

# Postpartum IUDs and Sterilization: Program Considerations

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*Strengthening FP Services through OR:  
Lessons Learned and Future Directions*

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# Setting the Stage

## Postpartum IUDs and Sterilization

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### ■ Need

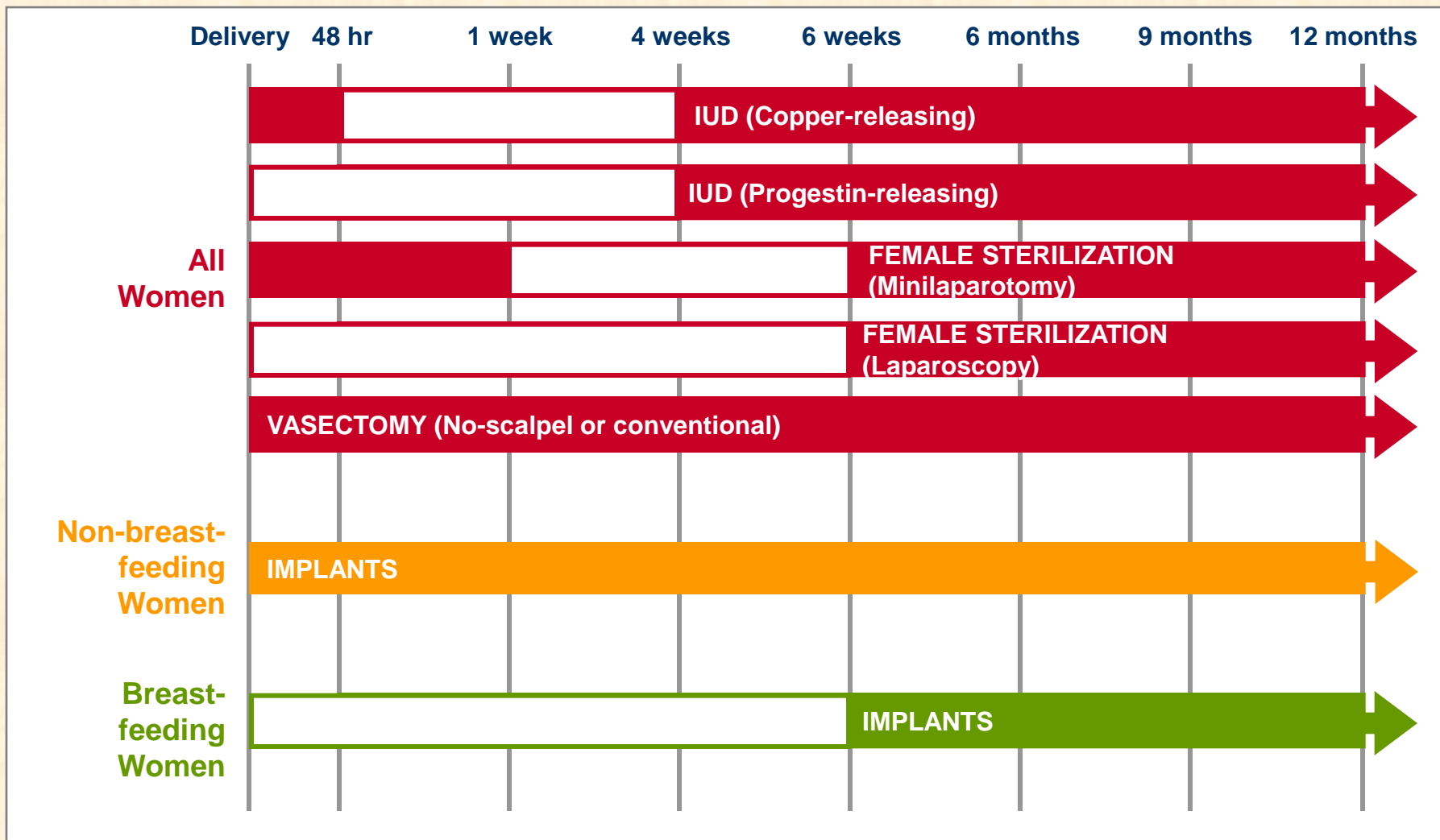
- 90% women first year postpartum want to delay another pregnancy at least two years or avoid future pregnancies altogether [Ross & Winfrey 2001]

### ■ Opportunity

- 81% women delivering received antenatal care
- 54% deliveries occur in health facility  
[36 countries with DHS in past 5 years, StatCompiler Macro. 2008]

### ■ Good choice for women and program

# Initiating LAPMs in the Extended Postpartum Period (Delivery—1 Year)



# Sine Qua Non of PP IUD & Sterilization Services: The Fundamentals of Care (FoC)

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- Fundamentals of Care
  - Free and informed choice
  - Medical safety
  - Ongoing quality improvement
- FOC may be “fundamental”— but they’re not “easy”

# Advantages: Why Consider IUDs & Sterilization Postpartum?

## ■ Cost effective to programs

- |                               |               |
|-------------------------------|---------------|
| – Immediate postplacental IUD | \$2.14-\$3.37 |
| – Before discharge            | \$2.79-\$3.97 |
| – Interval                    | \$3.75-\$4.70 |

