http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude
ISSN on-line1984-7513
DOI: 10.4025/ciencuidsaude.v22i0.64631

ORIGINAL ARTICLE

FOLLOW-UP VISIT AFTER POST-PLACENTAL COPPER INTRAUTERINE DEVICE INSERTION (TCU 380A)

Caroline Souza da Silva*
Raquel Vieira Schuster**
Dinara Dornfeld***
Gregório Corrêa Patuzzi****
Jozimar Carlos Szczepanik*****
Agnes Ludwig Neutzling******

ABSTRACT

Objective: to analyze the occurrence of follow-up visits of women using copper IUDs (TCu 380A) inserted during the post-placental period (postpartum and trans-cesarean), in a public hospital in Southern Brazil. **Method:** prospective cohort with women who had an IUD inserted in the post-placental period and who answered a survey regarding the follow-up visit. Collection took place between September 2020 and February 2021. The chi-square test was used for analysis, considering a significance value of 5% ($p<0.05$). **Results:** 285 women were interviewed, with an average age of 28.5 years and 10 years of study. In the sample, 60.7% had a follow-up visit, with 29.8% in the recommended period, 61.3% underwent a gynecological examination, and 78.1% were seen by physicians. The main reasons reported for non-occurrence of follow-up visit were unavailability to schedule an appointment in the recommended period (38.2%) and professionals advising to schedule the appointment after an ultrasonography (26.3%). **Conclusion:** difficulties in appropriately performing the follow-up visit were observed for a large part of the sample. The findings of this study suggest the need to expand access to health services and train health teams to provide follow-up visits after post-placental IUD insertion, based on defined protocols.

Keywords: Contraception. Intrauterine Devices. Reproductive health. Women's health. Primary health care.

INTRODUÇÃO

The topic of sexual and reproductive health has been widely debated, looking beyond physical aspects and the absence of diseases[1]. This implies the possibility for a woman to have a satisfying and safe sex life, with the freedom to have children at the time of her choice, and to choose contraceptive methods that are safe, effective and affordable[1].

Nevertheless, family planning is still a challenge, especially in Brazil. Data from the "Birth in Brazil" survey, carried out with more than 23 thousand women, show that more than 50% of participants in the research did not plan their pregnancy. In addition, 9.6% of them reported that they were dissatisfied with the pregnancy diagnosis, and 2.3% reported that they had tried to terminate it. These findings emphasize the importance of expanding family planning actions in health care networks[2].

Sexual and reproductive rights are a specific expression of human rights and have been discussed within the framework of reproductive justice, considering that some populations are more at risk for having their reproductive rights denied[1]. Studies show that among women with lower income and lower level of education, there is a higher proportion of unwanted pregnancies and number of children, suggesting that higher levels of education may be associated with greater access to information on family planning[3-5]. These data thus ratify that there are inequalities regarding contraception among women, and that access to contraceptive methods is closely related to sociodemographic conditions[6].

*Nurse. Specialist in Family Health. Porto Alegre, Rio Grande do Sul, Brazil. E-mail: caroliness0502@gmail.com. ORCID iD: https://orcid.org/0000-0002-2428-762X.
**Nurse. M.Sc. in Nursing. Obstetric Nurse at the Nossa Senhora da Conceição Hospital (HNSC) of the Conceição Hospital Group (GHC). Professor at the School of Health of the University of Vale do Rio dos Sinos (UNISINOS). Porto Alegre, Rio Grande do Sul, Brazil. E-mail: enfschuster@gmail.com. ORCID iD: 0000-0002-8021-1443.
***Nurse. Doctoral candidate in Nursing. Coordinator of the Residency Programs in Maternal, Infant and Obstetric Care and Obstetrical Nursing of the Health Multiprofessional Residency of GHC. Porto Alegre, Rio Grande do Sul, Brazil. E-mail: dinara@ghc.com.br. ORCID iD: 0000-0002-7566-4966.
****Nurse. Specialist in Maternal, Infant and Obstetric Care. Obstetric Nurse at the HNSC of GHC. Porto Alegre, Rio Grande do Sul, Brazil. E-mail: gregorio.patuzzi@hotmail.com. ORCID iD: 0000-0001-5358-0916.
*****Biologist. Ph.D. in Neurosciences. Professor at the Professional Education Center (CEDUP) and State Department of Education. Chapecó, Santa Catarina, Brazil. E-mail: jozimar.carlos@gmail.com. ORCID iD: 0000-0002-0371-7002.
******Nurse. M.Sc. in Collective Health. Obstetric Nurse at the HNSC of GHC. Professor at the School of Health of UNISINOS. Porto Alegre, Rio Grande do Sul, Brazil. E-mail: ati.ludwig@gmail.com. ORCID

Access to health education and safe, effective, quality contraceptive methods has the potential to decrease the occurrence of unwanted pregnancies and has an impact on reducing maternal mortality[7]. In this context, among the health targets of the Sustainable Development Goals (SDGs) there are: a) ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and access to medicines and vaccines for all; b) reduce the global maternal mortality ratio to less than 70 per 100,000 live births[8].

