

ORIGINAL RESEARCH

A Study of Preferred Contraception Following Labour in Multipara in a Tertiary Hospital

Nilofer¹, Suryapalli Vipanchi², Yalamanchili Sneha²

¹Assistant Professors, Department of Obstetrics & Gynecology, DR PSIMS & RF, Vijayawada, AP, India.

²Final Year Postgraduates, Department of Obstetrics & Gynecology, DR PSIMS & RF, Vijayawada, AP, India.

ABSTRACT

Background: India is world's 2nd largest populated country. It is first to introduce family planning services. IUCD is most effective, safe, long acting and do not interfere with coitus. Immediately or within 72 hours after delivery of placenta in a health care facility is convenient for those who are in outreach area, where family planning facilities are less available. **Aim & Objective:** To determine choice of contraception preferred by multiparous women following vaginal birth in a tertiary hospital in Andhra Pradesh, India.

Materials and Methods: It is a retrospective observational study. Sample includes 321 multiparous women who underwent vaginal delivery at a tertiary care hospital, Dr.PSIMS&RF, vijayawada during April, 2020 to March 2021. This study determines the 'informed choice' of contraception opted by couples who have atleast 2 live children after vaginal delivery.

Results: In this study, we observe that a majority of multiparous couples after vaginal delivery prefer LAM (59.5%) followed by female permanent sterilisation (30.84%). Of those undergoing female sterilisation 4.23% are 18-19yr; 83.89% are 20-25yr. In spite of progress in reproductive health and family planning in India, early marriages and early pregnancies are still in a rising trend. There is increased need for contraceptive use at an early age. Prevalence of female sterilization was 39%. In the present study, prevalence of male sterilization was 1.2%.

Conclusion: All antenatal, must be counselled for better alternate contraceptive options from the antenatal period. Health education should be directed to couples rather than to women only. Since, there are more of young married couples, more spacing methods and alternate contraceptive methods should be promoted rather than sterilisation.

Keywords: Contraception, Puerperal sterilisation, Laparoscopic sterilisation, DMPA, Lactational amenorrhoea method (LAM).

Corresponding Author:Dr. Nilofer, Assistant Professors, Department of Obstetrics & Gynecology, DR PSIMS & RF, Vijayawada, AP, India.

INTRODUCTION

India, the second most populous country of the world, harbours 17.5% of the world's population in only 2.4% of the global land mass. According to census 2011, population in India is 1.21 billion. It is estimated that India would become the most populous country by 2025.

Two most important features about India are:

- Base population is large
- Population growth rate is high

In 1952, India was the first country in the world to launch a national programme, emphasizing family planning. Millennium development goal 5 to improve maternal health brought renewed attention of efforts to reduce maternal deaths and ensure universal access to reproductive health, though progress by 2015 fell short of the targets set. More recent global partnerships' efforts to expand contraceptive information, counselling and services include 'Family planning 2020', which focusses on 69 of the world's poorest countries, and 'Every Women Every Child' which has a broader strategy of accelerating improvements in the health of all women, children and adolescents by 2030.

Sustainable development goal (target 3.7) aims to ensure by 2030, 'universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs.

Contraception is one of the proximate determinants of fertility and the most important predictor of fertility transition. The choice of the contraceptive method, however, is influenced by a host of inter-dependant demographic, cultural, economic, and social factors. Contraceptive use is determined by prevalence of different contraceptive methods and specific characteristics of acceptors which differentially influence use of different contraceptives.^[1-7]

Aim & Objectives

- To determine choice of contraception preferred by multiparous women following vaginal birth in a tertiary hospital in Andhra Pradesh, India.

MATERIALS & METHODS

It is a retrospective observational study.

Sample includes 321 multiparous women who underwent vaginal delivery at a tertiary care hospital, Dr.PSIMS&RF, vijayawada during April,2020 to March 2021.

This study determines the 'informed choice' of contraception opted by couples who have atleast 2 live children after vaginal delivery.

