

Institutionalization of Postpartum Intra Uterine Contraceptive Device (PPIUCD) Insertion

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National Committee for Maternal and Neonatal Health
(NCMNH)

Women Deliver

May 27th 2013

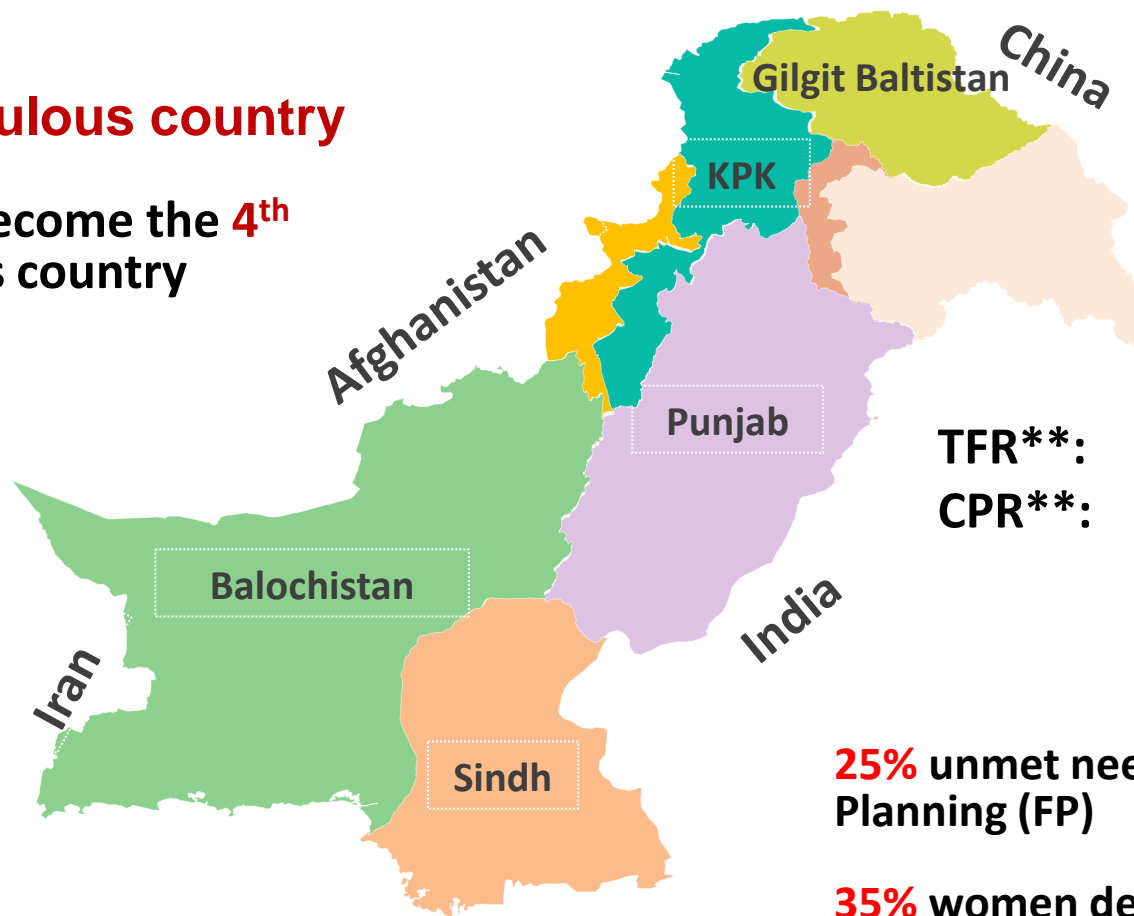
Kuala Lumpur

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

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:

