FOGSI 2020

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PPIUCD : the way forward for population stabilization.

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PPIUCD : the way forward for population stabilization

The drive for population stabilization has been a long hard public health battle in India. International consensus and expert opinions point towards standardization of simple methods for large scale implementation. It is also a well recognized fact that long acting reversible contraception (LARC) provides an important effective, safe solution for averting unintended pregnancies especially in the pandemic when the Fit it and forget it concept will work well for the clients and the providers. One such LARC intervention for developing countries is undoubtedly the PPIUCD (Post partum intrauterine contraceptive device). Cu IUCD is effective immediately after insertion and is suitable for use by most women , including breastfeeding women. Especially, in these times of pandemic, it is a one time cost effective procedure to be offered to women before they are discharged from the hospital after childbirth. High motivation (woman and family) for a reliable birth spacing method

The important time of PPIUCD implementation insertion is within 10 minutes after the delivery of placenta following a vaginal delivery (Post Placental) or insertion within 48 hours of vaginal delivery or insertion during cesarean delivery, after removal of the placenta and before closure of the uterine incision (Intra- Cesarean).

Benefits For the client, it is convenient; saves additional visits, an effective method for contraception before discharge from hospital, has low risk of uterine perforation because of the thickened wall of the uterus, reduced perception of initial side effects (bleeding and cramping) due to normal puerperal changes, no effect on lactation.

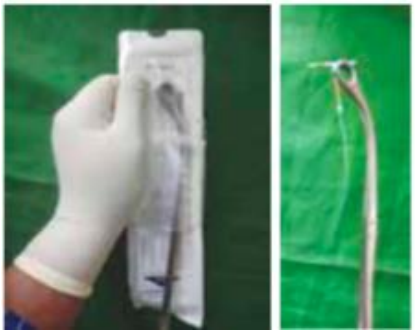
Benefits f**or the service provider or the service delivery site:** It is Certain that the woman is not pregnant, it saves time and effort and resources as procedure is performed on the same delivery table for post placental/ intra-cesarean insertions and reduces overcrowding in outpatient facilities.

Counseling for PPIUCD should be ideally in the **antenatal** period for **postpartum** family planning, introducing all other methods (POPs, centchroman, Injectables, implants , barriers, LAM) as a **basket of choice**, including PPIUCD insertion and mentioning her choice on the **ante natal card** . **The next counseling is** at the time of admission in **early labour** when she will be receptive to information about PPFP , as contractions are infrequent **or** at the **time of admission** during elective cesarean section**.** If all these situations are missed, she can be counseled **within 48 hours** of vaginal birth, and insertion can be offered. If these 48 hours are missed there is a wait of **4 weeks**. before we can offer the IUD again**.** Unlike the interval situations of insertion, PPIUCD requires **two assessments**,

The First Assessment The initial assessment at the time of primary counseling, must rule out following conditions (listed in the Medical Eligibility Criteria): known distorted uterine cavity (uterine septum, fibroid uterus, etc.), acute infection or high risk of exposure to STIs , gestational trophoblastic disease and manifest AIDS(not on therapy). For those women who are late bookers and present in labour, clinical judgment will rule out above contraindications.

The Second Assessment A second assessment is done by the person who will insert the IUCD , to rule out infections - chorio amnionitis , postpartum endometritis, puerperal sepsis,(more than 18 hours from rupture of membranes, unresolved postpartum hemorrhage, extensive genital trauma etc.

