

Information
for Providers

Postpartum Insertion of IUCD: A Safe and Effective Contraceptive Option

Advantages of Copper IUCD 380A/Copper IUCD 375 for Postpartum Women

- Readily available for women who deliver at health care facilities and wish to either space or limit subsequent pregnancies
- IUCD has no effect on quantity and quality of breastmilk
- IUCD is as effective as tubal ligation in providing contraceptive protection. Postpartum IUCD may be an alternative to tubectomy for some couples
- It is effective for 5 years (Cu375) or 10 years (Cu380A), but if the woman wants, she can get it removed anytime
- Insertion after delivery avoids the discomfort related to interval insertion, and some of the post-insertion side effects are masked by normal postpartum events (e.g., postpartum bleeding and cramps)



Safe Time for Insertion of Postpartum IUCD

- **Postpartum:**
 - **Postplacental:** Insertion within 10 minutes after expulsion of the placenta following a vaginal delivery on the same delivery table
 - **Intracaesarean:** Insertion that takes place during a caesarean delivery, after removal of the placenta and before closure of the uterine incision
 - **Within 48 hours after delivery:** Insertion within 48 hours of delivery and prior to discharge from the postpartum ward
- **Postabortion:** Insertion following an abortion, if there is no infection, bleeding or any other contraindications
- **Extended Postpartum/Interval:** Insertion anytime after 6 weeks

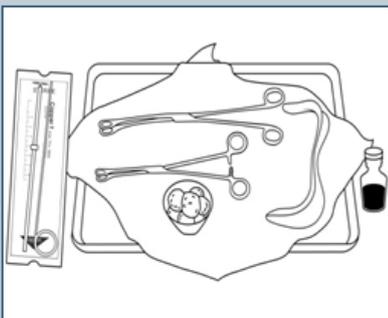
Who is eligible for postpartum IUCD?

It is reasonable to assume that a woman who has had a normal vaginal delivery, is fit for PPIUCD, if she does not report purulent cervicitis in the final trimester of pregnancy.

Clinical situations, in which the insertion is not advised, are:

- Chorioamnionitis
- Puerperal sepsis
- More than 18 hours from rupture of membranes to delivery of the baby
- Unresolved postpartum hemorrhage

Instruments and supplies required for PPIUCD



Only items required for PPIUCD insertion are:

1. Copper IUCD 380 A or Copper IUCD 375, in a sterile package
2. Sterile or HLD vaginal retractor (Sims or other vaginal retractor)
3. Sterile or HLD ring forceps or sponge-holding forceps
4. Sterile or HLD PPIUCD insertion forceps (33 cm long)
5. Bowl and cotton swabs
6. Povidone Iodine or Chlorhexidine
7. Sterile or HLD gloves

Preventing Complications Related to PPIUCD

Infection	<ul style="list-style-type: none"> • Good client selection reduces the risk of infection • Infection prevention practices should be followed during insertion and for processing instruments • No need for prophylactic antibiotics
Expulsion	<p>Expulsion can be minimized by:</p> <ul style="list-style-type: none"> • Inserting IUCD within 10 minutes after delivery of the placenta • Placing IUCD sufficiently high at the uterine fundus with the help of long PPIUCD insertion forceps • Insertion done by a provider specially trained on PPIUCD insertion technique 
Removal	Good counseling, which should begin during the antenatal period, is critical to reduce pre-mature removal
Perforation	Not a valid concern during PPIUCD insertion. The postpartum uterine wall is very thick and no perforation is reported in the literature

Evidence Based Reports

Cochrane Database Review, Updated 2010

- Postpartum insertion of IUCD is generally safe and effective
- Expulsion rates appear to be slightly higher than with interval IUCD
- Advantages of immediate post-partum insertion include high client motivation and assurance that the woman is not pregnant
- The post-partum IUCD insertion is popular in countries as diverse as China, Mexico, and Egypt. This supports the feasibility of this approach in other countries
- Early follow up may be important in identifying spontaneous expulsion