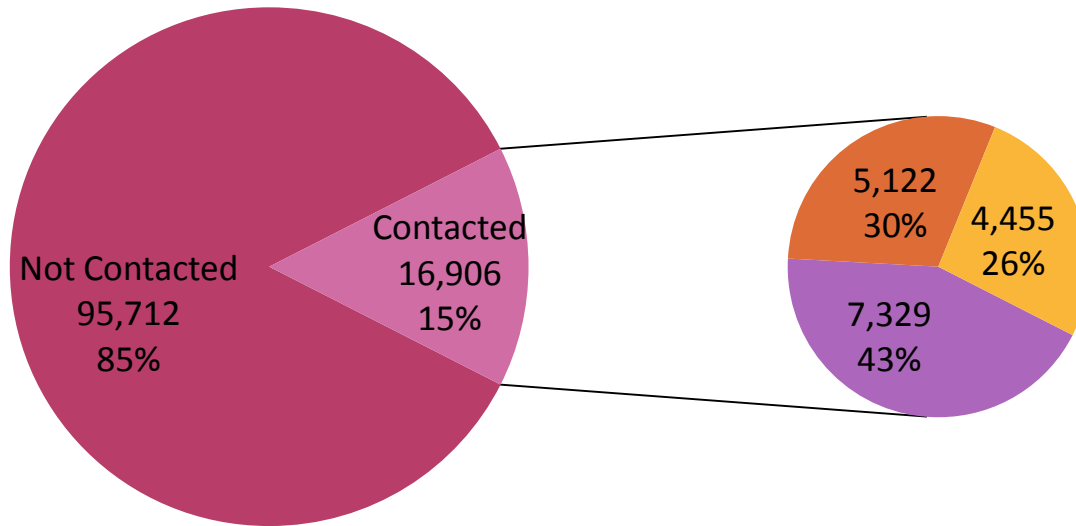
1. Jinnah Postgraduate Medical Center (JPMC), Karachi
2. Sobhraj Maternity Hospital (SMH), Karachi

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

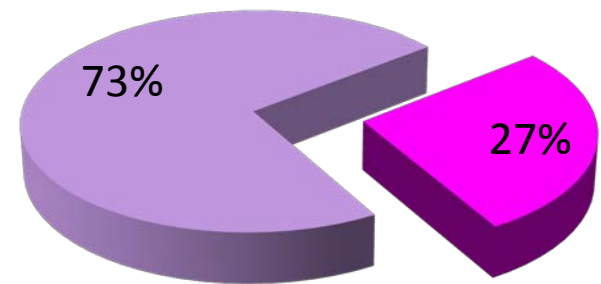
Results

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



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

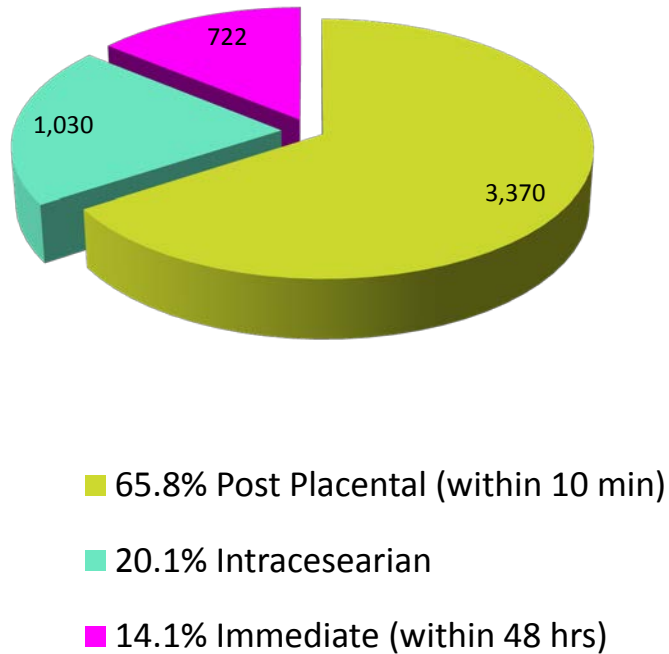
Deliveries
(n=18,733)



