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ORIGINAL ARTICLE

The Clinical Outcome of Post Placental Copper-T-380A Insertion with Long Placental Forceps (Kelly's Forceps) After Normal Vaginal Delivery and Cesarean Section

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About the Author

Garima Gupta completed MBBS from Lala LajPath Rai Memorial Medical College, Meerut, Uttar Pradesh. She did her post graduation diploma course from Lady Hardinge Medical College, New Delhi, in 2010. She is currently doing her secondary DNB course from Deen Dayal Upadhyay Hospital, New Delhi. Her thesis and paper publication is under the guidance of Dr. Ritu Goyal, who is a senior specialist in Deen Dayal Upadhyay Hospital. This topic was taken into consideration, as this contraceptive measure is upcoming in the line of Long Acting Reversible Contraception. It is right now practiced in very few hospital in New Delhi. This study was done to study the benefits and risk of PPIUCD insertion. We as authors feel the need for this kind of contraception to be practiced for population control of India.

Abstract

Objectives To study the efficacy safety effect on menstrual cycles, expulsion, continuation, and failure rate of post placental Copper-T-380A after vaginal and cesarean birth in a tertiary center, over the period of 1 year.

Methods A total of 150 women who opted for insertion of Copper-T-380A within 10 min of expulsion of placenta whether delivered vaginally or by cesarean section were enrolled into study. Women having past history of ectopic pregnancy or any genital tract infection or hemorrhagic disorders, uterine anomaly, chorioamnionitis, LPV > 18 h, unresolved PPH, Hb < 8 g% were excluded from the study.

Results No incidence of perforation, PID, and failure of contraception was detected. Percentage satisfaction among users after 6 weeks—91.7 %, 3 months—92.9 %, and 6 months—95.6 %.

Conclusion Although there was high incidence of missing IUCD threads (probably owing to coiling of long threads), the actual expulsion rate was far lesser. Removal rate due to menorrhagia, pain in abdomen, and vaginal discharge was low, and 6 months continuation rate was considerably good.

Keywords Kelly's forceps · PPIUCD insertion · Expulsion · Perforation · Failure of contraception

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Introduction

Postplacental IUCD insertion refers to insertion of IUD within 10 min of expulsion of placenta. Intra cesarean insertion is insertion of IUD after removal of placenta, before closure of uterine incision.

Postplacental IUCD has Several Advantages

The woman is definitely not pregnant; she has high motivation to use contraception. Among women who have limited access to a clinician, postpartum time provides a unique opportunity to address a woman's need for contraception as the procedure is carried out by experts, and she remains under professional care post delivery. It provides protection against unwanted pregnancy without interfering with breast feeding and avoids discomfort related to insertion. Bleeding due to IUCD is masked by lochia. Moreover, in a developing country like India, where a woman completes her family by the age of 30 years and where under five mortality rate is high, postplacental IUCD is definitely a better method than laparoscopic sterilization.

Materials and Methods

This prospective study was done in the OBGY Department of DEEN DAYAL UPADHYAY HOSPITAL, New Delhi, for the period of May 2013–April 2014. Women were counseled in ANC OPD and labor room and encouraged to opt for postplacental IUCD insertion. The inclusion and exclusion criteria were applied and eligible women were selected, and informed consent was taken (Fig. 1).

Inclusion Criteria

Women who delivered a live baby within 10 min and had given informed consent for postplacental IUCD insertion and did not have any contra indications as mentioned in exclusion criteria.

Exclusion Criteria

1 Past history of ectopic pregnancy, hemorrhagic disorder.
2 Known case of heart disease, diabetes.
3 Uterine abnormalities causing distortion of uterine cavity.
4 Chorioamnionitis or LPV > 18 h.
5 Hemoglobin < 8 g%.
6 Unresolved PPH.
7 Past or current genital tract infections or history of multiple sexual partners.
8 Potential infected cases of Dai handling.

