



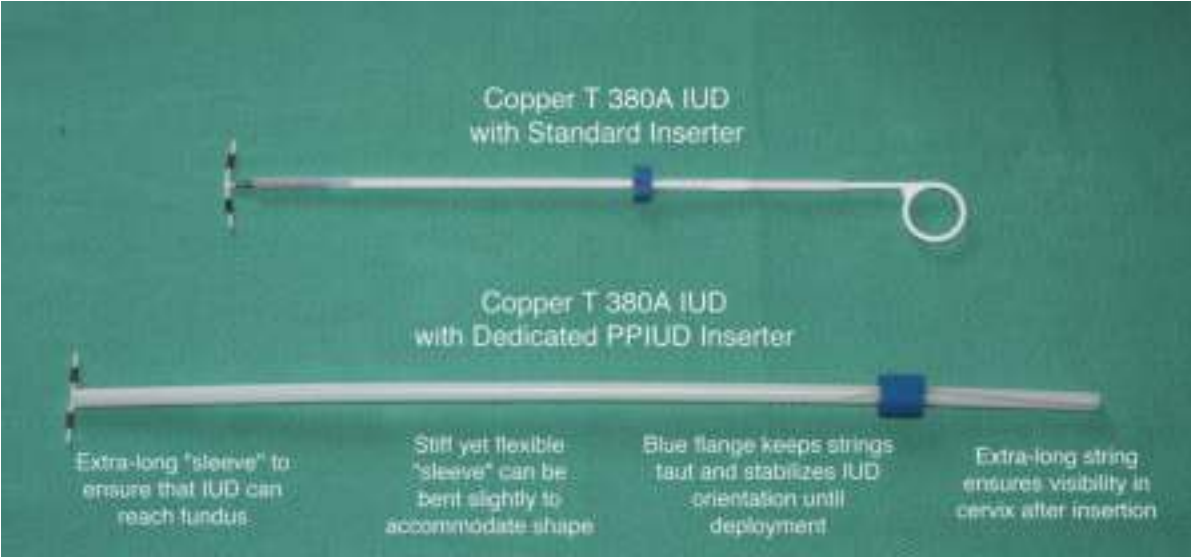
DISCUSSION:

DEDICATED POSTPARTUM IUD INSERTION



ISSUES WITH CURRENT POSTPARTUM IUD INSERTION

- Higher expulsion rates than interval insertions
 - High fundal placement reduces expulsion rate!
- Very skill dependent (placing close to fundus)
- No dedicated instruments for IUD insertion



PROOF-OF-CONCEPT STUDY (SINGH ET AL, 2016)

- Primary objectives:
 - Determine whether PPIUD inserter can achieve fundal placement, acceptable expulsion rates, provider and participant acceptability, and feasibility
 - Secondary objectives: Patient satisfaction and IUD retention
- Methods:
 - 80 women presenting to 2 gov't hospitals in Delhi and Lucknow, India
 - PPIUD completed followed by US to assess fundal placement of IUD
 - Providers were were NOT previously trained in PPIUD placement
 - Follow-up at 6-8 weeks post-insertion; US to assess IUD location

PROOF-OF-CONCEPT STUDY (SINGH ET AL, 2016)

- Results
 - High fundal placement in 82% (N=80) of cases; no perforations or infections
 - Complete expulsion in 7.5% (N=6)
 - 93% of providers reported easy insertion
 - 74% of participants reported same pain before and after insertion
 - 99% of participants reported overall experience met or exceeded expectations

DISCUSSION

- The Dedicated PPIUD inserter proves effective, safe and acceptable in a large RCT performed in India. You are working on a project to translate this to a rural health center in _____, where the maternal mortality ratio is 634 deaths/100,000 live births and the literacy rate is 59% among women.
- Access to contraceptive commodities is inconsistent due to frequent stock-outs of OCPs, condoms, and DMPA resulting in a high rate of unintended pregnancies. Less than 3% of women report having ever used a LARC method.
- None of the providers (primarily midwives and clinical officers) have been trained in postpartum IUD insertion. The health center serves a catchment area of 80,000 patients.

DISCUSSION PROMPTS:

- What barriers to **provider acceptance** of the immediate postpartum IUD insertion might you anticipate? What are ways you could address them?
- You have secured buy-in from the health center's leadership and providers. While all providers have been trained to insert interval IUDs, none of the providers have experience in immediate postpartum IUD insertion. How would you make sure they are properly trained and supervised?
- What barriers to **patient/community acceptance** of the immediate postpartum IUD insertion do you think there might be? What are ways in which you might address them?
- Create a draft of a flyer you might post at the health center (your English will be translated into the local language) advertising the immediate postpartum IUD.