



USAID
FROM THE AMERICAN PEOPLE



Outcomes from revitalization of Postpartum IUCD (PPIUCD) services in India

Dr Bulbul Sood
Country Director Jhpiego/India

*XX FIGO Conference of Gynecology and Obstetrics
Rome, October 7-12, 2012*

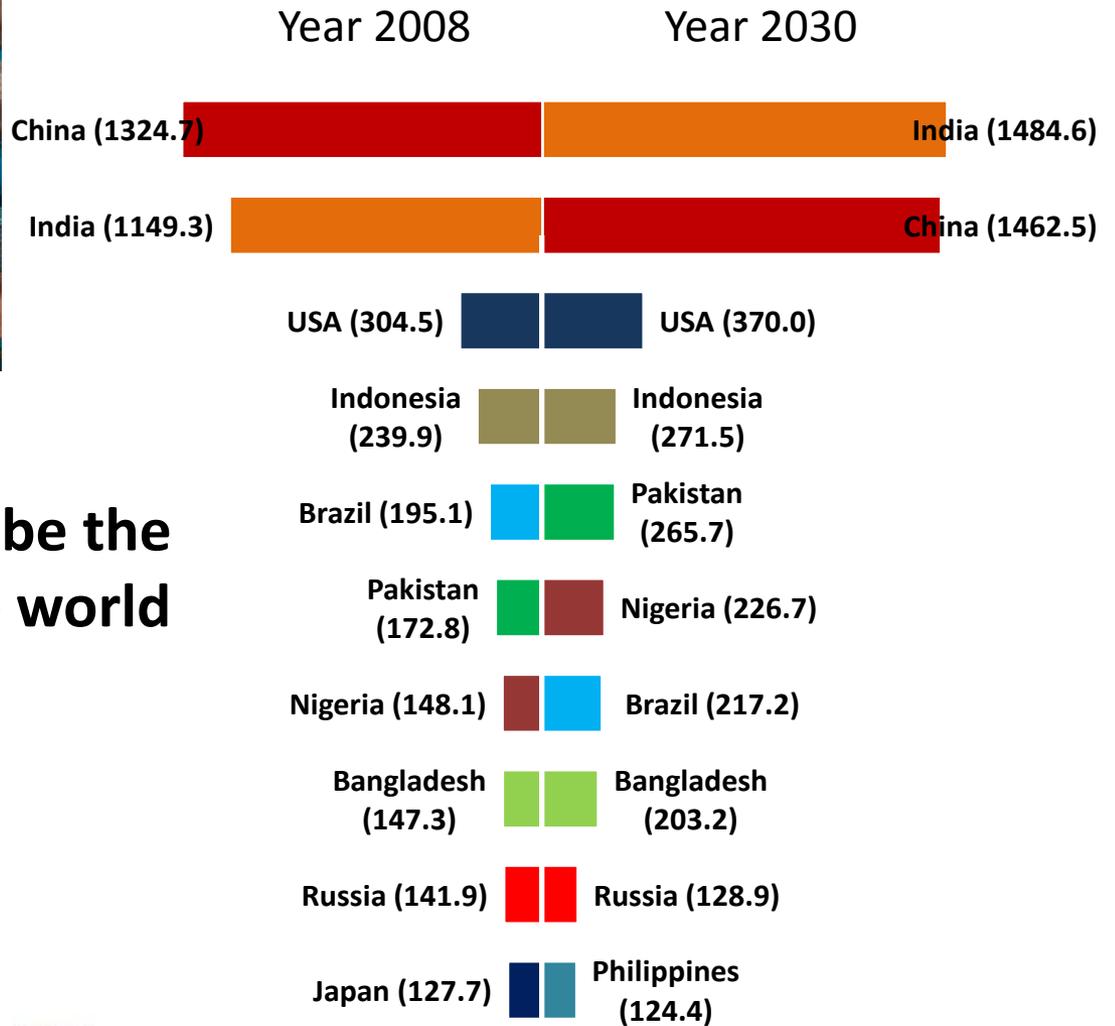
Objectives:

- Unmet need for PFFP and opportunities
- Starting and scaling up of the PFFP/PPIUCD services
- Post Insertion outcome from PPIUCD services





