period, this is called interval insertion. It can also be inserted after delivery which is known as PPIUCD i.e., Post-Partum Intrauterine Contraceptive Device. Cases of women undergoing Cu T insertion post placental either after vaginal delivery or intra-caesarean at hospital were taken. Follow up at 6 weeks was done on outpatient basis. Cu-T 380 A and Cu-T 375 was used in this study for all women, which was supplied free of cost by the Govt. of India. Maximum number of patients i.e., 56 (56.0%) satisfaction score was 80%. Followed by 29 (29%) of patients who had 60% of satisfaction score, 8 (8.0%) of patients scored 40%, 6 (6.0%) of patients satisfaction score was 20% and only 1 patient scored 100% of satisfaction score. Study reveals that; there was statistically no significant difference of mean satisfactory score with Obstetric score, Gestational age, and mode of delivery, age and socio-economic status (P>0.05).

Keywords: Post-partum intrauterine contraceptive device, satisfaction score, IUCD

Introduction

India being the second most populous country in the world, sustaining 17.01% of World population on 2.4% of World's surface area needs to educate its citizens regarding contraception ^[1].

Family planning can avoid nearly one third of maternal deaths & 10% of childhood mortality if couples space their pregnancies. Lack of adequate knowledge/awareness or wrong information & beliefs leads to refusal for contraception. Postpartum period is one of the crucial times when women & couples are highly motivated & more receptive to family planning methods ^[2].

More than 100 million women in developing countries would prefer to avoid a pregnancy; but they may not be using any form of contraception. Contraceptive prevalence is low in developing countries owing to unmet need for contraception.

In India the contraceptive prevalence rate among currently married women aged between 15-49 increased from 54 percent in 2015-16 to 67 percent in 2019-21, but acceptance of PPIUCD as a contraceptive method is only 2.1% as estimated by the DHS survey ^[3]. The health personnel should try to interact with women during her reproductive cycle like during antenatal, natal and postnatal period and also during Immunization sessions at the Health Institutions and Village Health and nutrition days regarding contraception ^[4]. The IUCD is usually inserted 6 weeks following delivery, either vaginal or caesarean or unrelated to timing of pregnancy usually in the postmenstrual period, this is called interval insertion. It can also be inserted after delivery which is known as PPIUCD i.e., Post-Partum Intrauterine Contraceptive Device. If done within 10 minutes of placental expulsion, either following a vaginal delivery or caesarean section, it is immediate insertion. If done after 10 minutes to 48 hours of placental delivery it is delayed insertion ^[5, 6].

Methodology

Sample Size: 100

Inclusion criteria

All parous women irrespective of age who underwent Caesarean section or normal vaginal delivery.

Exclusion criteria

1. PROM of >18 hours
2. Hemoglobin <8g/dl
3. Chorioamnionitis

4. Congenital malformations of uterus
5. Any bleeding disorder or unknown cause of vaginal delivery
6. Diabetes mellitus
7. Fibroid uterus
8. Previous ectopic pregnancy
9. Cardiac disorders

Cases of women undergoing Cu T insertion post placental either after vaginal delivery or intra-caesarean at hospital were taken. Follow up at 6 weeks was done on outpatient basis.

Cu-T 380 A and Cu-T 375 was used in this study for all women, which was supplied free of cost by the Govt. of India.

Method of insertion

Post placental insertion following vaginal delivery

1. Bimanual examination was performed to evaluate the cervix and the uterus after the delivery of the placenta and ensured empty cavity with contracted uterus.
2. IUCD removed from insertion device and positioned at the edge of a sterile PPIUCD inserting forceps/Kelly’s forceps with a slight angle.
3. Anterior lip of cervix held with sponge holding forceps.
4. Uterus was stabilised by firm pressure over the abdomen.
5. The copper T was inserted with all aseptic precautions within 10 minutes of placental expulsion with Kelly’s forceps. Strings cut to the level of the cervix (In Cu T 375 where thread is long, compared to Cu T 380 A).
6. Proper placement in the uterine cavity was confirmed by ultrasound at 6 weeks Post placental delivery insertion of PPIUCD.

