

STUDY TO EVALUATE PELVIC INFECTION, PREGNANCY, PERFORATION FOLLOWING PPIUCD INSERTION IN PRIMI C-SECTION

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Abstract

Background: The present study is aimed at determining the pelvic infection and Pregnancy, Perforation following PPIUCD insertion in primi caesarean section and also comparing the occurrence of pelvic infection and perforation and pregnancy in both Elective and emergency LSCS group. **Materials and Methods:** The study conducted in Kanyakumari Government Medical College. 250 Primi those who underwent caesarean section with consent for PPIUCD taken as study population. PPIUCD was inserted. They were followed up interval of 6 weeks, 6 months and 1 year. **Result:** No case of Perforation or Pregnancy reported. Only 2 case of infections are reported among 250 PPIUCD users. **Conclusion:** There are various misbeliefs about PPIUCD, but this study shows that no major complications are associated with PPIUCD insertion in primi elective and emergency c section. Only mild complications are there, which was similar to complications of C-section without PPIUCD.

No difference in complication occurs between both elective and emergency c - section. Indian government trying to improve the awareness about PPIUCD among public through various methods. Only proper awareness will increase PPIUCD usage among public.

INTRODUCTION

One of the reason for maternal mortality is very short interval between successive pregnancies. Most women do not want conceive immediately again. But many of them don't know what spacing methods to be used. Most were worried about side effects of this spacing methods. Common misbeliefs about contraceptive methods are It may affects lactation. It may cause irregular and abnormal bleeding pv. It may cause permanent sterilization. It may affect the sexual pleasure. Misbeliefs about this contraceptions to be wiped off. Then only the usage of contraceptions will increase among Indian population. Ppiucd is the most effective contraception. It is long lasting and coital independent. The post placental insertion of IUCDs can help in increasing the rate of contraceptive use and reduce unmet needs of family planning because patients are highly motivated at their immediate post partum period. Follow up of

IUCD can be done along with their regular immunization follow up.

MATERIALS AND METHODS

Study Design -Prospective interventional study

Sample Size-250 patients.

Study Period-12 months.

Inclusion Criteria

1. Mothers delivering at Kanniya Kumari Govt Medical College, irrespective of their booking location.
2. All Primi mothers willing to participate in study.
3. Mothers delivering at 34-40 weeks of gestation irrespective of baby outcome.
4. Singleton or multiple pregnancy.
5. Delivering by cesaerean section.

Exclusion Criteria

1. Patients not willing for IUCD insertion.
2. History of antepartum hemorrhage.
3. History of rupture of membranes >12hrs.
4. History of fever in the last trimester.

5. Postpartum hemorrhage complicating deliveries.
6. History of heart disease in the mother.
7. Mothers with anemia.
8. Anomalous uterus as evidenced in early scans.
9. History of lower genital tract infections.

Methodology

After getting the informed consent from the PRIMI mother who are undergoing LSCS, PPIUCD insertion was done. Study was conducted in Kanyakumari government medical college in the year 2021. After delivering the baby by lower segment caesarean section placenta and membrane delivered into Copper T 380 is the PPIUCD device selected for this procedure and was placed inside the uterine cavity by manual holding. Uterus closed. Abdomen closed in layers. Pads instruments count verified. Per vaginal examination was done. Extra length of copperT thread is trimmed. Patients were instructed to come for followup at 6weeks, 6 months and at the end of 1 year. At every visit pt was asked about the difficulties the women facing difficulties documented. If minor problems occurs pt was counselled and treated.

RESULTS

1. No case of pregnancy and perforation reported.
2. No statistical significance exists between elective and emergency LSCS in occurrence of Complications.
3. Only 2 cases of pelvic infection occurs in between 250 PPIUCD acceptors which is clinically insignificant.

Group	Frequency	Percent
Elective	78	31.2%
Emergency	172	68.8%
Total	250	100.0%

No of Elective & Emergency C - Section
Among 250 primi who underwent LSCS, 78 of them underwent elective LSCS. 172 of them underwent emergency LSCS. Elective LSCS 31.2%. Emergency LSCS 68.8%.