10 Most Populous Countries in the World Population (Millions)



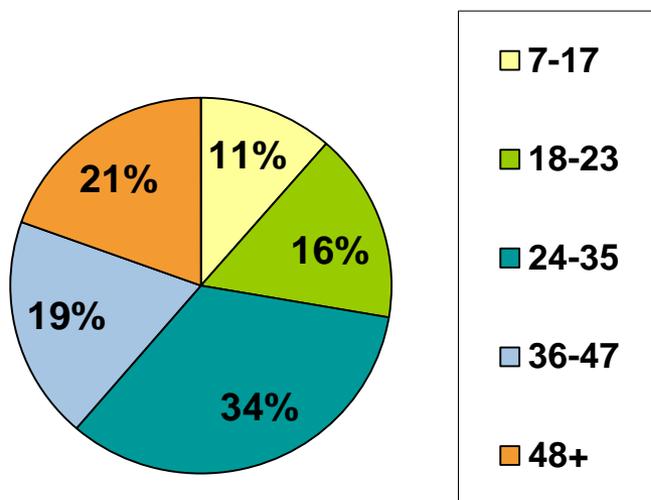
...In next 18 years, India will be the most populous nation in the world



Source: World Population Prospects: 2008 Revision Population Database UN Population Division

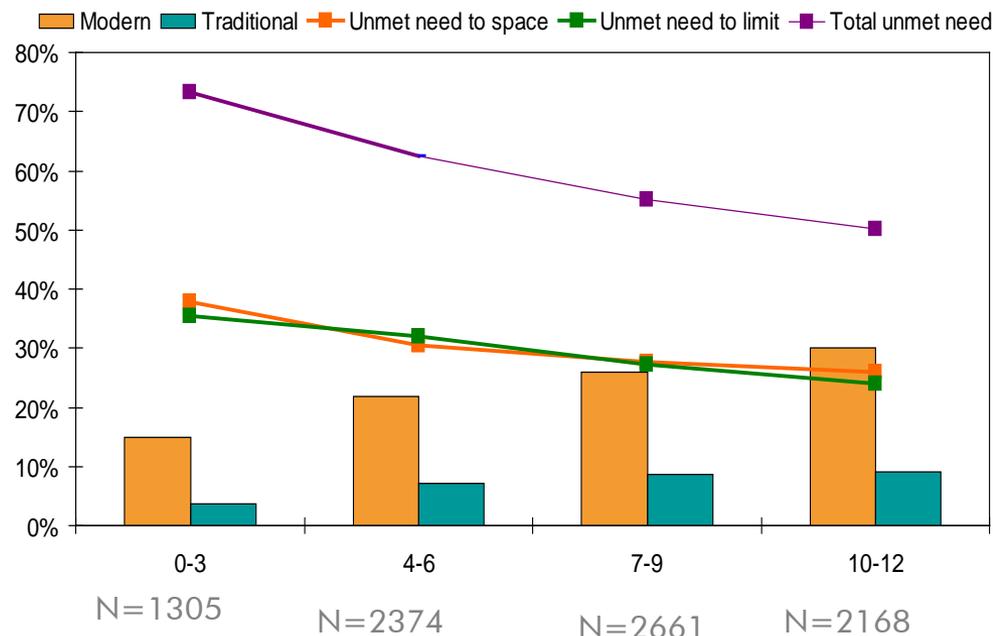
High unmet need.....