Cu T 380 A



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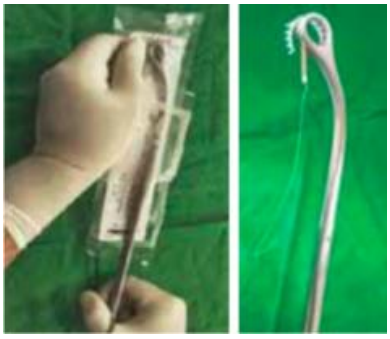
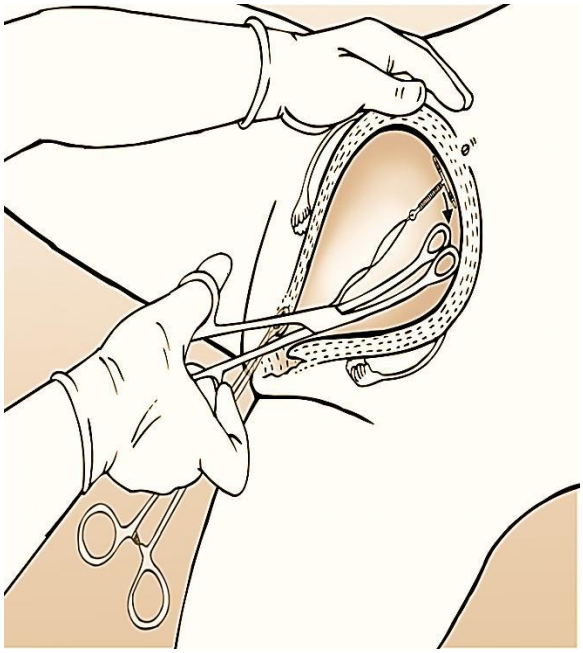


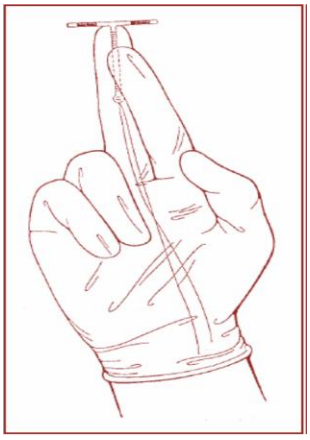


Post placental IUCD insertion :

After complete expulsion of placenta, under asepsis, With Kelly's forceps, IUCD is placed at fundus , access to upper uterine segment gained by pushing the uterus back with the left hand, the same hand also ensures that the instrument has reached the fundus, carefully remocing the forceps ia an arc keeping the blades open will ensure that the thread does not get pulled down.

Intra-caesarian Cu IUCD.

After extraction of foetus and removal of placenta, insertion of IUCD with fingers upto fundus through the LUS incision followed by meticulous closure taking care to avoid the IUCD thread in the suture. The threads are left in LUS.



- **The counseling after Insertion is to** inform the woman the schedule of follow-up visit at 6 weeks or first menstruation whichever earlier, and an IUCD card providing all relevant instructions is given with emphasis to return to facility if any warning signs or if the IUCD is expelled.

Warning signs are well remembered by acronym PAINS :

- P: Period problems/ pregnancy symptoms
- A: Abdominal pain or pain during intercourse
- I: Infections or unusual vaginal discharge
- N: Not feeling well, fever, chills
- S: String problems

Busting misconceptions about IUCD traveling to other organs, causing infections, sexual discomfort and infertility should be an integral part of primary and follow up counseling.

Voices from the four zones :

The public sector across India has been performing very commendably for PPFP services. FWC brings together eminent and hard working FOGSIANS from the four zones to share their first hand experience of PPIUCD in their institutions.

North Zone : Expert Analysis of Postpartum IUCD in Uttar Pradesh

Dr. Chandravati
Medical Director
Krishna Medical Centre, Lucknow

The partnership of the Bill & Melinda Gates Foundation (BMGF) with Government of Uttar Pradesh helps strengthen and scale-up the provision of FP services for improved maternal and child health outcomes in line with India's FP2020 commitments. The strategy involves—a) expanding the basket of choices in FP with quality counseling services; b) enhancing the focus on spacing; c) enhancing the focus on PPIUCD services; d) integrating FP commodities with healthcare commodities.

In light of the fact that, in most districts, more than two-third institutional deliveries in the public sector occur at the sub-district level health facilities, in 2013, the Bill & Melinda Gates Foundation (BMGF), supported program moved to the next level of introducing and establishing PPFP and PPIUCD services beyond the district level to the sub-district level facilities. This effort was further intensified in the states of Uttar Pradesh. A total of 766 facilities in UP have been strengthened with 1,273 doctors and 4222 nurses trained in providing PPIUCD services. In order to ensure the provision of informed choice among clients, a total of 1,808 providers have been trained in counseling and the program facilities have been equipped with IEC, BCC materials and counseling aids. The data management system has also been strengthened with 2184 data handlers trained in recording and reporting. All these efforts have resulted in 7,62,160 women receiving PPIUCD insertions as their FP method of choice. Uttar Pradesh has touched a new height in terms of PPIUCD insertions in the country.