Among the strategies of the Brazilian National Health System (SUS) to achieve these goals is the offer of different contraceptive methods in health facilities, including the copper IUD (Intrauterine Device) (TCu 380A). It is indicated for women who want reversible, highly effective, long-acting, affordable, non-hormonal contraception[9]. The method is used worldwide by 14.3% of women of reproductive age[10]. In Asian countries–such as China, the Democratic Republic of Korea, and Vietnam–there is a high prevalence of IUD use, with percentages close to 41-44%. On the other hand, in South America, only 5.5% of women use an IUD[7,9]. The method is even less popular in Brazil, as noted in a Brazilian study conducted with 1,858 participants, which reported that only 1.7% of women used an IUD[11].

The copper IUD (TCu 380A) can be inserted in a hospital or outpatient setting. In the hospital setting, there is the possibility of insertion during the post-placental period (postpartum and trans-cesarean)[9]. This is a strategy to popularize the contraceptive method, as it provides greater reach and access to reproductive rights, representing an action of high impact on public health[12]. With the higher offer of IUD insertion, it is possible to contribute to reducing unplanned pregnancies, repeated cesarean sections and their inherent risks[13].

The insertion of copper IUDs in the post-placental period is thus relevant, since it allows reducing costs, using the moment in which the woman is motivated for contraception, and overcoming access barriers to family planning, such as scheduling appointments, exams to rule out an ongoing pregnancy, and unnecessary practices, such as the routine transvaginal ultrasound prior to the procedure[12]. In addition, it contributes to the reduction of maternal and child morbidity and mortality, as it reduces the risk of unwanted pregnancies and short interpregnancy intervals[14].

Although there is a higher risk of IUD expulsion for immediate postpartum insertion compared with trans-cesarean or ambulatory insertion, the benefits outweigh the possible disadvantages, which can be largely reduced with appropriate clinical follow-up[15]. A study that analyzed the expulsion rates of IUDs inserted in the post-placental period found that 86% of the expulsions occurred within six weeks postpartum, and all of the complete expulsions were clinically identified[16]. Therefore, after post-placental IUD insertion, it is necessary for the woman to have a follow-up visit to confirm the appropriateness of the contraceptive[9,15,17].

At the follow-up visit, different aspects of the contraceptive's use are assessed, such as the user's satisfaction and adaptation to the IUD, complications, checking the device's position, and string trimming. The follow-up also allows the development of reproductive counseling and guidance related to the use and safety of the contraceptive[15].

Considering the still incipient practice of post-placental IUD insertion in Brazil and the existence of few studies regarding the follow-up of patients after insertion[9,15], the question arises about the access of women to follow-up visits, thus being necessary to investigate this topic. Therefore, the aim of this study was to describe the occurrence of follow-up visits of women using copper IUDs (TCu 380A) inserted during the post-placental period (postpartum and trans-cesarean), in a public hospital in Southern Brazil.

METHODS

This study is part of a prospective cohort project, which aimed to analyze the outcomes of post-placental insertion (postpartum and trans-cesarean) of copper intrauterine devices (IUD TCu 380A) in women assisted at the obstetric center of a public hospital in Southern Brazil. The sample size was calculated considering a margin of error of 5% and confidence level of 95%, so that it was possible to estimate the incidence of the "discontinuation of IUD use within 1 year" outcome, adjusting the number of participants for

the possibility of losses of 10%, due to the study type. Thus, a sample size of 350 women was estimated. Women who had a vaginal birth or cesarean section during their stay at the institution were included in the study. Women were excluded if they were under 18 years of age, physically or mentally unable to answer the survey, did not speak Portuguese fluently, or had suspected/confirmed coronavirus infection (COVID-19).

Data collection was carried out in three stages through interviews with participants, between September 2020 and July 2021. The first stage took place in person during the women's hospital stay, in the immediate postpartum period, at least two hours after IUD insertion; the second stage took place between 41 and 45 days after IUD insertion, via telephone; and the third stage took place six months after IUD insertion, via telephone. Data collection was performed in the three shifts of the obstetric center by nurses working in the sector. To ensure the rigor of data collection, a structured and pre-coded survey was used, and the collectors were trained to apply the instrument.

