



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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MONA MAGHRABY

Patient's Compliance to Intrauterine Device: Immediate Postplacental Insertion versus Delayed Insertion in Women Undergoing Planned Cesarean Section

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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صَدَقَ اللَّهُ الْعَظِيمُ

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List of Abbreviations

Abb.	Full term
<i>AAP</i>	<i>American Academy of Pediatricians</i>
<i>AAPACOG</i>	<i>American Academy of Pediatrics and the American College of Obstetricians and Gynecologists</i>
<i>ACOG</i>	<i>American College of Obstetricians & Gynecologists</i>
<i>ASUMH</i>	<i>Ain Shams University Maternity Hospital</i>
<i>BMI</i>	<i>Body mass index</i>
<i>CDC</i>	<i>Centers for Disease Control and Prevention</i>
<i>CHC</i>	<i>Combined hormonal contraception</i>
<i>CI</i>	<i>Confidence interval</i>
<i>CS</i>	<i>Cesarean section</i>
<i>Hb</i>	<i>Hemoglobin</i>
<i>IUCD</i>	<i>Intrauterine Contraceptive Device</i>
<i>IUD</i>	<i>Intrauterine device</i>
<i>LARC</i>	<i>Long-acting reversible contraception</i>
<i>LNG-IUS</i>	<i>Levonorgestrel intrauterine system</i>
<i>MDG</i>	<i>Millennium Development Goals</i>
<i>NNT</i>	<i>Number needed to treat</i>
<i>PPIUD</i>	<i>Postplacental placement of an intrauterine device</i>
<i>USMEC</i>	<i>U.S. Medical Eligibility Criteria for Contraceptive Use</i>
<i>WHO</i>	<i>World Health Organization</i>

INTRODUCTION

Egypt's population reached about 100 million people in the early 2020s. The population of Egypt has increased by about 30 million in the last 15 years (*CAPMAS, 2020*).

Contraceptive options should be discussed during antenatal care and if desired should be initiated as soon as possible postpartum (*AAP and the ACOG, 2012*), because repeat pregnancy within the first year postpartum can be as high as 10–44%, with higher rates in high-risk adolescents (*White et al., 2015; Damle et al., 2015*).

Ovulation occurs at a mean of 39 days postpartum in nonlactating women, and can occur as early as 25 days, putting postpartum women at risk of unintended and short-interval pregnancy (*White et al., 2015*). Women who deliver by cesarean section may be more likely to resume sexual activity earlier than women who had vaginal deliveries (*Levi et al., 2012*). In the first year postpartum, at least 70% of pregnancies are unintended. Between 40–57% of women report having unprotected intercourse before the routine 6-week postpartum visit (*White et al., 2015*).

Infants born from short-interval pregnancies are at higher risk for preterm delivery, low birth weight, and small for gestational age (*Whitaker and Chen, 2018*). Use of a highly effective contraceptive method has been found to lead to healthier interpregnancy intervals (*Damle et al., 2015; Cohen*

et al., 2016). The World Health Organization recommends a minimum of 24 months before attempting a subsequent pregnancy (*Sonalkar et al., 2018*).

Pregnancy during breastfeeding is common in Egypt and lactational amenorrhea method isn't enough to prevent unintended pregnancy (*Shaaban and Glasier, 2008*). Initiation of long-acting reversible contraception (LARC) at the time of delivery decreases rapid repeat births, and immediate postplacental placement of an intrauterine device (PPIUD) is safe and cost-effective (*Sonalkar et al., 2018*).

Intrauterine device (IUD) is recommended as a first-line contraceptive by the American College of Obstetricians & Gynecologists (ACOG) and the American Academy of Pediatricians (AAP). The Centers for Disease Control and Prevention U.S. Medical Eligibility Criteria for Contraceptive Use (USMEC) places no restrictions on use, and states advantages generally outweigh the risks for immediate postpartum use of IUDs (*Whitaker and Chen, 2018*).

Placing LARC in the immediate postpartum period is additionally attractive because many women, including those at highest risk of short interpregnancy intervals, have low postpartum visit follow-up rates. Approximately 10–40% of women do not attend the postpartum visit (*Gurtcheff et al., 2011*). The postpartum period may be an optimal time for IUD uptake, especially for women who otherwise have difficulty with access, motivation or side effects. A Cochrane Review of

randomized trials found that postplacental IUD insertion appeared safe and effective (*Grimes et al., 2010*).

Immediate PPIUD insertion is an appealing strategy for increasing access to postpartum IUDs because it does not require a separate postpartum visit.

AIM OF THE WORK

The aim of the study is to evaluate patient's compliance and method effectiveness in immediate postplacental IUD (PPIUD) insertion and delayed insertion in women undergoing planned cesarean section

CONTRACEPTION

Family planning has been cited as essential to the achievement of Millennium Development Goals (MDG) and is an important indicator for tracking progress on improving maternal health. It has a direct impact on women's health and well-being as well as on the consequence of each pregnancy (*Najafi-Sharjabad et al., 2013*).

Almost all women are at risk for unintended pregnancy throughout their reproductive years. However, adolescents, formerly married women, and women of low socioeconomic status are at greater risk for contraceptive nonuse and for contraceptive failure; thus they are also at greater risk for unintended conceptions (*ACOG, 2014*).

It is pertinent to identify the factors responsible for poor acceptance of family planning program in different socio-cultural and socio-economic groups (*Namasivayam et al., 2019*).

Unintended pregnancies become a global epidemics. Most of them lead to unplanned birth or abortion (*Singh et al., 2010*). Their live births and infants are more likely to be delivered preterm and with a low birth weight. Also, it causes multiple consequences to society and mothers who are more likely to report postpartum depression (*Rehan, 2011*).