Background

As Pakistan tries to achieve Millennium Development Goals and reduce maternal mortality by 75%, the guidance to women is to have their babies delivered by skilled birth attendants and in a facility. These national efforts are an opportunity to include postpartum IUCD (PPIUCD) as a contraceptive choice at the facility where deliveries are conducted. Women can then have a newborn baby and long-acting, effective contraception.

The results of work done in the 1980s and 1990s shows that immediate postpartum IUCD were safe and effective and there are very few contraindications. PPIUCD had the advantage of high motivation, assurance that the woman is not pregnant and convenience. More recent postpartum IUCD programs support the same findings. Postpartum IUCD is already considered a feasible option offered to women in several countries, in particular China, Mexico, Egypt and more recently in Zambia.

Postpartum IUCD is not for every woman, but it does have many advantages for those who are counseled and choose to have it:

- The easy insertion technique.
- The skilled provider available at delivery.
- The convenience to the woman.
- The increase in women’s choices for a reversible long term method in contrast to tubal ligation.

When using modern copper IUCDs, correct insertion technique and good follow up will give successful contraception. Pregnancy rates for post placental IUCD range from 2.0-2.8 per 100 users.

Future contraception should be discussed as a part of antenatal care as the time of delivery can be a difficult time for a woman to make a decision about contraception. Antenatal counseling is important because it allows for immediate post placental placement, which is associated with lower expulsion rates. If a woman is counseled about IUCD insertion after delivery she could choose to have an IUCD inserted before hospital discharge, generally within 48 hours of delivery.

Definitions:

Postpartum: A general term for insertion after delivery, but within 48 hours:

- **Postplacental**: Within 10 minutes after expulsion of the placenta following a vaginal delivery.
- **Immediate postpartum insertion**: After the postplacental period, but within 48 hours of delivery and before the client leaves the hospital.
- **Transcesarean**: Following a cesarean delivery, before the uterus is sutured.
PPIUCD Success Path...

Greenstar has introduced postpartum IUCD and subdermal implants by training a few of the best private providers for the pilot phase.

One of the pioneers for postplacental IUCD is Dr. Razia Rehan. An energetic and competent professional, she has run a maternity home in a peri-urban area for 15 years. She has been providing quality reproductive health services to low income women. Dr. Razia has also been associated with Greenstar since 2006 and has attended all the trainings (FP advance, VSC, MVA, PPIUCD and implant). She has a large number of ante-natal clients and conducts an average of 45 deliveries every month. She was interested in PPIUCD training as it was a new practice in FP services and her clients could benefit from it.

Since completion of her clinical training of PPIUCD she has successfully performed PPIUCD insertions on lower income women. Initially she was concerned about the expulsion and change in bleeding pattern but as she progressed in her practice, she realized that the benefits of this method far outweigh the side effects which are minor and manageable.

The challenge she is facing is in counseling clients to accept this method. Greenstar Health Services team is providing her with services of in service outreach workers (ISOW) and health services executive (HSE) who are successfully supporting providers in counseling her antenatal patients. Furthermore PPIUCD brochures and a board have also been placed in her waiting area.

Dr. Razia is inserting an average of 7 PPIUCDs every month and has a large number of satisfied clients now. The secret of her success is her updated knowledge and skills, her excellent inter-personal communication, her nominal charges for PPIUCD services and supportive follow up of the clients.

She is also following the quality standards set by Greenstar. As recognition to her constant quality services she was presented with a SONY Kit from Greenstar Social Marketing recently.

Her commitment towards continuous professional development and delivering quality services is commendable.

Congratulations and well done!

Understanding the Provider Concerns

1. Understand the providers’ concerns about the IUCD.
2. Identify what might deter providers from inserting the IUCD.
3. Find out how the IUCD fits into the context of their current clinical practice.
4. Make IUCD services rewarding for providers.