In this research, we included data from all the women who remained in the study, in the second stage of the main project, analyzing information from the subsample collected in the first, second and third stages. This selection was made based on the focus of the study, which aims to assess the occurrence of follow-up visits in the recommended period. The analyzed variables of the first stage were: age in full years and categorized (18 to 24 / 25 to 34 / ≥35); education in years of study and categorized (1 to 4 / 5 to 9 / 10 to 12 / ≥13); family income in minimum wages (<2 / 2 to <3 / ≥3), considering the minimum wage in Brazil at the time of collection, fixed at R$ 1,045.00; race/color (white / black-brown-yellow); origin (capital city / metropolitan area / other cities); and partner (yes / no). Data regarding the number of pregnancies were assessed (1 / 2 / ≥3), as well as the number of prenatal visits (<6 / ≥6), high-risk pregnancy (yes / no), health insurance (yes / no), and moment of IUD insertion (postpartum / trans-cesarean).

The analyzed variables of the second and third stages were: follow-up visit (yes / no); follow-up visit in the recommended period–30 to 40 days after insertion[9], as advised to the women at hospital discharge by the institution–(yes / no); place of follow-up visit (Health Unit - SUS / Clinic or Private Practice or Health Insurance / Hospital); professional who performed the follow-up visit (nurse / physician); ultrasound request at follow-up visit (yes / no); gynecological examination during follow-up visit (yes / no); IUD string trimming during follow-up visit (yes / no). The variable of "reason for missing the follow-up visit" (IUD expulsion or removal before the visit / there were no trained professionals / could not schedule an appointment in the recommended period / advised to return after an ultrasound / missed the appointment / others) was collected and analyzed only in the second stage. For women who reported having a follow-up visit after the second stage, data collected in the third stage were considered. For women who did not answer the survey in the third stage, data from the second stage were considered.

The data were entered into a Google Form® and later treated in an Excel® spreadsheet, and data analysis was performed with support of the Statistical Package for the Social Sciences® v. 22 (SPSS) software. To this end, a frequency description of the variables under study was performed: numerical variables were expressed as mean and standard deviation, and categorical variables were presented as absolute number and percentage. The chi-square test was used to verify the association between categorical variables, considering a significance value of 5% ($p \leq 0.05$).

The project was approved by the Research Ethics Committee of the Conceição Hospital Group (REC/GHC), according to the Certificate of Ethical Appraisal Submission No. 34753320.9.0000.5530 and approval opinion No. 4.232.222. The study contemplated all ethical aspects following the guidelines for health research, according to Resolution number 466/2012 of the National Health Council.

RESULTS

Among the 350 women who had post-placental IUD insertion in the main project, 285 answered the survey of the second stage and were part of this analysis. In the third stage, 199 women were interviewed, and the collected data complemented the information about the

participants' follow-up visits. In the sample, we observed a mean age of 28.5 (SD=6.2) years, and 10.0 (SD=2.5) years of education. Most of the interviewees were white (64.2%), had an income of less than two minimum wages (51.6%), had a partner (89.9%), and had an IUD inserted in the postpartum period (53.3%). The second and third stages of data collection provided information about follow-up visits of 285 women, out of which 173 (60.7%) reported having a follow-up visit, with a higher frequency among the women with higher levels of education (p<0.001), higher income (p=0.006), and among those who had a partner (p=0.002) (Table 1).

Table 1. Sociodemographic profile of women using post-placental copper IUDs (TCu 380A) in a public hospital, Porto Alegre/RS, 2021 (n=285).

Variables	n	%	Follow-up Visit		
			n	%	p-value
Age (full years)					0.862
18-24	94	33.0	55	58.5	
25-34	137	48.1	85	62.0	
≥35	54	18.9	33	61.1	
Education (years of study)					<0.001*
1 a 9	85	29.8	35	41.2	
10 a 12	165	57.9	113	68.5	
≥13	35	12.3	25	71.4	
Family income (minimum wages)					0.006*
< 2	147	51.6	78	53.1	
2 a < 3	90	31.6	60	66.7	
≥3	48	16.8	35	72.9	
Race/color					0.322
White	183	64.2	115	62.8	
Black/Brown/Yellow	102	35.8	58	56.9	
Origin					0.106
Capital city	210	73.7	121	57.6	
Metropolitan area	55	19.3	36	65.5	
Other cities	20	7.0	16	80.0	
Partner					0.002
Yes	256	89.8	163	63.7	
No	29	10.2	10	34.5	
Prenatal visits					0.002
<6	54	18.9	23	64.9	
≥6	231	81.1	150	42.6	
Number of pregnancies					0.131*
1	88	30.9	58	65.9	
2	87	30.5	54	62.1	
≥3	110	38.6	61	55.5	
High-risk pregnancy					0.768
Yes	170	59.6	102	60.0	
No	115	40.4	71	61.7	
Health insurance†					0.107
Yes	40	14.0	29	72.5	
No	242	84.9	143	59.1	
Moment of IUD insertion					0.758
Postpartum	152	53.3	91	59.9	
Trans-cesarean	133	46.7	82	61.7	

