

A STUDY OF THE CHARACTERISTICS AND EXPERIENCES OF I U D USERS IN AL GOMROK AREA

By

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In the U. A. R. IUDs were first introduced as part of the family planning programme, in four clinics in 1964 (Husein H. M., 1967). Early results showed that the acceptance rate was high. Since then, these devices were used in all existing family planning services including M. C. H. centres in Alexandria, where loops have been used since 1966. According to Hamza (1967) and Elnomrossy (1968), M. C. H. centres rank first in order, regarding their work load and achievement in the field of family planning.

The aim of this work is to study the characteristics of a random sample of women who were fitted with a loop in one of the maternal and child welfare centres, and to determine the occurrence of any side effects. As well data were analysed to define the period of usage, reasons for removals expulsion rate and the effectiveness of the loop as a contraceptive device.

Methodology :

The present work was based on interviews with a 50% random sample of women served by Al Gomrok M. C. H. centre and who were fitted by IUDs during the period September, 1966 to August, 1968.

The interview was conducted at homes by specially trained final year students of the Higher Institute of Nursing, Alexandria University. Each interview took on the average twenty minutes and three women were visited by each, every working day.

The interview schedule (Appendix) was designed to find out the general socio-economic and biologic characteristics of acceptors, number of insertions, duration of wearing the loop, its presence and any side effects or complications experienced.

The field operation was carried out during the period February through April, 1969. Data were coded. Punching, sorting and tabulations were carried out.

RESULTS

Of the 812 women registered in the centre who have been fitted with a loop, during the study period, 132 women were excluded because the addresses given were either incomplete, nor located on the map or known by the post office. A fifty percent random sample (340 women) was chosen. Of these 340 women, only 25 (7.4%) could not be reached. Eleven women changed their residence and their new addresses were not known to their neighbours or the centre. The remaining fourteen women could not be interviewed because they were repeatedly outside their residence, at work, visiting a relative or in hospital.

General characteristics of women interviewed :

Table 1 presents the different characteristics of women interviewed. Age distribution :

The average age was 33.4 years with a mode in the age group 25—34 years. Only 31.4% were younger than 30 years. Those above 35 years constituted 39.4% of the women studied.

Age at marriage :

The majority of women (94.0%) were married at a relatively young age (21 years or less), 19.4% before their 16th. birthday. The average age at marriage was 17.9 years with a mode in the age group 16—18 years.

Marital status :

All women except 24 (7.6%) married only once. The duration of marriage, varied from one to twenty years, with an average of 10.6

years. Less than one half of the women (44.5%) were married for 9 years or less, 47.6% were married for 10—14 years. A minority were married for more than 14 years (8.1%).

Reproductive history :

The number of pregnancies ranged from 1—12 with an average of 6.6 and a mode of 6 pregnancies. The majority ; 81.3% have been pregnant four times or more. However, two women (0.6%) mentioned that they had never been pregnant.

Only 167 women (53.0%) gave history of abortion ; 74 women (23.5%) had a single abortion, 15.2% two and 14.3% three abortions or more. The number of abortions ranged from 1—10 with an average of 2.1 and the mode being one.

Just over one fifth (69 women) stated that they had a still born; of these 69 women, 47.5% had only one still birth, 20.2% had two; and the rest (32.3%) had three or more still births.

All women were categorized according to the number of boys and girls ever born, those still living and the age of the youngest baby.

Only 18 women (5.7%) were childless, 32 (10.2%) had no girls and 18 (5.7%) had no sons. On the average each women had had 2.7 boys and 1.9 girls with a mode of two for each sex.

More than two thirds of the women stated that all their ever born children were still living. However, (31.4%) 89 women mentioned that at least a boy died and 82 women (26.3%) lost a daughter or more.

In the majority of those with IUDs (81.0%), the youngest child was either an infant or preschool child. Very few (13.3%) had a school child among their offsprings.

Social characteristics :

Education :

The husbands in general had a higher level of education than their wives. While only 5.7% of women had successfully completed their secondary education, 15.8% of their spouses had obtained this certificate or a higher one.

Occupation:

Most of women (96.2%) were housewives. Only 12 women (3.8%) were working to contribute to the economical welfare of the family, of these six women were employed outside their homes.

Only 7 husbands (2.2%) were unemployed, 24.4% were in civil service 30.2% skilled labourers, 29.5% were unskilled workers, and 12.7% were merchants.