Performance of Key HMIS Indicators for All India
Financial Year: 2020-21
Provisional Figures for the Period April to June

	Name of State	Total PP IUCD Insertions done				Name of State	Total PP IUCD Insertions done	
		2020-21	2019-20				2020-21	2019-20
	All India	5,08,068	5,39,539			All India	5,08,068	5,39,539
1	A & N Islands	152	160		19	Lakshadweep	1	0
2	Andhra Pradesh	2,464	3,891		20	Madhya Pradesh	34,456	58,390
3	Arunachal Pradesh	37	104		21	Maharashtra	26,282	29,013
4	Assam	16,946	16,505		22	Manipur	59	159
5	Bihar	30,031	36,414		23	Meghalaya	125	127
6	Chandigarh	283	681		24	Mizoram	70	61
7	Chhattisgarh	17,268	15,058		25	Nagaland	9	41
8	Dadra & Nagar Haveli	28	15		26	Odisha	34,860	23,852
9	Daman & Diu	4	22		27	Puducherry	963	504
10	Delhi	10,126	11,032		28	Punjab	6,302	8,427
11	Goa	33	34		29	Rajasthan	46,516	57,430
12	Gujarat	20,013	15,937		30	Sikkim	107	86
13	Haryana	16,104	20,291		31	Tamil Nadu	79,193	59,467
14	Himachal Pradesh	873	834		32	Telangana	1,483	1,355
15	Jammu & Kashmir	523	870		33	Tripura	73	56
16	Jharkhand	12,568	18,920		34	Uttar Pradesh	51,429	59,914
17	Karnataka	26,779	21,107		35	Uttarakhand	1,311	1,993
18	Kerala	574	1,125		36	West Bengal	70,023	75,664

Status As On: 30 Oct 2020

South ZONE :PPIUCD AT VANI VILAS HOSPITAL, BANGALORE

Dr K Srinivas
MS.,DGO.,DNB.,MRCOG.,
PGDMLE.,FICOG.,MNAMS

Being one of the faculty in 2009 to be trained for PPIUCD service provision in Vani Vilas Hospital, Bengaluru, which boasts of conducting 16-18000 deliveries per year, I had mixed feelings about the challenges in store for me for the implementation of this program.

It was decided to initially sensitize all our colleagues, paramedical staff working in labour wards and OT and one PG from the very next batch of students was given a dessertation topic on PPIUCD (She completed 800 insertions!).

The endeavors showered the fruits of success in the next one year wherein the PPIUCD acceptance gradually picked to around 10% of deliveries. As the insertion required training, intra cesarean insertions took a leap than the immediate post partum IUCD. The PPIUCD training was conducted for the medical officers across the state in our hospital which improved the situation everywhere across the state. Our staff also became well versed, and this increased the insertion rate. The least preferred was the post partum, upto 48 hours as the patients expressed lot of discomfort during the insertion.

The next step was to train our post graduates so that the insertion in every case could be post placental and this helped us to achieve an acceptance rate of 30-35% which is continuing even today.
Follow up is the most difficult aspect of the program in our center in which more than 50% are referred cases. Missing threads rarely have required hysteroscopy, perforation never happened and expulsions are to the tune of 1-1.5%.

Today the program is accepted as routine with conduct of delivery and episiotomy and the paramedical staff too check with us whether IUCD is required both during vaginal and cesarean delivery. This has been possible because of strong motivation, training of all those involved in labour room work, provision of IUCD and required instruments, a dedicated counselor and monthly auditing.

EAST ZONE : My experience regarding PPIUCD

Dr Alaknanda
Prof and HOD, Dept of OBG
DIPHU medical college - ASSAM.