Birth-to-birth Intervals for past five years



In months (NFHS 3: 2005-06)
N = 39,215 births

Unmet Need across Postpartum Period and FP use among Sexually Active Women

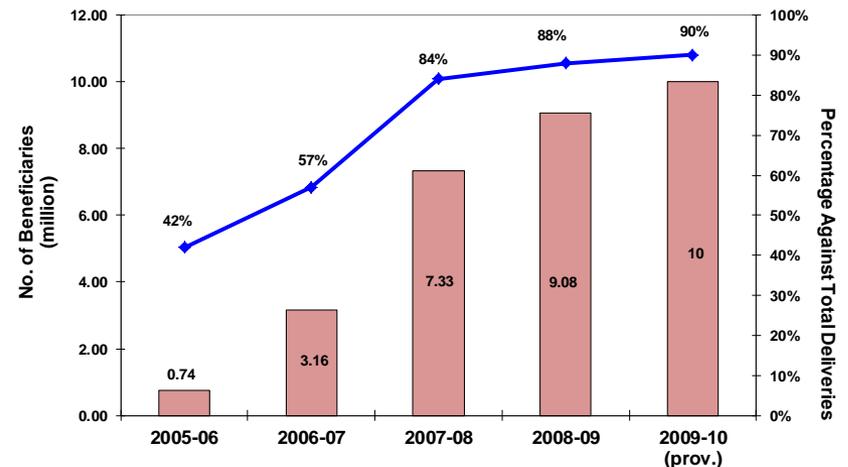


Source: NFHS 3: 2005-06

Resurgence of Interest in the PFP/PPIUCD services

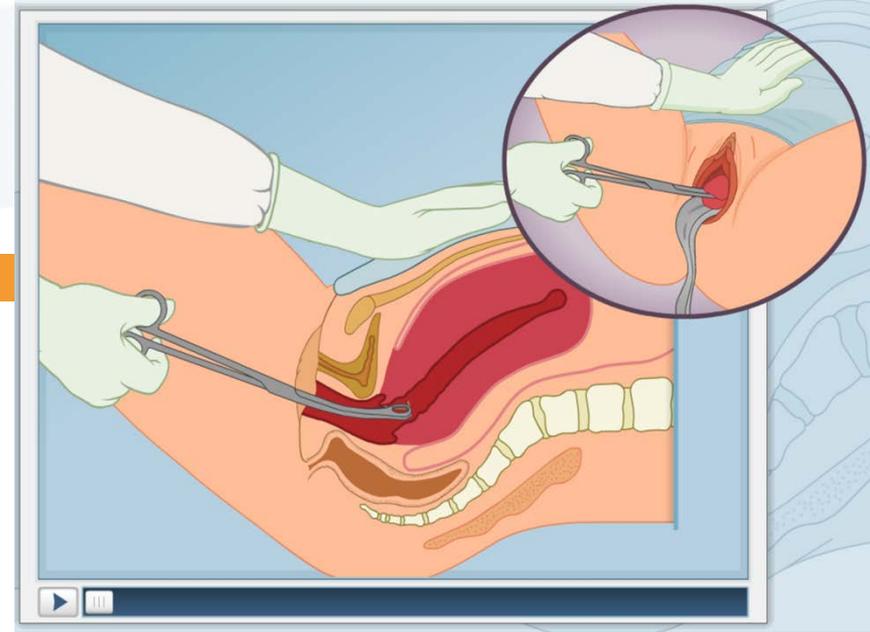
- Gol policy to reposition FP as MNCH initiative
- JSY was bringing women to facility-Immediate postpartum insertion is convenient for women
- New advances and new understanding about PPIUCD-safe and effective
- IUCD as spacing and long term reversible method-alternative to sterilization for many couples

JSY PERFORMANCE: 2005-10



PPIUCD: Quick Facts

- **Insertion times:**
 - **Post placental:**
 - 10 minutes after delivery of placenta
 - **Immediate post partum**
 - within 48 hours after delivery
 - **Intracesarean**
 - During cesarean section
 - **Interval / Delayed post partum**
 - 6 or more weeks after delivery
- **Insertion Techniques:**
 - **Instrumental : Long Kelly Placental Forceps**



Rapid expansion of PFP/PPIUCD services in India

Start of PFP/PPIUCD program in U.P. in 2009

- Queen Mary Hospital, Lucknow
- District Women's Hospitals - Allahabad and Jhansi