*Linear trend test / †n=282.

Among the women who had a follow-up visit, 85 (49.1%) reported that it occurred in the recommended period, which corresponds to 29.8% of the interviews in the second stage. Most

of the women had the follow-up visit in a family health unit (74.0%), were seen by a physician (78.1%), and underwent a gynecological examination during the visit (61.3%). The excess IUD string was trimmed for 22.6% of the women who underwent a gynecological examination. The ultrasound exam was requested for 45.7% of participants who had a follow-up visit (Table 2).

Table 2. Data about the first follow-up visit after post-placental copper IUD (TCu 380A) insertion in a public hospital, Porto Alegre/RS, 2021 (n=173).

Variable	N	%
Follow-up visit in the recommended period		
Yes	85	49.1
No	88	50.9
Place of follow-up visit		
Health Unit (SUS)	128	74.0
Clinic/Private practice/Health insurance	33	19.1
Hospital	12	6.9
Professional who performed the visit		
Nurse	35	20.2
Physician	135	78.1
Did not know	03	1.7
Gynecological examination		
Yes	106	61.3
No	67	38.7
Ultrasound request		
Yes	79	45.7
No	94	54.3

In the second stage, the women who did not have a follow-up visit (n=186; 65.3%) were asked about the reasons that prevented them from maintaining the follow-up in the recommended period. The main reasons given were: follow-up appointment unavailable in the recommended period (n=71; 38.2%); during the first postpartum appointment, they were advised to return only after an ultrasound was performed (n=49; 26.3%) (Figure 1**).**

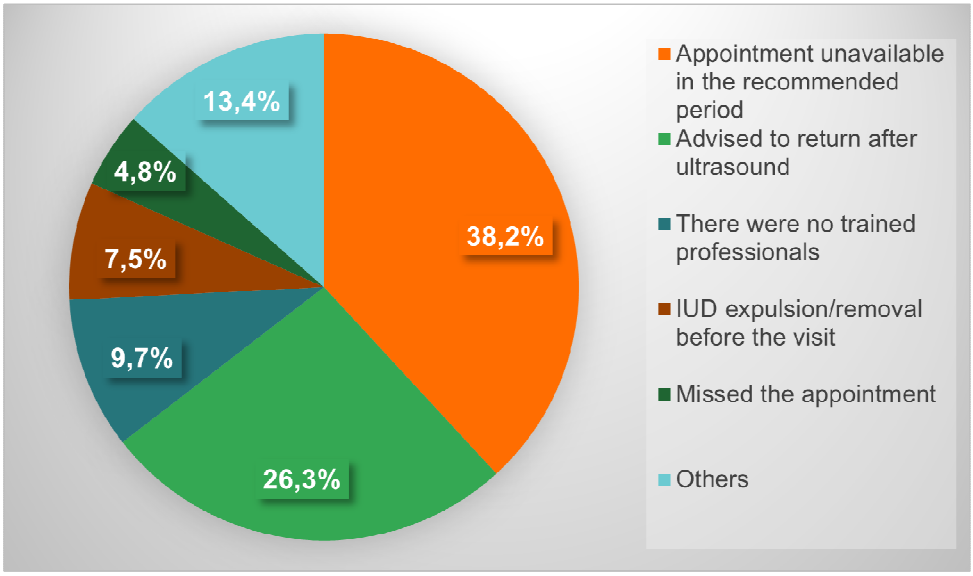

Figure 1. Reasons for non-occurrence of the first follow-up visit in the period between 30 and 40 days after post-placental copper IUD (TCu 380A) insertion in Porto Alegre/RS, Brazil, 2021 (n=186).
Source: produced by the authors.

