

STATUS OF INTENT AND FACTORS ASSOCIATED WITH THE USE OF IUDS IN THE PUERPERIUM OF WOMEN ADMITTED TO HOSPITAL UNIVERSITÁRIO JUNDIAÍ-SP

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Abstract: Introduction: Currently, unplanned pregnancies impact the lives of thousands of Brazilian women. 95% of postpartum women declare a desire to avoid pregnancy in the next 24 months, although 70% of these do not use contraceptive methods. Thus, the IUD represents a highly effective choice, available in the SUS, with few contraindications, and can be inserted in the immediate postpartum period. Therefore, it guarantees safe contraception, autonomy and family planning. **Objective:** To evaluate the perception of IUD use among postpartum women hospitalized in the HU ward who declared their intention to use it as a postpartum contraceptive; detail the reasons given for this choice and know the associated factors; compare the status of intention with the effective use of the method. **Materials and Methods:** Cross-sectional study carried out at the ``Hospital Universitário de Jundiaí`` based on questionnaires applied to postpartum women in the ward. In a prospective and analytical cohort study, questionnaires were administered in two different telephone contacts to characterize the outcome. The data were archived in a database and analyzed using simple descriptive statistics and, subsequently, bivariate analysis. **Results:** Between May 2021 and July 2023, 146 postpartum women between 14 and 42 years old were evaluated. 76.1% chose the IUD due to its high effectiveness. In the immediate postpartum period, 73.4% declared an unplanned pregnancy; 65.5% reported never having discussed contraception. After 40 days, 92.2% denied using the IUD, citing the waiting time for consultation as the main reason (50.5%). After 180 days, 80.4% denied using the IUD; 25.5% opted for another method. **Conclusion:** Although evaluated as a method of intention for postpartum use, the IUD was not the contraceptive most used by the postpartum women interviewed. According to this study, this is due to the lack

of public policies that guarantee the principles and guidelines of the SUS. The difficulty in accessing gynecological consultations stands out, which reduces access to health information and education.

Keywords: Contraception, IUD, Postpartum, Intention status.

INTRODUCTION

Unplanned pregnancies affect a large number of women. Worldwide, between 2010-2014, it is estimated that 44% of pregnancies were unplanned¹. The highest incidence rates, therefore, are in Latin America, the Caribbean and Africa, reaching values above 60% of unplanned pregnancies². It is also estimated that around 55.4% of pregnancies in Brazil are also unplanned, totaling 1.8 million pregnancies per year. It is estimated that more than two hundred million women living in developing countries want to avoid pregnancy, but do not use any contraceptive method³. When family planning takes place during the postpartum period, 95% of women want to avoid pregnancy in the next 24 months; although 70% of them do not use contraceptive methods⁴.

In Brazil, since the creation of the Women's Health Comprehensive Assistance Program (1984), the State recognizes women's right to dissociate sexual practice and procreation, and their right to autonomy and reproductive freedom⁵. Even with the implementation of actions focused on contraception, due to the high rates of social inequality in Brazil, unwanted pregnancy resulting from women's lack of information and access to knowledge of their reproductive rights is still a public health problem⁶, especially among low-income patients, users of drugs, homeless people and those with difficult access to health services. Usually, the prescription of contraceptives in the postpartum period occurs around 6 weeks postpartum⁷, however, 10-40% of women do

not attend postpartum consultations, exposing them to new pregnancies, as the contraceptive effectiveness of lactation and amenorrhea is close to 54 days⁸.

In addition, studies show associations between unplanned pregnancy and inadequate or late initiation of prenatal care, non-interruption of alcohol and tobacco consumption during pregnancy, lower chances of breastfeeding and increased prevalence of psychiatric illnesses such as depression^{9, 10}. Furthermore, more than 30% of maternal deaths and 10% of infant mortality could be avoided if there was an interval of at least 2 years between pregnancies, preventing risks and adverse outcomes, such as prematurity, low birth weight and small-for-birth fetuses. gestational age^{11, 12}.