Inclusion criteria

Women delivering vaginally or by caesarean section, counselled for IUD insertion in pre-natal period or in labour and willing to participate in the study.

Exclusion criteria

Anaemia (haemoglobin <10 g/dl), PPH, with premature rupture of membranes >18 hours, obstructed labour, fibroid, congenital malformation of uterus, active STD, lower genital tract infection and allergy to copper.

Counselling of the patients

Women were sensitized about advantages and importance of family planning methods during ANC visits and at the time admission that is before delivery. Advantages of PPIUCD and complications were explained. Pretested questionnaire was filled to know acceptance and rejection, reasons to inclination to other methods were also recorded.

RESULTS

Amongst the 321 multiparous women, 300 have 2 live children, 20 have 3 live children and 1 has 4 live children. 111 women belong to age 20-25yr; 14 belong to 26-30yr; 5 belong to 15-19yr.

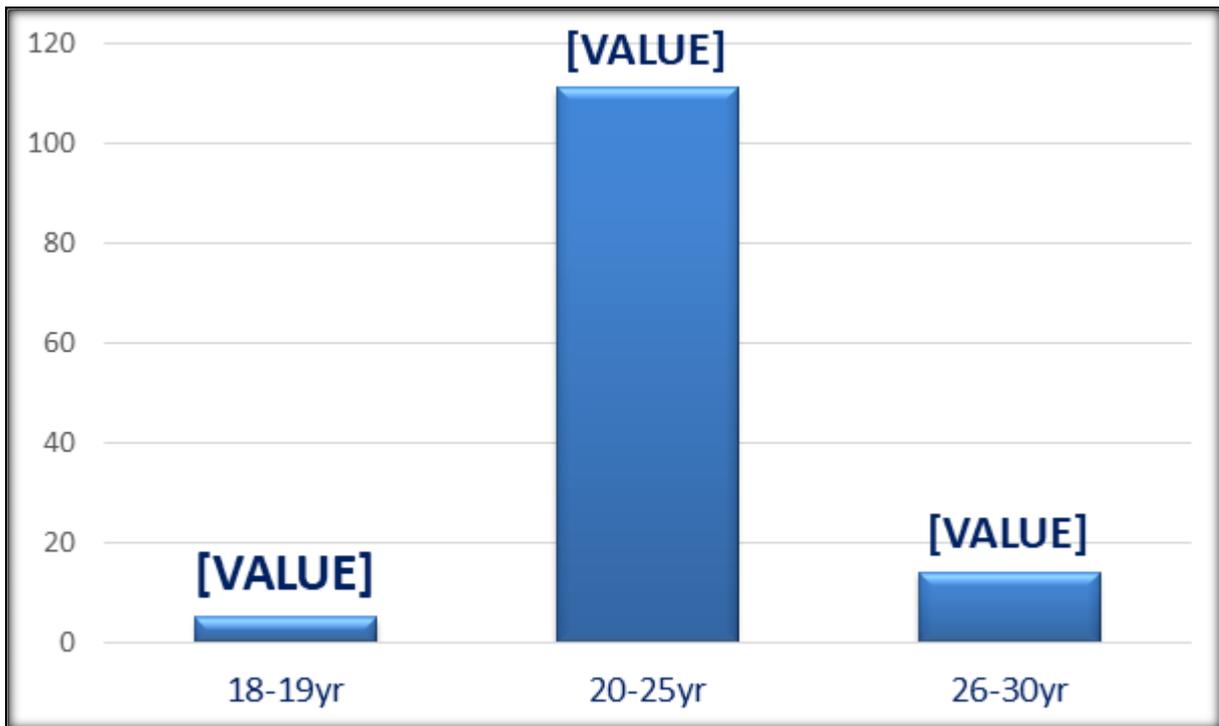


Figure 1: Age distribution

191 couples have opted for LAM (lactational amenorrhoea method); 115 opted for puerperal sterilisation; 12 opted for injectable contraceptive, here being DMPA; 3 opted for laparoscopic sterilisation after a period of 3-6 months following vaginal delivery.