Table 1.1: Infection in 1st 2nd 3rd Followup

Infection		Count	Column N %
1st follow up	No	250	100.0%
2nd follow up	No	248	99.2%
	Yes	2	0.8%
3rd follow up	No	250	100.0%

Only 2 cases of pelvic infection occurs among 250 PPIUCD acceptors. 2 cases are reported in 2nd follow up.

Table 1.2: Comparison of Infection in Both Elective and Emergency C- Section

Infection	Elective		Emergency		P Value
	Count	Column N %	Count	Column N %	

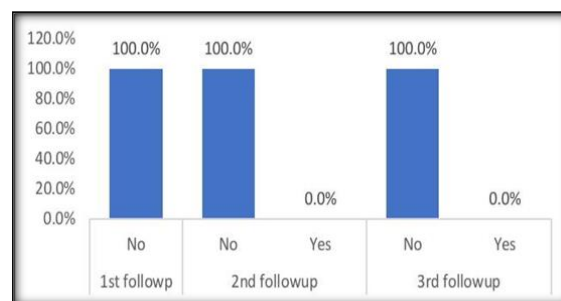
1st follow up	No	78	100.0%	172	100.0%	n/a
2nd follow up	No	78	100.0%	170	98.8%	0.339
	Yes	0	0.0%	2	1.2%	
3rd follow up	No	78	100.0%	170	100.0%	n/a

No statistical difference exists between elective and emergency c-section group in occurrence of PELVIC infection. P value is 0.339.

Perforation

Table 1.3 Perforation in Follow up

Perforation 1		Count	Column N %
1st follow up	No	250	100.0%
2nd follow up	No	250	100.0%
	Yes	0	0.0%
3rd follow up	No	250	100.0%
	Yes	0	0.8%



NO case of perforation reported

Table 1.4 Perforation

Perforation 1		Elective		Emergency		P Value
		Count	Column N %	Count	Column N %	
1st follow up	No	78	100.0%	172	100.0%	n/a
2nd follow up	No	78	100.0%	172	100.0%	n/a
	Yes	0	0.0%	0	0.0%	
3rd follow up	No	78	100.0%	172	100.0%	n/a
	Yes	0	0.0%	0	0.0%	

TABLE 1.5 Pregnancy Comparison in Elective and Emergency C Section

Pregnancy	Frequency	Percent
No	250	100.0%
Yes	0	0.0%

		Elective		Emergency		P Value
		Count	Column N %	Count	Column N %	
Pregnancy	No	78	100.0%	172	100.0%	n/a

DISCUSSION

Almost 30% of maternal these deaths can be prevented by increasing access to family planning methods. Further 10% of child mortality can be

prevented if couples spaced their pregnancies more than 2 years apart.

In Kanyakumari government medical college out of 250 pts, 78 (31.2) underwent elective primilscs and remaining 172 (68.8%) underwent emergency LSCS. Primi LSCS rate of Kanyakumari govt medical college is also 60%. Lakshmi gradua et al, study elective lscs is 69.54% emergency lscs 30.45%

In Lakshmi et al study no case of pregnancy and perforation reported. In the study of singhD et al also no case of perforation or pregnancy reported. Due to the sterile procedures incidence of infection is very low. Only 2 (1.2%) cases of infection are reported in this study.

Summary

1. Among study population 78 underwent elective LSCS and 172 underwent emergency LSCS.
2. Out of 250 patients, 52 patients developed complications. No case of pregnancy and perforation reported.
3. No statistical significance exists between elective and emergency LSCS in occurrence of Complications.
4. Menorrhagia is the most common complication among all. It is 8%.

CONCLUSION

There are various misbeliefs about PPIUCD, but this study shows that no major complications are associated with PPIUCD insertion in primi elective and emergency c section. Only mild complications are there, which was similar to complications of C-section without PPIUCD.

No difference in complication occurs between both elective and emergency c -section. Indian government trying to improve the awreness about PPIUCD among public through various methods. Only proper awareness will increase PPIUCD usage among public.

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