

The revival of postpartum intrauterine contraceptive devices

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Received: 14 August 2013 / Accepted: 16 January 2014 / Published online: 7 February 2014
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In India, 65 % women in the first year postpartum have an unmet need for family planning. Hence providing contraception is important. Intrauterine contraceptive devices (IUCDs) are safe and effective methods of long-acting reversal contraception [1]. Despite the fact that these devices are easily available and are inexpensive, there is still a high rate of population growth in several developing countries, including India. Several of the hurdles in promoting safe and effective contraception in low-resource countries can be overcome by the use of immediate postpartum intrauterine contraceptive devices (PP-IUCDs). Current guidelines suggest that conventionally IUCDs may be inserted 4 weeks postpartum or afterwards. However, they do mention the use of PP-IUCDs, but do not mention them as a standard intrauterine contraceptive method [1]. Thus, a PP-IUCD may actually be more beneficial as compared to the delayed intrauterine contraceptive device insertion (D-IUCD). Recently, Jhpiego, a Johns Hopkins initiative, has revitalized the use of PP-IUCD in India [2]. Through this letter, we present the benefits of PP-IUCD and aim to sensitize the obstetricians to use it in day-to-day practice.

There are several advantages of PP-IUCD over the conventional D-IUCD. Earlier studies have shown that

twice as many women prefer PP-IUCD over D-IUCD [3]. These numbers point towards a high desire among the women regarding contraception in the immediate postpartum period, which declines over time. Another obvious disadvantage of D-IUCD includes wastage of healthcare resources in an extra hospital visit and higher healthcare cost incurred by the patients.

A Cochrane review comparing the outcomes between PP-IUCD and D-IUCD included 9 randomized controlled trials (RCTs) and showed that there was a higher chance of expulsion of PP-IUCDs as compared to the D-IUCDs (OR 6.77, 95 % CI 1.43–32.14) [4]. The authors concluded that although the expulsion rates were significantly higher in the PP-IUCD group as compared to the D-IUCD group, more importantly, there are several advantages of PP-IUCD. This includes ease of insertion, high acceptance rates among patients and confirmation of non-pregnant status of the patient.

A recent study conducted in India included 1,317 women in whom a PP-IUCD was inserted and they were followed at 6 weeks and 6 months after insertion [5]. In 78.7 % of the patients who returned for follow-up, the expulsion rate was 10.68 %. Even though this rate is significantly higher than in cases of D-IUCD, however, the significant advantage of PP-IUCD in ensuring contraception compensates for the higher expulsion rates.

Thus immediate postpartum family planning services need to be emphasized wherein the woman leaves the hospital with an effective contraception in place. This ensures a higher rate of contraception with less number of women being missed. The lower healthcare cost and utilization with PP-IUCD are also desirable outcomes in a country with low healthcare resources. PP-IUCD, by providing better contraception, will probably help combat the problem of population overgrowth.

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Conflict of interest The authors state that they have no conflict of interest.

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