Postpartum IUDs: At the Intersection of FP and Maternal Health

Setting the Stage for Discussion of PPFP, PPIUD and Unmet Need for PPFP

Jeffrey Smith, MD, MPH
Maternal Health Director
MCHIP / Jhpiego

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4 Simple Thoughts

- Women are at risk of unplanned pregnancy postpartum
- Provision of PPFP should be by maternal health providers
- IUD are one of the safest and best methods of PPFP
- To achieve this providers need to modify our perspective
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Risk of Unplanned Pregnancy: India

Source: ACCESS-FP Analysis of NFHS 2006
MYTH

- “When she is ready, she will ask for FP”

REALITY

- Women tend to focus on the children and family… and put themselves last
- Women are often reluctant to request FP because providers will ask: “Are you having sex already?”
PPFP Myths and Realities

**MYTH**
- “Now (during ANC) is not the time to talk about FP. Someone will talk to her at 6 weeks postpartum”

**REALITY**
- While about 70% or more of women get ANC, less than 40% come for PNC.
- The best time to talk about PPFP is during ANC.
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Maternal mortality ratio
(2008 estimates)

(Source: Hogan et al, Lancet 2010)
Maternal mortality has decreased because:

- Reduction in global TFR from 3.70 to 2.56
- Improvements in economic conditions
- Education of women
- Expanded use of skilled birth attendants
Pillars of Safe Motherhood

- Antenatal Care
- Skilled Attendance at Birth
- Emergency Obstetric Care

FAMILY PLANNING
ALWAYS AVOID ACCIDENTS
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Worldwide Use of IUCDs

Fig. 1. Prevalence of IUD use in women aged 15–49, married or in union (2005).

Source: UN, World Contraceptive Use 2005
Worldwide Use of IUCDs

Fig. 2. Prevalence of contraceptive use among women of reproductive age, married or in union: different methods.
Resurgence of interest in the PPIUD

- Focus on Postpartum Family Planning and HTSP
- Global changes in thinking about IUD
  - Changes in WHO Medical Eligibility Criteria (MEC)
  - Previously: 39 MEC Category 4 conditions; now: 10
  - IUD (Cu IUD) now Category 1 for postplacental and postpartum (<48 hours)
- Postpartum IUD is the only long acting, reversible method, that does not interfere with breastfeeding that can be provided before the woman leaves the birthing facility
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PPIUD Experience in Egypt

- 1,024 women counseled for Immediate Postpartum Insertion of IUD
- Were asked: “Do you want it inserted now, or come back later for insertion?”
  - Want it now: 71.2% had it inserted
  - Come back later: 7.2% had it inserted

**Conclusion:** Making things easy and convenient for women makes a big difference in ultimate acceptance
Weighing Convenience and Expulsion for Public Health Impact

- Immediate insertion
- 10,000 postpartum women who choose PPIUCD
- 7,120 Women receive PPIUCD
  - 10% Expulsion
  - 6,318 Continuing IUCD users

- Interval insertion
- 720 Women receive Interval IUCD
  - 1% Expulsion
  - 713 Continuing IUCD users
Rethinking The Postpartum IUCD

- Variety of methods increases satisfaction
- Long acting reversible method: alternative to sterilization
- More contact with health system during pregnancy
- PP services are convenient for women, providers and health systems
- No “transition”
  - LAM: stop date, Hormonals: start date
Complication Rates Are Minimal

- Expulsion
- Perforation
- Infection
- Increased cramping/bleeding
Postpartum IUDs: Thoughts:

- Risk of unplanned pregnancy
- PPFP is a maternal health intervention
- PPIUDs are safe and effective
- Provider bias is one of greatest challenges