

The Effect of Post-Placental Intrauterine Contraceptive Devices on Decreasing in Uterine Fundus Height in Postpartum SC Mothers

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ABSTRACT

Introduction: Contraception and family planning services are an essential part of reproductive health. Postpartum IUDs in SC postpartum have a much lower expulsion rate than vaginal delivery.

Objective: to determine the effect of post-placental intrauterine devices on the decrease in fundus uteri.

Methods: Using a correlational analytical research design, the research design used is a prospective cohort with a sample size of 30 for the treatment group and 30 for the control group.

Result: It can be concluded that the effect 2 hours after the installation of post-placental IUD is known (p -value = 0.279), which indicates that there is no influence between the variable of post-placental IUD installation of SC delivery mothers and the decrease in fundus uteri height. The effect of post-placental IUD insertion on the decrease in fundus uteri height in SC postpartum mothers at Karanganyar Regional Hospital on day 3 shows a p -value of 0.262, and it shows that there is no influence between the variable post-placental IUD insertion of SC mothers and the decrease in fundus uteri height. On day 7, the p -value = 0.008 means that the p -value is smaller than the value of $\alpha = 0.05$ (p -value < 0.05) and that there is an influence between the variable of post-placental IUD insertion of SC mothers and the decrease in fundus uteri height. Post-placental IUD is a reference for making birth control choices during the postpartum period without interfering with breast milk.

Conclusion: The conclusion does not prove the hypothesis in part because the rapid effect on the decrease in TFU in SC postpartum mothers is only after 7 days from the insertion of the IUD, while at 2 hours of IUD insertion and day 3 of IUD insertion does not have a rapid effect on reducing TFU in SC postpartum mothers. implications for the management of maternity women who plan to postpone the next pregnancy and this research can be used as empirical evidence, that a post-placental intrauterine device acceptor has the potential to increase uterine contractions, accelerate the decrease in fundus uteri height on day 7.

Keywords: decreasing; fundus height uterine; post-placental IUD



INTRODUCTION

Contraception and Family Planning services are an essential part of reproductive health. The fulfillment of women's reproductive rights Family Planning is the main pillar of Safe Motherhood and has also become a parameter in the WHO Sustainable Development Goals (SDG'S), and one of the important points to achieve it is to improve the quality of contraception and Family Planning services (Matahari, Utami and Sugiharti, [2018](#)). Maternal Mortality Rate (MMR) in Indonesia is still a major problem in the health sector. The MMR in Indonesia is 305/100,000 live births (KH), and the National Medium-Term Development Plan (RPJMN) 2024 target for MMR is 183/100,000 live births. The Neonatal Mortality Rate (NMR) is still high in Indonesia (Kemenkes RI, [2018](#)). The number of Maternal Mortality Rate (MMR) in Central Java in 2022 decreased significantly from the previous year. Based on data from Central Java Provincial Health Office, during 2022 there were 84.6 cases of maternal deaths per 100,000 live births. The number of maternal deaths decreased compared to 2021, which was 199 cases of maternal deaths per 100,000 live births (Jateng Dinkes, [2021](#)). The family planning program is one of the strategies to reduce the maternal mortality rate, especially mothers with 4T conditions, namely too young to give birth (under the age of 20 years old), too often to have childbirth, too close the distance of childbirth, and too old to give birth (over the age of 35 years old) (Gladeva Yugi Antari, [2022](#)). Family planning is also one of the most effective ways to improve family resilience, health, and safety of mothers, children, and women. IUDs are relatively safe and effective in preventing pregnancy (BKKBN, [2021](#)). The effectiveness of post-placental IUD is quite high, 99.2 - 99.4% (0.6 - 0.8 pregnancies/100 women in the first 1 year). It has been shown that it does not increase the risk of infection, perforation, and bleeding. The ability of the helper to place at the fundus greatly reduces the risk of expulsion (Brunie *et al.*, [2021](#)). Post-placental IUD, which is an intrauterine device that is inserted in the first 10 minutes to 48 hours after the placenta is born or before suturing the uterus / womb in post-caesarea delivery and post miscarriage (Kemenkes RI, [2020](#)).

