



Immediate postplacental intra-uterine device insertion

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Should we talk about contraception now???



Post-partum contraception : why ?

- Unplanned pregnancy
 - 2% of French women who had an abortion in 2007 had a live birth less than 6 months before the date of their abortion
 - 4% had a child between 6 and 12 months

Vilain 2009 IVG en France en 2007

- Prematurity
 - Higher prevalence of prematurity when 2 pregnancy are close (< 6 months between birth and conception)

Conde 2006 JAMA

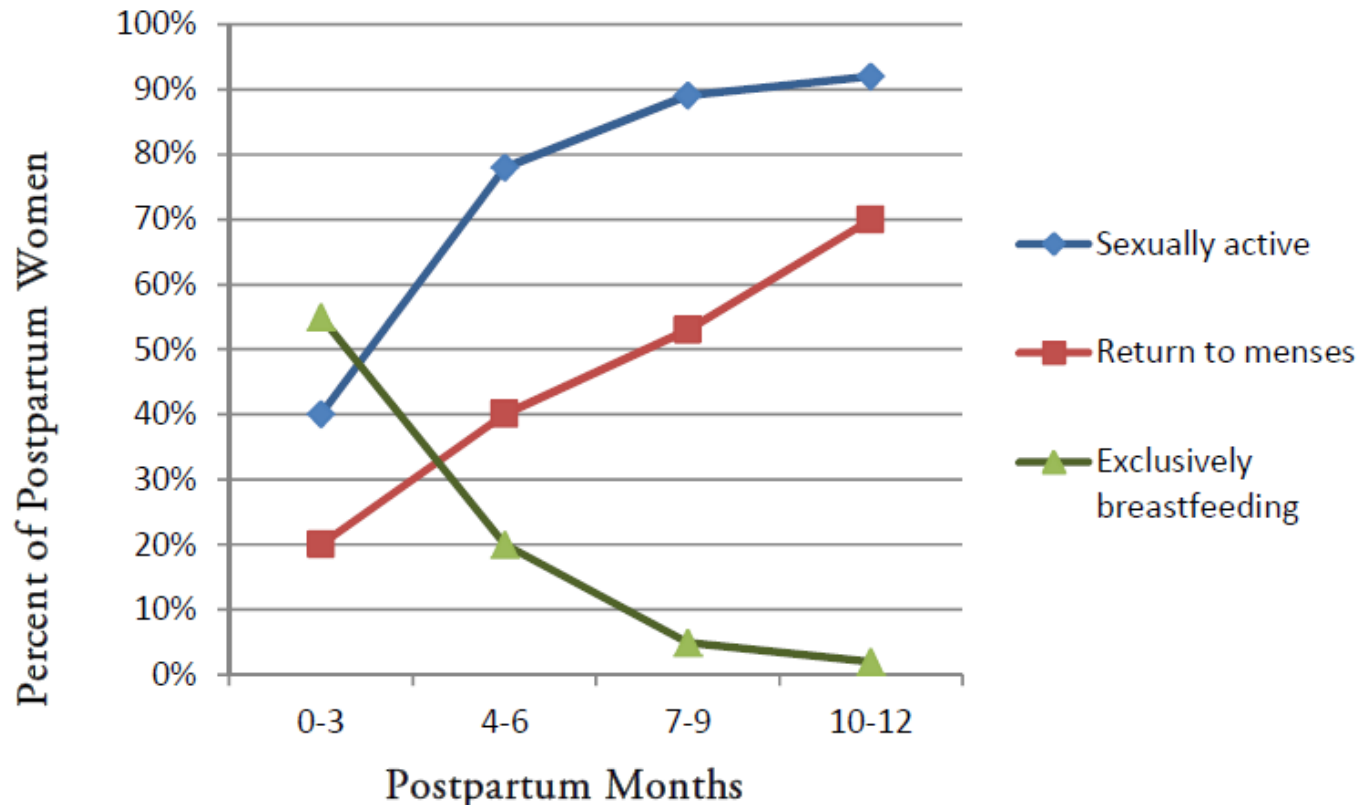
- What kind of contraception?
 - Easy to take and to think
 - No contra-indication with thrombo-embolism risks
 - Indicated if breastfeeding is choiced



Factors related to return to fertility and unplanned pregnancy in the first year after birth

- Resume of a sexuality is multifactorial (perineal tear, breastfeeding...)
 - 78 % at 3 months
 - 90 % at 6 months

MacDonald, BJOG, 2013. Barrett, BJOG, 2000.