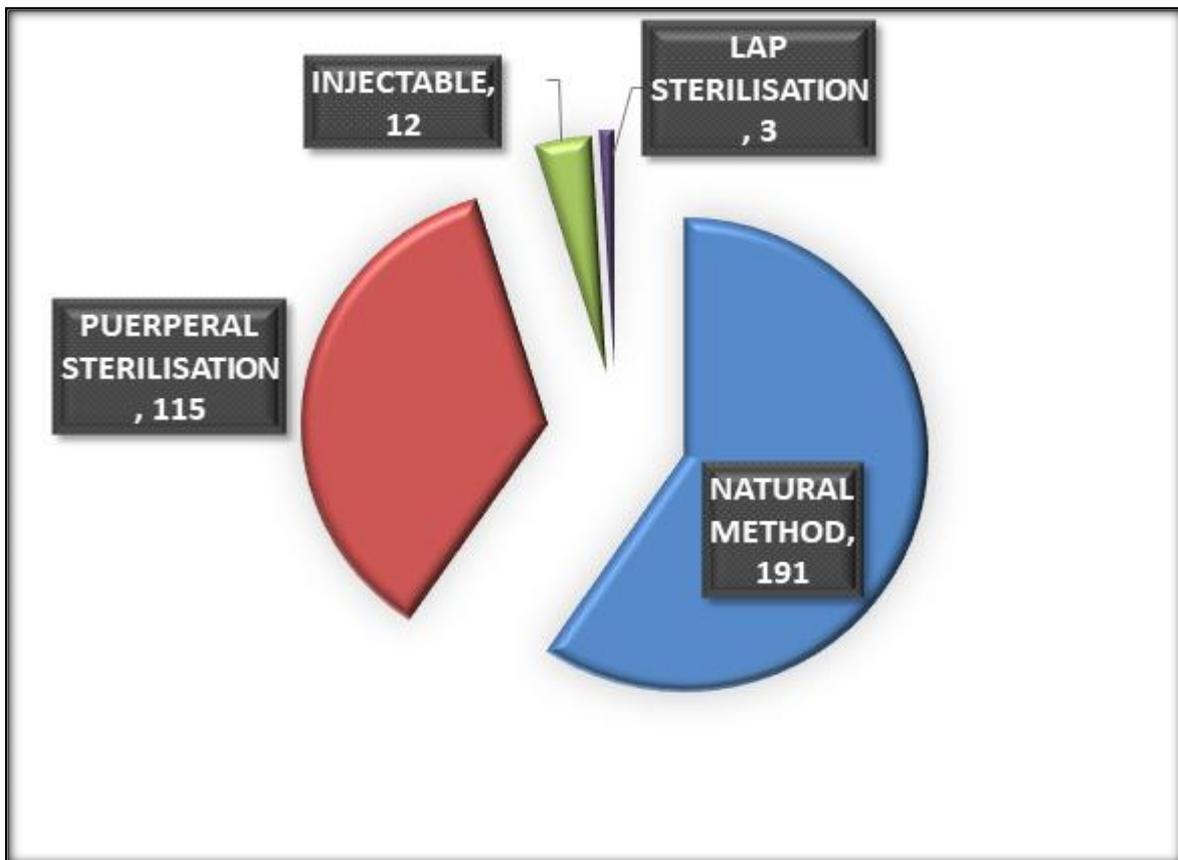


Figure 2: Contraceptive methods

Of the 321 couples, 59.5% opted for LAM, 35.82% opted for puerperal sterilisation, 3.73% opted for DMPA and 0.93% opted for laparoscopic sterilisation.

