Institutionalization of Postpartum Intra Uterine Contraceptive Device (PPIUCD) Insertion

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Women Deliver
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Population

2013: 183.10 million*

6th most populous country

Projected to become the 4th most populous country by 2050***

TFR**: 4.1
CPR**: 30

25% unmet need for Family Planning (FP)
35% women deliver in health facilities & leave without FP

* www.census.gov.pk
**2006-07 PDHS, NIPS and Macro International
***United Nations Population Division (World Population Prospects: The 2008 Revision)
Intervention

Institutionalization of Postpartum Intra Uterine Contraceptive Device (PPIUCD) Services at selected tertiary care hospitals Karachi, Pakistan

Period: April 1st 2012 – April 30th 2013

Sites:
1. Jinnah Postgraduate Medical Center (JPMC), Karachi
2. Sobhraj Maternity Hospital (SMH), Karachi

Methods:
9 Master Trainers & 21 Trainers and 186 other Skilled Birth Attendants (SBAs) trained in PPIUCD insertion
- Clients counseled in ante-natal clinic, labor room and post-natal ward
- Insertions made after vaginal delivery and during caesarean section
- Post insertion follow up at 6 weeks and 6 months
- Trainee Follow-up Support System
Results

Clients attended ANC and LR (n= 1,12,618)

- Not Contacted: 95,712 (85%)
- Contacted: 16,906 (15%)

Deliveries (n=18,733)

- 43% Verbal Acceptance
- 30% PPIUCD Inserted
- 26% Refused

- 13,611 Not inserted
- 5,122 Insertions

- 73% Insertions
- 27% Refusals
Results (Cont..)

Timings of PPIUCD insertions

- 65.8% Post Placental (within 10 min)
- 20.1% Intraccesarian
- 14.1% Immediate (within 48 hrs)

Insertions by level of Skilled Birth Attendants (SBAs)

- 58.7% PG
- 34.8% Nurse/Midwife
- 4.1% Consultants
- 2.5% House Officers
Follow up

Follow-up due at 6 weeks = 4,476

- 77.6% No Complaints
- 2.3% Expulsion
- 1.3% Infections
- 2.0% Missing Strings
- 12.6% Other Complaints
- 4.1% Removal Request
- 0.1% Pregnancy with IUCD in situ

(n=2,012) 45%

Follow-up due at 6 months = 2,277

- 70.1% No Complaint
- 2.8% Expulsion
- 0.8% Infection
- 0.6% Missing Strings
- 18.3% Other Complaints
- 6.8% Removal Request
- 0.6% Pregnancy with IUCD in situ

(n=355) 16%

Infections: Foul smelling/dirty discharge/ infected episiotomy and tears

Other complaints: Spotting/ cramping/ backache/ vaginal discharge

89.8% Continuation Rate
Lessons Learnt

- PPIUCD have been well accepted in the context of low interval IUCD uptake
- Midwives are easily trained in insertion, are readily available in delivery rooms, are keen and willing, no major complications reported
- A pool of Trainers is essential for cascade of training
- PPFP should be included in Medical, Nursing and Midwifery curricula
- PPIUCD services can have a high impact on contraceptive uptake
- Ongoing competency based training is crucial to ensure service provision 24/7
- Need to focus on Behavior Change Communication (BCC) among doctors and Community
- 24/7 Counselors and service providers are a key to success
Conclusion

- The PPIUCD initiative proved to be successful at the 2 selected sites.
- It has a potential to affect CYP and decrease unmet need for FP.
- Integration of Population Welfare Department (PWD) and Health Department can play a vital role for increasing the institutionalization pace and resource utilization.
- The goal of institutionalization might take longer than anticipated but is not impossible!
- The intervention is scalable at National level.