Aware of this, the WHO recommends starting the use of LARCs within the first 48 hours after birth, as long as there are no contraindications¹³. Therefore, the immediate postpartum period is a unique opportunity, as women are currently in the hospital, motivated to avoid a new pregnancy, with LARC contraception being an effective alternative¹⁴.

LARCs are defined as those that have a contraceptive duration equal to or greater than 3 years, represented by intrauterine devices (IUDs/IUS) and contraceptive implants. Compared to short-term methods, LARCs have superior efficacy (Pearl index = 0.8, i.e., pregnancy rates less than 1% per year in perfect and atypical use); This occurs because its action is independent of the user. Furthermore, LARCs have few contraindications¹⁵.

The types of IUDs available today are unmedicated and medicated; non-medicated IUDs are more widely available, especially those containing copper, the most used today in Brazil being the Tcu-380, available since 2017 in the SUS. Its contraceptive mechanism

of action involves a local inflammatory reaction caused by copper, which is cytotoxic and spermicidal, thus determining endometrial changes that compromise the quality and viability of sperm 16.

A systematic review of 15 articles related to copper IUD insertion in the postpartum period showed that immediate insertion (i.e., 10 minutes after placental delivery) was safe when compared to insertion in the late postpartum period, and had lower expulsion rates. Furthermore, insertion after cesarean section demonstrated even lower rates than post-vaginal birth 17.

In the case of IUDs specifically, important barriers were identified at different levels of the process of offering and inserting the device¹⁸, exemplified in the adapted framework from the Canadian Society of Obstetricians and Gynecologists, 2015:

DOCTORS	PATIENTS	HEALTH SYSTEM
Misperceptions about the safety of IUDs	Misperceptions about the safety of IUDs	Pre-insertion screening (examinations)
Misperceptions about difficulty/pain during insertion	Misperceptions about difficulty/pain during insertion	Few health services offering IUD insertion
Perceived inadequacy for certain groups	Low public awareness	Financial barriers
Lack of confidence in carrying out the insertion	Misperception of being abortive	Medico-legal repercussion
	Lack of understanding of changes in menstrual bleeding	

Barriers such as the belief that IUDs cannot be inserted in the postpartum period due to high expulsion rates still exist; however, as the WHO points out, this adverse event is trending downward 19, along with infection (0.1 to 1.1%) and very low perforation rates (1.3 to 2.2/1,000 insertions), prevalence similar

to that of insertion outside the postpartum period.

It must also be noted that the rate of continuity and satisfaction with the use of LARCs is high among women of all age groups. A prospective cohort study called “Project CHOICE” in the USA, with low-income participants and high risk for unplanned pregnancies, found that satisfaction and continuity rates were higher among users of LARCs when compared to short-term contraceptive methods. duration (86.2% versus 54.7% and 83.7% versus 52.7%, respectively) 20.

It is also worth highlighting that the benefits of providing effective contraception for these women outweigh the disadvantage of possible complications, be they expulsion, infection or perforation.

In short, there are numerous advantages to spacing pregnancies. Correct advice and guidance on contraception and availability of methods in the SUS, mechanism of action, safety, effectiveness and immediate reversibility are fundamental to reducing unwanted pregnancies and providing women with planned pregnancies, ensuring their right to autonomy and reproductive freedom. Therefore, it is a medical duty to offer these patients information, health education and access to the use of LARCs, with the postpartum or post-abortion period, while the woman is still hospitalized, being a promising time for this.

OBJECTIVES

GENERAL

- To evaluate the perception about the IUD, and associated factors, in the postpartum period of women admitted to the ward of Hospital Universitário de Jundiaí -SP who opted for the method.

SPECIFIC

- Detail the different reasons mentioned by postpartum women regarding the choice of the IUD.
- Know the factors associated with the contraceptive choice of these women.
- Compare the status of intention with the effective use of the chosen contraceptive method in patients who show interest in the contraceptive method in the postpartum period.