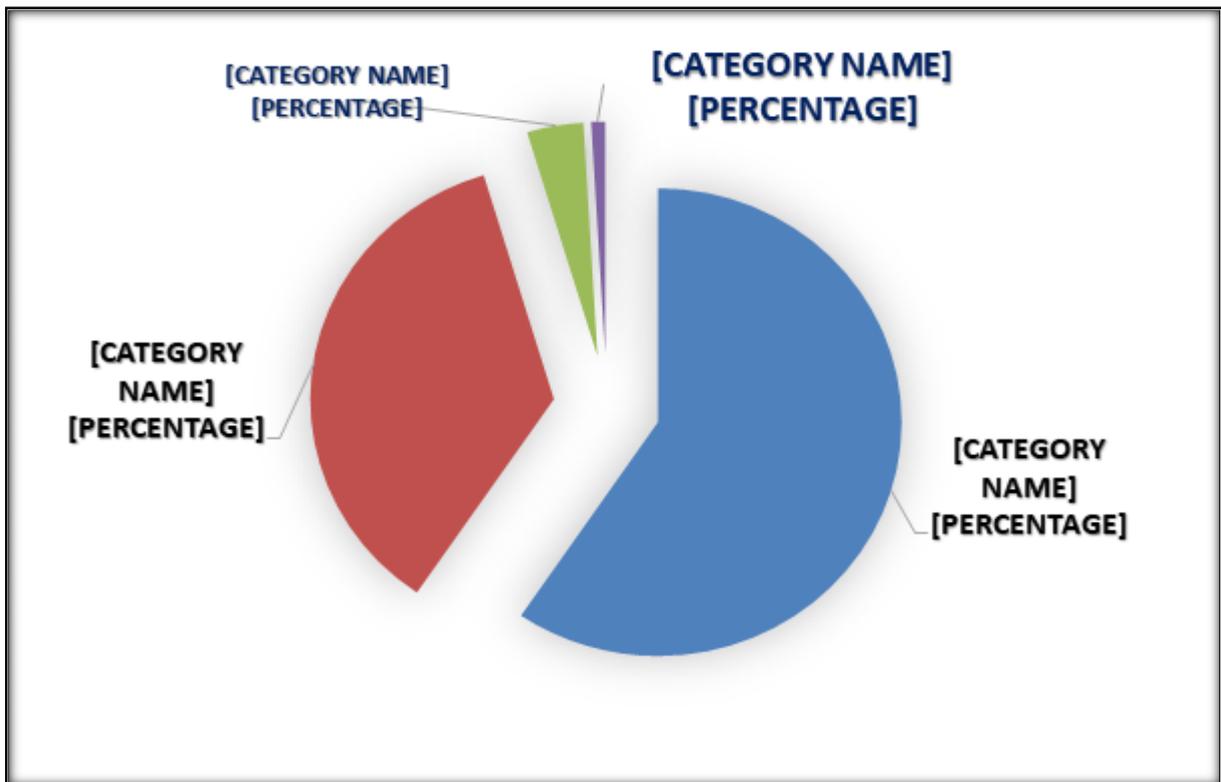


Figure 3: Type of sterilization

Among those who have opted for permanent sterilisation, 4.23% are 18-19yr ;83.89% are 20-25yr ; 11.86% are 26-30yr.