Now scaled up to 19 states

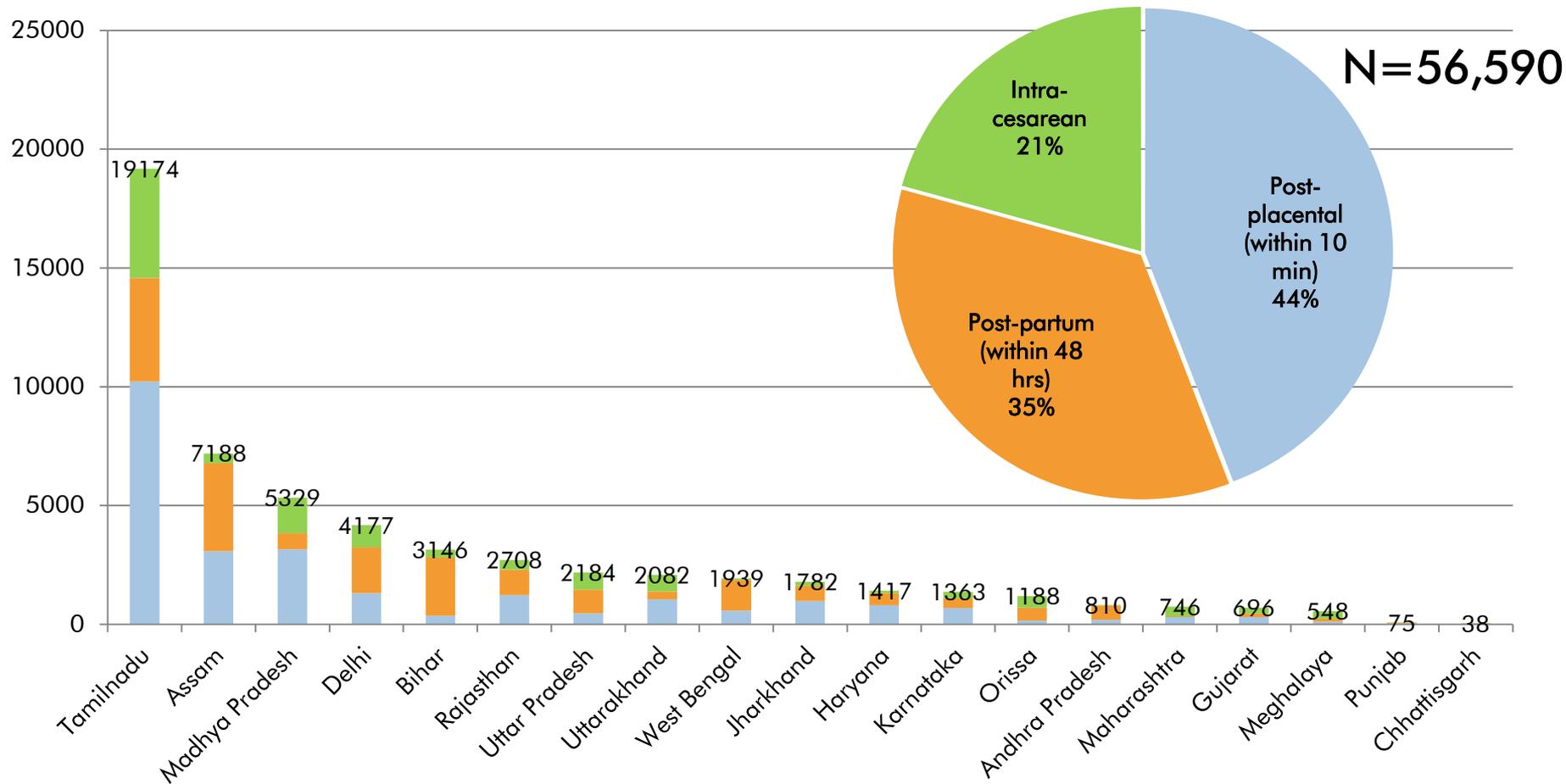
- UP
- Uttarakhand
- Jharkhand
- Delhi
- Haryana
- Punjab
- Rajasthan
- Bihar
- Madhya Pradesh
- Assam
- Meghalaya
- Chattisgarh
- Orissa
- West Bengal
- Gujarat
- Maharashtra
- Tamil Nadu
- Karnataka
- Andhra Pradesh

Support from National as well as State Governments during the expansion with a paradigm shift in GoI focusing on spacing methods

