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Research Article

COMPARISON OF POST PLACENTAL AND INTRA CAESAREAN IUCD INSERTION IN TERMS OF EXPULSION AND COILING OF THREAD: RETROSPECTIVE STUDY

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ABSTRACT

India is the second most populated country in the world. Currently India's population is around 1.3 Billion. Unwanted pregnancy and less knowledge about contraception is the prime reason for it. IUCD is a type of long acting reversible contraception (LARC). Insertion of IUCD within 10 minutes of delivery of placenta in vaginal delivery is post placental IUCD insertion. Intra caesarean insertion is after placenta delivery and prior to uterine closure. This retrospective study was conducted in Department of Obstetrics and Gynaecology, Maulana Azad Medical College and Lok Nayak Hospital, New Delhi. Data of all delivered patients between March 2013 to February 2017, Having IUCD insertion after vaginal delivery as well as after caesarean is studied. During follow up of these patients it was found that missing IUCD was more common in patients with intra caesarean IUCD insertion. Common reason for this problem is coiling of thread in lower uterine segment or in cervical canal leading to failure of its descend through external cervical os.

INTRODUCTION

India is the second most populated country in the world. Currently India's population is around 1.3 million. Unwanted pregnancy and less knowledge about contraception is the prime reason for it. Institutional delivery is promoted by government which reduces maternal mortality rate. But post-delivery follow up either for check-up or for contraception is lacking, therefore concept of post placental Intrauterine copper device (IUCD) after vaginal and caesarean delivery has emerged in recent time.

Insertion of IUCD within 10 minutes of delivery of placenta in vaginal delivery is post placental IUCD insertion. Intracaesarean insertion is after placenta delivery and prior to uterine closure in caesarean section. IUCD is a type of long acting reversible contraception (LARC). Advantage of this LARC is that it is effective, reversible, long acting, coitus independent, and it does not affect breast feeding. Insertion in postpartum period is easy and bleeding due to insertion is masked with lochia.

MATERIAL AND METHOD

This is a retrospective study conducted in the Department of Obstetrics and Gynaecology, Maulana Azad Medical College and Lok Nayak Hospital, New Delhi. Data of all delivered patients between March 2013 to February 2017, Having IUCD insertion after vaginal delivery as well as after caesarean is studied.

Written informed consent was taken from patient prior to insertion. Patients with any symptoms or signs of infection, rupture of membrane >18 hours, chorioamnionitis, coagulation disorders, postpartum haemorrhage were excluded for insertion. In vaginal delivery, within 10 minutes of delivery of placenta Cu T 380A was inserted with the help of Kelly's forceps (without lock). In Caesarean section, after placenta delivery IUCD was inserted with the help of Ring forceps. The strings of IUCD were placed in lower uterine segment, then closure of uterine incision was done as in usual manner. Patient and relatives were counselled and asked to follow up after 6 weeks. During follow up patient was asked for any complaints of bleeding, discharge or expulsion of copper T if noticed. Per speculum and per vaginum examination was also done to look for descended IUCD thread. Thread was trimmed approximately 2 cm from external os. If thread was not found then ultrasonography was done for IUCD localization.

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RESULTS

Table No 1 Total number of IUCD inserted:

1	Post placental (after vaginal delivery)	7391
2	Intra caesarean	1962
3	Puerperal	441
4	Interval	821

Table No. 2 Patients returned for Follow up (at 6 weeks postpartum)

1	Post placental (after vaginal delivery)	5040
2	Intra caesarean	820
3	Puerperal	221
4	Interval	500

Table No. 3 Patients with missing threads of IUCD at 6 weeks follow up

1	Post placental (after vaginal delivery)	22%
2	Intra caesarean	55%
3	Puerperal	16%
4	Interval	8%

DISCUSSION

Immediate post placental IUCD insertion is a good method of contraception for the delivered female. Patient is highly motivated for contraception now and apart from it, insertion is easy in immediate post-partum period as cervical os is open, puerperal pain and lochia can eliminate the problem of bleeding and pain during IUCD insertion.

Patients were counselled for proper follow up, but we found only limited patients have come for follow up. Among patients who followed up, main complaint was missing IUCD thread, especially in intra caesarean group. The common reason for this missing thread especially in intra caesarean group is its coiling in lower uterine segment or in cervical canal leading to failure of its descend through external cervical os. ReetuHooda, Sonika Mann *et al* has also found the same result of undescended IUCD strings in intracaesarean insertion[1].

Expulsion is one of the problem with post placental IUCD. As compared to interval insertion, expulsion is more common with immediate postpartum IUCD insertion[2, 3]. Expulsion of post placental IUCD after vaginal delivery is more common as compared to intra caesarean IUCD. Many studies conducted in past have also shown high expulsion rate of post placental IUCD. Our studies show 7% expulsion rate, which is relatively less.

Study done by ŞevkiÇelen *et al* with the objective to find out the safety and efficacy of immediate post placental IUCD insertion, shows that main reason for discontinuation of post placental IUCD is its high expulsion rate[4]. Patient satisfaction is compromised due to high chances of coiling of IUCD thread in intra caesarean group and because of high expulsion rate in post placental IUCD insertion after vaginal delivery.

CONCLUSION

Immediate post placental IUCD insertion both after vaginal and caesarean delivery is effective, safe, long acting method of contraception. In India, where rising population is a problem, this innovative type of contraception is very useful. Follow up of women is the biggest problem, therefore its insertion just after delivery is very useful to space pregnancy and to avoid unwanted pregnancy. Its use should be encouraged in every institutional delivery. Every woman should be counselled and offered about post placental IUCD insertion. Improvement in technique of its insertion will overcome the problem of coiling of the IUCD thread in intra caesarean insertion and good experience in inserting postplacental IUCD may also lower down its rate of expulsion.

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