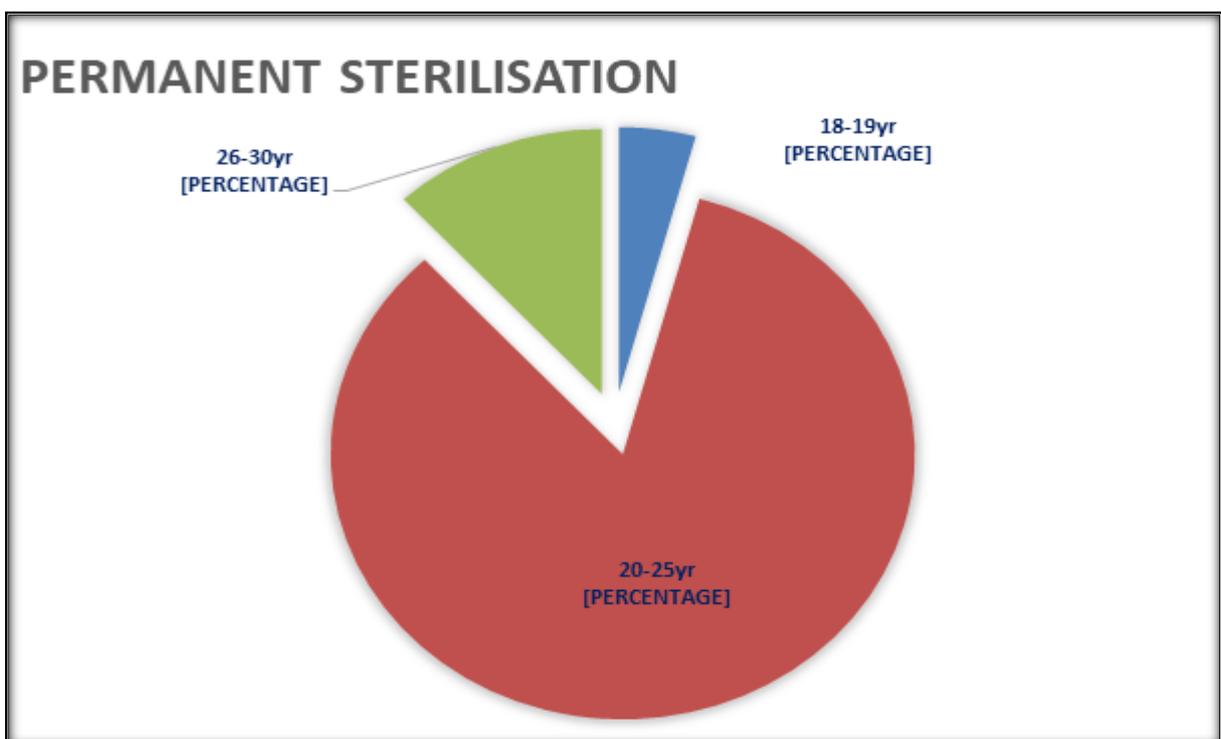


Figure 4: Permanent sterilization

DISCUSSION

A study conducted by Di Giacomo P et al,^[1] on ‘Women’s contraceptive needs and preferences in the postpartum period: an Italian study’ 300 puerperal women were interviewed in 6 months, of whom 45.5% had adequate information about contraception and 64.3% used a contraceptive method with the intention of spacing and to avoid pregnancy regardless of adequate knowledge about contraception. This study also concludes that intention to use contraception was proportional to their level of education. Similar to our study, the above cited study also has low prevalence of contraceptive use.

A descriptive observational study was conducted at Murtala Mohammed Specialist Hospital, Kano by Ayyuba et al,^[2] about the contraceptive choices among grand multiparous women over a period of 3 months which concluded that of the 219 women in the study, though 208 were aware of modern contraceptive methods, 197 preferred OCPs while only 92 used modern contraceptive methods. Similar to our study, the above cited study shows low preference for modern contraceptive methods.

In a study conducted in a teaching hospital JIPMER, Puduchery in 2015 on the “Knowledge and attitude towards contraceptive methods for spacing and decision-making factors regarding its use in postpartum women” by Jyotsna Sharma, et al,^[3] 404 women participated and even after receiving adequate knowledge on family planning and contraception, only 113 were willing to adopt a method of contraception. In a study by Bastianelli and colleagues 50% of those who did not use postpartum contraception also had felt that they don’t need it.^[4]

In a study by Brunie and colleagues,^[5] partner related variables were observed as important factor for contraceptive use. Similar to our study, the above studies show the need for awareness of alternate contraceptive methods and better counseling of both partners in regards to family planning.

