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ORIGINAL ARTICLE

Role of Postpartum IUCD Insertion after C-Section

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ABSTRACT

Objective: To evaluate the outcome of C-section with and without postpartum IUCD insertion in terms of wound infection and bleeding.

Methodology: In this Randomized Control Trial, at Department of Obstetrics/Gynaecology, Allied Hospital, Faisalabad during the years 209-20, we included 302 cases (151 in each group) who fulfilled the inclusion/exclusion criteria. Two groups were formed, Group A with inserted IUCD and Group B without IUCD insertion. Bleeding and wound infection was compared in both groups within seven days of caesarean section.

Results: Both groups were insignificant regarding bleeding and wound infection. 6.6%(n=10) in Group-A and 5.3%(n=8) in B Group had wound infected (p=0.627), 2.6%(n=4) group A cases and 1.3%(n=2) cases of B group were recorded with bleeding (0.410).

Conclusion: Insertion of postpartum IUCD is not significantly different when compared without IUCD insertion regarding heavy bleeding and wound infection.

Keywords: C-section - caesarean section, IUCD - intrauterine contraceptive device.

INTRODUCTION

Globally, Pakistan is the 7th most populous country whereas contraception pracies is only in 30% of the couples.[1] Many people use contraception incorrectly and inconsistently.[2] Most commonly reversible contraception is IUCDs considering 2nd commonly practiced sterilization method for birth control. Worldwide around 13.6% people practicing this method for effective birth control.[3] This method is inexpensive, rapidly reversible, safe, effective, non-hormonal and long lasting and widely used method in the worold.[4] The lowest failure rate is recorded in copper devices with 380mm2.[5]

In women, the caesarean section(CS) is commonly performed procedure with increasing prevalence globally. A fair number of women undergoing C-section are good candidates for using IUCD for contraception. It gives an opportunity to insert IUCD under-vision into the uterus which obviates the fear of uterus perforation during the procedure.[1]

IUCD insertion immediately after C-section is an ideal choice for women, with the fact that it is convenient for health care providers as well in addition to no interference with feeding and fewer side effects with no discomfort.[6]

The usual side-effects associated with IUCD insertion after Caesarean section are bleeding (heavy lochia) and wound sinfection. Bleeding is said to be heavy when clots are passed. Wound was infected in 10% cases with IUCD insertion and 2% cases without IUCD insertion. Lochia was heavy in 4% cases with IUCD insertion and 0% cases without IUCD insertion.[1]

After cesarean section done, the IUCD insertion is an ideal choice as it improves contraception rate, with higher patients' compliance and allows to avail the method at the same time of cesarean section. So the Rationale of my study is that if the immediate postoperative period after IUCD insertion is not affected in terms of wound infection and frequency of bleeding than it could be recommended locally.

METHODOLOGY

In this Randomized Control Trial, at Department of Obstetrics/Gynaecology, Allied Hospital, Faisalabad during the years 209-20, we included 302 cases (151 in each group) we included all pregnant female admitted for elective and emergency Caesarean section and with no uterine distortion and anomalies like cervical stenosis, large fibroids or uterine septum. We excluded all women with history of Heavy/ irregular periods, Dysmenorrhea, PID, Previous removal of IUCD for complications and those with Chorioamniotis-diagnosed on history. Two groups were formed, Group A was allotted to the cases with IUCD insertion at caesarean section whereas those without IUCD insertion were registered in B Group. Bleeding and wound infection was recorded in both groups. Passing 3-4 soaked pads of clots per day within 3 days of CS was considered as bleeding. Discharge from wound or >100F fever within 7 days of CS will be considered as wound infection. All these findings were analyzed through SPSS.

RESULTS

In this study,age from 18-37yrs withmean+sd of 28.05+4.69 , gestational age from 37-42wks with38.68+1.37 and parity from 1-5 with 2.36+1.10. In group A 15.9% (n=24) and in group B 12.6% (n=19) were elective CS and the total calculated as 14.2% (n=43). Emergency CS rate calculated as 84.1 % (n=127) and 87.4%(n=132) for group A and B respectively and total of 85.8% (n=259). P value calculated as 0.410.

Wound infection distribution recorded in both groups and out of total 302 pts, 6.0%(n=18) had wound infection (which is described as discharge from wound or fever of more than 100F within seven days) and 94% (n=284) had no evidence of infection. In group A 10 pts (6.6%) and in group B 8 pts (5.3%) had wound infection while 141 pts (93.4%) and 143 (94.7%) were not infected, p-value calculated as 0.627 which shows that there is not significant difference in both the groups (Table no.1).

Table 1: Comparison Of Both Groups Regarding Outcome

Outcome	Group		P value
	A	B	
Wound infection	10(6.6%)	8(5.3%)	0.627
Bleeding	4(2.6%)	2(1.3%)	0.410

DISCUSSION

This study was conducted with the intention to improve contraception practices, patients' compliance and create awareness to avail IUCD insertion after cesarean section.

Demographics of our participants in both groups like parity, gestational age, and age of the patients were similar with no significant difference. The outcome like bleeding and wound infection in both groups (with or without IUCD insertion) were compared and found no significant difference in both groups (as mentioned in above table). We found IUCD insertion after cesarean section equally better with those having no IUCD insertion. These findings are consistent with a study by Bhutta and others[1] revealed no significant difference in C-section with and without IUCD insertion regarding wound infection and bleeding.[1]

Kapp.N and colleagues in another study compared insertion of IUCD post placental after the cesarean section and those with no insertion, wound infection was 3.4% in IUCD insertion and 4.5% in the cases without IUCD insertion, heavy bleeding was recorded in 5.5% of the cases with insertion and 7.6% without insertion.[6]

Our study in support of other trials reveals that at cesarean section insertion of IUCD is safe and effective which offers an

alternate method of tubal ligation. It is a reversible, long-term term, and non-hormonal method of contraception. It is also convenient method which provides lower chances of unplanned pregnancies.

Considering the results of the current study comparing with other national/international studies justifies our hypothesis that "C-section with postpartum IUCD is equally better as compared to C-section without IUCD in terms of frequency of bleeding and wound infection".

CONCLUSION

Insertion of postpartum IUCD is not significantly different when compared without IUCD insertion regarding heavy bleeding and wound infection.

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