METHODS

STUDY DESIGN

This is a cross-sectional study, which characterizes socioeconomic, contraceptive, obstetric and gynecological aspects, in addition to describing the acceptance of the IUD in women hospitalized in the maternity ward of the "Hospital Universitário de Jundiaí" - SP. The second study, also observational, was a cohort, prospective and analytical study, involving women who opted for an IUD in the ward, with an active search for these patients. Initially, the outcome of postpartum women who demonstrated their intention to use the IUD after 40 days of hospital discharge was characterized, with new contact via telephone 180 days postpartum.

SAMPLE SIZE AND PARTICIPANT SELECTION

The average number of births at HU was 302 births/month in 2020. The cross-sectional cohort study will last 6 months, therefore, there would be an average of 1,812 births. Considering that only 10% of patients intend to insert an IUD when asked, that is, 181. The sample size was calculated at 180 patients.

The research inclusion criteria will be considered: women admitted to the HU who demonstrated interest in inserting the IUD in the immediate postpartum period.

Therefore, the patient will be offered referral to the Women's Health Outpatient Clinic of "Hospital Universitário FMJ" (HU). Exclusion criteria will be considered: having had a late fetal death, not knowing how to read, not having a home in the city of Jundiaí or the region, and not wanting to participate.

DATA COLLECTION INSTRUMENT

Data collection began with authorization from the "Hospital Universitário de Jundiaí" and supported by the Faculty's CEP.

The women who agreed to participate in the research were subjected to specific collections of questionnaires developed exclusively for the proposed study:

- Initial Questionnaire for application in the HU infirmary:

Identification and sociodemographic characteristics, obstetric and gynecological history, and questions regarding knowledge about contraception. The duration was 10 minutes.

- Questionnaire via telephone:

Women who expressed their intention to insert an IUD were contacted via the telephone number provided to find out about their outcome after 40 and 180 days after hospital discharge. The questionnaire contains questions about your current condition, whether you actually sought the indicated outpatient clinic, breastfeeding duration, beginning of sexual activity after childbirth, current contraceptive use, whether you have inserted the IUD, reasons for not inserting it and the experience with the IUD in those who inserted it. The duration was 5 minutes.

DATA COLLECTION PROCEDURE

The information was collected by the researchers in a printed questionnaire and transferred to the database for tabulation. All material used for collection will be stored for five years and kept confidential.

DATA PROCESSING AND ANALYSIS

After data collection, the applied questionnaires were reviewed and organized with limited access to researchers. Next, the information was entered by the author and/or his collaborators with subsequent data cleaning. The database was structured using the Excel for Windows program.

Initially, a simple descriptive analysis of the independent variables was carried out (absolute frequency and percentage for categorized qualitative and quantitative variables, as well as the mean statistics and standard deviation for the original quantitative variables); for the qualitative dependent variables, absolute and percentage frequencies were obtained. The data was presented in tables and graphs. To compare a quantitative variable with normal distribution, in two groups/categories, the Student's t test was applied, and for three or more groups/categories, analysis of variance (ANOVA) was applied. If the quantitative variable did not present a normal distribution, the Mann-Whitney (two groups) or Kruskal-Wallis (three or more groups) non-parametric test were used. For comparisons of categorized variables, the following tests were applied: chi-square, according to the size of the table, or Fisher's exact test (exclusive for 2x2 tables). The significance level adopted for statistical tests was 5%. The SPSS v.20.0 program was used for the analysis.

ETHICAL ASPECTS

The data were obtained after signing the Free and Informed Consent Form (TCLE), and Free and Informed Assent Form (TALE).

Risks associated with participation include discomfort in talking to researchers and extra fatigue in isolation. With the intention of mitigating risks, all participants will be informed that they may refuse to participate in the study or interrupt their participation at any time, without any consequences.

The approach to the patient took place from 12pm of the procedure she underwent (postpartum).

The principles set out in the "Declaration of Helsinki" and its modifications were fulfilled (HELSINKI DECLARATION, 2008), and by Resolution 466/2012 of the National Council of the Ministry of Health (MINISTRY OF HEALTH, 2012). Personal data, as well as the identity of the participants, will remain confidential, ensuring their preservation.