CONCLUSION

Contraception in India is offered as a cafeteria approach with ‘informed choice’ given to the couples after counselling. In spite of improved awareness regarding contraception, there is low prevalence in the practice and acceptance. The postpartum period plays a very important role in initiating contraception. All women attending the health care facilities for institutional deliveries should be counseled regarding family planning. Contraceptive use should be promoted during the extended postpartum period, i.e 1yr after child birth. This helps in preventing unwanted pregnancies, better spacing of pregnancies and preservation of fertility. The couple should be encouraged to attend the postnatal counselling together which helps to alleviate the anxiety of the husband regarding contraceptive use. Counselling is of crucial importance. Through counselling, couples are provided information to make their own ‘informed choices’ about reproductive health and fertility control. Good counselling makes the couples more satisfied. It also helps them to use contraceptives longer and more successfully.

REFERENCES

1. Di Giacomo P, et al ‘Women’s contraceptive needs and preferences in the postpartum period: an Italian study. J Clin Nurs. 2013 Dec22(23-24):3406-17. doi:10.1111/jocn.12432
2. Kano. Ayyubu Rabi, Idris Sulaiman Abubakar, Ibrahim Garba, and Iman Usman Haruna. Contraceptive choices among grand multiparous women at Murtala Mohammed Specialist Hospital, Ann Afr Med. 2016 Apr-Jun; 15(2):58-62.
3. Sharma J, Dorairajan G, Chinnakali P. Knowledge and attitude towards contraceptive methods for spacing and decision making factors regarding its use in postpartum women.

- Int J Reprod Contracept Obstet Gynecol 2015;4:750-4. doi: 10.18203/2320-1770.ijrcog20150086.
4. Bastinelli C, Farris M, Benagiano G, D'Andrea G. Unmet needs and knowledge of postpartum contraception in Italian women. *Clin Exp Obstet Gynecol*. 2013;40(4):514-8.
 5. Brunie Al, Tolley EE, Ngabo F, Wesson J, Chen M. Getting 70%: barriers to modern contraceptive use for women in Rwanda. *Int J Gynecol Obstet*. 2013;123(Suppl 1):e11-5.
 6. Eliason S, Baiden F, Quansah-Asare G, Graham-Hayfron Y, Bonsu D, Phillips J, et al. Factors influencing the intention of women in rural Ghana to adopt postpartum Family planning. *Reprod Health*. 2013;10:34.
 7. Trends in contraceptive use worldwide, 2015. United Nations, Economic and Social Affairs.
 8. National Family Health Survey 4, India
 9. Lopez LM, Grey TW, Chen M, Hiller JE. Strategies for improving postpartum contraceptive use: evidence from non-randomized studies. *Cochrane Database Syst Rev*. 2014;11:CD011298.
 10. Khan S, Mishra V, Arnold F, Abderrahim N. Contraceptive trends in developing countries. DHS Comparative reports No.16. Calverton, Maryland, USA: Macro International Inc; 2007.
 11. Kunwar S, Faridi MMA, Singh S, Zahra F, Alizaidi Z. Pattern and determinants of breastfeeding and contraceptive practices among mothers within six months postpartum. *Biosci Trends*. 2010;4(4):186-9.
 12. Salway S, Nurani S. Uptake of contraception during postpartum amenorrhea: understandings and preferences of poor, urban women in Bangladesh. *Sco Sci Med*. 1998;47(7):899-909.
 13. Hernandez LE, Sappenfield WN, Goodmam D, Pooler J. Is effective contraceptive use conceived prenatally in Florida? The association between prenatal contraceptive counselling and postpartum contraceptive use. *Maternal Child Health J*. 2012;16(2):423-9.
 14. Nair A, Devi S. Knowledge and attitude of puerperal women towards family planning practices in a tertiary care hospital. *J.Evid.Based Med.Healthc*.2017;4(5),212-216. doi:10.18410/jebmh/2017/41.