Source: USAID/ACCESS. 2009. Family Planning Needs during the Extended Postpartum Period in Asia

A contraception council extends the interval between 2 pregnancies

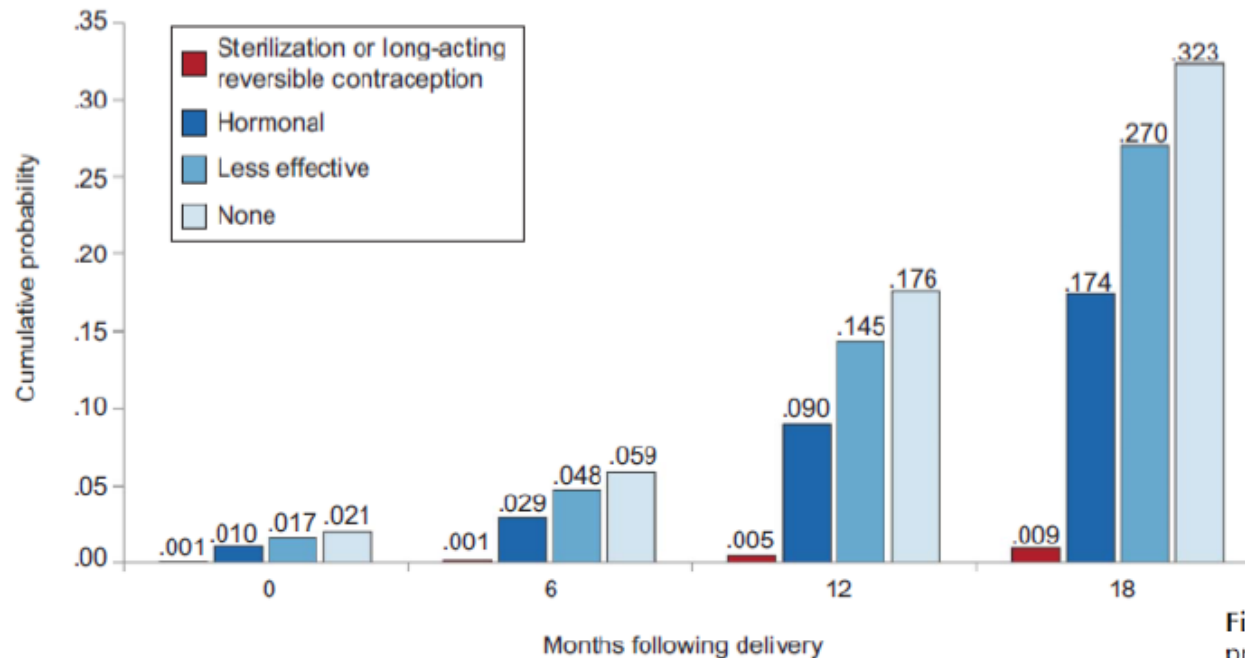


Fig. 3. Cumulative probability of pregnancy within 18 months after delivery by contraceptive method. White. *Contraception and Short Pregnancy Intervals. Obstet Gynecol 2015.*

Impact of the 2013 French Pill Scare on Women's Behaviour Regarding Contraception

- Fear of drug and hormone
- Desir of natural, possibly copper...
- National Perinatal French Survey in 2016 versus 2010

	2010	2016
Contraception before pregnancy	%	%
Pill	74	63
IUD	6	10
None	8	8
Other (condom, implant, natural)	12	19

Immediate post-partum device: historic !