FINAL RESULTS

This is a prospective cohort study, with 145 women enrolled from May 2021 to July 2023, followed at the different moments described in the method.

Initially, the postpartum women were questioned about their sociodemographic variables, with the following data obtained (Table 1).

Posteriorly, the interview focused on the gynecological/obstetric history of participants (Table 2). As a result, 84.8% of the interviewees had between 5-10 sexual partners, 48.6% declared that they had not used contraception before their last pregnancy, 73.4% reported the pregnancy status as unplanned and 91.7% denied a history of symptoms associated with STDs.

With regard to prenatal care, 92.3% responded that they carried out the majority of consultations via the public health system, with 86.8% attending 7 or more consultations. Finally, 65.5% reported never having had a conversation about contraception and 90.1% never having attended a group for pregnant women.

When asked about the use of contraceptive methods, the pill was the most prevalent, with 46.9% having already used it. Regarding the method chosen in the postpartum period, all participants declared an interest in the IUD, justifying safety as the school's main reason

Variable			Occupation			Husband/partner's education			
Age years)			Autonoma	26	17,9	Fundamental teaching, incomplete	5	3,4	
Mean=26.83 years / SD=6.51 years / Median=26.0 years			Unemployed	21	14,5	Fundamental teaching, complete	8	5,5	
Minimum=14 years/Maximum=42 years			CLT employment	32	22,1		24	16,6	
≥ 18	10	7	housewife	43	29,7	Incomplete high school	50	34,5	
19-42	138	93	Housekeeper	3	2,1	Complete high school	4	2,8	
			Student	10	6,9	Incomplete higher education	12	8,3	
			Teacher	4	2,8	Complete higher education	42	29	
			Winner	6	4,1				
Color									
White	70	48,3	Husband/partner's occupation	no		Family income of the house in minimum wages (individual or sum)			
Brown	59	40,7	Self-Employed	48	33,1	Mean=3.44 SM (SD=2.24); Median=4.5 SM			
Black	14	9,7	Unemployed	6	4,1		15	10,3	
Yellow	2	1,4	CLT employment	47	32,4		2	24,1	
			Student	1	0,7		2,5	1	0,7
marital status	35	24,1	Mason	2	1,4		3	28	19,3
Married	48	33,1	Seller	3	2,1		4	8	5,5
Single	58	40	I didn't know how to mention Not applicable	36	24,8		5	6	4,1
stable union	3	2,1		2	1,4		6	6	4,1
Divorced	1	0,7					7	2	1,4
Separated			Education				8	2	1,4
			Incomplete elementary education	9	6,2		9	2	1,4
Religion	55	37,9	Complete elementary education	15	10,3	Uninformed	40	27,6	
Catholic	2	1,4	high school incomplete	25	17,2				
Christian	55	37,9	complete high school	74	51	Use of cigarettes or illicit drugs	7	4,8	
Evangelical	2	1,4	University education incomplete	7	4,8	Alcohol	9	6,2	
Jehovah's Witness	1	0,7	University education	15	10,3	Tobacco	2	1,4	
Umbanda	5	3,4				Marihuana	127	87,6	
Afro-Brazilian	1	0,7				No			
spiritist	24	16,6							
Without religion									

TABLE 1 -Absolute and percentage distribution of participants according to various sociodemographic variables

