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 PPFP/PPIUCD services
- Post-insertion outcome from PPIUCD services
10 Most Populous Countries in the World Population (Millions)

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>(1324.7)</td>
</tr>
<tr>
<td>India</td>
<td>(1149.3)</td>
</tr>
<tr>
<td>USA</td>
<td>(304.5)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>(239.9)</td>
</tr>
<tr>
<td>Brazil</td>
<td>(195.1)</td>
</tr>
<tr>
<td>Pakistan</td>
<td>(172.8)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>(148.1)</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>(147.3)</td>
</tr>
<tr>
<td>Russia</td>
<td>(141.9)</td>
</tr>
<tr>
<td>Japan</td>
<td>(127.7)</td>
</tr>
<tr>
<td>Philippines</td>
<td>(124.4)</td>
</tr>
</tbody>
</table>

Year 2008

Year 2030

In the 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

In months (NFHS3: 2005–06)
N = 39,215 births

Source: NFHS3: 2005–06
Resurgence of Interest in PPFP/PPIUUCD Services

- Government of India 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 PP IUUCD – safe and effective
- IUCD as spacing and long-term reversible method – alternative to sterilization for many couples

**JSY Performance: 2005–2010**

- Number of Beneficiaries (millions): 0.74, 3.16, 7.33, 9.08, 10
- Percentage against Total Deliveries: 42%, 57%, 84%, 88%, 90%
PPIUCD: Quick Facts

- **Insertion times:**
  - **Post-placental:**
    - 10 minutes after delivery of placenta
  - **Immediate postpartum**
    - Within 48 hours after delivery
  - **Intra-cesarean**
    - During cesarean section
  - **Interval/delayed postpartum**
    - 6 or more weeks after delivery

- **Insertion techniques:**
  - **Instrumental:** Long Kelly placental forceps
Rapid Expansion of PFP/PPIUCD Services in India

Start of PFP/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

Support from national as well as state governments during the expansion, with a paradigm shift in Govt. of India focusing on spacing methods

> 55,000 PPIUCDs inserted

Donor support from USAID, Gates, Packard, NIP
PPIUCD Acceptors, by State and Type of Insertions: February 2010–July 2012

N = 56,590

- Intra-cesarean: 21%
- Post-placental (within 10 min): 44%
- Postpartum (within 48 hrs): 35%

Source: PPIUCD Monthly Reports

Average Acceptance Rate: 8%

State Name

- **Assam**: 25%
- **Tamil Nadu**: 15%
- **Punjab**: 11%
- **Delhi**: 8%
- **Bihar**: 8%
- **Uttarakhand**: 8%
- **Jharkhand**: 7%
- **Uttar Pradesh**: 7%
- **Orissa**: 6%
- **Haryana**: 5%
- **Gujarat**: 5%
- **West Bengal**: 5%
- **Meghalaya**: 4%
- **Maharashtra**: 4%
- **Karnataka**: 4%
- **Rajasthan**: 2%
- **Chhattisgarh**: 2%
- **Andhra Pradesh**: 2%

Total deliveries = 7,16,329  PPIUCD insertions = 56,590
Follow-Up Study

- Study period: November 2011–June 2012
- 2,733 clients who had PPIUCD insertion and consented to participate were interviewed before discharge from hospital, and 1,811 clients were interviewed at around 6 weeks after insertion in 16 facilities
- Study was approved by Institutional Review Board (IRB) of Johns Hopkins University
# Demographic Profile of Clients Who Accepted PPIUCD

<table>
<thead>
<tr>
<th>Age of the Client</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20 years</td>
<td>5%</td>
</tr>
<tr>
<td>20–30 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></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></th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
<td>22.6%</td>
</tr>
<tr>
<td>Primary (until 5\textsuperscript{th})</td>
<td>19.1%</td>
</tr>
<tr>
<td>Secondary school (until 8\textsuperscript{th})</td>
<td>20.5%</td>
</tr>
<tr>
<td>Senior secondary (until 10\textsuperscript{th})</td>
<td>15.6%</td>
</tr>
<tr>
<td>Intermediate (until 12\textsuperscript{th})</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></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

N = 2,647

- No pain at all: 71%
- A little discomfort: 24%
- Somewhat painful: 3%
- Painful: 1%
- Very painful: 1%
## Follow-Up Findings at 6 Weeks

N = 1,217

<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 risk of perforation

- **Infection:**
  Using eligibility criteria for PP IUCD insertion reduces 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 the IUCD by sweeping to the side
- Withdraw the instrument in open position

Use correct instrument:

- Long Kelly placental forceps
Conclusion

- Introduction of PPIUCD services in the public sector is **feasible and effective**.
- Government of India 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 is supportive supervision.**
Thank You