Methods

In the study group, women who had normal vaginal delivery, postplacental IUCD was inserted within 10 min of expulsion of placenta using Kelly's Forceps (12 inch, stainless steel, serrated curved forceps), taking all aseptic precautions. In case of cesarean section, postplacental IUCD was placed through the lower uterine segment with the help of Ring forceps. Postplacental IUCD thread was not pushed into the cervical canal, and care was taken not to include the strings in the suture line. Uterine incision was then closed routinely. During the post partum period, the woman was given a postplacental IUCD information leaflet and explained about the follow-up at 6 weeks, 3 months, 6 months or as soon as she notices any warning signs such as

1 Foul smelling lochia,
2 Excessive bleeding,
3 Any signs and symptoms of infection like fever, myalgia, body ache, discharge P/V or pain lower abdomen,
4 Expulsion of IUCD.

During follow-up, detailed history including the menstrual cycles and regarding the warning signs was taken. Physical and pelvic examination was carried out.

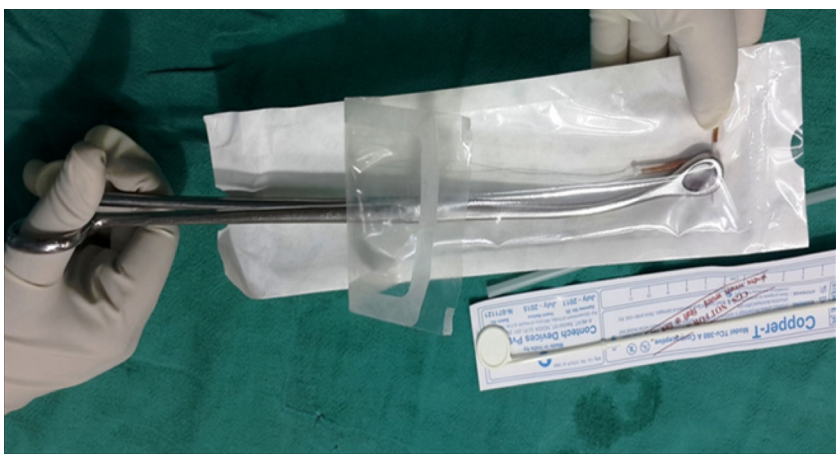

Fig. 1 Loading a CuT on Kelly's forceps [1]

Postplacental IUCD thread was checked and trimmed. In case postplacental IUCD thread was not found on per speculum examination, ultrasound examination was done to confirm the presence of IUCD and the patient was counseled. Women were enquired about the satisfaction level.

Result

Out of 150 cases enrolled and studied, 16 patients were lost to follow-up at the end of 6 months.

Parameters	6 weeks (%)	3 months (%)	6 months (%)
Satisfaction	91.7	92.9	95.6
Missing thread	25.5	7.2	4.4
Expulsion	14.3	2.9	0.0
Menorrhagia	11.4	14.5	7.4
Dysmenorrhea	11.4	5.8	2.9
PID	0.0	0.0	0.0
Perforation	0.0	0.0	0.0
Discontinuation	4.3	5.8	0.0
Pain in abdomen	4.3	4.3	1.5
Vaginal discharge	5.8	14.5	0.0
Failure	0.0	0.0	0.0

Discussion

Postplacental IUCD is a long acting, reversible contraception used in the immediate postpartum period which avoids unwanted conception without interfering with breast feeding. According to JHPIEGO and NRHM, the use of long placental forceps (Kelly's forceps) is recommended for postplacental IUCD insertion, whereas the data on its usage are deficient in the literature. In our study, difficulty in insertion was encountered in six women, second attempt was made in all six cases, and postplacental IUCD was then inserted successfully. No case of perforation, PID, or failure of contraception was found in our study. Although the percentage of missing threads was high at 6 weeks (18/150), only ten had spontaneous expulsion which was reduced to NIL at 6 months. In our study, the reasons for discontinuation of postplacental IUCD were non-specific pain in abdomen with dysmenorrhea for two women, menorrhagia for two, PPH for one, and two women opting for sterilization.

Conclusion

In our study, we concluded that insertion of postplacental IUCD immediately following delivery is an effective, safe, convenient, low cost, and long-term reversible method of postpartum contraception. We recommend that postplacental IUCD insertion should be routinely offered to all eligible postpartum women undergoing institutional deliveries. We also recommend that studies of larger size and longer period of follow-up maybe undertaken to further evaluate its safety and clinical outcome.

Compliance with ethical requirements and conflict of interest All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008 (5). Informed consent was obtained from all patients for being included in the study. An ethical clearance has also been taken from the institutional ethical committee. The authors declare that they have no conflict of interest.

References

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