Sectio Caesarea delivery is an incision on the abdominal wall and uterus to remove the fetus and placenta in an intact state (Hatijar and Saleh, [2020](#)). Sectio caesarea is an artificial delivery performed by incising the abdominal wall and uterine wall, but the uterus must be intact and the fetus weighs >500 grams. Sectio Caesarea delivery itself affects subsequent pregnancies because delivery with a history of former sectio caesarea is a high-risk delivery (Simões and Stilwell, [2021](#)). Education on the use of postpartum IUDs in SC patients is easier to ask to postpone the next pregnancy for up to 2 years. In addition, postpartum IUDs in SC have a much lower expulsion rate than vaginal delivery (Damayanti, Taufiqurrachman and Ganap, [2021](#)). Recommendations for post-placental intrauterine contraception are a long-term method of contraception that has several advantages, including being more effective, can be installed immediately, and is more effective. does not affect sexual relations and increases sexual comfort because there is no need to be afraid of getting pregnant, there are no hormonal side effects, it does not affect the quality and volume of breast milk, there is no interaction with drugs, and it prevents ectopic pregnancy. In SC deliveries, which have a risk for subsequent births, the spacing of subsequent pregnancies must be regulated; post-placental IUD contraception is one of the recommendations. There was an influence of intracaesarian IUD contraception on uterine involution in postpartum mothers (Dinas Kesehatan Provinsi Jawa Tengah, [2021](#)). The Effect of Post Placental Intra Uterine Device (IUD) on Uterine Involution Quantitative design with a prospective cohort approach Sample: 25 postpartum mothers using postpartum IUDs and 25 postpartum mothers without using postpartum IUDs Independent variable: post-placental intrauterine device (IUD) Dependent variable: uterine involution with research results. There is no difference in the duration of uterine involution between postpartum mothers who use post-placental IUDs and postpartum mothers who do not use post-placental IUDs (Utami, Anwar and Kurniawati, [2020](#)).

METHOD

This research design is correlational analytic with the research design used is Prospective Cohort, which is a research design in the form of observing events that occur with the aim of finding factors related to the cause (Sugiono, 2016). The population in this research was 70 SC deliveries per month on average at Karanganyar Regional Hospital with a sample of 30 people for the treatment group and 30 for the control group, the total sample in the research was 60 people. The research variables consisted of the independent variable where in this research was post-placental intrauterine device, the dependent variable was the decrease in TFU in post partum SC 2 hours, day 3 and day 7 who were not inserted with IUD and postpartum SC mothers who were inserted with post-placental IUD and confounding variables of postpartum hemorrhage, retention of postpartum urine (RUP), uterine perforation, lower abdominal pain and expulsion. Data collection techniques used were observation, interview and literature study. The data analysis used was univariate analysis and analysis. Bivariate, for bivariate analysis in this study using Chi Square. The research has received approval with number 010/KEPK/X/2023 from the STIKES Health Research Ethics Committee for the Nation of Yogyakarta.

RESULT

Table 1. Confounding factors

Confounding factors	Respdents			
	Treatment group		Control group	
	N	%	N	%
Post partum bleeding	0	0	0	0
Urine retention	0	0	0	0
Lower abdominal pain ;				
- Unpainful	19	63,3	21	70
- Light	11	36,7	9	30
- Medium	0	0	0	0
- Severe	0	0	0	0
- Very severe	0	0	0	0
Perforation	0	0	0	0
Expulsion	0	0	0	0

From table 1. the confounding factors in this research were that there were no respondents who experienced bleeding, the confounding factor of Urinary Retention was absent in both the treatment and control groups, Perforation was absent in both the treatment and control groups, for the confounding factor of expulsion was also absent in this research.

Table 2. The effect of post SC IUD insertion on TFU decrease on Day 3

TFU Decrease	Post SC IUD total insertion				Total	<i>Chi Square</i>	<i>P- Value</i>	
	Normal TFU		Abnormal TFU					
	N	%	N	%	N	%		
Rapid TFU	1	6,25	4	28,6	5	16,7		
Normal TFU	12	75	8	57,1	20	66,6	2,679	0,262
Slow TFU	3	18,75	2	14,3	5	16,7		
Total	16	100	14	100	30	100		

Table 2. shows that the Fundus Uteri Height (TFU) of the research subjects based on IUD insertion had an average of 1.63, a minimum TFU of 1 and a maximum TFU of 2 with a standard deviation of 0.490. While TFU post SC averaged 1.60 with a minimum TFU of 1 and a maximum TFU of 2 and a standard deviation of 0.458. Based on the results of the analysis of table 4.5, the calculation results show that the p-value = 0.262, it means that the p-value is greater than the value of $\alpha = 0.05$ (p-value > 0.05) and it shows that there is no effect between the variable of post-placenta IUD insertion for SC delivery mothers and the decrease in fundus uteri height on day 3.

