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Immediate postpartum intrauterine contraceptive device acceptance, use and associated factors among mothers delivered in two district hospitals in Yaounde, Cameroon

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Background: In Cameroon, over 70% of women who give birth do not return to the health facility for their 6th week postpartum visit, during which contraceptive services are routinely offered. These mothers miss the opportunity to get long-acting reversible contraception (LARC) which aims at reducing their risk for unintended and short-interval pregnancies. LARC use contributes in decreasing unsafe abortions rate as well as maternal and perinatal morbidity and mortality. The insertion of a copper-based immediate postpartum intrauterine device (IPPIUD) as a LARC is a valuable opportunity to support women in achieving their desire for birth spacing within an integrated healthcare approach. However, there is paucity of data on the topic of IPPIUD in Cameroon. Therefore, this study assessed IPPIUD acceptance, use and the associated factors among mothers who gave birth in two district hospitals in Yaounde, Cameroon.

Methods: A hospital-based cross-sectional study was conducted in two randomly selected district hospitals out of eight in Yaounde, Cameroon. Data were collected from women in their immediate postpartum period (from 10 minutes after placental delivery till 48 hours postpartum), over a six-month-period (October 2024 to March 2025). Using a structured interviewer-administered questionnaire, data were collected on acceptance and use of a copper IPPIUD in the immediate postpartum period, socio-demographic characteristics, knowledge and reproductive health-related characteristics, family planning related characteristics, and health service utilization. Descriptive statistics, Chi-square test and logistic regression were used.

Results: A total of 487 women were enrolled. The mean age of participants was 33.6 ± 4.2 years. The rate of acceptance and use were respectively 11.9% [95%CI: 9.0–14.8] and 10.5% [95%CI: 7.8–13.2]. Factors significantly associated with IPPIUD acceptance and use included multiparity (aOR = 15.21; 95%CI: 3.98–58.14; $p < 0.001$), having received counseling on IPPIUD during antenatal care (aOR = 8.95; 95%CI: 3.33–24.00; $p < 0.001$), delivery by caesarian section (aOR = 3.30; 95%CI: 1.51–7.42; $p = 0.003$), and an unintended pregnancy for current delivery (aOR = 2.09; 95%CI: 1.12–3.92; $p = 0.021$).

Conclusion: Only about one out of ten women do accept and use IPPIUD in Yaounde, Cameroun. Haven given birth more than once, haven received prenatal counseling on IPPIUD, caesarian delivery and current delivery from an unintended pregnancy were all factors that could increase IPPIUD acceptance and use. Such low uptake highlights the significant gap in immediate postpartum family planning services delivery in our setting. In order to improve IPPIUD uptake, stakeholders should prioritize enhancing antenatal counseling, strengthening service integration, and addressing potential medical barriers such as counseling techniques, provider perceptions, and competencies.

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