- 1950-1960
 - Interest in family planning and regulation
 - Particularly during pregnancy
 - Health care not available everywhere
 - Delivery = hospital = possible contraception
 - Inconvenient to come back to the hospital to put an intra-uterine device after 6 weeks

Phatak, India, 1966 AJOG

- Important rate of expulsion 1980
 - Addition of biodegradable extensions to fix the IUD
 - Diminution of the expulsion : 4 to 6,5 % at 6 months
- Nowadays: a lot of articles on IUD immediat placement
 - Approximately 60 articles on the subject (cohort, randomized study)
 - France, China, USA, Mexico, Australia ...



In France

- Since 1980, few French articles on IUD immediat insertion
 - Laufe
 - Thiery
- Marketing authorization on the intra-uterine copper device for immediat post-partum insertion
- But in France : « scary sterilet »
 - Not for the adolescent or nullipares
 - Rarely for emergency contraception
 - And not known after the delivery
 - Women and caregivers

Moreau, Bajos and FECOND group. IUD use in France: women's and physician's perspectives. Contraception 2014



Objectives of our reflexion

- Information about IUD immediate post-placental
 - Women and practitioner
 - Advantages / Disadvantages
 - Methods of insertion
- Understand why French practitioners are reluctant to this method of contraception
- Experience in our maternity IUD immediate post-placental insertion

CNGOF recommandation 2015

- The insertion of a copper IUD within 48 hours of delivery is possible but not common practice in France
- Increased risk of expulsion of an IUD inserted immediately postpartum (10 minutes) compared to delayed insertion (6 and 8 weeks)
- Breastfeeding is one of the main risk factors for uterine perforation
- If you wish to use intrauterine contraception, it is recommended that you arrange for IUD insertion for the post-natal consultation
- **Immediate insertion could be considered for patients seeking this type of contraception**

Advantages of IUD in immediat post-partum

- Fertility ?
 - Return of ovulation possible at day 21, out of MAMA rules
 - Post-partum is a moment were contraception can be omitted (tiredness...) and where LARC is interesting
- Insertion of IUD in immediate postpartum
 - Painless
 - Contraception immediately after delivery
 - No post-partum/contraception appointment necessary
- Important adhesion to the contraception: 70-90 % of continuation of contraception at 1 year

Lopez Cochrane 2015, Immediate postpartum IUD for contraception (Review)
- Marketing authorization (AMM) for Copper IUD in France
- Regularly proposed in China, India, Mexico, Egypte, USA

Main disadvantages

- Expulsion
- Perforation
- Others: Infection and bleeding

- Refusal of practitioners

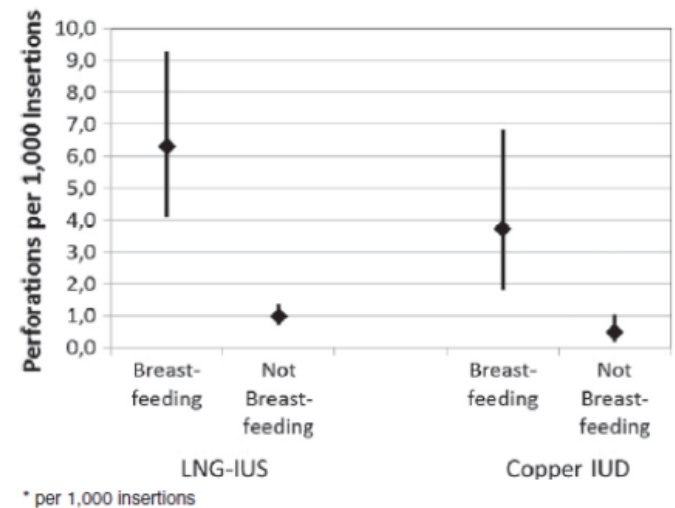
Expulsion

- General population : 0.6-6 %
- Immediate post-partum
 - At 6 month
 - 7-25 % if placement < 10 min post placental delivery
 - 29-37 % if placement between 24 and 72 h
 - 2-6 % if placement 6 to 8 weeks after
 - No difference between types of placement (hand or forceps)
 - No difference between the type of IUD
 - No difference on the experience of the operator
 - Expulsion rate lower for cesarean section (4%)
- But some studies were stopped sometimes because the rate of expulsion was too high