Table 3. The effect of post-placental IUD on TFU decrease on day 7

TFU decrease	Respondents				Total		Chi Square	P-Value
	Normal		Abnormal		N	%		
	N	%	N	%				
Rapid TFU	2	10,5	7	63,6	9	30	9,665	0,008
Normal TFU	15	79	3	27,3	18	60		
Slow TFU	2	10,5	1	9,1	3	10		
Total	19	100	11	100	30	100		

Based on the results of the analysis of table 3, the calculation results are known p-value = 0.008, it means that the p-value is smaller than the value of $\alpha = 0.05$ (p-value < 0.05) and it shows that there is an effect between the variable of post-placental IUD installation of SC delivery mothers and the decrease in fundus uteri height on day 7.

DISCUSSION

Postpartum family planning (FP) is family planning that is carried out immediately after the mother has delivered. Postpartum family planning can be carried out for both vaginal and sectio caesarea (SC) deliveries. By having postpartum family planning, a woman who has already delivered is already using family planning as a family planning acceptor when she is discharged from the hospital (Cwiak and Cordes, 2018). By becoming a postpartum family planning acceptor, the mother has carried out pregnancy thinning for at least the next two years and the possibility of unwanted pregnancy (KTD) can be avoided. The return of fertility in postpartum women cannot be predicted and can occur before the arrival of the menstrual cycle (Yanti, 2023). In addition, having pregnancies too closely spaced increases the risk of bleeding, miscarriage, and postpartum death. In terms of time, the insertion of birth control is safer, more effective and efficient (Nurjanah *et al.*, 2021).

Related to pregnancy history or parity, it is also a character in this research where mothers with a history of second or more pregnancies will have more experience and easier to make decisions for IUD insertion. Concluded that in this research most of the parities were the first parity (Jalovaara, Andersson and Miettinen, 2022). The delivery examined here is Sectio Caesarea (SC) delivery. SC delivery can occur due to complications of delivery related to maternal factors so that to save the mother and baby SC action must be done and there are also mothers who have no complications but experience SC (Anggorowati and Sudiharjani, 2018) It is based on the mother's request to perform SC action. SC delivery is caused by several factors, one of which is Pre-Eclampsia, in pregnancy has an indication for pregnant women to perform SC delivery. If it is considered an emergency, a pregnant woman with Pre-Eclampsia must undergo SC delivery (Pratiwi *et al.*, 2023). In the research, SC was indicated that most of the indications of SC for pregnant women in the treatment group and control group were indications of RE SC where there were 11 respondents in the treatment group (36.7%) and 9 people in the control group (30%). Therefore, it can be concluded that the indications for SC in pregnant women studied in this

research were mostly RE SC indications. This is similar to research from Sulastri with the research title indications for caesarean section delivery. It was concluded that most of the indications for caesarean section (22.4%) were indications of a history of previous caesarean section (Subekti, 2018).

Section Caesarea delivery is mostly avoided by pregnant women because it is considered to have a high risk. However, the option of SC delivery is unavoidable in pregnancies with certain cases and it may reduce the risk of delivery. Mothers after SC delivery will experience a slow decline in the uterine fundus with the insertion of post-placenta IUDs may be able to help reduce the Uterine Fundus Height (TFU). Postpartum Intrauterine Device (postpartum IUD) is one of the options for contraceptive methods that can be used shortly after postpartum, where this device can be inserted immediately after delivery. This tool has several advantages, including not interfering with the lactation process, can be used immediately after the birth of the placenta, protects against unwanted pregnancies, regulates pregnancy spacing, and has high effectiveness and safety, and the return of fertility can be fast (BKKBN, 2021). It is also in accordance with previous research on providing education on the use of postpartum IUDs in SC patients easier to postpone further pregnancy for up to 2 years (Damayanti, Taufiqurrachman and Ganap, 2021). In addition, postpartum IUD in SC has a much lower expulsion rate than vaginal delivery and Section Caesarea delivery itself affects subsequent pregnancies because delivery with a history of former Section Caesarea is a high-risk delivery (Novita *et al.*, 2021).

The results of this study show that the confounding factor in this study was that none of the respondents experienced bleeding. The results of the research are in line with Herlyssa's research, which has the title Research on the incidence of bleeding in the use of post-placental IUDs (Averbach *et al.*, 2020). The confounding factor of urinary retention was not present in the treatment and control groups, in line with the researchers. Perforation was absent in the treatment group and the control group. Diagnosis of RUP is through measurement of residual urine with a catheter or ultrasonography. Treatment is catheterization with a duration depending on the initial residual urine volume and prevention of urinary tract infections with prophylactic antibiotics (Djusad, 2020). Agree with the researchers, because the confounding factor of expulsion was also not present in this study. This is in line with researcher Runiati's research title, Physical Complaints Experienced by Post-Placental IUD Acceptors. Based on the results of research with 43 respondents, no respondents (0%) experienced expulsion (Runiari, Surinati, and Maharani, 2019).

