



Immediate
postpartum
intrauterine
contraception
provision within a
public maternity
setting

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Disclosure

- No conflicts of interest



Background

- Postpartum period high risk for unintended pregnancy
- Short inter-pregnancy intervals – risk of obstetric complications
- Women should be able access all contraceptive methods after childbirth
- Immediate (<48hrs) postpartum insertion of intrauterine contraception (PPIUC) safe and effective
- Not routinely available in many countries



Research Questions

Is it feasible to provide PPIUC within a public maternity service?

What are the outcomes of PPIUC insertion in this setting?



Methods

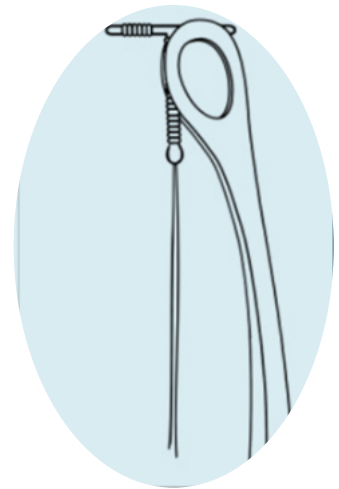
- Health service evaluation

- Phased introduction of service (2 hospitals; ~9000 births/yr)
- Staff trained in PPIUC insertion
- Women receive information during antenatal period
- Devices fitted at time of CS or within 48 hours vaginal birth



- Insertion techniques

- CS - manual placement via uterine incision
- Vaginal – long placental forceps
- LNG-IUS or Cu-IUD



Methods

- Follow-up

- Thread check +/- USS 4-6wks
- Telephone review 3/6/12 months

- Outcomes

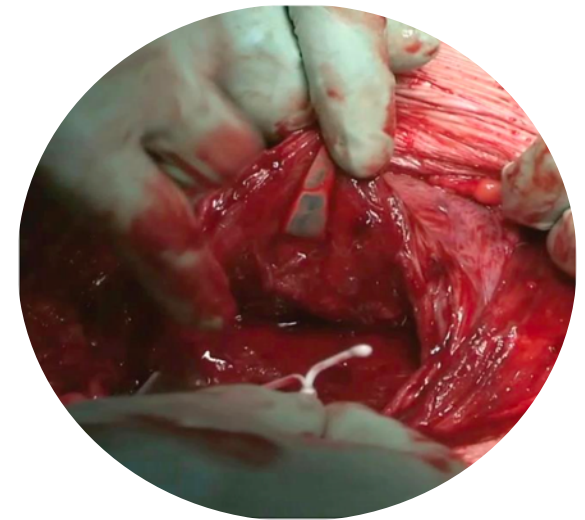
- Complications e.g. infection, perforation
- Device expulsion
- Method continuation
- Patient satisfaction



Results: PPIUC at CS

- *N = 300 women, 12 month follow-up*
 - Uptake = 13.8% (elective)
 - Suspected endometritis = 3.8%
 - Uterine perforation = 0
 - Expulsion rate = 8.0%

➤ **79.1% in situ at 12 months**



Results: Vaginal PPIUC

- *N = 224, 3 month follow-up*
 - Uptake = 9.7%; Successful insertion = 214 (95.5%)
- Complications
 - Suspected endometritis = 2.8%
 - Uterine perforation = 0
- Device expulsion
 - Prior to 1st visit = 66 (30.8%)
 - Removed at 1st visit = 60 (28.0%)
 - Reinsertion = 77.0%

➤ **86.2% in situ at 3 months**

(follow-up rate 87.5%)



Patient Feedback

“All done at same time so you don’t need to worry about it...I probably wouldn’t have gone otherwise”

“So easy to get done while you’re there and in that frame of mind”

“Good that you can get it done straight away because you’re sore anyway and have pain relief on board...didn’t feel a thing!”

“Would have been great if it had stayed in!”

“Not sure I would have come back to get coil fitted otherwise”

“Was bit sore at the time but I’m glad now I got it”

“Very quick and easy and you’re in hospital anyway”



Conclusions

- Feasible to provide PPIUC within a public maternity service
- Complication rates low, long-term continuation high
- Expulsion higher with vaginal PPIUC – number of inserters, improves with time
- Women happy with the service, ‘convenience’ important
- Similar method could be used in other regions to increase PPIUC availability



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