Grimes, Lopez Cochrane 2015, Immediate postpartum of IUD (Review)

Perforation

- In general population : 0,3-2,2‰ of expulsion after a intra-uterine device placement
- Risks of perforation is majored if
 - Immediate post-partum
 - Breastfeeding
 - Low experience of pratician
- In the different studies after post-placental placement : no perforation
 - Secondary outcome and power not sufficient because very rare event



Others complications

- Changes in menstrual bleeding pattern
- Cramps
- No increase in risk of Infection, bleeding, perforation, endometritis
- IUD string problems

Breastfeeding and IUD

- Copper IUD

- Breastfeeding not affected
- With Cu T380A, breast feeding women have less pain at insertion and lower removal rates than non breast feeding women

Farr et al AmJ Obstet Gynecol 1996

- Levonorgestrel IUD

- No difference for initiation, lactogenesis, continuation at 8 weeks

Shaamash Contraception 2005

- Same rate of expulsion in breastfeeding and non breastfeeding women

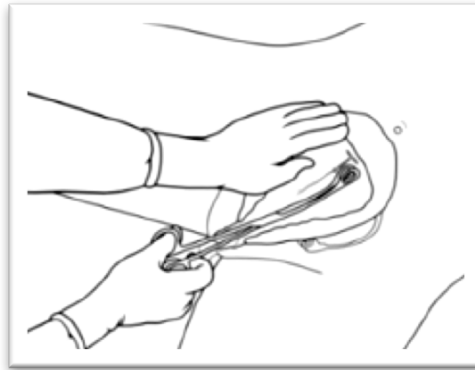
Turok Am J Obstet Gynecol 2017

How ?

- Insertion of IUD within **10 min** of the delivery of the placenta
- If possible with local-regional anesthesia
- Vaginal delivery or cesarean section
- Copper or levonorgestrel

Vaginal delivery

- Instrumental Insertion: using placental forceps



- Manual insertion: IUD held in hand



- Absorbable sutures or additional appendages - not beneficial
- No antibioprophyllaxy
- Cut strings 1–2 weeks after insertion

Cesarean

- Done manually / instrumental
- Insertion before uterine closure
- No need to pass the string through the cervix (risk of infection, displace IUD)
- No need to fix with ligature

Follow-up

- Clinical exam and ultrasound before discharge
- Return appointment at 4-6 weeks
 - Symptoms
 - Clinical exam for the string
 - Ultrasound if string not seen

Survey of caregivers

**WHAT ARE THE BARRIERS TO IUD
INSERTION IN THE IMMEDIATE
POSTPARTUM PERIOD?**

Survey of French caregivers on the IUD in immediate post-delivery

- GoogleForm questionnaire sent to midwives and doctors in Ile de France
- Sample response: 130 questionnaires on all practitioners contacted
 - Not representative
 - Interesting results
 - It is often said that the people who respond are those who know or are interested
- Questions about contraceptive practice
- Questions about postpartum IUD knowledge

Population responding to the survey

- 130 answers
- 89% midwives
- 81% working in the hospital sector
- 59% in maternity hospitals with more than 3000 deliveries, 38% between 1000 and 3000
- 70% in Paris

- 67% without any contraceptive use

Results: les français sont motivés!!

- Half of practitioners talk of contraception during the pregnancy
- 40 % are not aware of the possibility of immediate post-placental IUD placement
- 83 % are willing to inform women on this method after information and explanation on the technique
- 76 % are willing to try this method after information and explanation on the technique



Hopital Royal Bicêtre in 17th century

RETROSPECTIVE STUDY

Why did we choose to place IUD post-placental in our maternity ?

