

Kenyan Midwives Provide Postpartum IUD's

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ABSTRACT:

Providing postpartum insertion of IUD's offers several important advantages:

- Readily accessible for women who deliver at health care facilities
- No effect on breastfeeding
- Safe for use by HIV-positive women
- Immediately reversible should contraceptive desires change

IUD expulsion rates are higher than those for the interval technique, but can be minimized when insertion:

- Occurs within 10 minutes after delivery of the placenta
- Is sufficiently high in the uterine fundus
- Is done by a specially trained provider.

Few physicians provided immediate postpartum IUD placement in teaching hospitals. Kenyan midwives are now being trained to add postpartum IUD's to the method mix during the immediate postpartum after deliveries at primary facilities.

JHPIEGO and EngenderHealth are training Kenyan midwives postpartum IUD insertion. The Kenyan midwives are field-testing an update manual, and monitoring patient satisfaction with PPIUD, continuation of method, expulsion rate and acceptability among staff and patients.

BACKGROUND:

The IUD: A Contraceptive Option for Postpartum and Postabortion Women

- The IUD is a safe and effective contraceptive option for postpartum women who wish to either space or limit subsequent births;
- Immediate postpartum IUD insertion has a higher retention rate if the IUD is inserted within 10 minutes after expulsion of the placenta, but the IUD can be inserted safely at any time during the first 48 hours after delivery;
- IUDs can be inserted after the fourth week postpartum;
- IUDs can be inserted after most abortions; and
- IUDs provide effective, reversible contraception for up to 12 years.

As postpartum contraception, the IUD offers several important advantages:

- It is readily accessible for women who deliver at health care facilities.
- It has no effect on breastfeeding.
- It is safe for use by HIV-positive women.
- It is immediately reversible should contraceptive desires change.

While expulsion rates associated with immediate postpartum IUD insertion are higher than those for the interval technique (more than four weeks after delivery), expulsion appears to be minimized when:

- Insertion occurs within 10 minutes after delivery of the placenta;
- Insertion placement is sufficiently high in the uterine fundus; and
- Insertion is done by a specially trained provider.

IUDs can also be inserted immediately postpartum for cesarean deliveries. Expulsion rates for insertions following cesarean deliveries are about the same as for interval insertion. Figure 1 summarizes IUD expulsion rates by timing of postpartum insertion.

Figure 1: IUD Expulsion Rates by Timing of Insertion

Time of IUD insertion	Definition	Expulsion rate ¹²	Observations
Postplacental	Within 10 minutes after delivery of placenta	9.5–12.5%	Ideal; low expulsion rates
Immediate Postpartum	After 10 minutes to 48 hours post delivery	25–37%	Still safe
Late Postpartum	After 48 hours to 4 weeks post delivery	NOT RECOMMENDED	Increased risk of perforation and expulsion
Interval-Extended Postpartum	After 4 weeks post delivery	3–13%	Safe

Postabortion use: IUDs can be safely inserted after most spontaneous or induced abortions. Contraindications to postabortion IUD insertion include pelvic infection, septic abortion or other serious complications. The interval IUD insertion technique is used after first trimester abortions. If the abortion occurs after 16 weeks of pregnancy, IUD insertion should be performed by a provider with special training.

Counseling considerations: For postplacental and immediate postpartum IUD insertion, high-quality counseling should begin during the antenatal period. However, some clients, particularly postabortion clients, may not have the opportunity for prior counseling. All women should receive quality counseling, and if a client chooses to use the IUD, she should be provided with the method if she is medically eligible.

1. Chi, I-C, Wilkens L, and S. Roger. Expulsions in immediate postpartum insertion of Lippes Loop D and Copper T IUD's and their counterpart Delta devices—an epidemiological analysis. *Contraception* 1985;32: 119–134.

2 Chi, I-C. Postpartum IUD insertion: timing, route, lactation, and uterine perforation. In: Bardin CW, Mishell DR Jr., eds. *Proceedings from the Fourth International Conference on IUDs*. London: Butterworth-Heinemann, 1994: 219–227.

Programmatic considerations:

- For postplacental and immediate postpartum insertion, physicians and midwives should receive training in addition to the standard training in interval IUD insertion. This additional training is approximately one week in duration and focuses on correct technique and appropriate timing. Additional training is also required for insertion for postabortion clients after 16 weeks of pregnancy.
- Experience has demonstrated that staff providing contraceptive counseling need special orientation related to offering postplacental or immediate postpartum IUD placement as a contraceptive option. The counselor should highlight the safety and convenience of the method for women who have little contact with health facilities.
- Postplacental and immediate postpartum insertion has been most widely practiced in countries where IUDs are already popular. Clinical experience in countries as diverse as Mexico, China and Egypt demonstrates the practicality of the approach.
- While immediate postpartum IUD placement has most commonly been available in teaching hospitals, with adequate provider training and support, it should be considered as part of the method mix in facilities that provide delivery or postabortion care services.

For more information about IUDs, go to <http://www.maqweb.org/iudtoolkit/index.shtml>