>55,000 PPIUCD inserted

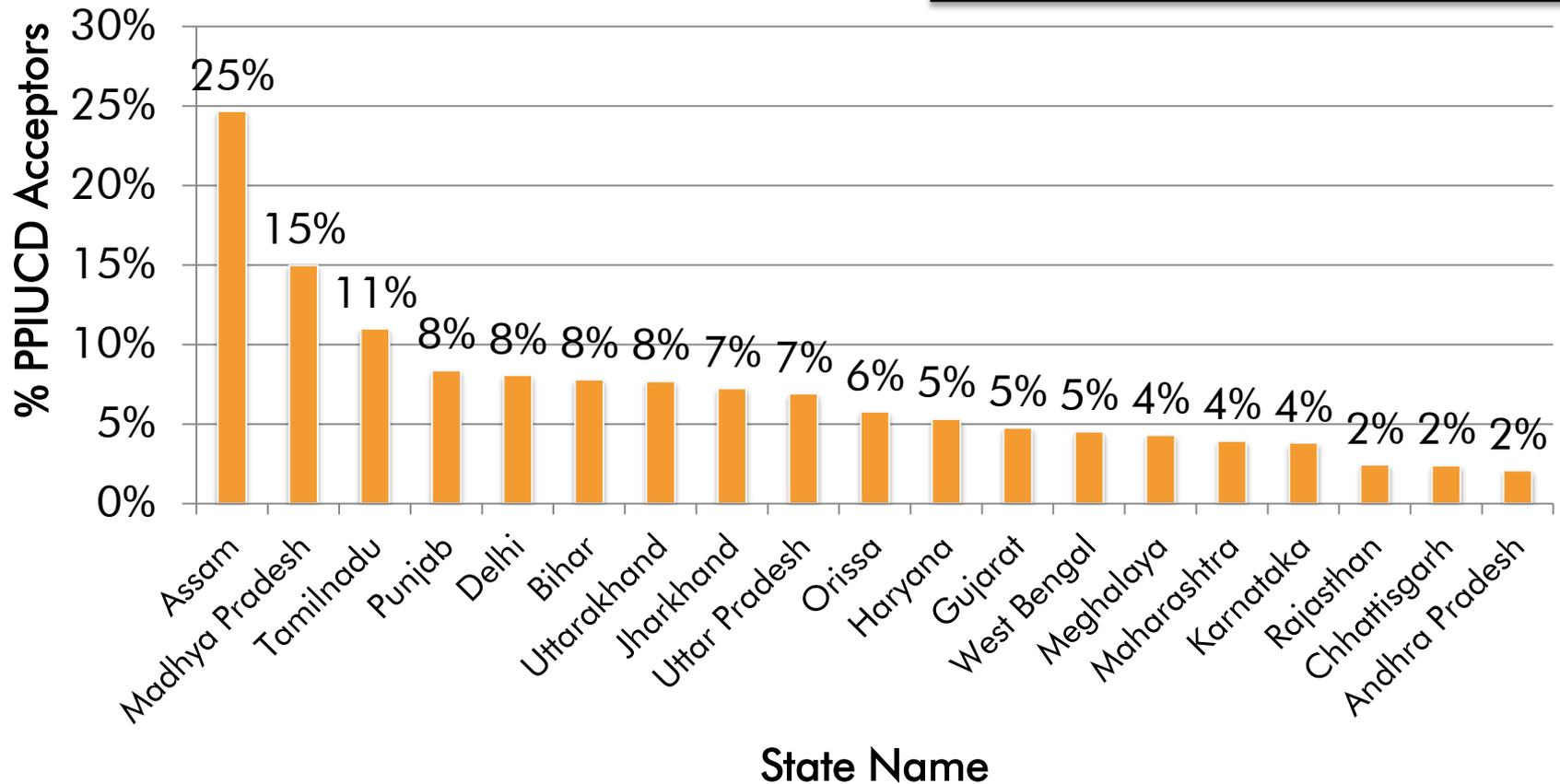
Donor support from USAID, Gates, Packard, NIPI

State wise PPIUCD acceptors by type of insertions: February 2010 to July 2012



Proportion of PPIUCD Acceptors among institutional deliveries: February 2010 to July 2012

Average Acceptance rate – 8%



Follow-up study:

- Study period: **November 2011 - June 2012**
- 2733 clients who had PPIUCD insertion and consented to participate were **interviewed before discharge** from hospital and 1811 clients were interviewed at around **6 weeks of insertion** in 16 facilities
- Study was approved by Institutional Review Board (**IRB**) of Johns Hopkins university