DISCUSSION

The results found in this study point to the inadequate follow-up of women who use copper IUDs (TCu 380A) inserted during the post-placental period. Among the interviewees, most of the women have had an appointment, but it took place outside the recommended period[9]. These findings are in line with a Brazilian study conducted in 2017 with 19,177 postpartum women assisted in Primary Health Care (PHC), which showed that the proportion of women who had a postpartum appointment was 53%, and that only half of this percentage had it in the appropriate period[4]. These data warn health professionals about puerperal women's difficulties in accessing health services for follow-up, a weakness in the health care network that is also impacts the follow-up visit for IUD examination.

The profile of the women who underwent post-placental IUD insertion in this study is very similar to that found in a study with women who underwent copper IUD insertion in PHC in other Brazilian cities, in which most have a partner, have one or more children, and finished high school[3]. Having children and being in a long-term relationship are factors that may be associated with a greater likelihood to choose long-acting contraceptive methods, such as IUDs[3].

Studies have pointed out that access to health services is more precarious among some population groups[5], including postpartum women[4]. The findings of the present study indicate that among women with lower income, lower level of education and no partner, there was a lower occurrence of follow-up visits after post-placental IUD insertion. A Brazilian study conducted in 2017 with postpartum women also identified that those without a partner ($p=0.014$) and with lower level of education ($p<0.001$) had lower percentages of postpartum appointments in relation to the comparison categories[4].

Another possible hindering factor for follow-up visits during the period of this study was the first year of the COVID-19 pandemic, as it was pointed out as a factor that interfered with women's access to family planning actions[18]. Considering that pregnant women with COVID-19 have a higher possibility of negative outcomes, such as prematurity, fetal growth restriction and maternal mortality[17], and that Brazil was the country with the highest number of maternal deaths due to the infection or its complications[19], the strategy of post-placental IUD insertion can be timely and positive in the pandemic context, ensuring access to an effective and long-acting contraceptive method. Among the contraceptive methods available in Brazil, the copper IUD (TCu 380A) has the lowest need for returning to health services and reduces the number of unwanted pregnancies, being even more important during the pandemic moment[20]. However, the study showed that there was a deficiency in the access to follow-up visits for IUD examination.

Regarding the reasons for non-occurrence of follow-up visits, it is worthy to mention that a small part of the cases occurred due to expulsion or removal of the IUD before the trial period. This situation is expected, because although there are benefits of insertion in the hospital after the obstetric event, expulsion rates in post-placental insertion are higher when compared to insertion in outpatient settings, due to the anatomical and physiological particularities of the puerperium[21]. Nonetheless, the main reasons for non-occurrence were related to the unavailability to schedule an appointment in the recommended period and the inadequate request for the woman to return to the health service only after an ultrasound was performed. It can thus be assumed that these reasons may relate to an absence of workflows for follow-up visits in the health care network, as well as a lack of training of staff regarding the continuity of care in IUD use.

It was possible to note the professionals' lack of knowledge about the necessary procedures during the visit, since a high percentage of the sample was requested to have an ultrasound performed to confirm the device's position. This exam should be requested selectively in cases of abnormalities, such as when the IUD string is not found in the external cervical ostium during gynecological examination[9]. There is no scientific evidence to support the need for imaging scans for all women who have follow-up visits, and the literature reinforces the importance of the physical exam for analyzing the IUD[9,15]. Requesting ultrasounds in an unselective manner can generate inequities, considering the restricted access to such exams in PHC, and using this

request as a requirement for the follow-up visit can have negative consequences for the continuity of care regarding IUD use.

The practices discussed in this analysis indicate the need for training of health professionals, especially physicians and nurses, to perform the follow-up visit after post-placental IUD insertion. The training of professionals, including the use of clinical simulation, is a low-cost, wide-reaching measure, and some experiences have already been documented[22,23].

Regarding the place where the follow-up visit occurred, most of the women accessed SUS services. This shows the importance of maintaining public policies that ensure universal access, as well as the presence of family health teams that are available to receive women who seek assistance for family planning. However, these teams need, first of all, to be organized to receive postpartum women[20], as well as to keep themselves up to date to maintain the follow-up of IUD use safely, providing adequate information regarding health education[23]. A Brazilian study conducted in São Paulo showed that the highest level of satisfaction of women using contraceptive methods was reported by copper IUD users. The work highlights the relevance of providing access to the contraceptive and follow-up in SUS services[11].

Along these lines, the strategy already used by some SUS health services to include in prenatal care booklets a place for recording the woman's interest in post-placental IUD insertion, in the maternity ward, is thus relevant. Health education practices carried out during family planning and prenatal care may be more appropriate for the presentation of this contraceptive method than during hospital stay, especially if the woman did not know about it previously[14], as in the maternity ward women are often received in moments of tension, anxiety and pain.