Information was missing from 35 women, the n = 145

Variable	n	%	Consultations that include a conversation about contraception		Contraceptive methods you have already used			
Number of sexual partners			Never	93	65,5	absolute n and % of the total number of participants who stated that they had used a certain method		
mean = 4.06 (SD=2.266) median=4			Only once	23	16,2	Pill	85	46,9
1-5	122	84,7	2 times	1	0,7	Condom	68	22,1
5-13	22	15,3	Only when I asked	11	7,7	Injectable	32	11,0
			Often	7	4,9	DIU	16	7,6
Use of contraceptive medication before pregnancy			All queries	7	4,9	None	11	2,1
Yes		51,4				Coitus interruptus	3	0,0
no		48,6	Pregnancy status			Tubal ligation	0	0,0
			Planned	38	26,6	Sticker	0	0,0
			Unplanned	105	73,4			
History of symptoms associated with STD			Frequency in groups of pregnant women			Most important reason for choosing the IUD as a method		
Yes		8,3	Never	128	90,1	Security	105	79,5
no		91,7	1 time	7	4,9	Get it for free on SUS	3	2,3
			2 or more times	7	4,9	Medical guidance	1	0,8
Place where you had most prenatal consultations						Don't adapt to others	3	2,3
Public	131	92,3	Contraceptive methods you've heard of			Does not contain hormones	8	6,1
private	10	7,0	absolute n and % of total participants who claim to know a certain method.			Desire for future pregnancy	6	4,5
Public and private	1	0,7	DIU	145	100,0	Extended duration	6	4,5
			Condom	111	76,6			
Number of prenatal consultations			Injectable	102	70,3	Omissive a 1; b 1; c 3; d 3; e 2; f 3; g 13.		
Mean=9.9 (SD=3.414); Median=10			Pill	118	81,4			
2-6	22	15,2	Tubal ligation	35	24,1			
7-11	89	61,3	Coitus interruptus	20	13,8			
12-17	34	25,5	Intradermal	5	3,4			
			Sticker	2	1,4			

TABLE 2 -Absolute and percentage distribution of participants according to gynecological and obstetric history

Omissive: a 1; b 1; c 3; d 3; e 2; f 3; g 13.

(79.5%), followed by the fact that it does not contain hormones (6.1%).

After 40 days of hospital discharge, the research counted 102 postpartum women approached via the 1st phone call to continue the study, obtaining the following results (table 3):

It was found that 62% of postpartum women report that they are feeding their newborn with exclusive breastfeeding. 66.67% declared having resumed sexual activity after 40 days of abstinence, in accordance with medical guidelines.

In relation to contraception, only 7.84% reported using the IUD, with failure of use mainly due to the waiting time for consultation (58.24%) and insertion (12.09%). As a way to avoid a new pregnancy, the predominant contraception found was injectable contraceptives 29.41%; however, the majority - 39.22% - reported not using any method. Among the participants who managed to insert the IUD, there was a report of experiencing colic and bleeding in 2.94% of cases, while 93.14% reported no adverse effects.

180 days after hospital discharge, the research had 52 participants, finding the following numbers (table 4):

Among postpartum women, 5.56% reported feeding their newborn with exclusive breastfeeding, while 58.33% declared mixed feeding. 98.08% declared having resumed sexual activity. With regard to contraception, only 19.61% reported using an IUD, while 33.33% declared having opted for the injectable alternative, since the wait for consultation and insertion of the IUD was long. Among the 14 patients (27.5%) who managed to insert the IUD, 90.91% reported having it done in more than 3 months, experiencing colic and bleeding at the beginning (5.88%), while 80.39% declared not having had any adverse events associated with the use of the IUD.

DISCUSSION AND FINAL CONCLUSIONS

It was noticed that, in relation to the age of the women interviewed, the national scenario was reflected, in which the range between 20 and 34 years old corresponds to 66.6% of women, while in the micro scenario of the study, 72.2% were obtained. % of women within the same age group²³.

With regard to the education variable, only 10.3% of women had completed higher education, a fact directly associated with access to employment and better socioeconomic conditions, being seen as a social indicator⁵, which may be associated with the average family income being 3.44 minimum wages. Among the occupations of the women interviewed, 29.7% of the participants responded as housewives, while among their partners, 33.1% were self-employed.