Two hours after post-placental IUD insertion, it is also known that the p-value = 0.279, which means that the p-value is greater than the value of $\alpha = 0.05$ (p-value > 0.05) and it shows that there is no effect between the variable of post-placental IUD insertion for SC delivery mothers and the decrease in fundus uteri height. In this research, it is known that 3 days after the results of the calculation, it is known that the p-value = 0.262, it means that the p-value is greater than the value of $\alpha = 0.05$ (p-value > 0.05), which indicates that there is no effect between the variable of post-placental IUD insertion of SC mothers and the decrease in fundus uteri height on day 3. The results of this research are in line with the results of a research using a Case Control approach with a total of 58 respondents divided into 29 treatment groups, namely post-SC women who accept the Intra-caesarian IUD and 25 control groups, namely post-SC women who do not use the IUD, measuring uterine involution which was measured on day 3 with a total sample of 58 respondents with 18 treatment group respondents and 22 control group respondents experiencing a slowdown in the process of uterine involution on day 3 (Utami, Anwar and Kurniawati, 2020).

Whereas on day 7, it is known that the calculation results show that the p-value = 0.008, indicating that the p-value is smaller than the value of $\alpha = 0.05$ (p-value < 0.05) and indicates that there is an effect between the variables of post-placental IUD installation in SC postpartum women and the decrease in fundus uteri height on day 7. It can be concluded that post-placental IUD installation on day 7 can reduce fundus uteri height in SC postpartum women at Karanganyar Regional Hospital. It is similar to the results of the research mentioning that some TFU post

caesarean mothers experience a slowdown at 3 days of IUD insertion in post SC mothers and the healing of incision wounds (Pamuji and Kartana, 2018). The results of this research are in line with research with the results of 34 samples of postpartum mothers in the treatment group on day 7, most of whom experienced an accelerated decrease in the height of the uterine fundus, namely 12 respondents (80.0%), while of the 17 respondents in the control group on day 7, most of the process of decreasing the height of the uterine fundus was normal, namely 14 respondents (73.7%) Chi square analysis in postpartum mothers $p = 0.002$ ($p < 0.05$), with the conclusion that there is an effect of post-placental intrauterine contraceptives on reducing the height of the uterine fundus in postpartum mothers on day 7 at Karanganyar Hospital in 2019.

The results of the research can be used to answer the hypothesis proposed, namely that there is an effect of post-placental intrauterine device on the decrease in fundus uteri in SC postpartum mothers on days 3 and 7, indicating that this research still does not prove the hypothesis in part because the rapid effect on the decrease in TFU in SC postpartum mothers is only after 7 days from the insertion of IUD while on day 3 it does not have a rapid effect on lowering TFU in SC postpartum mothers. Furthermore, it can also be explained by the post-placental IUD insertion which stimulates the release of prostaglandin hormones that cause uterine contractions. Contraceptive Technology Update-CTU, how IUDs work in humans include disrupting the enzyme system in implantation, stimulating the release of prostaglandins, as a foreign body stimulates the infiltration of white blood cells into the mucous membrane of the uterus which in turn causes rejection of conception and implantation failure. The prostaglandin hormone produced by the endometrium in the secretion phase will affect the uterine muscles to constrict so that uterine contractions occur. The contraction of the uterus will make the decline of the fundus uteri become faster so that the fundus uteri will quickly decrease in height after SC delivery after IUD insertion. Women who give birth with SC have the peculiarity to receive an intrauterine device (IUD). Post SC mothers can use the IUD as a long-term reversible contraceptive method, provided that the IUD is safe and effective (Swara, Wagiyo and Astuti, 2018).

CONCLUSION

The conclusion does not prove the hypothesis in part because the rapid effect on the decrease in TFU in SC postpartum mothers is only after 7 days from the insertion of the IUD, while at 2 hours of IUD insertion and day 3 of IUD insertion does not have a rapid effect on reducing TFU in SC postpartum mothers. This research is expected to have positive implications for the management of maternity women who plan to postpone the next pregnancy and this research can be used as empirical evidence, that a post-placental intrauterine device acceptor has the potential to increase uterine contractions, accelerate the decrease in fundus uteri height on day 7.

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