Finally, it was observed that most of the follow-up visits were performed by physicians, with a very significant difference compared to the number of visits performed by nurses. One of the ways to increase access to IUDs is to train nurses for the offer and follow-up of this contraceptive[24]. Studies reveal the importance of the assistance provided by nurses and the high quality of nursing appointments in family planning[17,23].

The main limitations of this study include the loss of participants throughout data collection at all three stages, due to the impossibility of telephone contact and the COVID-19 pandemic, which may have significantly hindered the women's access to health services. It is recommended that future studies, conducted in different Brazilian locations, continue to investigate post-placental IUD follow-up visits in order to identify other factors that hinder its occurrence, as well as to improve this practice in the health care network and expand the use of the contraceptive.

The research has contributions to practice, regarding the translation of knowledge, for public policymaking. The results of this research have the potential to contribute to the development of strategies, in the different spheres of management, aimed at organizing network services for the offer and follow-up of the contraceptive, such as: creation of an instrument that facilitates communication between hospitals and PHC in the referral of postpartum women who had post-placental IUD insertion; state-level plan for the training of professionals who work in maternity hospitals to expand the offer of this contraceptive; and city-level plan for the training of professionals who work in PHC to perform follow-up visits.

CONCLUSION

This is an original study in analyzing the characteristics of follow-up visits of copper IUD insertion during the post-placental period in the South of Brazil. The main findings relate to the discontinuity of follow-up, evidenced by the women's hindered access to follow-up visits in the recommended period. The reasons reported by the study participants for the non-occurrence of visits involve issues related to care workflow, the team available, and unpreparedness of health professionals for assistance in these circumstances. Other findings that suggest that the follow-up of women who underwent IUD insertion still needs improvement involve the low frequency of gynecological examination and the high frequency of ultrasound requests.

Therefore, these results indicate the need for adequate training of health professionals, based on defined protocols, especially for nurses and

physicians working in PHC, as well as other measures to increase users' access to follow-up visits after post-placental IUD insertion. We suggest the development of strategies to recognize the importance of follow-up with users and professionals who perform it.

CONSULTA DE SEGUIMENTO APÓS INSERÇÃO DE DISPOSITIVO INTRAUTERINO DE COBRE (TCU 380A) PÓS-PLACENTÁRIO

RESUMO

Objetivo: analisar a ocorrência de consultas de seguimento das mulheres usuárias de DIU de cobre (TCu 380A), inserido durante período pós-placentário (pós-parto e trans-cesárea), em um hospital público, da região Sul do Brasil. **Método:** coorte prospectiva com mulheres que inseriram o DIU no período pós-placentário e que responderam ao questionário referente à consulta de seguimento. A coleta ocorreu entre setembro/2020 e fevereiro/2021. Utilizou-se teste Qui-quadrado para análise, considerando-se valor de significância de 5% (p<0,05). **Resultados:** foram entrevistadas 285 mulheres, com média de idade de 28,5 anos e 10 de anos de estudo. Na amostra, 60,7% realizaram a consulta de seguimento com 29,8% no período adequado, 61,3% tiveram o exame ginecológico realizado e 78,1 % foram atendidas por médicos. As principais razões relatadas para a não ocorrência da consulta de seguimento foram indisponibilidade de consulta no período recomendado (38,2%) e orientação profissional para realização da consulta após ultrassonografia (26,3%). **Conclusão:** observou-se dificuldades na realização adequada da consulta de seguimento para grande parte da amostra. Os achados deste estudo sugerem a necessidade de ampliação do acesso aos serviços de saúde e capacitação das equipes de saúde para atendimento da consulta de seguimento após a inserção do DIU pós-placentário, baseada em protocolos definidos.

Palavras-chave: Anticoncepção. Dispositivos intrauterinos. Saúde reprodutiva. Saúde da mulher. Atenção primária à saúde.

