

IMMEDIATE POST PARTUM LIPPES LOOP INSERTION 'A SHORT TERM TRIAL'

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Postpartum contraception is being advocated at various clinics to benefit those who come under medical care only during childbirth. Lippes loop has gained popularity since its introduction in India, in 1965. This paper presents data derived from 'short term trial' of immediate postpartum insertions of loops at Kamala Nehru Memorial Hospital, Allahabad.

Material and Methods

Intrauterine Lippes loop insertion was done in 268 cases soon after the third stage was over. They were between para 1 and 6 and 70% were between 20-29 years. Sixty four per cent were of low socio-economic groups.

The cases were motivated while they were in the first or the second stage of labour. A written consent was obtained from the couple and they were informed about the easy introduction of the device without complications.

The selection of the cases was carefully done. Those with labour complications or associated medical diseases were not taken.

Insertions were done in the labour room by senior doctors or specially trained resident officers. After a normal deli-

very the placenta and the membranes were carefully inspected. The uterus was massaged to contract. Lippes loop size 30 was gently placed at the fundus by a gloved hand under all aseptic precautions.

The hospital stay in these cases after insertion was 8 days. Their behaviour was compared with the other ward patients without the device. Pain, amount of lochia, temperature, or expulsion of the device was recorded. Vaginal examination was done in all at the time of discharge from the hospital to exclude the expulsion of the device into the cervix or vagina.

For follow up the patients were told to come after 4 weeks, 8 weeks, 3 months, 6 months, 1 year and after 2 years. They were asked to report early if bleeding, pain, temperature or expulsion of the device occurred. Pelvic check up was done in all the subsequent follow-ups. Usually the thread was not visible at the external os. To have the thread at the os for guidance, specially designed Lippes loop with longer thread of 10 inches were used during the later part of the study. Otherwise, the presence of the device was detected by the uterine sound. The help of radiography was necessary in only few cases. The removal of device was easy when indicated.

The thread had to be shortened in cases who had longer thread loops during the period of involution of the uterus.

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Results

Inclination to agree readily for the device was a remarkable feature to be noted with this method of motivation in the labour room. During this period, the ratio of the insertions in the immediate postpartum and the lying-in-period was 5:1. No complications were noticed during or after the insertion of the loop on the delivery table.

One hundred and fifty seven cases were followed for 2 years. Sixty-six patients presented with different complaints. Menstrual irregularities were observed in 31 (19.79%). Persistence of red lochia for 2 months after delivery was in 10 (6.40%), heavy bleeding requiring removal in 11 (7.0%), and only spotting off and on in 10 (6.4%) cases.

Pain and discharge was observed in 20 (12.70%) requiring removal in 2. They were relieved by general symptomatic treatment. Pelvic Inflammatory disease was noted in 4 (2.50%) after 7 months of use. They responded to anti-inflammatory treatment.

Expulsions

There were 4.4% expulsions. All the expulsions were within one month of insertion and half of them were during the first week of lying in period.

Removals

The loop had to be removed in 14 (8.9%). Cause of removal was bleeding in 11, pain and discharge in 2, and in 1, it was removed after 6 months of insertion as she agreed for permanent sterilization.

Discussion and Comments

This study was started to assess the value of this method for the females of childbearing age group. The technique is easy, inexpensive, reversible and does not

require instruments or anaesthesia. Motivation in the labour room resulted in good response of the patients to agree to this method of contraception.

Burnhill and Birnberg (1967) reported the introduction of bow in the immediate postpartum period. In their 207 insertions they have reported expulsions as 9.2 per cent in all the patients and 4.0 per cent in the private patients.

Based on this report the immediate postpartum Loop insertions can be said to be easy. Moreover, it is not associated with any insertional pain or other complications. This method opens a wide scope for further trials in patients who seek medical assistance during confinement only. The greatest drawback which limits its use is the introduction of the hand in the uterus to place the loop in position. This can also be done with specially designed long applicators and loops with longer threads.

Summary

A study of 268 cases of postpartum loop insertions is presented. One hundred and fifty seven cases were followed up. The results presented are encouraging. Bleeding was in 19.79% and expulsions were 4.4%. This is a safe and easy method but requires extensive trial to come to definite opinion which is in progress.

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Reference

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