

OUTCOME AND COMPLICATIONS OF IMMEDIATE POSTPARTUM INTRA UTERINE DEVICE (IUD) INSERTION FOR CONTRACEPTION

Thesis

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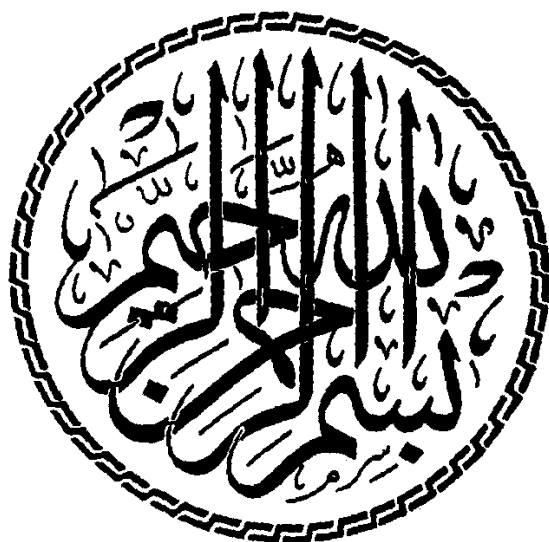
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INTRODUCTION

INTRODUCTION

Child spacing and planing contribute to the reduction of perinatal mortality and morbidity. The early puerperium immediate post placental delivery or expulsion is an ideal time for the initiation of contraceptive device and advice.

As women are more highly motivated to adopt contraception at this time and it is convenient for both patients and service providers. For intrauterine (IUD) contraception, this period offers other advantages, such as ease of insertion and minimal adverse impacts on breast feeding.

Post partum IUD insertion began in the 1960s with mixed success. Several factors now provide a basis for expanded use in the 1990s.

Different shapes of devices, earlier timing of insertion and different insertion techniques affect expulsion and complication rates. These points were covered in the recent review of the international experience with postpartum IUDs (**Chi and Farr, 1989**).

The primary safety concerns in postpartum IUD insertion are infection, perforation and bleeding. Each of these issues has been extensively assessed in the literature.

A pelvic infection rate among 3,267 women who received immediate post partum IUDs was of 0.1% (**Lean, 1967**).

Post placental and immediate post partum IUD insertion within the first 48 hours after delivery offers a safe, acceptable, effective and low-cost approach for serving many women. Careful attention to the elements of proper insertion, client instruction and follow-up will improve the chances of success.

Uterine perforation and expulsion rates were very low among post placental IUD insertion as documented by (Cole et al., 1984).

The removal rate due bleeding for immediate post partum IUD group are 13% as compared by interval group 23% (Engineer and Sanwal, 1972).

AIM OF THE WORK