CONSULTA DE SEGUIMIENTO TRAS INSERCIÓN DE DISPOSITIVO INTRAUTERINO DE COBRE (TCU 380A) POST PLACENTARIO

RESUMEN

Objetivo: analizar la ocurrencia de consultas de seguimiento de las mujeres usuarias de DIU de cobre (TCu 380A), insertado durante período post placentario (postparto y transcesárea), en un hospital público, de la región Sur de Brasil. **Método**: cohorte prospectivo con mujeres que colocaron el DIU en el período post placentario y que respondieron al cuestionario referente a la consulta de seguimiento. La recolección tuvo lugar entre septiembre/2020 y febrero/2021. Se utilizó la prueba de chi-cuadrado para análisis, considerándose valor de significancia del 5% (p<0,05). **Resultados**: fueron entrevistadas 285 mujeres, con edad media de 28,5 años y 10 de años de estudio. En la muestra, 60,7% realizaron la consulta de seguimiento con 29,8% en el período adecuado, 61,3% tuvieron el examen ginecológico realizado y 78,1 % fueron atendidas por médicos. Las principales razones relatadas para la no ocurrencia de la consulta de seguimiento fueron indisponibilidad de consulta en el período recomendado (38,2%) y orientación profesional para realización de la consulta tras ultrasonografía (26,3%). **Conclusión**: se observaron dificultades en la realización adecuada de la consulta de seguimiento para gran parte de la muestra. Los hallazgos de este estudio sugieren la necesidad de ampliar el acceso a los servicios de salud y capacitación de los equipos de salud para atender la consulta de seguimiento después de la inserción del DIU post placentario, basada en protocolos definidos.

Palabras clave: Anticoncepción. Dispositivos intrauterinos. Salud reproductiva. Salud de la mujer. Atención primaria de salud.

REFERENCES

1. Parker WJ. The moral imperative of reproductive rights, health, and justice. Best Pract Res Clin Obstet Gynaecol. 2020;62:3–10. DOI: 10.1016/j.bpobgyn.2019.07.006.

2. Viellas EF, Domingues RMSM, Dias MAB, Gama SGN, Theme Filha MM, Costa JV et al. Assistência pré-natal no Brasil. Cad Saúde Pública. 2014; 30: 85–100. DOI: https://doi.org/10.1590/0102-311X00126013.

3. Morais IGF, Barreto DS, Melo Neto AJ, Soares RS, Gonçalves RD, Rêgo MEMP, Costa PSR. Perfil das mulheres submetidas à inserção do dispositivo intrauterino de cobre na Atenção Primária à Saúde de municípios da Paraíba. Rev Bras Med Fam Comunidade [Internet]. 2021;16(43): 2649. DOI: https://doi.org/10.5712/rbmfc16(43)2649.

4. Baratieri T, Lentsck MH, Falavina LP, Soares LG, Prezotto KH, Pitilin EB. Longitudinalidade do cuidado: fatores associados à adesão à consulta puerperal segundo dados do PMAQ-AB. Cad. Saúde Pública 2022; 38(3):e00103221. DOI: https://doi.org/10.1590/0102-311X00103221.

5. Dias-da-CostaI JS, Koltermann AP, CappellessoI B, LisowskiI JF, Bernardelli M, Xavier B et. al. Características das mulheres que não consultam com médico: estudo de base populacional.Rev Saude Publica. 2018; 52:54. DOI: https://doi.org/10.11606/S1518-8787.2018052000190.

6. Broeiro P. Justiça social e lei dos cuidados inversos. Revista Portuguesa de Medicina Geral e Familiar. 2016; 32: 167–9. DOI: https://doi.org/10.32385/rpmgf.v32i3.11786.

7. Dean SV, Lassi ZS, Imam AM, Bhutta ZA. Preconception care: promoting reproductive planning. Reprod Health. 2014; 11 Suppl 3:S2. DOI: 10.1186/1742-4755-11-S3-S2.

8. ONU. Programa das Nações Unidas para o Desenvolvimento (PNUD). Acompanhando a agenda 2030 para o desenvolvimento sustentável: subsídios iniciais do Sistema das Nações Unidas no Brasil sobre a identificação de indicadores nacionais referentes aos objetivos de desenvolvimento sustentável. Brasília: PNUD; 2015 [acesso em: 04 de ago 2022]. Available from: https://www.br.undp.org/content/brazil.

9. Brasil. Manual Técnico para Profissionais de Saúde: DIU com Cobre TCu 380A. Brasília: Ministério da Saúde-DF; 2018 [acesso em: 04 de ago 2022]. Available from: https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2018/12/manual_diu_08_2018.pdf.

10. Buhling KJ, Zite NB, Lotke P, Black K. Worldwide use of intrauterine contraception: a review. Contraception. 2014; 89: 162–73. DOI: 10.1016/j.contraception.2013.11.011.

11. Borges ALV, Araújo KS, Santos OA, Gonçalves RFS, Fujimori E, Divino EA. Knowledge about the intrauterine device and interest in using it among women users of primary care services. Rev Latino-Am Enfermagem [Internet]. 2020; 28:e3232. DOI: 10.1590/1518-8345.3140.3232.

