



CODEN [USA]: IAJPB

ISSN : 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

<http://doi.org/10.5281/zenodo.4277769>Available online at: <http://www.iajps.com>

Research Article

**REASONS FOR DISCONTINUATION OF POST-PARTUM IUCD
IN A TERTIARY CARE CENTER IN LAHORE.**¹Dr Bushra Arif, ²Dr Farya Bashir, ³Dr Fareha Shahzad^{1,3}MBBS, Allama Iqbal Medical College, Lahore. ² MBBS, Central Park Medical College, Lahore.**Article Received:** September 2020 **Accepted:** October 2020 **Published:** November 2020**Abstract:**

Background: Guidelines have been developed to control the pace of population growth. Some people can arrange this long-term and decisive prevention strategies. To achieve the goal of population control, the IUCD is the first Population control system.

Objective: the reasons for the discontinuation of IUCD in many women in Wapda Teaching Hospital, Lahore.

Materials and methods: This was an observational study of 200 cases at Wapda Hospital, Lahore from February to November 2021. We have detailed information about the patients' historical background during the last sessions for them Adding IUCD after Post-Partum. CDI was included during the intra-caesarean section. Uterine Changes in CDI, pelvic contamination and sputum were also seen as related consequences for the half-year development. The analyst completed all IUCD and cesarean sections himself.

Results: Our study included 200 cases of long-term pregnancy with an average age factor (27.79 ± 4.13), although, the gestational age (37.49 ± 0.98) weeks. 92 women (45%) experienced the first onset of SC; 28 women (13%) at the beginning of SC. Withdrawals from PPIUCD were recorded in 180 women (98%); was decided under 25 cases (15%). CDI shift was available in 58 patients (29.5%); But in 152 the CDI was absent Patients (75%). Pelvic infection was recorded in 105 patients (52%); although not reported in 99 patients (45%).

Conclusion: The specialist concluded that there was a high rate of women after six months of PPIUCD who did not want the IUCD to be placed and beat the caesarean section (CS).

Keywords: PP IUCD, caesarean section (CS) and contraception, Uterus, Emergency.

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Please cite this article in press Bushra Arif et al, *Reasons For Discontinuation Of Post-Partum Iucd In A Tertiary Care Center In Lahore., Indo Am. J. P. Sci, 2020; 07(11).*

INTRODUCTION:

"IUD" stands for "Intrauterine Device". A spiral shaped like a "T" and is located inside the uterus. It blocks pregnancy by preventing sperm from entering the ovary and to the eggs and processing them. There are five types available in the United States.

1. Give your body limited amounts of the hormone progestin (levonorgestrel). It is a similar hormone used in many birth control pills. These types of IUDs usually make your periods easier and are a good choice when you have a heavy period (Reetu Hooda, 2016).
2. The fifth is ParaGard, also known as the copper spiral. It is free of hormones. Copper stimulates your tough body to prevent pregnancy. This can make your periods heavier, especially early. In any case, ParaGard lasts longer than hormonal IUDs.

METHOD OF INSERTION:

first we have a Pap test. The specialist then inserts a speculum into the vagina to keep the vagina open. The specialist places the IUD in a small cylinder that fits your vagina. She moves the cylinder through the cervix and into the uterus. At this point, she pushes the coil out of the cylinder and pulls out the cylinder. This allows IUD ramps into the vagina. The strategy is vague and you can get into trouble and die, but they usually go away in a few days. Some women may feel dizzy with fear. You may need to submit most IUDs at any time during your cycle. However, it may be better to bring one in during your stay. This is where your cervix is usually open. (D. A. Grimes, 2018).

