

Attitude of Reproductive Healthcare Providers to the Post-Partum Intrauterine Device (PPIUD) in Jos, Nigeria

Josiah T. Mutihir and Innocent A.O. Ujah.

¹Department of Obstetrics & Gynaecology, Jos University Teaching Hospital, Jos, Nigeria.

Abstract

Context: The knowledge, attitude and practice of the post partum IUD among staff in the obstetrics and gynaecological unit of the Jos University Teaching Hospital has been in doubt all along. Clients were not forthcoming for this method of contraception despite the fact that it was readily available in the facility.

Objective: To assess the knowledge, attitude and practice of the post partum IUD among the clinical staff of the obstetric and gynaecological unit of the Jos University Teaching Hospital, Jos Plateau State.

Method: A semi-structured self-administered questionnaire was developed and administered to a sample of randomly selected health providers working in the Obstetrics and Gynaecology department of the Jos University Teaching Hospital. Of the 200 questionnaires that were distributed, 166 were completed and returned giving a response rate of 83%. All the returned questionnaires were analyzed.

Results: The highest number of responders was within the 31-40 year age-group, and 59.6% were females. About 95% had heard about intrauterine devices, 30% had had a formal training in family planning, but none of them had had training in offering PPIUD services. Up to 60% thought that the IUD could be inserted at any time within 6 weeks of delivery.

Most (67.5%) of the responders were not willing to recommend the use of PPIUD to anyone for contraception. The commonest reason for not recommending the method was that the complications were more than those inserted as interval procedures, followed by high fall out rate of the IUD. The practice of the method among the respondents was absent, as none of them had actually performed the procedure.

Conclusion: There is need for proper education of the health workers themselves about the PPIUD and its benefits to our women especially at the various points of contact with both the obstetric and gynaecological services. This, we believe, would positively influence the attitude and subsequent practice of the method by the majority of the respondents who were clinicians.

Key Words: Knowledge, Attitude, Practice, Postpartum Intrauterine Device (PPIUD) [Trop J Obstet Gynaecol, 2004 ; 21:91-94]

Introduction

Intrauterine devices (IUDs) are widely available in most countries that offer clinical family planning services to their people. The ones now available offer almost complete protection from pregnancy¹, and are effective for long term use. Because modern IUDs prevent pregnancy so effectively, they may avert many maternal deaths.

Intrauterine devices can be inserted safely at any time during the menstrual cycle as long as pregnancy is ruled out. Post partum insertion is also safe and convenient¹. Post partum intrauterine device (PPIUD) insertion is within 48 hours (2 days) after delivery; and it is safe and convenient; with no increased risk of infections, perforation or bleeding².

The benefits of postpartum contraception are many. Convenience, as the woman and her partner leave hospital with a method of contraception, which does not require a special visit at a later date³. Another benefit is the fact that some women visit health care facilities only during the antenatal period, delivery, and after the birth of the baby. This is an opportunity for the clients and their partners to obtain information about the methods, ask questions, and for the provider to offer information, counsel them and provide the contraceptive method.

A purported disadvantage of PPIUD insertion is the high expulsion rate. Rates of expulsion in 6 months ranged from 31-41 per 100 in a World Health Organization (WHO) multicenter study¹. In an attempt to decrease the expulsion rate, a modified TCu-380A was used; i.e. a piece of chromic catgut suture is looped around the top of the T, and the catgut loop pushed into the wall of the uterus with a needle⁴. Thus the IUD is anchored in place for 3-5 weeks, until the catgut dissolves. However, the health care provider's skill and experience have been found to be more important in reducing expulsions and other complications than the type of device used^{2,3,4,5}.

Delivery room staffs are trained to insert PPIUD, and women are counseled during antenatal care about post partum contraceptive options. Using this method of approach over time, PPIUDs have been found to be the most popular method of post partum contraception in Mexico⁶. Rates of expulsion, accidental pregnancy, and removal for pain, bleeding and other medical reasons have been found to be lower when IUDs are inserted

Correspondence: Dr. Josiah T. Mutihir, Department of Obstetrics & Gynaecology, Jos University Teaching Hospital, Jos, Nigeria.