Demographic profile of clients who accepted PPIUCD

N-2733

Age of the client	
< 20 Years	5%
20 to 30 Years	89%
> 30 Years	6%

Number of children	
1 Child	52.1%
2 Children	33.2%
> 2 Children	14.6%

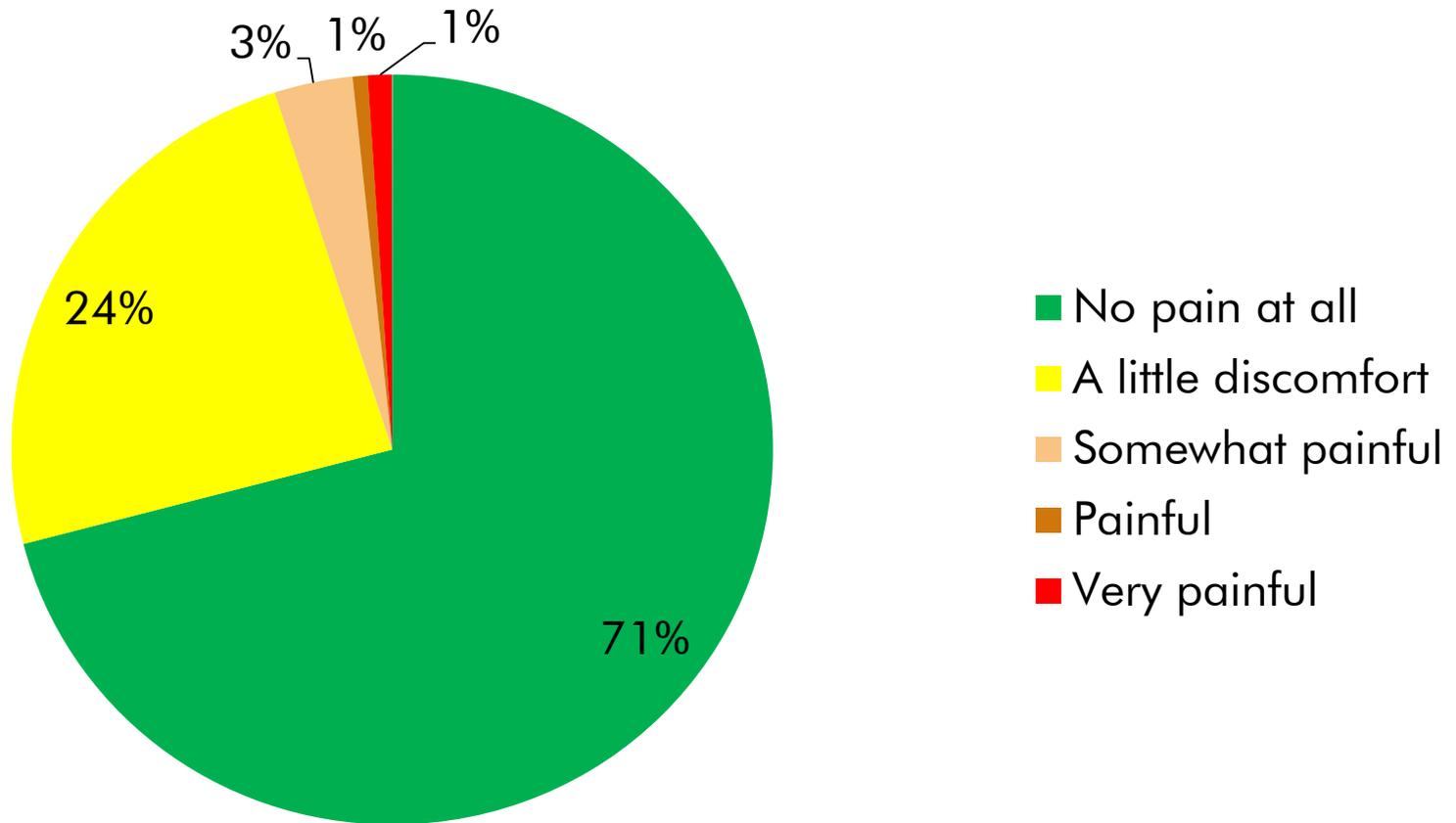
Educational Status of client	
No schooling	22.6%
Primary (till 5 th)	19.1%
Secondary School (till 8 th)	20.5%
Senior Secondary (till 10 th)	15.6%
Intermediate (till 12 th)	10.4%
Graduation and above	11.7%

Who made the decision	
Self	61.8%
Self in consultation with family	33.0%
Husband	56.7%
Mother in law/mother	9.1%

* Multiple responses from client

Client perception of pain during insertion

N-2647



Follow-up Findings at 6 weeks

N=1217

Complication	Number of cases	Rate
Perforation	0	0%
Expulsion	34	2.8%
Self reported abnormal discharge	55	4.5%
Removal (any reason)	43	3.5%

Implications for Practice:

- **Perforation:**
Competency based training minimizes risk of perforation
- **Infection:**
Using eligibility criteria for PPIUCD insertion reduces risk of infection. No need for prophylactic antibiotics
- **Removal:**
Good counseling is critical to reduce premature removal

To reduce expulsion

Use correct technique:

- straighten cervico-uterine angle
- position the IUCD at the fundus before release
- release IUCD by sweeping to the side
- withdraw instrument in open position

Use correct instrument:

- Long Kelly Placental Forceps

Conclusion....

- Introduction of PPIUCD services in public sector is **feasible and effective**
- GoI is scaling-up PPIUCD services in all 150 districts in **high focus states** of Bihar, U.P., Jharkhand, Rajasthan, M.P. and Chattisgarh
- **Trained doctors and nurses** can safely and effectively provide PPIUCD services
- Key program component for success-**Supportive Supervision**



Thank You