

POST PARTUM INSERTION OF COPPER IUD

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SUMMARY

Cu-T was inserted in the immediate post partum period in 150 women and followed up at the end of puerperium. Expulsion rate (9.8%), retention rate (78.2%), removal rate (12%) were similar to post menstrual insertion of Cu-T. No perforation occurred in our series. It is recommended to insert Cu-T in immediate puerperal period for augmentation of post partum family planning programme.

INTRODUCTION

Motivation of a woman for insertion of an intrauterine device for spacing of family is not always accompanied by success in our set up. Most illiterate women are wary of it. During the immediate post partum period these same females are more amenable to suggestion and are quicker to accept a device for spacing of family.

In this study an attempt was made to find out whether the expulsion rates, removal rates and perforation rates were more in the immediate puerperal period than in the post menstrual period.

MATERIAL & METHODS

150 women who delivered normally in Kamala Nehru Memorial Hospital from April '88 to March '89 were motivated to accept Cu-T in

the immediate post-partum period. Women with more than two children who did not desire permanent sterilisation were also included in this study.

Women with history suggestive of pelvic inflammation, abnormal endometrial cytology, uterine abnormality or caesarean section were not included in this study.

Cu-T was chosen as it has a low rate of expulsion and perforation and ease of insertion.

An attempt was made to place the intrauterine device as high as possible in the endometrial cavity without perforating the uterine musculature.

All the acceptors were checked after 6 weeks at the end of the post partum period. A repeat examination was advised 12 weeks and then 24 weeks post partum.

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OBSERVATIONS

There were 69 primiparae, 32 second and 49 multiparae acceptors in our study. Their respective ages ranged from 21-35 years as shown in Table-2.

The expulsion rate was 9.8% (Table-3). There were 14 complete expulsions and 1 partial expulsion, 6 of these were expelled in the first week and the rest between the second and 6th week, of puerperium. 12 of these expulsions occurred in multiparae. There was a significant difference between expulsion rate of primi para (2.9%) and multipara (16.05%).

Removal rate was similar in primi and multiparae (Table-4).

So retention rate was 71.6% in multiparae and 85.5% in primiparae (Table-5).

Cu-T was removed for reasons like sepsis, bleeding and pain and personal reasons (Table-6).

No perforation occurred in our series.

TABLE I
Displaying Parity of the Patient

Primipara	69
Second Para	32
Multipara	49
Total	150

TABLE II
Showing age of patient

20-25	84
26-30	26
31-35	40

TABLE III
Depicting expulsion rate

Parity Total No.	Complete expulsion		Partial Expulsion %	
	1st week	1 week		
Primi	69	2		2.9
Multipara	81	4	8	1 16.05

TABLE IV
Depicting Removal Rate

Parity	Total No.	No.of Removal	% of Removal
Primi	69	8	11.6
Multi	81	10	12.34

TABLE V
Depicting Retention Rate

Parity	Total No.	No.of Retained	% of Retention
Primi	69	59	85.5
Multi	81	58	71.65

TABLE VI
Reasons for Cu-T Removal

Sepsis	1
Personal reasons	6
Bleeding & Pain	11

TABLE VII

Comparative Co-T expulsion rate in early Post Partum by various authors

Authors	Expulsion Rate
Burkhardt & Rosenfield (1971)	28%
Tatum (1973)	27.6%
Finch (1976)	26%
J.L. Newton (1982)	7%
Wishell et al (1982) I.M.T	11.5%
Present Study	9.8%

TABLE VIII

Dispensing perforation rate by various authors

Authors	Perforation Rate
Reaman & Via 1968	1.3/1000
Genale & Single 1971	1.3/5000
Newton 1982	ND
Population Reports 1979	0.02%
Wishell (1982)	ND
Present study	ND

DISCUSSION

IUD and especially Co-T is a safe and effective method of family planning. But the success of the device is dependent on its proper insertion.

Previous studies showed a high expulsion of Co-T in early post partum insertion. But in Newton (1982) reported an expulsion rate of only 7%. Our study showed an average expulsion rate of 9.8% (Table-7).

It is said that perforation rate is 4 times greater in postpartum than in non post partum

insertions of Co-T. Perforation rate of Co-T is reported to be 1.04/1000 insertions in non post partum cases. The perforation rate of the various authors is compared in Table-8. Our study did not have a single case of perforation to we state that post partum insertion of Co-T is very safe as safe as any other IUD.

Complication rates were no higher in early post partum than for those perforated 6 weeks later as is also reported by Rosenfield & Charakwood (1976). We removed only 1.5/1000 in our series and that was for partial expulsion. The other 18 were removed by other practitioners outside the 10 days bleeding and removal reasons.

CONCLUSIONS

Women with proven fertility are advised strongly at the time of delivery for family spacing. The expulsion rate is not high and for those which are expelled do so by 6 weeks. Let post partum check up. So the IUD can be reinserted without much problem or delay.

Hence it is advantageous to provide contraception by IUD immediately after delivery to women in need rather than insist that they return later which may be inconvenient for them.

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