Regarding the use of alcohol, tobacco, marijuana or other illicit drugs in Brazil, it was found that most of the interviewees denied contact. However, such data may reflect the use as a meaning of escape from imposed normative standards of femininity, such as docility, domesticity and fragility. From this point of view, use by postpartum women can be associated with autonomy and, consequently, independence from the standards pre-established by the society in which they are inserted.²⁴

Still from this comparative perspective, women were interviewed regarding the number of sexual partners they had already had, as a result, numbers between 1 and 5 were found in 122 participants, which corresponded to 84.7% of those who responded. Complementary to the finding, the history of symptoms associated with STDs was not reported by the majority of women interviewed (91.7%), that is, both data collected reaffirm what was found in the

Variable	n	% Validate	How long since the DIU was inserted ^d		
Child nutrition a			<1 month	5	4,9
			1 month	2	2,0
			2 months	1	1,0
			Not applicable	94	92,2
AME	62	62,0			
AME + formula	14	14,0			
Formula	23	23,0			
Mixed	1	1,0			
Resumption of sexual activity b			Experience with the DIU		
			Colic	2	25,0
			Bleeding	2	25,0
			Colic and bleeding	3	37,5
yes	68	66,7	None	1	12,5
no	34	33,3			
Contraceptive method used c			Reason for not having an DIU inserted		
			Waiting for an appointment	53	58,2
			Using another method	14	15,4
			Awaiting insertion	11	12,1
			Doesn't want it now	8	8,8
			Partner operated on	3	3,3
ACO	24	23,5	Fear of rejection	2	2,2
IUD	8	7,8			
Injectable	30	29,4			
None	40	39,2			

TABLE 3 - Absolute and percentage distribution of participants according to variables in the telephone questionnaire after 40 days of discharge

Omissive: a 45; b 43; c 43; d 43; e 43; f 54.

Variable	n	%	How long since the DIU was inserted ^d		
Child nutrition a			inserted	1	2,3
			<1 month	1	2,3
			1 month	1	2,3
			2 months	1	2,3
			3 months	40	90,9
AME	2	5,6	> 3 months		
AME + formula	8	22,2			
Formula	5	13,9			
Mixed	21	58,3			
Resumption of sexual activity b			Experience with the DIU		
			Colic	1	10,0
			Bleeding	2	20,0
			Colic and bleeding	1	10,0
			Colic and bleeding	3	30,0
yes	51	98,1	initial	3	30,0
no	1	1,9	Body rejected	3	30,0
Contraceptive method used c			Reason for not having an DIU inserted		
			Using another method	17	40,5
			Waiting for an appointment	10	23,8
			Awaiting insertion	6	14,3
			Doesn't want it now	4	9,5
			Partner operated on	3	7,1
ACO	14	27,5	Fear of rejection	2	4,8
IUD	10	19,6			
Injectable	17	33,3			
None	8	15,7			
Condom	2	3,9			

TABLE 4 - Absolute and percentage distribution of participants according to variables in the telephone questionnaire after 180 days of discharge

Omissive: a 109; b 93; c 94; d 101; e 94.

literature that directly correlates the number of sexual partners with a higher risk of acquiring STD, with 2 or 3 partners being a higher risk for women than for men²⁵.

In relation to prenatal consultations, assistance was predominantly sought in the public health system in 90.3%, whereas the frequency of prenatal consultations in the present study followed the Brazilian panorama in which 80.9% of postpartum women underwent 6 or more prenatal consultations. Therefore, prenatal care remains a protective factor for maternal and newborn health, with a positive assessment for public health in the country.²⁶

Among those interviewed, the majority (64.1%) reported never having had a conversation about contraception in consultations. This is reflected in the non-use of contraceptives before pregnancy (48.3%) and the consequent unwanted pregnancy (72.4%). In other words, the low incentive to implement policies that reinforce the importance of health promotion, such as, for example, sexual education actions in schools and conversations including the topic in primary care, perpetuate the failure to guarantee women's reproductive rights and their respective access to contraceptive methods, consequently, high birth rates are observed at the expense of non-family planning in countries with social inequality such as Brazil.¹ Furthermore, the opportunity in the postpartum period is notable, in addition to medical duty, the counseling and guidance of women, redirecting actions in order to prevent such a succession of events from happening again, thus guaranteeing the intrinsic rights of postpartum women previously disrespected, such as reproductive and self-determination rights in family planning.