Study Findings

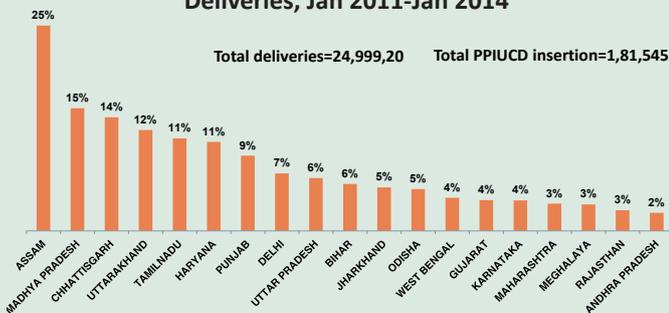
- Compared with interval insertions, postpartum insertions do not increase the risk of infection, bleeding, uterine perforation or endometritis, nor do they affect the return of the uterus to its normal size¹
- Post-partum IUCD in Paraguay (2000-2003)²: Review of 3029 Cases

Complication	Number of Cases	Rate
Perforation	0	0.0%
Infection	4	0.1%
Removal (any reason)	102	3.4%
Spontaneous expulsion	43	1.4%

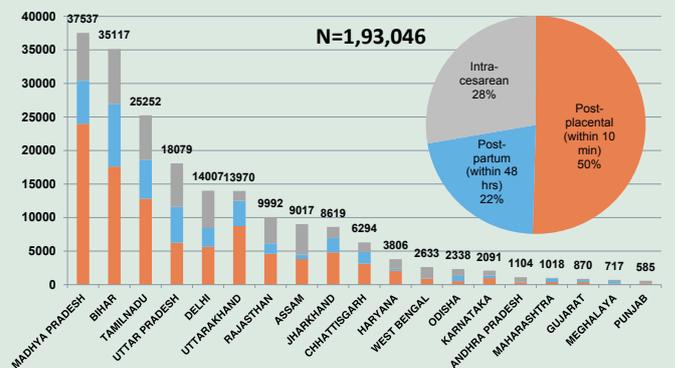
Experience in India

- Two selected facilities (medical college and district women hospital) from each of the 19 states were strengthened to provide PPIUCD services till 2012.
- PPFPP/PPIUCD services have been scaled up in 303 district hospitals in high focus states of Uttar Pradesh, Jharkhand, Bihar, Madhya Pradesh, Chhattisgarh, Rajasthan, Odisha till January 2014.
- Total cumulative number of PPIUCD insertions till January 2014 are 1,93,046 which is average 7% of deliveries at the identified facilities.

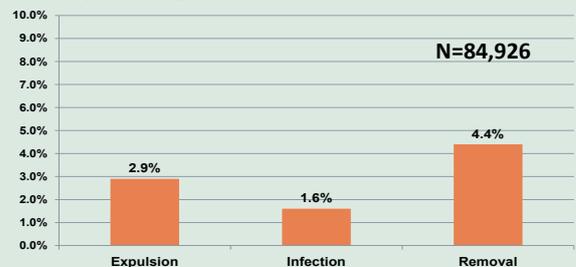
Proportion of PPIUCD Acceptors Among Institutional Deliveries, Jan 2011-Jan 2014



State-wise PPIUCD Acceptors, Feb 2010-Jan 2014



Follow-up Findings of PPIUCD Clients, Jan 2011-Jan 2014



A simple but special training on the insertion technique, counseling and infection prevention is critical for gynecologists and obstetricians, doctors and nurses



¹Chi, I-C. Postpartum IUD insertion: timing, route, lactation, and uterine perforation. In: Bardin CW, Mishell DR Jr., eds. Proceedings from the Fourth International Conference on IUDs. London: Butterworth-Heinemann, 1994: 219-227

²Unpublished data: Presented in the Global Maternal Health Conference, 2010, New Delhi, by Jeffery M Smith, Team Leader, Maternal Health, MCHIP