



Contraceptive choice opted by women during post-partum period in a tertiary care centre

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Abstract

Objective: The single most problem which if contained can bring maximum benefit to the society and our planet is of exploding population. This study was conducted to study current trend of choice of contraception opted by women delivering in a tertiary care hospital.

Material and Method: This is a prospective study in a tertiary care centre. All the subjects willing for contraception were counselled and subjects opting their preferred method after counselling and also giving consent for enrolling in the study were enrolled. Exclusion criteria were according to the WHO MEC category 3 and 4.

Results: Most of the women were from rural population and lower middle class on socioeconomic scale. And mostly opted for Barrier followed by CuT and then many were unsure also.

Conclusions: Most of the patients choose either none of the contraceptive choice or the barrier method followed by CuT380A followed by Inj. DMPA then CuT375. Few opted for bilateral tubal ligation also. While some also opted for the upcoming choice during post-partum phase i.e. LNG-IUS.

Keywords: LNG IUS, levonorgestrel intrauterine system, contraception, population control, anaemia

Introduction

The current population of India is 1.3 billion as of 2017, based on the latest United Nations estimates ^[1], and is equivalent to 17.86% of the total world population. India ranks number 2nd in the list of countries (and dependencies) by population and is projected to be the world's most populous country by 2022 ^[2, 3]. UNICEF said in 1992, "Family Planning could bring more benefits to more people at less cost than any other single technology now available to the human race." The lack of contraceptive awareness, myths about various methods, unwillingness of husband and older family members to contraception has resulted in lesser use of these methods. India adopted LNG IUS (Levonorgestrel Intrauterine System) as contraception in the year 2015.

Material and Methods

This prospective study was conducted for a period of 2 years from September 2017 to August 2019 in the Department of Obstetrics & Gynaecology, Chhatrapati Shivaji Subharti Hospital, Meerut, Uttar Pradesh, India. All women coming to the obstetrics and gynaecology department were counselled regarding contraception and offered all the methods available to them by cafeteria method and GATHER (Greet, Ask, Tell, Help, Explain and Return) approach. Subjects opting for their preferred method after counselling them for the menstrual changes which can occur post its insertion were enrolled in the study with due consent after undergoing detailed history taking followed by comprehensive clinical examination for evaluating them for inclusion & exclusion criteria.

Inclusion criteria: All subjects of reproductive age group, with no history of sterilization & willing for contraception and ready to enrol in this study along with coming for follow-up visits.

Exclusion criterion

All the subjects falling in WHO MEC (Medical Eligibility Criteria) category 3 & 4

Exclusion criteria WHO MEC Category

Pregnancy 4
Postpartum 48 hours to <4 weeks 3
Unexplained vaginal bleeding 4
HIV infection 3
Cervical cancer 4
Current breast cancer 4
Liver tumour 3
Acute venous thrombosis 3
Current PID 4
Sepsis 4

Insertion of the device was done as per the standard guidelines following all aseptic precautions. Follow up was done at 1, 3 and 6 month interval or anytime inbetween if they require medical assistance or discover loss of strings of LNG-IUS or CuT.

Statistical analysis

The data was collected in the proforma, tabulated in MS (Microsoft) excel chart and analysed using SPSS (Statistical

Package for the Social Sciences) software version 21, wherever required.

Results and Discussion

First, it would be worthwhile to mention, that there was history of prior usage of one or more contraceptive method/s in the past by many of the studied subjects.

Mean age was 26.

Commonest parity was P1 followed by P2.

Maximum women were of lower middle class on socioeconomic scale.

Most of the patients were from the rural population.

Maximum subjects opted for barrier followed by CuT devices then followed by Unsure about contraception. 2 subjects opted for LNG IUS also which results in improvement of haemoglobin concentration also. The reason for this improvement may be due to decrease in the amount of bleeding caused by use of LNG-IUS which resulted in raised haemoglobin concentration. Developing countries like India and where poverty rate is high, iron deficiency anaemia prevails in population, use of LNG-IUS which results in improvement of serum iron and ferritin levels along with haemoglobin concentration would prove to be beneficial. There was difference between religions also, Hindu were preferred for barrier followed by CuT whereas Muslim population maximum were unsure followed by CuT and then barrier. There was difference in choice based on parity also like, Para 1 opted for barrier mostly followed by CuT whereas Para 2 or more preferred for CuT followed by barrier.