The 48-hour integrated post-partum intrauterine prophylactic device (PPIUD) is a proprietary, powerful and productive technology to meet women's need for a long-term, yet reversible contraceptive strategy. PPIUD is a very attractive method of contraception in a country like Pakistan, where women have a number of restrictions on gaining effective and systematic access to health authorities. The Pakistani government has seen what is believed to be an essential part of intrauterine devices (IUDs) to meet women's prophylactic needs and has effectively developed it over the past decade (Mahesh C. Puri, 2020). However, these efforts had only limited results. Information from 2016 suggests that IUD use among married women in the country is only 1.4%. The reasons for the low utilization rate include the limited availability of IUDs, the lack of staff willing to lead families and administration, to an earlier bias towards IUDs among suppliers and the general public (Elina PradhanDavid Canning, 2019). Ongoing advocacy

from the International Federation of Gynecology and Obstetrics (FIGO) in collaboration with the Pakistan Association of Obstetricians and Gynecologists (NESOG) and the Ministry of Health and Population has sought to address some of these difficulties in preparing healthcare professionals for the difficulties. Advise the family on meditation visits at birth and integrate PPIUD administrations into the behavior. Pradhan said this intervention had little effect on the adoption of the PPIUD (Mahesh C. PuriSaugat JoshiAayush Khadka, 2020). Increased use of PUUD among women seeking long-term reversible contraceptive methods not only improves access to PUUD but also reduces dropout among women using PUUD using the Device. Current information from 2016 Pakistan's demographic survey and health survey show that approximately one in four (28.2%) IUD customers no longer use IUD within a year (Sarah Huber-KrumAayush Khadka, 2020). Writing about stopping IUDs identified a number of reasons why women choose to quit, including the desire to have another child, address the difficulties in fitness, and change strategies of prevention. In any case, I wonder if these reasons draw inspiration from Pakistani women who satisfactorily follow or stop PPIUD. Understanding user experiences and perspectives that help determine whether PERIP should continue or discontinue can provide high-quality advisory and administrative services to family organizations in Pakistan (Mahesh C. PuriMatthew Moroni, 2020).

Research problem:

Major Reasons for the discontinuation of post-partum IUCD in a tertiary care center in Lahore their circumstances and prevalence.

Literature review:

In 2001, the IUD became the second reversible prophylactic technology currently used in Pakistan. It accounted for 17% of the strategy mix, up from 11% in the 1980s. Interestingly, IUD has attracted attention and its use over time has decreased, so IUD currently accounts for only 9.3% of the technology mix (Sarah Huber-KrumAayush Khadka, 2020). In addition, its use in the population of the country is even less. There is no information to illustrate the top-down alert pattern and use of the IUD in Pakistan during this period, but it may be due to an emphasis on public spaces. and vertical projects on sustainable and existing technology. As the use of long-range contraceptives in Pakistan is low, it is important to have an accurate understanding of the IUD frequency, as it makes more sense than prophylactic integration. There is insufficient information on the use of the IUD worldwide or in Pakistan (Elina PradhanDavid

Canning, 2019). Surveys from some countries do not routinely collect this data, including the most recent demographic survey and health survey in Pakistan. In any case, an ongoing study conducted in 2011 with customers from the social franchise network (ie an action plan where a diversified association grants licenses to free providers or administrative outlets for work under its image name¹²) in Sindh and Punjab areas. of 16.3%, 18.8% and 22.7% separated after 6, 12 and two years (Mahesh C. Puri, 2020). In addition, in a small, double-blind clinical trial of the visually impaired in Pakistan, 3% and 8% half-yearly and 8% annual drop-out rates for Multiload (375 copper coil; Multilan AG, Pfäffikon, Switzerland) were determined separately. and six months and one year with shutdown rates of 11% and 7% for Copper-T (380 Copper IUD; Medico Techno Pte Ltd, Singapore). Unpublished information from a survey of 29 locations in Pakistan shows an annual IUD shutdown rate of up to 23% (Mahesh C. PuriMatthew Moroni, 2020).

The survey showed that 19.4% (95% confidence from 16.3 to 22.5) of the women stopped using their IUDs after 10 months, and among these women, the largest number (69.4%) considered the results as the main explanation for assessment. A number of variables, e.g. B. The geological catchment area, the age of women, the history of prophylactic use before the addition of the coil and the result after ingestion of the Device are mainly related to the coil. Of those with an IUD removed, 56.5% did not switch to any other preventive technology and 36.3% have now switched to traditional strategies, e.g. Musical and human techniques (Mahesh C. PuriSaugat JoshiAayush Khadka, 2020).