[Hubacher et al 1992; Sahin et al. 1994]

## ■ Convenient to clients

- Client not at risk of pregnancy
- Less (perceived) side effects

# Issues & Challenges to PP IUD and Sterilization: Training & Services

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- Need adequate caseloads to develop competence
- Need to ensure readiness of delivery/labor wards
  - Experienced trainers
  - Knowledgeable staff
  - Specialized supplies
  - Appropriate infection prevention practices in place
- Need to optimize structure of work
  - reward not “punish” providers of IUDs and FS
  - structural/system integration (e.g., with antenatal services; MCH/well-baby services; “in-reach”)

# Method-Specific Training & Service Issues & Challenges

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## Sterilization

- Permanent
- Need to ensure practices that prevent coercion or any violation of free and informed choice
- Need to minimize regret

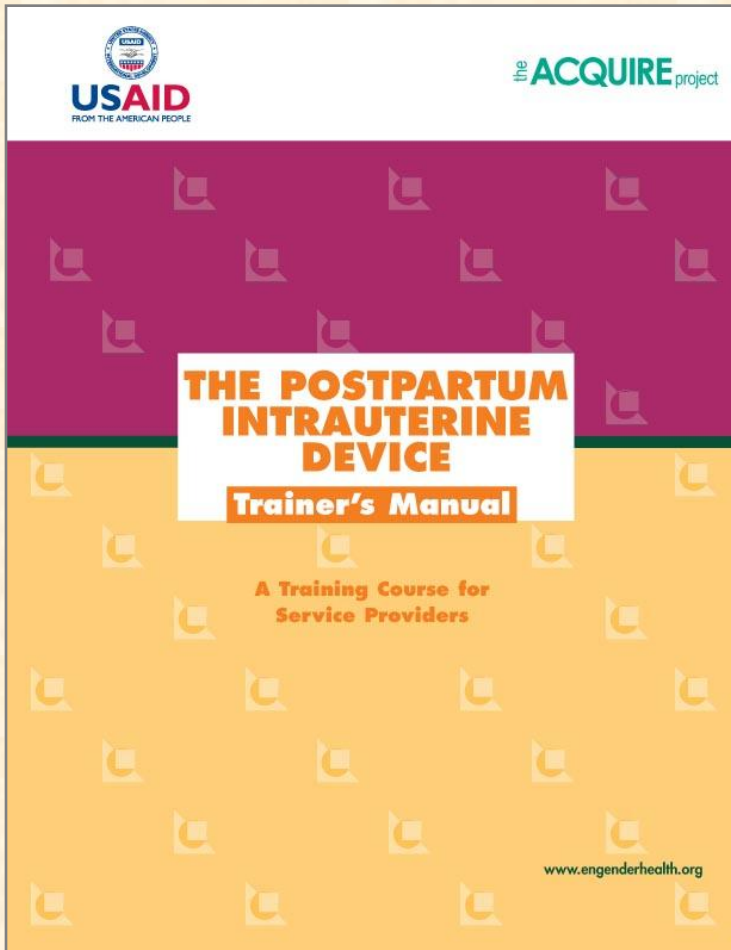
## IUD

- Need realistic model of PP uterus (for humanistic training)
- Need PPIUD training video
- Want to minimize risk of expulsion

# Issues & Challenges to Postpartum IUD: Expulsion

- Higher PP than interval
- Lower post-placental than immediate
- PP IUD Still highly effective & beneficial, for all timing categories; MEC / SPR Revision Meeting, 4-08, WHO Systematic Review of Timing of Postpartum IUDs:  
“immediate postplacental insertion (< 10 min) appears to decrease the risk for expulsion compared to other postpartum time intervals, although immediate insertion carries a higher risk of expulsion compared to interval insertions”
- Expulsion rates can be reduced (by placement high in uterine fundus, by trained/skilled provider, post-placental provision)

# PP IUD Training Manual/Curriculum Being Updated



- Reflects WHO 2004 MEC recommendations and 2008 MEC & SPR
- Incorporates proven best practices; key clinical & programmatic issues, e.g.
  - Active Mgt Third Stage of Labor (AMTSL)
  - Non-physicians
- Stand alone curriculum
- Expanded discussion on
  - Counseling
  - Infection prevention

# Key Messages About PP IUD & sterilization

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- MEC Category 1 for PPIUD, Category A for FS
- I.e., one or other can be used by most women in almost all categories (e.g., lower parity/higher parity; younger/older; HIV- or HIV or AIDS, clinically well)
- PP IUD & FS are safe, highly effective, convenient, programmatically feasible and worthwhile
- Feasible for PPIUD to be provided by mid-level (as well as higher level) health care providers, and FS by Clinical Officers
- Feasible to provide PP IUD at PHC facilities

# Key Messages About PP IUD & sterilization

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- Women avail themselves of PP IUD & Sterilization when services made available
  - Chicago study—46% of women who requested postpartum sterilization do not undergo the procedure [ARDMS 2008]
  - Ankara study—89% women planned to start FP within 6 months, however only 52% using at 6 months [Pile et al, 1993]
- Factors limiting access
  - Delays in operating room time
  - Staff not available
  - Commodity not available