- Many women low interval between pregnancies
 - Contraception not adapted to lifestyle and sexuality
 - Few visits honoured in the postpartum period
- Population with high-risk diseases during pregnancy
 - Pulmonary
 - Vascular pathology: preeclampsia, IUGR
 - Obesity, gestational diabetes on insulin
- Hospital practitioner involved in both family regulation and birth
 - Systematic offer of postpartum contraception to women during pregnancy
 - Conversion of the team to this practice

Methods

- 2017-2018 Retrospective Survey
- Cases with IUD insertion immediately after delivery
- Caesarean section or vaginal delivery
- Protocols
 - Placement within 10 minutes after delivery
 - Ultrasound inspection and IUD clinic before leaving the maternity ward
 - Clinical and ultrasound control at 1 month and 3 months

Results: population

- 38 women with post-placental IUD insertion between March 2017 and August 2018
- Route delivery
 - 35% programmed caesarean sections
 - 12% of caesarean sections in emergency
 - 65% vaginal delivery
 - 3 abortions for medical reason
- IUD type
 - 29% IUD levonorgestrel
 - 41% copper
 - 26% not reported
- All patients had anesthesia

Result: follow-up

- No adverse events reported: no bleeding after IUD insertion, no high genital infection
- Breastfeeding after leaving the maternity ward
 - 20% artificial breastfeeding
 - 62% exclusive breastfeeding
 - 1/3 with a levonorgestrel IUD
 - 18% mixed breastfeeding
- 94% of women had an exit ultrasound
 - 9% of expulsion on Day 4



Results: follow up

- Ultrasound at 1 month after delivery
 - 21% lost women
 - 71% of IUDs in place, lost to follow-up counted as expulsion
 - 88% of IUDs in place if lost to follow-up excluded
- Satisfaction with postpartum consultation
 - 35% of data not filled in: lost sight or no report
 - 1 patient requested removal
 - 40% of the others are satisfied
- M3 consultation: 27% came to the consultation

Main Results

Immediate post-placental IUD insertion

- Appears safe and effective
- Within 10 minutes after placental separation
- Expulsion around 7-25 % at 6 months
- No other complication (same as normal IUD insertion)

- In France: caregivers (midwives mostly) seems to be interested but are not aware of this method

- Small experience in a maternity: good start but needs more practice and formation of caregivers

What about women ?

- Satisfaction: perhaps not a good indicator
 - They are satisfied
 - But they always are in abortion and contraception studies
- Is immediate post-delivery contraception a real assistance for women?
 - Contraception council during pregnancy of immediat post-partum
 - Place and good moment for a contraception choice?
- Stigma of contraception in immediate post partum for a type of population more vulnerable (multiparas, migrants, more precarious women...)

Perspectives

- Study on choice of contraception
 - During pregnancy
 - In perspective of pregnancy and delivery
- Communication on post-placental IUD insertion for french caregivers
- Prospective study on post-placental IUD



Conclusion

- "No woman can call herself free who does not own and control her own body."

1920 Margaret Sanger

- Proposition of a contraception method during pregnancy, before delivery or before abortion
 - Even if women are choosing the method
 - Is it the good time ?
 - As caregiver do we force the family regulation?



Un cas intéressant

- Pose d'un DIU au levonorgestrel en post-partum immédiat
- Echographie à J3: pas de DIU
- ASP

- Quel conduite à tenir?

- Patiente de 38 ans, G3P3.
- Accouchement voie basse le 31/05/18, suite à une maturation pour tensions labiles dans un contexte d'HTA chronique.
- Allaitement maternel en cours.
- Pose dispositif intra-utérin levonorgestrel dans les suites immédiates.
- Au contrôle échographique avant la sortie de suites de couche, le DIU n'est pas retrouvé. A l'ASP, on visualise le DIU en intra-abdominal.

- Asymptomatique.
- Souhait d'une ligature tubaire en février 2018.

- Indication à une coelioscopie exploratrice pour retrait de DIU intra-abdominal et ligature tubaire.