The distribution of study participants by calibration transfer zones and models is introduced. 824 women from Suraj advocacy and 339 women from CMW intervention were selected for the study. The development crash at the last visit was 2.4% (20/824) and 8.6% (29/339) in the separate models Suraj and CMW intervention (Reetu Hooda, 2016). The study members who were lost in development were not the same in three perspectives with the participants in the study: they were better educated, fewer children were alive and the last child was usually younger. In the Suraj model, 582 (70.6%) customers had coupons and 242 (29.4%) customers were paid in cash (Sarah Huber-KrumAayush Khadka, 2020).

METHOD:

This was a clear case study that was done on 250 cases at Wapda Hospital, Lahore in February to November

2021. That was the test's decision probably not three tests in a row. The sample size of 250 cases is determined to be 95% 6% safety level for mistakes and buildings expected relocation rate as 20.07% (at least at all) the disadvantages of PPIUCD Supplements among women who receive segment C after 6 Follow-up months.

Inclusion criteria:

1. All women undergoing caesarean section and aims at the introduction of copper-T (Cu-T)
2. Age between 18 and 35 year Behavioral age 37-40 weeks estimated after exercise Women's period
3. No clinically assessed pelvic disease, ie. History of fever, stomach upset and pelvic pain
- 4.Hb \geq 10 mg / dl No experience of high blood pressure or diabetes Mellitus from fasting blood sugar (< 110 mg%) and HBA1C \leq 6.5 mmol

Exclusion criteria:

1. Previous ectopic pregnancy
2. The sensitivity of the cake Assessed delayed chorioamnionitis of > 18 hours, fever over 99F, Tachycardia: heart rate greater than 120 beats / min and Lower part of the abdomen
3. History of gynecological malignancy Method of gathering information: after building morality Freedom from moral counseling from medical clinic,

DATA COLLECTION METHOD:

The Research was conducted at Wapda Hospital in Lahore. Informed consent was obtained from all patients. Individual patient profile (name, age, understanding of gender, registration number and address noted). AON an exact story was recorded on stage Be sure to include IUCD fire Post-partum. IUCD integrated during the caesarean section. One Confusion can be expected, the pelvis Corruption and relocation to PPIUCD. Admission among recipients through a six-month follow-up was observed. All cesarean sections and The recording of CDIS was completed by the researcher himself. Information analysis process: the information was entered and verified by SPSS. Digital information such as age and Pregnancy age was accepted as medium and S.D. and qualitative information such as sputum, pelvic Diseases and extinction were introduced. The information is limited to Number of cesarean sections, age, gestational age to Discuss collision modifiers. Chi-Square test after stratification was used with an estimate of $P \leq 0.05$ as Very Common estimate.

RESULTS:

A total of 250 women were recruited in this study with a mean duration of 27 ± 4.13 years. It was the transport age at registration 38.51 ± 0.99 weeks. Most of the women were underwent caesarean section 91 (45.5%) and smaller had three cesarean sections 27 (13.5%). Elimination of PPIUCD was found in 178.989%) of Cases and follow-up in 22 (11%) cases. It should be an asset that should be available to relocate CDIS 53 (28.5%) of the cases and was not noticed in 147 (73.5%) of the cases. 98 (49%) developed pelvic disease. In addition, 102 (51%) were disease-free. At that time, the results were defined by age, age of transport and different Cesarean section proved to be present critical discrimination in pelvic pollution among women whose past was filled with two cesarean sections. All other it was basically a unique confusion Results referenced.

DISCUSSION:

Decline in maturity is the main motivation for all families organize a program other than maternal protection and the well-being of young people, which is extremely important for everyone to keep indicators of the nation's well - being in line with that Millennium Development Goals. Seo which may occur with the use of long-term contraceptives educated and available to all qualified women (Mahesh KarraDavid CanningDaniel Maggio, 2020). Inconsistent prophylaxis Strategies including condoms are very common in many cases agricultural nations. A condom is a big disappointment Price (20% with average use); in this way it can lead to unwanted or uncomfortable pregnancy (Mahesh Karra, 2019).

