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

7 July 2011 PPIUD Technical Meeting
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
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
Risk of Unplanned Pregnancy: India

Source: ACCESS-FP Analysis of NFHS 2006
PPFP Myths and Realities

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.
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
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
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
Worldwide Use of IUCDs

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

- 10,000 postpartum women who choose PPIUCD
  - Immediate insertion
    - 7,120 Women receive PPIUCD
    - 10% Expulsion
  - Interval insertion
    - 720 Women receive Interval IUCD
    - 1% Expulsion

- 6,318 Continuing IUCD users
- 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