Programme Components:

1. Selecting providers who are conducting deliveries and are willing to learn the technique for offering PPIUCD as a choice.
2. Competency-Based Training using modified birth simulator model in the classroom and then through clinical practicum and under supervision of a master trainer. In addition the providers will need to learn counseling skills for this method.
3. PPIUCD trained providers at the facility, ensures counselling of booked cases during antenatal visits or those in very early labour. Infection prevention practices are assured at the facility.
4. Supportive supervision and monitoring by health services staff at regular intervals.
5. It is essential to have minimum supplies for this procedure. Copper T 380 A or multiload are the commonly used product; gloves, speculum and a long stem curved sponge holding forceps will be needed.
6. Demand generation in antenatal clinics through in service outreach workers.
Why 10 Minutes

- According to studies, if an IUCD is inserted within 20 minutes of delivery of placenta, expulsion rate is as low as 9%.
- Expulsion rate is as high as 37% if the IUCD is placed 2-72 hours after delivery.

Provider Client Concerns and Responses

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<tr>
<th>Concerns</th>
<th>Response</th>
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<td>Provider: With PPIUCD, there may be higher rates of expulsion. After delivery uterine contractions expel the placenta and there is concern that the IUCD could be expelled as well.</td>
<td>• Expulsions have been linked to the provider skills, thus retraining is necessary for those providers who report high expulsion rates. (Interval Insertion: ≥ 8%, ≤ 10 Min insertion ≥ 9%).</td>
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<tr>
<td>Provider: With PPIUCD, there may be higher rates of infection.</td>
<td>• The way the IUCD is inserted is more important than the design of the device. Most investigators emphasize that high fundal IUCD placement will reduce the expulsion rate (skilled insertion can reduce the expulsion rate to 5%).</td>
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<tr>
<td>Provider: With PPIUCD, there may be higher risk of perforation. The enlarged postpartum uterus may contribute to the displacement of the IUCD. This has caused concern over possible increased risk of uterine perforation as the uterus contracts.</td>
<td>• The risks of pelvic infection appear to be no more with postpartum insertion than with insertion six weeks or longer post delivery. For immediate postpartum insertions, one study reported pelvic inflammatory disease (PID) rates ranging from 1.4 to 2 per 1000 women. Most cases of pelvic infection occurred within three months of insertion.</td>
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<tr>
<td>Client: With PPIUCD, will there be any problems with breast milk production?</td>
<td>• FHI has reported that the perforation risk at one month for immediate postpartum insertions was no greater than that associated with interval insertion, about 1 per 2000 insertions.</td>
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Country Experiences:

TURKEY:
In a study of 74% vaginal deliveries and 26% cesarean deliveries with follow up at 6 weeks, 6 months and 12 months, the continuation rates for PPIUCD were high - 87.6% at 6 months and 76.3% at 12 months. One year cumulative expulsion rate was 13.7%.
Conclusion:
The high retention rates for PPIUCD make it a worthwhile choice for women who accept it.

EGYPT:
1,024 women counseled for immediate postpartum insertion of IUCD were asked if they wanted the insertion now or to come back later for insertion. 71.3% wanted it now and had the insertion, while of those who said they would come back later only 7.2% came back for an insertion.
Conclusion:
Making things easy and convenient for women makes a big difference in ultimate acceptance.

INDIA:
In India there is renewed interest in postpartum IUCD with the launch of a national effort towards increased facility based births. PPIUCD is viewed as an alternative to sterilization. The thrust is for counseling on multiple methods and recording in the ANC chart. Increasing choices for women at the right time is of critical importance.

Conclusions:
The risk of IUCD expulsion is greater with postpartum insertions, but the risk can be reduced significantly by proper insertion of the IUCD.
The IUCD should be inserted at the fundus within ten minutes of placenta expulsion or within 24-48 hours of delivery.
No increased risk of pelvic infection occurs with postpartum IUD insertion.
The risk of uterine perforation for postpartum IUD insertion is low.
PPIUCD SEMINARS AND TRAINING
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