Different Such a pregnancy leads to a diversity or a dangerous situation Late pregnancy and so high maternal darkness and mortality. It could be combined with low use of existing long-distance traffic Birth control pills that give 4-5 self-confidence long minute (Syed Khurram Azmat, 2015). The groundbreaking intrauterine prevention device (IUCD) is extremely resolute (99%) and a Family organization technology. (108) Pakistan has a population of more than 180 million where is the prophylactic frequency (CPR) went out (about 30%) in Pakistan for under 10 years. People are generally dependent on the present in addition, endless strategies, including condoms the public, but with high disappointment due to used outside the base. In this way the number of children A pro woman in Pakistan is still over 4 years old with one person (25%) negligence due to essential contraceptives (Sarah Huber-KrumAayush Khadka, 2020). The women were most likely to die in extreme death. In addition, they were adequately treated without steroidal anti-inflammatory drugs (NSAIDs)

and hematology. Shukla et al. showed a higher proportion of Menorrhagia (27.2%) with CuT 200 in Baby blues women. Gupta et al. saw Crying in 4.3% of PPIUCD cases with CuT-380-A. Various studies have been reported with CuT-380 A. Exclusion from CDI due to death / fear 6% to 8%. The contrast between the CDI types may reflect this the different rates of drainage problems. In the current survey, fewer people without restrictions IUD outbreaks were observed compared to various surveys. Çelen et al. detailed over a year together Destruction rates 12.6% and 17.6% in two Examination of PPIUCD inclusions. In a recent report with Kittur and Kabadi using a comparison method and Timing (within 10 minutes after the placenta) PPIUCD (CuT-380 A), as in our test and supplement Prepared suppliers resulted in fewer comparative movements (5.23%). It's time to add CDIS.

Determination of expulsion. The UN POPIN report was declared the degree of cumulative deportation over 6 months is 9% for Insert post placental immediately (within 10 Protocol) against 37% for introduction between 24 and 48 hours after delivery. Mishra S et al. A production rate of 6.4% was obtained at 6 Weeks. 23.05% of the participants missed the follow-up work. The degree of evacuation turned out to be higher Tracking is lost by 10% and 30%. In their studies Bleeding / discharge (30%), abdominal pain (20%), The family pressure (20%) did not want to go on (5%) reasons for withdrawal CDI follow-up. The releases were much higher for post placental CDU records after vaginal birth vs. cesarean section Insert. This difference was also noted in a recent systematic review of PPIUCD submissions.

Gupta et al. also reported a reduction in deportations after Insert section within cesarean section. Letti Muller et al. studied emission frequencies CuT-380 insert with transvaginal ultrasound and a statistically higher number was obtained Vaginal implants as a caesarean section (Reetu Hooda, 2016). In this study, we do Withdrawal (revocation of CDIS for different persons medical or personal reasons) and spontaneous We still have an affordable CDIS for deportation Retention rate 90.6%. In the absence of These women would have gone through IPPIUCD insertion Efficient hospital rooms after childbirth Contraceptive. Similar PPIUCD extinction rates reported in the range of 3 to 8% in recent studies. Anjali et al. noted that 28% had missed the follow-up work. heavy (22%) were expelled, 8% and 6% had abdominal pain Menstrual irregularities were found. Very minimal The proportion was reported and burned Complications such as pain and discharge. Satyavathi et al. He found

out the reasons for the withdrawal Bleeding (27.27%), irregular menstruation (18.18%), Family pressure (27.27%) other problems (18.18%) and pain (9%). Study of majority, including The current study noted that such pain and discharge Important issues regarding IUCD involvement. In a local study, 3,250 customers prevailed 2490 customers were advised on the introduction of an IUD It was recommended that PPIUCD and 760 customers be introduced for IUCD intervals. The assumption was lower PPIUCD contribution (36.1% v / s 60.5%) but really The PPIUCD interference was no longer interrupted (Mahesh Karra, 2019).

CONCLUSION:

From the above experiment we concluded that mostly the reason of discontinuation of the IUCD devise in Lahore is due to the breaking down of the device and pain and chances of infection. This results in damaging of the Endometrial wall of the Uterus.

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