There was difference between age groups also. Like very Young (<20 years) were unsure followed by barrier choice. Whereas 21-30 years preferred barrier followed by CuT whereas 31-40 years preferred CuT as much as they were unsure followed by barrier. While more than 40 years opted only for CuT.

Table 1

Method	No. of patients	Percentage
Barrier	83	26.8%
CuT	82	26.5%
Inj DMPA	36	11.6%
POP	03	01%
LNG-IUS	02	0.7%
Natural	25	8.1%
Tubectomy	03	01%
Unsure	75	24.3%
Total	309	100%

Table 2

Religion	Hindu	Muslim	Others	P value
Barrier	60 (27.9%)	18 (21.7%)	05 (45.5%)	0.643
CuT	57 (26.5%)	22 (26.5%)	03 (27.3%)	
Inj DMPA	30 (14%)	06 (7.2%)	00 (0.0%)	
Tubectomy	02 (0.9%)	01 (1.2%)	00 (0.0%)	
LNG-IUS	01 (0.5%)	01 (1.2%)	00 (0.0%)	
Natural	15 (7.0%)	09 (10.8%)	01 (9.1%)	
POP	03 (1.4%)	00 (0.0%)	00 (0.0%)	
Unsure	47 (21.9%)	26 (31.3%)	02 (18.2%)	
Total	215 (69.6%)	83 (26.9%)	11 (3.6%)	

Table 3

Religion	Hindu	Muslim	Others	P value
Barrier	60 (27.9%)	18 (21.7%)	05 (45.5%)	0.643
CuT	57 (26.5%)	22 (26.5%)	03 (27.3%)	
Inj DMPA	30 (14%)	06 (7.2%)	00 (0.0%)	
Tubectomy	02 (0.9%)	01 (1.2%)	00 (0.0%)	
LNG-IUS	01 (0.5%)	01 (1.2%)	00 (0.0%)	
Natural	15 (7.0%)	09 (10.8%)	01 (9.1%)	
POP	03 (1.4%)	00 (0.0%)	00 (0.0%)	
Unsure	47 (21.9%)	26 (31.3%)	02 (18.2%)	
Total	215 (69.6%)	83 (26.9%)	11 (3.6%)	

Table 4

Age	<20 years	21-30 years	31-40 years	>40 years	p value
Barrier	03 (25%)	72 (28.2%)	08 (19.5%)	00 (0.0%)	0.691
CuT	02 (16.7%)	66 (25.9%)	13 (31.7%)	01 (100%)	
Inj DMPA	01 (8.3%)	32 (12.5%)	03 (7.3%)	00 (0.0%)	
Tubectomy	00 (0.0%)	01 (0.4%)	02 (4.9%)	00 (0.0%)	
LNG-IUS	00 (0.0%)	02 (0.8%)	00 (0.0%)	00 (0.0%)	
Natural	02 (16.7%)	21 (8.2%)	02 (4.9%)	00 (0.0%)	
POP	00 (0.0%)	03 (1.2%)	00 (0.0%)	00 (0.0%)	
Unsure	04 (33.3%)	58 (22.7%)	13 (31.7%)	00 (0.0%)	
Total	12 (3.9%)	255 (82.5%)	41 (13.3%)	01 (0.3%)	

Conclusion

Maximum participants still opted for the most easy and widely accessible method i.e. barrier. Many couple after knowing the benefits of IUCD opted for it. Still again 25 couples (8%) wanted to keep natural method as their chosen contraceptive method. Even after counselling and knowing the wide choices available suiting every need, approx. one fourth of the couples were unsure of what they should opt for, though many of these were willing to opt for one in future, knowing the benefits of spacing the pregnancy, and having a small family. We as practitioners need to give cafeteria approach and help them in making the choice as per their customised needs. People nowadays also opting for relatively newer contraceptives like Inj DMPA and LNG-IUS. We need to make the masses aware of these contraceptives as maximum population is unaware of these choices and their benefits.

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Conflict of interest

None declared

Ethical approval

Not required

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