E-mail: jtmutihir01@yahoo.co.uk

post partum by more experienced practitioners⁵. Expulsion rates for PPIUDs can be comparable to those of interval IUDs if providers use careful insertion techniques^{7,8,9}. To prevent unnecessary expulsion, the provider must place the IUD high in the fundus. Special training however is required for PPIUD insertions. They are usually inserted with Kelly's or ring forceps; or by hand (manually).

An IUD can be inserted immediately after the delivery of the placenta, or at the time of caesarean section and at any time up to 48 hours after delivery. IUD insertion is not advisable between 48 hours and six weeks post partum. Despite training in post partum IUD to some members of staff of the Department of Obstetrics and Gynaecology, Jos University Teaching Hospital, it has been a difficult task recruiting clients for this method of contraception. We therefore decided to do a KAP study among members of the department to assess their general knowledge attitude, and practice of the method; knowing well that if they were ignorant or misinformed, the method would not get the required patronage by those that desire the method. The findings are very revealing, and we present the findings.

Materials and Methods

The Department of Obstetrics and Gynaecology provides services at about 6 points in the hospital. These are the Antenatal clinic (ANC), the gynaecological clinic, gynaecological emergency, antenatal ward, gynaecological ward, post natal ward, family planning clinic. A semi-structured, self administered questionnaire was developed and administered to a sample of randomly selected healthcare providers working in the Obstetrics and Gynaecology department of the Jos University Teaching Hospital. The members of staff were mainly the nursing staff, doctors, record officers, attendants and midwives working in the clinical part of the department.

This survey was carried out between the 10th and 14th of February, 2003. Information sought from the respondents included age range, profession/specialty, previous family planning training, knowledge about IUDs, knowledge about PPIUD, attitude to the use of PPIUD by clients, friends, relations or spouses, and whether they had performed any PPIUD insertions at all. The data was fed into the computer and analyzed using the Epi-Info 2000 software. Frequencies obtained were within 95% confidence limits.

Results

A total of 200 questionnaires were randomly distributed to all cadres of staff working in the department, and requested to fill out and return within that day. Of the 200 questionnaires that were distributed, 166 were completed and returned giving a response rate of 83%.

Characteristics of Respondents

The age of the respondents ranged from 21 to 50 years, and about 43% were within the age range of 31-40 years. Sex distribution showed that 99 (59.6%) were females while 67 (40.4%) were males. The specialties of the respondents were as follows: Nurse/midwives, 47%; Ob/gyn residents, 8.3%; and others 25%, Table 1. As for the duration they had been practicing their chosen professions, 31.5% mainly House Officers, were for less than 1 year, 26.9% for 1-5 years, and 3.3% for more than 10 years.

Table 1:
Distribution of respondents by occupation/specialty

<i>Profession/specialty</i>	<i>Number</i>	<i>Percentage</i>
Nurse/Midwives	84	50.5
General practice Doctors	17	9.9
Pharmacists	15	9.0
OB/GYN Residents	13	8.0
Others	37	22.0
	166	100.0

Key: OB/GY residents= Obstetrics and Gynaecology residents.

Knowledge of Postpartum Intrauterine Device Method of Contraception

Only 30% had had a formal training in family planning, and 94.6% had heard about the IUDs. About 33.3% said that the IUD could be left in-utero for only 4-5 years, 25% admitted that it could be left for 1-3 years; while only 16.7% for 10 years. Up to 68.6% had heard about the post partum intrauterine contraceptive device, but 42.4% did not know the types of IUD used for the PPIUD; 30.3% said the TCu-380A. About 15.2% thought the Lippes loop was still being used. As many as 60.2% thought that the PPIUD was inserted within a 6 weeks period and only 26.5% knew that it was within 48 hours. Women with no contraindication to the use of the PPIUD were thought to be those that could use it in 46.7% of the respondents; 19.6% were not sure of who was eligible to use it; 14.0% thought that all women, and multiparous women only respectively were eligible to use it. Some (64.9%) had heard of someone that had had PPIUD inserted while the rest had not. All the respondents had not had any formal training in PPIUD, and 85.3% said that they would like to be trained. The respondents said that more research was needed by 52.9% for them to recommend it for use, and 26.5% stated that it was not good for all women, while only 8.8% said that it was good for all women.

