POST PARTUM COPPER-T INSERTION—OUR EXPERIENCE

by

(MRS.) MALATI L. SHOLAPURKAR
(MRS.) SUMAN P. SARDESAI
and
A. J. NALGIRKAR

SUMMARY

A study of 100 Cu-T insertions (97 post-partum + 3 after spontaneous mid trimester abortion) shows that in 78% cases Cu-T is retained without any complaints upto 3 months after its insertion.

9% cases in whom Cu-T was expelled got Cu-T reinserted.

In 5% Cu-T was removed because of patients' complaints and 8% did not come for follow-up.

Introduction

Insertion of intrauterine device which needs only one time decision of the patient is a simple procedure for spacing children which is ideal for our illiterate and poor women in whom family planning needs to be implemented.

Patients are highly motivated for accepting Family Planning during immediate post-natal period. The ease of insertion during this period takes away fear from the minds of the patient and ensures more acceptability in future even if expulsion occurs in some cases. It is suitable for patients who want their last child to become 6 months—2 years old before accepting permanent sterilisation.

Material and Method

Postpartum/Postabortal Cu-T insertion was done from 5th day to 12th day in motivated cases. The work was undertaken in one of our 3 units at the General Hospital and Dr. V. M. Medical College, Solapur.

Following patients were excluded from the study:

1. Patients who had APH/PPH Pre-eclampsia.
2. Patients in whom intrauterine manipulation as IPV/MRP etc. were done.
3. Patients who had premature rupture of membrane or evidence of infection in the genital tract.
4. Cases of present caesarean section.

Patients who had MR/1st trimester MTP with simultaneous IUD insertion are not included in this study. This ensures independent, well considered and firm decision of the patient.

Patients were advised to report if any complaints or to come for follow-up at 6 weeks and 3 months.

Observations

On hundred cases are included in this study. Majority (68%) acceptors were

From: Department of Obstet. & Gynec. Dr. V. M. Medical College, Solapur.
Accepted for publication on 17-7-85.

in the age group 20-25 years. 18 were teenagers.

Eighty-two out of 100 (82%) had less than 2 children. However, 18 women with 3 or more children who refused post-natal sterilisation for some reason or other aceepted I.U.D. insertion.

Table I shows type of labour amongst the acceptors 84% had normal delivery, 3% cases had previous caesarean section and present normal delivery. In 89% cases Cu-T was iserted within one week of delivery/abortion. In 11 cases it was done after a week due to various reasons as healing of the episiotomy wound, health of the newborn baby, consent of the husband, etc.

TABLE I
Type of Labour in Study Group

Type	Number	Percentage
F.T.N.D.	84	84
Prem. N.D.	4	4
Breech delivery	1	1
Vaccum/Outlet forceps	5	5
Prev. Section with present normal delivery	3	3
Spontaneous abortion	3	3
Total	100	100

Only 3% acceptors had spontaneous midtrimester abortion.

Table II shows that Cu-T was in position and patients had no complaints in 68 out of 100 cases (68%) at the end of 3 months.

In 11 cases Cu-T had slided down in cervical canal though not expelled. Reinsertion was done.

In 9 cases it was reported to be expelled within 3-4 weeks. Reinsertion was done in such cases. In only 5% cases Cu-T had to be removed because patient got cramps in uterus/excessive bleeding or foul smelling discharge.

Perforation of uterus/extrusion in the peritoneal cavity was not noticed in any of the cases though 3 patients had previous caesearean section scars.

Discussion

Ideal time for Cu-T/IUD insertion is considered as 6 weeks after delivery/abortion. However, the degree of motivation decreases rapidly after delivery/abortion.

Patients who come from rural places for delivery in a well equipped hospital, may not come for IUD insertion after 6 weeks.

Expulsion rate in the present series was 9% which is high considering the cost of Cu-T. However, 79% patients retained Cu-T upto 3 months of follow-up and had no complaints of any type.

TABLE II
Follow-up of 6 Weeks and 3 Months After Insertion

Follow up	No. of cases	Percentage
Cu-T in position—No complaints	68	68
Cu-T slided down in cervical canal—Reinserted	11	11
Cu-T reported to be expelled at 3-4 weeks or found absent	9	9
Cu-T removed within one/two weeks of insertion because of symptoms	5	5
Patient did no report for follow-up	7	7
Total	100	100

Reinsertion was done in 9 cases where Cu-T was expelled.

This emphasises role of voluntary and well considered decision of the patient as well as her experience of first Cu-T insertion which is painless and easy in post-partum period. However, use of such costly device, requires proper selection of patients and also careful insertion and follow-up.

A cheaper and safe device, not likely to cause uterine perforations, so that its insertion can be entrusted to any medical/ paramedical personnel with limited experience will help to boost the Family Planning Programme in the right direction of proper spacing in between children and limiting the family at proper time.

Acknowledgement

We are thankful to the Dean, Dr. V. M. Medical College Solapur for permitting us to carry on this study, use hospital data and publish this paper.