Knowing this, studies indicate that in the USA, Australia and India, countries that practice what is recommended by the WHO,

the insertion of copper IUDs is not centered on the doctor as is the case in Brazil, which has a positive impact on the management of unwanted pregnancy rates and avoid what was found in this study: non-insertion of the IUD, mostly due to the delay in the public health system in scheduling gynecology appointments.²⁷

Regarding the frequency of postpartum women in a group of pregnant women, it was found that 88.3% had not participated in any meeting. It is worth mentioning that the group of pregnant women is considered a strategy in Primary Care for health promotion, as a consequence, the non-participation of women during pregnancy implies a reduction in the effectiveness of health planning in the city of Jundiaí.²⁸

Regarding women's knowledge about the contraceptive methods they have heard of, it was found that the majority know at least 2. Added to this, when asked about contraceptive methods already used, more than 46% of postpartum women reported using a barrier method, such as condoms. In short, such statistics can bring to light the thought that despite the availability of resources by the Ministry of Health, such as female and male condoms in Basic Health Units, distribution of contraceptives, IUD insertion and even tubal ligation and vasectomy surgeries, women Brazilian women still do not have access to information to make use of such resources, information that can be obtained through multidisciplinary teams trained in the prevention and promotion of women's sexual and reproductive rights.²⁹

In Brazil, it is estimated that 45.8% of children in the first six months of life are nourished exclusively by breastfeeding. Although still far from the 70% recommended by the WHO for 2030^{9,10}. In this study, it was found that 41.2% of postpartum women maintained EBF until at least the first 6 months of their children's

lives, above national rates, which highlights the efficiency of childcare in promoting children's health in the city of Jundiaí-SP. Furthermore, with regard to the return of sexual activity after the recommended 40 days, lactation and amenorrhea present low contraceptive effectiveness during the first 54 days postpartum, that is, despite the high rate of EBF, this must not be considered a safe method of contraception⁸.

Having outlined the sociodemographic and obstetric profile of the participants, the evaluation of the perception regarding the IUD was positive. Among the factors associated with its use in women hospitalized in the ward of the "Hospital Universitário de Jundiaí"-SP who opted for the method in the postpartum period, the contraceptive was chosen mainly due to its safety (79.5% of responses) and long-acting reversible contraceptive efficiency. without the use of hormones, a model also found in other cohort studies with women who wish to avoid pregnancy for at least 1 year and are starting a new form of contraception.²²

However, despite the municipality of Jundiaí presenting the IUD as a contraceptive option for women in the public health network, the feasibility of applying the method faces organizational barriers, following the standard found in National Primary Health Care services²³. As a result, the non-materialization of women's reproductive rights due to failures in access must be reviewed by public health management competencies.

According to this study, among the postpartum women interviewed at the "Hospital Universitário de Jundiaí" who were contacted via telephone after 40 days of hospitalization, the majority (66.67%) had already resumed sexual activity, with only 7.84% being a sample of women who

were with the IUD acting as a contraceptive method.

Following the same reasoning, after 180 days of hospitalization and in a third moment of this study, around 98.08% of the women who responded had already resumed sexual activity, with 19.61 using IUDs, that is, the dissemination of information about contraceptive methods in primary care and not even the government's availability of intrauterine devices and other contraceptives are not enough, the biggest impasse found was in women's access to healthcare after giving birth, facing long queues to schedule gynecology appointments at the SUS and the delay until the date of the appointment for evaluation and subsequent insertion of the IUD. As a consequence, part of the interviewees (15.69%) declared that they had given up using contraception, excluding themselves from the waiting process for the IUD, which reflects the demand for public policies to promote principles and guidelines that guide the SUS in the municipality. and Jundiaí region.

Among women who declared interest in the IUD but had not yet inserted it, an alternative method was declared with injectable contraceptives (33.33%), distributed and applied by the SUS.

With regard to the factors associated with the use of the IUD in women hospitalized in the HU-FMJ ward who opted for the method and actually achieved its contraceptive applicability, it was found that bleeding and colic are among the effects presented, but exponentially surpassed by the cases in which no adversities were found with use (80.39%), a fact also demonstrated by a literature review carried out by Canadians and Americans.¹⁹

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