Postabortion IUCD Use (following medical methods of abortion): Safety and Timing

Background: Fertility return following medical abortion
On average, a woman will ovulate within 20 days of an abortion conducted through medical methods of abortion (MMA) with mifepristone and misoprostol, but can ovulate as little as eight days (Schreiber, Sober, Ratcliffe, & Creinin, 2011). If a woman wants an Intrauterine Contraceptive Device (IUCD) after MMA, she can use an interim method starting at the first visit and return to have the IUCD placed when it is reasonably certain she is no longer pregnant.

Post-MMA IUCD use
IUCDs may be placed as soon as it is reasonably certain that a woman is no longer pregnant following MMA as long as there are no medical contraindications (WHO, 2014). IUCDs placed within five to ten days of a successful MMA have low rates of expulsion and high continuation (Betstadt, Turok, Kapp, Feng, & Borgatta, 2011; Sääv, Stephansso, & Gemzell-Danielsson, 2012). IUCD insertion one week after MMA has higher uptake and lower pregnancy rates than delayed insertion without an increased risk of expulsion (Shimoni, Davis, Ramos, Rosario, & Westhoff, 2011; Sääv, et al., 2012).

Post-MMA IUCD use in young women
The IUCD for women under age 20 is classified by WHO as category two, in which the benefits generally outweigh the risks (WHO, 2015). A large, US-based, prospective cohort study which examined pregnancy, birth, and abortion rates in women provided all birth control methods at no cost and included 1,056 women under the age of 20 (Mestad et al., 2011). Seventy-two percent of young women chose a long acting reversible contraceptive method, either the IUCD (22%) or implant (40%), compared to 71% of older women (Mestad et al., 2011). Continuation rates at 12 and 24 months were the same among older and younger women (Birgisson, Zhao, Secura, Madden, & Peipert, 2015). Pregnancy, birth and induced abortion rates among...
IN FOCUS

Second CAC Conclave 2017

We congratulate the CAC Connect members on their successful participation in the Second CAC Conclave 2017. The two-day Conclave was part of a series of events aimed at creating a wider community of advocates for CAC in India. Sharing a glimpse of our members at the event!

For more pictures visit the CAC Conclave 2017 page at www.ipasdevelopmentfoundation.com or write to cac-conclave@ipas.org
the young women in the study were reduced by 75% compared to national averages (Secura et al., 2014). A 2017 systematic review examining risk of adverse outcomes in young women using the IUCD found no differences in rates of perforation, contraceptive failure, pelvic inflammatory disease, or heavy bleeding in women younger than 25 compared to older women; rates of IUCD expulsion were slightly higher in young women (Jatlaoui, Riley, & Curtis, 2017). IUCDs do not increase young women’s risk of infertility (Grimes, 2000), and women’s fertility returns to baseline rates rapidly following IUCD removal (Hov, Skjeldestad, & Hilstad, 2007).

To conclude:
- An IUCD can be placed when it is reasonably certain that a woman is no longer pregnant.
- Informed choice regarding the availability of a range of contraceptive methods and the right to refuse contraception or have it removed should be encouraged.
- Long-acting contraceptive methods have higher continuation rates and lower pregnancy rates compared to short-acting methods.
- Copper and hormonal IUCDs are not associated with infertility, including in young or nulliparous women.

Adapted from: Clinical Updates in Reproductive Health, Ipas. 2017.

**New Contraceptives in the Family Planning Program**

The Health Ministry has launched two new contraceptives, a birth-control hormone, Depot Medroxy Progesterone Acetate (DMPA) injection under the scheme called ‘Antara Programme’ and a contraceptive pill called ‘Chhaya’. These two new contraceptives are set to give the Centre’s family planning programme, ‘Mission Parivar Vikas’, a boost. The new contraceptives have been launched in ten states so far – Maharashtra, Uttar Pradesh, Madhya Pradesh, Rajasthan, Karnataka, Haryana, West Bengal, Odisha, Delhi and Goa.

The DMPA is the fourth most prevalent contraceptive and is widely used as an effective, safe and acceptable method of contraception across the world. And it goes by the name ‘Antara Programme’ in the public health system, a progestogen-only method to be given every three months.

A non-steroidal weekly contraceptive pill is ideal for women who tend to skip oral pills every day. The contraceptives are safe and highly effective. These will help meet the changing needs of couples and help women plan and space their pregnancies.

**SUCCESS STORY!**

Dr. Manorama Saini, working as Medical Officer at Alwar, Rajasthan shares her experience of being aware and equipped as a CAC provider with support from IDF’s CAC training program.

“I am working as a medical officer at CHC Kathumar, Alwar. My CHC is an FRU and being the only lady medical officer posted at the facility, women from the nearby villages also ask me about MTP pills and other methods of abortion. But as a beginner I was not confident about the MTP procedures and rules. And then I attended 12 days of CAC training in Zenana Hospital, Jaipur. This training equipped me about CAC services not only theoretically but also practically and I learnt that unsafe abortion may lead to death or permanent injury to women. Now, I provide CAC services confidently to the needful women, preventing them from unsafe procedures, mortality, and morbidity. This would have not been possible without IDF team’s endless efforts and co-operation. The tremendous job done by them is highly appreciable. I am very thankful to the master trainers and the whole IDF team for their efforts and support.”

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My doctor doesn’t tell me a word!

A woman, calling Mount Stephens Hospital, said, “Hello, I want to know if a patient is getting better.”

The voice on the other end of the line said, “What is the patient’s name and room number?”

She said, “Yes, darling! She’s Mrs. Sangeeta Jose, in Room 302.”

He said, “Oh, yes. Mrs. Jose is doing very well. In fact, she’s had two full meals, her blood pressure is fine, she’s going to be taken off the heart monitor in a couple of hours and if she continues this improvement, Dr. Joseph is going to send her home on Tuesday.”

The woman said, “Thank God! That’s wonderful! Oh! That’s fantastic! That’s wonderful news!”

The man on the phone said, “From your enthusiasm, I take it you must be a close family member or a very close friend!”

She said, “I’m Sangeeta Jose in 302! Joseph, my doctor, doesn’t tell me a word!”

New Year Resolution Contest!

As the end of 2017 comes close and we get set to welcome the New Year, CAC Connect encourages its members to renew their pledge for women’s health.

Send us your new year’s resolution for women’s health via

WhatsApp: +91 90133 80510

or

Email: helpdesk@cacconnect.in

We Want to Hear From You

Questions? Comments? Suggestions? Share with Us!

This is your newsletter and we want to feature your thoughts and experiences on CAC and related reproductive health issues.

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