Immediate Postpartum Insertion of IUCD: A Safe and Effective Contraceptive Option

Advantages of Copper-T 380A for Postpartum Women

- Readily available for women who deliver at health care facilities and wish to either space or limit subsequent pregnancies
- IUCD has no effect on quantity and quality of breastmilk
- IUCD is as effective as tubal ligation in providing contraceptive protection. Postpartum IUCD may be an alternative to tubectomy for some couples
- It is effective for 10 years, but if the woman wants, she can get it removed anytime
- Insertion after delivery avoids the discomfort related to interval insertion, and some of the post-insertion side effects are masked by normal postpartum events (e.g., postpartum bleeding and cramps)

Safe Time for Insertion of Postpartum IUCD

- **Immediate Postpartum:**
  - Postplacental: Insertion within 10 minutes after expulsion of the placenta following a vaginal delivery on the same delivery table
  - Intracaesarean: Insertion that takes place during a caesarean delivery, after removal of the placenta and before closure of the uterine incision
  - Within 48 hours after delivery: Insertion within 48 hours of delivery and prior to discharge from the postpartum ward
- **Postabortion:** Insertion following an abortion, if there is no infection, bleeding or any other contraindications
- **Extended Postpartum/Interval:** Insertion anytime after 6 weeks

Who is eligible for immediate postpartum IUCD?

It is reasonable to assume that a woman who has had a normal vaginal delivery, is fit for PPIUCD, if she does not report purulent cervicitis in the final trimester of pregnancy.

Clinical situations, in which the insertion is not advised, are:
- Chorioamnionitis
- Puerperal sepsis
- More than 18 hours from rupture of membranes to delivery of the baby
- Unresolved postpartum hemorrhage

Instruments and supplies required for PPIUCD

- Only items required for PPIUCD insertion are:
  1. Copper T 380 A, in a sterile package
  2. Sterile or HLD vaginal retractor (Sims or other vaginal retractor)
  3. Sterile or HLD ring forceps or sponge-holding forceps
  4. Sterile or HLD long placental forceps (30 cm long)
  5. Bowl and cotton swabs
  6. Povidone Iodine or Chlorhexidine
  7. Sterile or HLD gloves
Preventing Complications Related to PPIUCD

<table>
<thead>
<tr>
<th>Complication</th>
<th>Number of Cases</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perforation</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Infection</td>
<td>4</td>
<td>0.1%</td>
</tr>
<tr>
<td>Removal (any reason)</td>
<td>102</td>
<td>3.4%</td>
</tr>
<tr>
<td>Spontaneous expulsion</td>
<td>43</td>
<td>1.4%</td>
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</tbody>
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Evidence Based Reports

- Compared with interval insertions, postpartum insertions do not increase the risk of infection, bleeding, uterine perforation or endometritis, nor do they affect the return of the uterus to its normal size\(^1\)

Cochrane Database Review, 2003

- Insertion of an IUCD immediately after delivery is convenient for both the woman and clinician
- The evidence suggests that immediate post-partum insertion of IUCD is generally safe and effective
- Expulsion rates appear to be slightly higher and are highly variable. The skilled clinicians were associated with lower expulsion rates of copper IUCDs than were unskilled clinicians
- Advantages of immediate post-partum insertion include high client motivation and assurance that the woman is not pregnant
- The popularity of immediate post-partum IUCD insertion in countries as diverse as China, Mexico, and Egypt support the feasibility of this approach in other countries
- Early follow up may be important in identifying spontaneous expulsion

A simple but special training on the insertion technique, counseling and infection prevention is critical for gynecologists and obstetricians, doctors and nurses

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