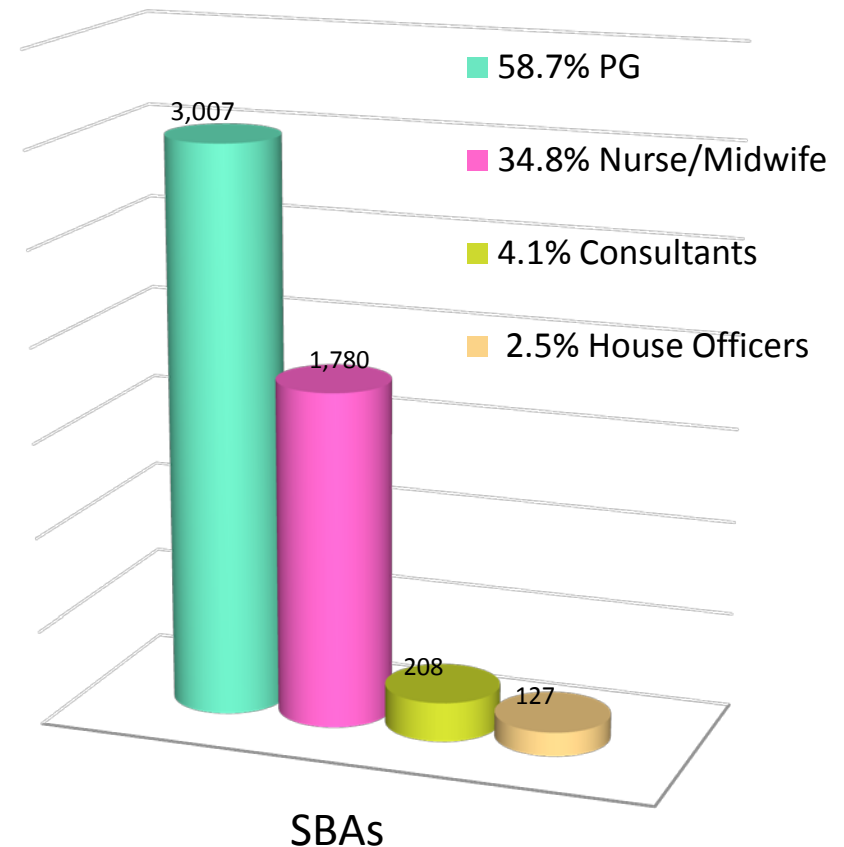
- 13,611 Not inserted
- 5,122 Insertions

Results (Cont..)

Timings of PPIUCD insertions



Insertions by level of Skilled Birth Attendants (SBAs)

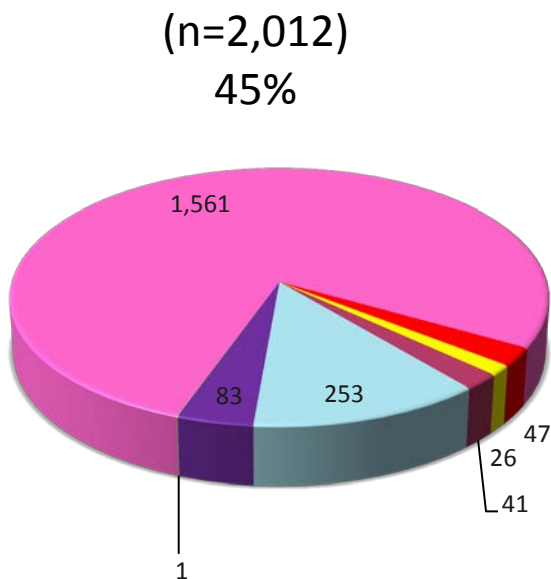


Follow up

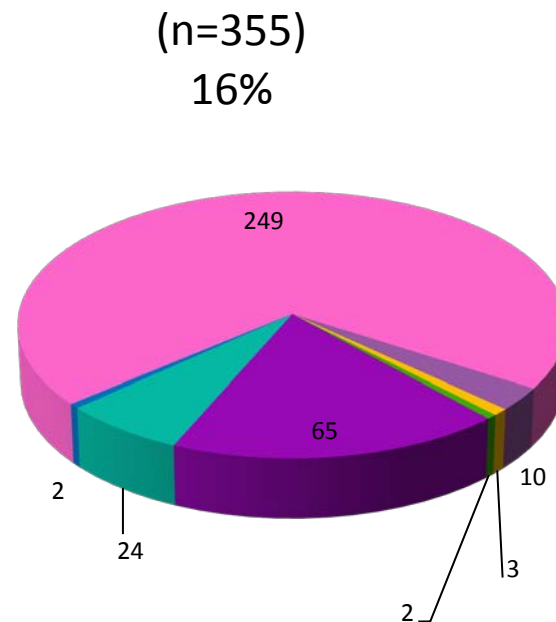
Follow-up due at 6 weeks = 4,476

Follow-up due at 6 months = 2,277

- 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



- 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



89.8% Continuation Rate

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

Other complaints: Spotting/ cramping/ backache/ vaginal discharge

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

24/7 Counselors and service providers are a key to success

Ongoing competency based training is crucial to ensure service provision 24/7

Need to focus on Behavior Change Communication (BCC) among doctors and Community

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