

Original Research Article

The Perspective Study on post Abortion IUCD Acceptance by Focused Counselling

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Abstract

The aim of the study is to Study on post Abortion IUCD Acceptance by Focused Counselling. Prior to discharge patients were informed about possible risk of IUCD insertion and were guided to come for follow up at six weeks, six month and one year.

Post abortion IUCD is reversible contraception that is safe and reliable but only few women choose it as a method of birth control, Only few women choose it as a method of birth control. This may be due to ignorance misconception and worries & adverse associated IUCD insertion & fear of complication. Hence, we recommend that proper IUCD counseling be provided during clinic visit to dispel misunderstandings and concerns regarding potential complication associated with post abortion IUCD insertion.

Keywords: abortion, IUCD, focused & counselling.

Study Design: Observational Study.

1. INTRODUCTION

The study was designed to highlight the importance of effectiveness of Post abortion Contraception by IUCD. It Involves conducting research to assess the impact of counseling on the willingness of individuals to choose IUCD as a Contraceptive method for patients undergoing Abortion[1]. It is very successful, reliable, affordable, immediately reversible, long acting& does not interfere with lactation, frequent medical appointment are not necessary, it is simple & safe therefore women should motivated to accept family planning alternatives through the post abortion period. Additionally husband or family should involve during the counseling process.

In developing countries, abortion complications are a common medical emergency. Emergency post-abortion care provides an important opportunity for delivery of family planning services, as many women may have little other contact with the formal healthcare system[2]. However, the quality of post-abortion care in Egypt is generally weak, in part as a result of social factors [1], and few clinics or hospitals offer women family planning counseling and services in this context.

Intrauterine devices (IUDs) are the most popular family-planning method among Egyptian women; the EDHS found that of the 56% of women using any form of family planning in 2000, 63% used IUDs, while 27% used oral contraceptives [3]. From both the physical and the psychological standpoints, the ideal time for post-abortal IUD insertion appears to be immediately after abortion, for several reasons. First, the IUD is inserted while the patient is still under anesthesia, and insertion is easier through a dilated cervix. Second, fertility can

return rapidly after abortion; some women begin ovulating as early as the 10th day after first-trimester induced abortion [4], and ovulation has been detected in over 80% of patients in the first post-abortion cycle [5]. Finally, women's motivation to initiate contraception is likely to be highest immediately after abortion, and many patients do not return for a post-abortion examination.

2. MATERIAL AND METHODS

This is prospective & follow up study conducted in P.C. Sethi Hospital, Indore over period of 2 years for 02 Years.

- Total 797 women were counseled for post abortion IUCD out of which 541 were accepted
- Total 541 women enrolled for Post Abortion IUCD
- Each Patient was enrolled after proper consent & after taking permission of institution ethics committee & had OBS & GYNAE Department

Prior to discharge patients were informed about possible risk of IUCD insertion and were guided to come for follow up at six weeks, six month and one year. "At follow up patients were asked for any complication like irregular bleeding, any abnormal discharge and sign of expulsion. "At follow up pelvic examination was done to check the proper position of IUCD.

Inclusion Criteria:

1. 20 TO 30 YEAR OLD
2. NO INFECTION
3. HB>9 gm

Exclusion Criteria:

1. WOMEN OPT FOR PERMANENT, FAMILY PLANNING
2. WOMEN WITH ABSOLUTE OR RELATIVE CONTRAINDICATION
3. PROLAPSE UTERUS
4. ALLERGY TO COPPER
5. COAGULATION DISORDER

