

Original Research Article

## Acceptability for the Use of Postpartum Intrauterine Contraceptive Devices

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**Abstract:** Intrauterine contraceptive device is a highly effective, long acting, reversible family planning method that is safe for use by most postpartum women. The aim of the study is to evaluate the acceptance of postpartum intrauterine devices among the pregnant women attending zenana hospital. 1500 pregnant women attending the zenana hospital who verbally accepted PPIUCD were recruited and divided into two groups. 750 cases in group A included antenatal cases and group B included postpartum cases. Acceptance of the use of IUCD was higher among women with formal education than illiterate which was 62.90% and 37.10% respectively. Verbal acceptance of IUCD was less than expected and actual insertion was even less.

**Keywords:** PPIUCD, postpartum.

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### INTRODUCTION:

The time during pregnancy and that immediately after delivery may be the only time for the physician to connect with women who are poorly motivated to obtain routine health care, best described as 'crisis-oriented' [1]. The intrauterine contraceptive device is highly effective, long acting, reversible family planning method that is safe for use by most postpartum women. It is also relatively inexpensive and convenient and has a very low rate of complication. The postpartum IUCD inserted within 10 minutes or upto 48hrs after birth. Immediate postpartum period is an ideal time to educate and counsel women on exclusive breastfeeding, future fertility, birth spacing or limiting intentions and provision of appropriate family planning methods in view of the high rate of unintended pregnancy. Apart from lactation amenorrhea, postpartum family planning (PPFP) methods available are barrier methods, progesterone only preparations, sterilization, and intrauterine device (IUCD). IUCD is convenient, hormone free, very safe, highly effective, reversible, coitus-independent, and user-friendly due to the onetime application and long lasting method of contraception with high continuation rate. Advantage of immediate postpartum IUCD insertion includes high motivation, assurance that woman is not pregnant and convenient for women and service provider.

### MATERIAL & METHODS

It was hospital based descriptive study was carried out in the department of obstetrics and gynaecology, zenana hospital, S.M.S medical college, Jaipur during the year 2016-2017.

1500 pregnant women attending the zenana hospital who verbally accepted PPIUCD were recruited in present study and were divided into two groups:

Group –A (750 cases)- antenatal cases and cases included in clean labour room

Group –B (750 cases)-postpartum cases.

Counselling on postpartum contraception was given either antenatal care visits or during the postpartum stay in hospital.

### RESULTS

Table 1 shows that 442(58.93) in group-A and 447(59.60%) in Group –B belonged to urban population show that maximum women were from urban area indicating increased awareness about antenatal care. Table 2: Group-A 453(60.40%) women were belonged to single counselling and 297(39.60%) and 279(37.20%) in Group –A and Group-B respectively belonged to group counselling. Table 3 shows that

verbal accepted group, actual insertion of PPIUCD were more in group counselled women which was 109/202(53.96) and 77(61.60%) in group A and Group-B respectively. Table-4 shows that actual insertion of PPIUCD is low in our society which is 202(26.93%) in

group-A and 125(16.66%) in Group-B. overall insertion of PPIUCD is 21.80%(327/1500) this study shows that antenatal counselling plays an important role in acceptance of PPIUCD.

**Table-1: Distribution of cases according to residence**

Residence	Group –A		Group-B		Total	
	No.	%	No.	%	No	%
Rural	308	41.07	303	40.40	611	40.73
Urban	442	58.93	447	59.60	889	59.27
<b>Total</b>	<b>750</b>	<b>100</b>	<b>750</b>	<b>100</b>	<b>1500</b>	<b>100</b>

P value: 0.1708(NS)

**Table-2: Distribution of cases according to counselling (Acceptance of PPIUCD)**

counselling	Group –A		Group-B		Total	
	No	%	No	%	No	%
Group counselling	297	39.6	279	37.20	576	38.40
Single counselling	453	60.40	471	62.80	924	61.60
Total	750	100	750	100	1500	100

P-value=0.3393(NS)

**Table-3: Distribution of cases according to counselling :( Actual insertion of PPIUCD)**

Counselling	Group-A		Group-B		Total	
	No	%	No	%	No	%
<b>Group counselling</b>	<b>109</b>	<b>53.96</b>	<b>77</b>	<b>61.60</b>	<b>186</b>	<b>56.88</b>
<b>Single counselling</b>	<b>93</b>	<b>46.04</b>	<b>48</b>	<b>38.40</b>	<b>141</b>	<b>43.12</b>

**Table-4: Distribution of cases according to actual acceptance of PPIUCD**

	Verbal acceptance	Actual insertion	% of actual insertion
Overall counselling	1500	327	21.80
Antenatal counselling	750	202	26.93
Postpartum counselling	750	125	16.66

**DISCUSSION**

Immediate postpartum period is an ideal time to educate and counsel women on exclusive breastfeeding, future fertility, birth spacing or limiting intentions and provision of appropriate family planning methods in view of the high rate of unintended pregnancy [2].

Olatinwo AW *et al* concluded that acceptability of IUCD can be increased by health education, sympathetic, careful client selection, careful insertion and regular follow-up with quick access to medical use [3].

Mustafa R *et al* concluded that there was a low contraceptive use among women of rural origin despite good knowledge. Motivation of couples through media and health personnel can help to achieve positive attitude of husbands for effective use of contraceptives [4].

Adeyemi AS *et al* concluded that an increase in the level of knowledge on modern contraceptive methods through mass and interpersonal [5]. Communication could be one of the key strategies to increase the utilization rate of modern contraceptive methods.

**CONCLUSION**

Verbal acceptance of IUCD was less than expected and actual insertion was even less. For these women, the only opportunity to receive information about contraceptive devices is during childbirth when they are in contact with medical personnel. Hence, it is suggested that family planning should be integrated with maternal and child care services in order to effectively promote the use of contraceptives devices in women who otherwise and on their own initiative would not seek the use of such protective devices.

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