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

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Objectives:

- Unmet need for PPFP and opportunities
- Starting and scaling up of the PPFP/PPIUCD services
- Post Insertion outcome from PPIUCD services
### 10 Most Populous Countries in the World

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (Millions)</th>
<th>Year 2008</th>
<th>Year 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>1324.7</td>
<td></td>
<td>1484.6</td>
</tr>
<tr>
<td>India</td>
<td>1149.3</td>
<td></td>
<td>1462.5</td>
</tr>
<tr>
<td>USA</td>
<td>304.5</td>
<td></td>
<td>370.0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>239.9</td>
<td></td>
<td>271.5</td>
</tr>
<tr>
<td>Brazil</td>
<td>195.1</td>
<td></td>
<td>217.2</td>
</tr>
<tr>
<td>Pakistan</td>
<td>172.8</td>
<td></td>
<td>265.7</td>
</tr>
<tr>
<td>Nigeria</td>
<td>148.1</td>
<td></td>
<td>226.7</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>147.3</td>
<td></td>
<td>203.2</td>
</tr>
<tr>
<td>Russia</td>
<td>141.9</td>
<td></td>
<td>128.9</td>
</tr>
<tr>
<td>Japan</td>
<td>127.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td>124.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Birth-to-birth Intervals for past five years

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

<table>
<thead>
<tr>
<th>Interval</th>
<th>7-17</th>
<th>18-23</th>
<th>24-35</th>
<th>36-47</th>
<th>48+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>21%</td>
<td>11%</td>
<td>16%</td>
<td>19%</td>
<td>7-17</td>
</tr>
</tbody>
</table>

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

Source: NFHS 3: 2005-06
Resurgence of Interest in the PPFP/PPIUCD services

- GoI 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

![Graph showing JSY performance from 2005-2009-10. The graph indicates a steady increase in beneficiaries and the percentage against total deliveries.](image)
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 PPFP/PPIUCD services in India

**Start of PPFP/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

>55,000 PPIUCD inserted

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

Donor support from USAID, Gates, Packard, NIPI
State wise PPIUCD acceptors by type of insertions: February 2010 to July 2012

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

State Name

Assam
Madhya Pradesh
Tamilnadu
Punjab
Delhi
Bihar
Uttarakhand
Jharkhand
Uttar Pradesh
Orissa
Haryana
Gujarat
West Bengal
Meghalaya
Maharashtra
Karnataka
Rajasthan
Chhattisgarh
Andhra Pradesh

Average Acceptance rate – 8%

Total Deliveries-7,16,329  PPIUCD insertion-56,590
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 PPIUICD

**N-2733**

<table>
<thead>
<tr>
<th>Age of the client</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20 Years</td>
<td>5%</td>
</tr>
<tr>
<td>20 to 30 Years</td>
<td>89%</td>
</tr>
<tr>
<td>&gt; 30 Years</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Child</td>
<td>52.1%</td>
</tr>
<tr>
<td>2 Children</td>
<td>33.2%</td>
</tr>
<tr>
<td>&gt; 2 Children</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational Status of client</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
<td>22.6%</td>
</tr>
<tr>
<td>Primary (till 5&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>19.1%</td>
</tr>
<tr>
<td>Secondary School (till 8&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>20.5%</td>
</tr>
<tr>
<td>Senior Secondary (till 10&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>15.6%</td>
</tr>
<tr>
<td>Intermediate (till 12&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>10.4%</td>
</tr>
<tr>
<td>Graduation and above</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who made the decision</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>61.8%</td>
</tr>
<tr>
<td>Self in consultation with family</td>
<td>33.0%</td>
</tr>
<tr>
<td>Husband</td>
<td>56.7%</td>
</tr>
<tr>
<td>Mother in law/mother</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

* Multiple responses from client
Client perception of pain during insertion

- 71% No pain at all
- 24% A little discomfort
- 3% Somewhat painful
- 1% Painful
- 1% Very painful

N-2647
## Follow-up Findings at 6 weeks

N=1217

<table>
<thead>
<tr>
<th>Complication</th>
<th>Number of cases</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perforation</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Expulsion</td>
<td>34</td>
<td>2.8%</td>
</tr>
<tr>
<td>Self reported abnormal discharge</td>
<td>55</td>
<td>4.5%</td>
</tr>
<tr>
<td>Removal (any reason)</td>
<td>43</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
Implications for Practice:

- **Perforation:** Competency-based training minimizes the risk of perforation.
- **Infection:** Using eligibility criteria for PPIUCD insertion reduces the 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