3. RESULT

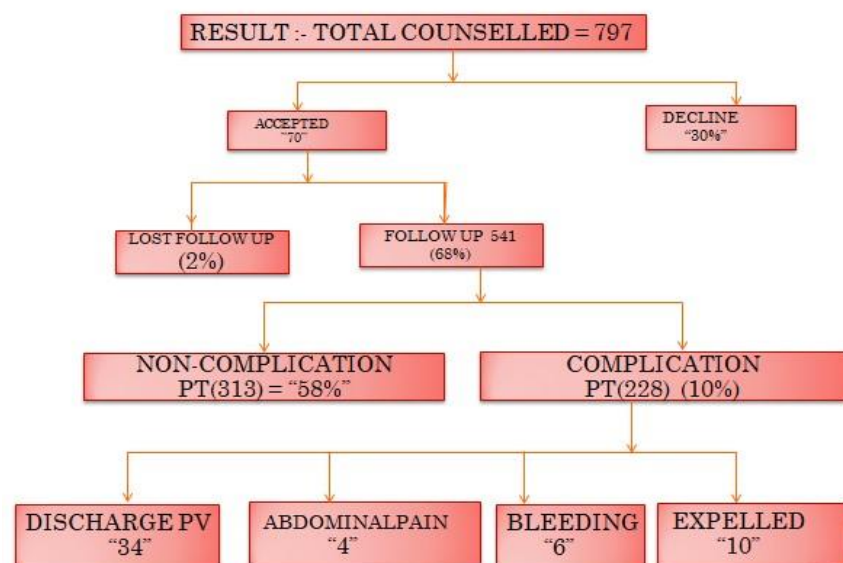


Table 1: Distribution of cases according to the obstetric history of those who inserted PAIUCD

OBS HISTORY	COUNCELLED	TOTAL INSERTED
PRIMI	200	171
GRAVIDA 2	300	190
GRAVIDA 3	200	150
GRAVIDA 4	97	30

Table 2: REASON FOR REMOVAL

PROBLEM	NO.OF CASES	PERCENT
COMPLICATION	48	90%
DISCOMFORT/ PREFERENCE TO OTHER METHODS	06	10%

Table 3: REASON FOR ACCEPTENCE

LONG TERM	123	22%
SAFE	61	11%
LESS CLINIC VISIT	11	02%
NON-HARMONAL	06	01%
REVERSIBLE	357	64%

Table 3: DISTRIBUTION OF CASE ACCORDING TO REASON FOR REFUSAL OF PAIUCD

PREFERENCE FOR TL	45	17%
FEAR OF SIDE EFFECT	60	23%
OPPOSITION FOR PARTNER	20	8%
RELIGIOUS REASON	25	11%
OTHERS	106	41%

4. DISCUSSION

There is no major complication seen in post Abortion IUCD insertion > 256 Patient lost follow up so final outcome analysis was done 541 Pt.

In the present study fear of side effect was one of major factor quotes as a reason for refusal of PAIUCD. It was seen incidence of complication relative to PAIUCD was a very low there

were no major complication, In conclusion focused family planning counseling prove to be beneficial in terms of acceptance of IUCD among women[6].

The fact that 25% of women who accepted delayed IUD insertion did not show up for the scheduled insertion underscores the potential importance of immediate post-abortion IUD insertion for prevention of unwanted pregnancies and unsafe abortions. It is possible that some of the women who did not return for an IUD decided at a later date to use another contraceptive method or went to another clinic for IUD insertion. Also, some women may have found it easier to accept delayed insertion but not return to the clinic rather than to refuse a suggestion from a medical authority. On the other hand, the fact that 75% of women did return for a delayed IUD insertion underscores the need and desire for post-abortion contraceptive services. Choice of insertion timing was not significantly related to any of the sociodemographic or reproductive history factors under study[7]. However, interpretation of these results is limited by the fact that women who presented with severe bleeding and some who presented with moderate bleeding were not counseled on family planning until after dilatation and curettage, so those who accepted IUDs were automatically assigned to the delayed insertion group. In addition, there may have been some confounding due to differences between the study sites. Nonetheless, acceptability of immediate (vs. delayed) insertion does not appear to be clearly related to any of the sociodemographic or reproductive history factors that were examined. Bleeding after insertion was slightly greater among women who had immediate insertion, but the difference was not statistically significant[8]. Because the two groups differed with respect to the severity of bleeding at admission, no conclusion can be drawn based on the statistical significance of this result. However, no clinically important differences in the bleeding patterns were apparent. No cases of perforation or PID were reported, and the numbers of expulsions were too small for statistical comparison[9]. Thus, we have two major conclusions. First in the context of careful patient selection and the use of trained counselors, giving women a choice between immediate IUD insertion or insertion 2 weeks post-abortion appears to be a useful clinical strategy. It offers the possibility of a painless and convenient procedure for those who choose immediate insertion, and can result in a high rate of acceptance, even by women who choose delayed insertion. It should be noted that globally, many clinics do not perform post-abortion curettage procedures under anesthesia, so an immediate IUD insertion would not necessarily be painless[10]. Second, the quality of counseling is critical to improving acceptance of post-abortion contraception.

5. CONCLUSION

Post abortion IUCD is reversible contraception that is safe and reliable but only few women choose it as a method of birth control, Only few women choose it as a method of birth control. This may be due to ignorance misconception and worries & adverse associated IUCD insertion & fear of complication. Hence, we recommend that proper IUCD counseling be provided during clinic visit to dispel misunderstandings and concerns regarding potential complication associated with post abortion IUCD insertion.

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