

Immediate Postpartum Contraception with Intrauterine Contraceptive Device in Developing Countries: The Need for Implementation

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Introduction

The immediate postpartum Intrauterine Device (PPIUD) is a safe and cost-effective way of reducing the rates of both unintended pregnancy and early repeat deliveries [1]. This method of contraception could be helpful in reducing the high maternal mortality ratio which is a consequence of high fertility rates observed in developing countries. The most recent demographic data in Angola indicates on average a woman will have 6.2 children. There are major differences between the residences, with the overall fertility rate being lower (5.3 children per woman) in the urban area than in the rural area (8.2 children per woman). As regard to the fertility in adolescence, about one-third (35%) of women aged 15 - 19 years have started reproductive life (29% have had a child born alive and 6% were pregnant for the first time). The initiation of reproductive life in adolescence is twice as much in adolescent women with no level of education (58%) than in those with secondary level or higher (25%) [2].

Discussion

Effective postpartum contraception is important because 40 to 57 percent of women report having unprotected intercourse before the routine six-week postpartum visit [3,4]. For some women, the immediate postpartum period can be a particularly favorable time for discussion and initiation of a contraceptive method, including the insertion of IUD. In 2015 the Lucrecia Paím Maternity Hospital in Luanda, implemented the Free Immediate Postpartum Contraception with the Intrauterine Contraceptive Device for consenting women prior to delivery. From January to December 2016 out of 17.473 vaginal deliveries 770 insertions of TCu 380A were recorded, making an incidence of 1:23. A control transvaginal ultrasonographic examination was performed on the sixth week postpartum visit and the risks of expulsion, infections and uterine perforations were found to be statistically negligible. So far there is more evidence that intrauterine device can be inserted within ten minutes immediately after delivery of the placenta, providing a highly effective contraception [5,6].

Conclusion

Contraception is often neglected in the hospital setting, given the understandable immediate focus on pregnancy and delivery [7]. Breastfeeding women can safely use the TCu380A intrauterine device (copper IUD) [8]. The implementation of a routine insertion of IUD postpartum policy seems to be beneficial in providing immediate contraception and optimizing adequate spacing between pregnancies, thus equating in a reduction of unintended pregnancies, high birth rates and high maternal mortality ratio in developing countries [9].

Bibliography

1. Washington CI, *et al.* "Timing of postpartum intrauterine device placement: a cost-effectiveness analysis". *Fertility and Sterility* 103.1 (2015): 131-137.
2. Angola Ministry of Health (MINSA), Ministry of Planning and Territorial Development (MPDT) and ICF. Main Results of IIMS (Survey of Multiple Indicators and Health), 2015-2016. Luanda, Angola. Rockville, Maryland, USA: INE, MINSA, MPDT and ICF) (2017).
3. Speroff L and Mishell DR Jr. "The postpartum visit: it's time for a change in order to optimally initiate contraception". *Contraception* 78.2 (2008): 90-98.
4. Connolly A, *et al.* "Effects of pregnancy and childbirth on postpartum sexual function a longitudinal prospective study". *International Urogynecology Journal - and Pelvic Floor Dysfunction* 16.4 (2005): 263-267.
5. Zerden ML, *et al.* "Two- Risk of infection or uterine perforation outcomes". *Contraception* 95 (2017): 65.
6. Kapp N and Curtis KM. "Intrauterine device insertion during the postpartum period: a systematic review". *Contraception* 80.4 (2009): 327.
7. Mwalwanda CS and Black KI. "Immediate post-partum initiation of intrauterine contraception and implants: a review of the safety and guidelines for use". *Australian and New Zealand Journal of Obstetrics and Gynaecology* 53.4 (2013): 331-337.
8. Curtis KM, *et al.* "U.S. Medical Eligibility Criteria for Contraceptive Use, 2016". *MMWR Recommendations and Reports* 65.3 (2016): 1.
9. Teal SB. "Postpartum contraception: optimizing interpregnancy intervals". *Contraception* 89.6 (2014): 487-488.

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