Results

Table 1: Satisfaction score wise distribution of patients

Satisfaction score	Percentage of score	No. of patients	Percentage of Pts
1/5	20.0%	6	6.0
2/5	40.0%	8	8.0
3/5	60.0%	29	29.0
4/5	80.0%	56	56.0
5/5	100.0%	1	1.0
Total	---	100	100.0
Mean score		3.38 ± 0.88 (67.6% scores)	

Study reveals that; Maximum number of patients i.e., 56 (56.0%) satisfaction score was 80%. Followed by 29 (29%) of patients who had 60% of satisfaction score, 8 (8.0%) of patients scored 40%, 6 (6.0%) of patients satisfaction score was 20% and only 1 patient scored 100% of satisfaction score.

Table 2: Distribution of patients according to awareness of IUCD before insertion

Awareness of Cu T	No. of patients	Percentage
Yes	26	26.0
No	74	74.0
Total	100	100.0

Study observed that; 26 (26.0%) of patients were noticed awareness about Cu T and 74 (74.0%) of patients doesn’t had awareness of Cu T.

Table 3: Acceptance of PPIUCD

No. of patients counselled	No. of patients accepted PPIUCD	Acceptability rate
520	100	19.2%

Table 4: Acceptance of PPIUCD with respect to mode of delivery

Mode of delivery	No of patients counselled	No of patients accepted PPIUCD	Acceptability rate
Vaginal delivery	180	27	15%
LSCS	340	73	21.4%

Table 5: Comparison of satisfaction scores with demographic variables

Demographic variable	Categories	No. of patients	Satisfaction scores	Test values and P-values
			Mean \pm SD	
Obstetric score	Primipara's	35	3.25 \pm 0.98	t = 0.943, P = 0.348 NS
	Multipara's	65	3.43 \pm 0.84	
Gestational age	36+ to 38 weeks	13	3.49 \pm 0.87	F = 0.258, P = 0.778 NS
	38+ to 40 weeks	72	3.35 \pm 0.91	
	> 40+ weeks	15	3.23 \pm 0.82	
Mode of delivery	Vaginal Delivery	27	3.44 \pm 0.85	t = 0.441, P = 0.650 NS
	Caesarean section	73	3.35 \pm 0.90	
Age	\leq 20	10	3.14 \pm 0.87	F = 1.428, P = 0.237 NS
	21-25	51	3.34 \pm 0.74	
	26-30	29	3.34 \pm 0.92	
	\geq 31	10	3.19 \pm 0.79	
Socioeconomic Status	Upper middle class	26	3.75 \pm 0.68	F = 0.518, P = 0.671 NS
	Middle class	29	3.32 \pm 0.71	
	Lower middle class	41	3.39 \pm 0.92	
	Lower class	4	3.25 \pm 0.85	

Study reveals that; there was statistically no significant difference of mean satisfactory score with Obstetric score, Gestational age, and mode of delivery, age and socio-economic status ($P > 0.05$).

Discussion

In our study we looked for satisfaction of the patients with PPIUCD based on the interview taken at 6 weeks when patient came for follow up. We asked patients to rate PPIUCD out of 5 and the satisfaction score was taken into account. Maximum number of patients i.e., 56 women (56.0%) scored 80% i.e., 4/5 satisfaction score, followed by 29 women (29%) scored 60% i.e., 3/5 satisfaction score, 8 (8.0%) women scored 40%, 6 (6.0%) women satisfaction score was 20% and only 1 women scored 100% of satisfaction score. Table no 6 shows comparison of satisfaction rate of patients with PPIUCD in our study with different studies.

Table 6: Comparison of Satisfaction rates

Author	No. of women in study	Follow up interval	Satisfaction rate
Iftikhar <i>et al.</i> (2019) ^[7]	372	6 weeks	95%
Fatima <i>et al.</i> (2022) ^[8]	1441	6 months	91%
Present study	100	6 weeks	94%

In our study the overall satisfaction score in all the variables i.e., according to age, gestational age, parity, mode of delivery and socioeconomic status was found to be same i.e., 3.12 \pm 0.84, making p value not significant therefore showing PPIUCD a safe and efficacious contraceptive method in all the women.

Conclusion

Overall satisfaction rate was 94%. 56 women gave 4/5 satisfaction score, followed by 29 women 3/5 satisfaction score, 8 women gave 2/5 satisfaction score, 6 women satisfaction score was 1/5 and only 1 women scored 100% of satisfaction score i.e., 5/5.

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