12. Goldthwaite LM, Cahill EP, Voedisch AJ, Blumenthal PD. Postpartum intrauterine devices: clinical and programmatic review. Am J Obstet Gynecol. 2018; 219: 235–41. DOI: 10.1016/j.ajog.2018.07.013.

13. Zaconeta AM, Oliveira AC, Estrela FS, Vasconcelos TM, França PS, Wanderley MS et al. Intrauterine Device Insertion during Cesarean Section in Women without Prenatal Contraception Counseling: Lessons from a Country with High Cesarean Rates. Rev Bras Ginecol Obstet. 2019; 41: 485–92. DOI: https://doi.org/10.1055/s-0039-1693677.

14.Trigueiro TH, Lima GS, Borges R, Guimarães PRB, Souza SRRK, Wall ML. Insertion of intrauterine device for doctors and nurses in a low-risk maternity hospital. Rev Gaúcha Enferm [Internet]. 2021; 42. DOI: https://doi.org/10.1590/1983-1447.2021.20200015.

15. Lopez LM, Bernholc A, Hubacher D, Stuart G, Van Vliet HAAM. Immediate postpartum insertion of intrauterine device for contraception. Cochrane Database Syst Rev. 2015; CD003036. DOI: 10.1002/14651858.CD003036.pub3.

16. Goldthwaite LM, Sheeder J, Hyer J, Tocce K, Teal SB. Postplacental intrauterine device expulsion by 12 weeks: a prospective cohort study. Am J Obstet Gynecol. 2017; 217: 674.e1-674.e8. DOI: 10.1016/j.ajog.2017.08.001.

17.Wang C-L, Liu Y-Y, Wu C-H, Wang C-Y, Wang C-H, Long C-Y. Impact of COVID-19 on Pregnancy. Int J Med Sci. 2021; 18: 763–7. DOI: 10.7150/ijms.49923.

18. Bateson DJ, Lohr PA, Norman WV, Moreau C, Gemzell-Danielsson K, Blumenthal PD et al. The impact of COVID-19 on contraception and abortion care policy and practice: experiences from selected countries. BMJ Sex Reprod Health. 2020; 46: 241–3. DOI: 10.1136/bmjsrh-2020-200709.

19. Gonçalves BMM, Franco RPV, Rodrigues AS. Maternal mortality associated with COVID-19 in Brazil in 2020 and 2021: Comparison with non-pregnant women and men. PLoS One. 2021; 16:e0261492. DOI: https://doi.org/10.1371/journal.pone.0261492.

20. Canario MASS, Cardelli AAM, Caldeira S, Zani AV, Baggio MA, Ferrari RAP. O vivido de mulheres no puerpério: (des)continuidade da assistência na maternidade e atenção primária. Cienc Cuid Saude. 2021; 20:e55440. DOI:10.4025/cienccuidsaude.v20i0.55440.

21. Jatlaoui TC, Whiteman MK, Jeng G, Tepper NK, Berry-Bibee E, Jamieson DJ et al. Intrauterine Device Expulsion After Postpartum Placement: A Systematic Review and Meta-analysis. Obstet Gynecol. 2018; 132: 895–905. DOI: 10.1097/AOG.0000000000002822.

22. Rodrigues BD, Loureiro CFACCM, Andrade MC, Ramos SR, Mainardi CR, Rama CH et al. Modelo de Treinamento para Inserção de Dispositivos Intrauterinos. Rev bras educ med. 2019; 43: 47–53. DOI: https://doi.org/10.1590/1981-52712015v43n4RB20180120.

23. Lacerda LDRC, Paes LG, Siqueira EF, Arma JC, Fonseca CCWDM, Ferreir LBB A et al. Inserção de Dispositivo Intrauterino por Enfermeiros da Atenção Primária à Saúde. Enfermagem em Foco [Internet]. 2021;12. DOI: 10.21675/2357-707X.2021.v12.n7Supl.1.5209.

24. Trigueiro TH, Ferrari JC, Souza SRRK, Wall ML, Barbosa R. Acompanhamento da inserção de dispositivos intrauterinos de cobre por enfermeiros e médicos: estudo longitudinal prospectivo. Rev Bras Enferm [Internet]. 2020; 73. DOI: https://doi.org/10.1590/0034-7167-2020-0156.

Corresponding author: Agnes Ludwig Neutzling. Endereço Completo: Rua Sílvio Silveira Soares, 2406/103, Bairro Camaquã, Porto Alegre/RS, Brasil, CEP 91910-460. Telefone: (51) 984593558 e E-mail: ati.ludwig@gmail.com

Submitted: 19/08/2022
Accepted: 25/01/2023