It was a pleasant experience to be the first faculty from north east to attend TOT programme on PPIUCD at Safdarjang hospital in 2010. First insertion was postplacental on 23rd March at Guwahati Medical College soon after the training . It was a successful beginning as it was continued till she planned to conceive after 3 years. On job training of all the residents on insertion technique and involving students and nursing stuff for counseling helped to provide PPIUCD round the clock with increasing coverage of clients. Rate of insertion came upto 11% in the first 11 months with 57% postplacental insertion. Involvement of all the faculties made it possible to take a lead in our performance and GMCH was made the centre for TOT programme for entire north east.

Insertion rate continued to rise and more after introduction of incentive but continuation is not up to expectation. Request for removal and spontaneous expulsion still stand as a challenge . Minor side effects are well accepted following proper counseling and client rarely turn up for removal if explained about the thread expected to be visible at around 6weeks postpartum. To reduce expulsion client selection and insertion technique need supervision when new provider is involved Frequent use of hysteroscope for removal is spreading a wrong message with negative impact on acceptance. Counseling is the key to success and it should be a part of routine practice by all health care provider. PPIUCD program was not affected much by Covid pandemic unless delivery is conducted by someone not trained in insertion.

West Zone :

Dr Geeta Balsarkar :

Prof. Seth G S Medical College and Nowrosjee Wadia Maternity hospital, Mumbai.

The covid 19 epidemic has reinforced the need for contraception on a very urgent basis. Reversible contraception should never be denied to any couple who deliver in an institution. The benefits of One time motivation, yearly follow up, validity for 10 years are all available in PpIUCD already, all point to the positive changes that we need to incorporate in practice in Covid 19 era. In a small study done at Nowrosjee Wadia maternity hospital, ppiucd insertions in the month of October in three consecutive years were compared. In October 2018, trained counselors were available for the patients. There were 30 insertions out of 438 deliveries. In october 2019, the resident doctors who were trained in counseling managed 13 insertions in 502 deliveries. In October 2020, there was no counselling and hence 2 insertions only. This goes to point out that the most important aspect of Ppiucd was motivation of the attending physician and counseling. We need to keep reversible contraception in perspective even in the Covid era. .

PPIUCDs are still emerging as a relatively new contraception choice in India, just like rediscovering the languishing innovation. This low use in spite of good knowledge about IUCDs is attributed to the lack of trained providers, poor quality of IUCD services, provider bias against IUCDs, and lack of awareness and misconceptions about the method among both clients and health care providers.

Summations by FWC FOGSI

As shared by faculty above, this service will not be impacted by pandemic if the supply lines are intact, HCPs are motivated and women are counseled, as fortunately the number of institutional deliveries have not reduced.

So the question is , are we doing enough for uptake of LAPM: Long acting and permanent methods of family planning and SARC(short acting reversible contraceptives). A brief inward look by each of us to check on to what extent LAPMs are explicitly included in our practice, will tell us eventually how much will be our individual contribution to population stabilization in the next two years .

While follow up data on complications with PPIUCD insertions are available from international sources, given the scale at which PPIUCD services are being introduced in India, it was important to generate our own data on the post-insertion outcomes

Request to FOGSIANS to please answer the following

Do you have information on :

1. Extent to which LAPM supplies/equipment/SARC are on the inventory of your pharmacies.
2. Percent of CPR (contraception prevalence rate) accounted for by LAPMs/ SARC broken down by method.
3. Number of health providers trained in long acting and permanent services and prescriptions of SARC.
4. Do you have appropriate staff to support quality LAPM/SARC services.
5. Is high quality, comprehensive counseling for LAPMs/SARCs available in your facility.

The same five will be posted as a survey in near future.

Please do respond.

On the parting note, I leave you with this query ,

Can we convert the burden of 26 million annual deliveries in our country to 26 million opportunities for effective PPFP, especially PPIUCD??

Can we offset the damage done by high caesarean sections rate, at least to some extent by sure shot counseling for and insertion of Intra cesarean IUCD ???.

I think we all know the answer to that …

Regards ,

Dr Shobha N Gudi., Chair : FWC .

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