Attitude of Respondents to Postpartum Intrauterine Device

As many as 67.5% of the respondents were not willing to recommend or use the postpartum device. About 66.1% would not recommend it to a client, 57.8% to a friend, 63.3% to a relation, and 57.3% to their spouses.

The reasons for not recommending its use are as shown in Table 2. Among the female respondents, only 34.3% said that they would like to use the PPIUD. The male respondents that would recommend it to their spouses were 42.7% and 57.3% would not recommend the method to their wives.

Table 2: Attitude of respondents to the use of postpartum intrauterine device

Variable	Number of respondents (%)
Those that would Not recommend postpartum IUD use	109 (65.7)
Those that would recommend postpartum IUD use	57 (34.3)
Non-Recommendation of postpartum IUD (N=109)	
For clients	72 (66.1)
For a friend	63 (57.8)
For relations	69 (63.3)
Reasons for concern about insertion of IUD	
Complications are more	98 (90.0)
Fall out rate very high	60 (55.1)
Uterus too big to retain IUD	49 (45.0)
Uterus too soft to accommodate IUD	48 (44.0)
Too early to start any contraception	45 (41.3)
No reason	11 (10.1)
Recommendation of postpartum IUD (N=57)	
For clients	36 (63.2)
For a friend	46 (89.7)
For relations	43 (75.4)
Reasons for recommending insertion of IUD	
Convenience	44 (77.2)
Little or no complications	38 (66.7)
A good contraceptive method	40 (70.2)
No reason	13 (22.8)

Practice of the Postpartum Method of Contraception by Respondents

None of the respondents had actually practiced the method of contraception or had offered it to a patient, friend, spouse or had had it inserted on herself. They therefore had no experience of the post partum intrauterine contraceptive device.

Discussion

This study clearly shows that the members of the department had only a vague knowledge about the PPIUD. They had a lot of misconceptions and were therefore not willing to recommend it to desiring women.

Intrauterine contraceptive devices have been a method of contraception in Jos, accepted by our clients for over a decade. These have been inserted predominantly as interval IUDs. EngenderHealth (an International Non-Governmental Organization) sponsored training in postpartum IUD placement for three doctors and two Nurses in the department over 5 years ago. Counseled clients appear to accept the method in principle, but after the delivery, they become unwilling to take the method. This bothered those that had been trained and

therefore we thought that the probability exists that some members of staff might probably be giving counter counseling against the method. Postpartum insertion has been found to be simple, safe, and convenient¹, and therefore no need for the apparent fear by anyone that the method might be injurious or harmful to clients. Their attitude appears not to favour the method stemming from the fact that they had many misconceptions about the method. With regards to the actual practice of the method, some of them thought that they had performed the procedure but the study also shows that they did not know that what they did was an interval IUD insertion. Nurses, midwives and doctors in our facility are now being trained to perform the interval, post partum, and post abortion IUD insertions safely and effectively, and all that is required is needy and willing clients.

In conclusion, the survey confirms that most of the staff members working in the clinical service points of the obstetrics and gynecology department of the Jos University Teaching Hospital have very scanty information about the postpartum intrauterine device. Their attitude to the use of PPIUD is not in the affirmative as they are afraid of the method based on their poor knowledge of the method. The survey also showed conclusively that none of them had practiced the method. Those that claimed that they had practiced the method had not done so. They may in fact be responsible for the negative counseling that has been taking place among our patients who despite initial counseling and approvals, withdraw from accepting the method at the opportune time. There is therefore the need to mount an information dissemination and training of the staff about the method. It is hoped that after this, our patients will now benefit from this appropriate method of contraception in the postpartum period.

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