Previous practice of other birth control methods prior to the application of the loop :

All women were asked if they had ever used a family planning method before wearing the loop. Table II presents a summary of their preloop experience. Just over one third of the women (113.35.9%) stated that the loop was the first method of birth control they ever used. However, 202 women (64.2%) admitted using other methods before wearing the loop. The oral pills were the method previously used by 74.7%. Other methods practiced by 14.3% of the women were foams, tablets, condoms, cervical cap. Non conventional methods such as aspirin tablets, lemon juice, sabbar, sabre or the like were mentioned by 22 women (10.9%). The majority of these women who were previously practicing birth control have been regularly using the method of their choice for a period that ranged from few months to four years. The reasons for changing their method and accepting the loop varied. Medical reasons were stated by 129 women (63.9%) who were all taking the pills. Of the 202 women practicing family planning prior to the loop insertion, 31 (51.3%) got pregnant and blamed the method used for such an event and felt that the loop might be more reliable. Another 40 women (19.8%) felt that the loop might be more convenient. (Table 11).

Source of advice for loop application :

The most frequently mentioned source of advice for wearing a loop was neighbours and friends (57.4%). Next in order was the physician (18.1%). Only 31 women (9.8%) mentioned the midwife and 28 (8.9%) took advice from the social worker. Massmedia motivated only 17 women (5.4%).

Table III shows the distribution of the 315 women interviewed, according to the time of insertion, duration of use, and pattern of follow up.

Time of insertion :

In the present work, 267 women (84.8%) had the loop fitted immediately after their period, 14 (4.4%) just before the bleeding time, and 34 (10.8%) had it some time during the menstrual cycle. The loops were inserted during the first year after labour in nearly half the mothers (49.9%) and in 61 instances (19.3%) this happened during their post partum period. The duration between the last delivery and the insertion of the loop varied from 21 days to 99 months an average of 18.6 months.

Duration of wearing the loop :

More than half the women have been wearing the loop for 18—45 months, 94 women (29.8%) have been using the device for less than a year, of the latter 16.5% had the IUD for less than six months.

Advice and follow up :

All women were asked if they were informed about the probability of feeling some discomfort or pain and the possibility of occurrence of bleeding or spotting following the insertion of the loop. Nearly two thirds of women admitted that they have been apprised to such side effects. Yet all the women but 23 (7.3%) were asked to come for checkup.

More than one fourth (26.7%) of the women claimed that they were advised to show up for check ups after the third month. However, only 7.6% actually came after three months and the majority came earlier. Only 58 women (18.5%) claimed that they never showed up.

Frequency of consultation :

Women consulted the specialist in the M. C. H. centre either once (31.4%) twice (28.3%) or more than that (22.7%). However, all women except 1.6% asserted that they assured themselves of the presence of the loop. (Table III).

Side effects and complications :

Table IV gives the various side effects mentioned women who were wearing the loop. Only 92 women (29.2%) had no complications.

Bleeding or spotting :

Abnormal vaginal bleeding was the commonest complaint of women fitted with the IUDs. In addition to the bleeding that occurred

for a few days immediately following insertion (40.6%) suffered such side effects, menstrual irregularities were also common ; 53.6% had profuse menstruation and 47.0% had a prolonged period. Of the total women interviewed, 17.0% had intermenstrual bleeding, which was occasional in 11.1%. Just over one half of the women stated that the menstrual cycle was either shorter, longer or became irregular.

Pain and Pelvic discomfort :

Uterine colics, felt as severe abdominal pain, and pelvic discomfort varying from a non specific sensation to an ache in the lower abdomen and or back, was experienced by 59.4% of the women. Backache was complained of by 31.1% and severe abdominal pain by 24.2%. Non specific sensations were experienced by only 4.1% of the women interviewed.

Vaginal discharge :

Leucorrhoea was not uncommon among women fitted with IUDs, 58 women (18.4%) claimed that they had such a complaint, 30 (9.5%) had it only immediately after the application, 12 (3.8%) were still having it, and 26 (5.1%) had it every now and then. This suggests that leucorrhoea may be also due to other causes unrelated to the IUD.

Inflammation :

Although the word inflammation is a term which can't be properly defined by or explained to lay persons, yet it was used in the questionnaire to cover a burning sensation or the alike which have been experienced by those using the loop as a contraceptive.

Of the women interviewed 86.4% never experienced such a complication. However, lowgrade inflammation may be encountered among IUDs' users, 20 women (6.3%) claimed to have had some form of infection immediately after wearing the loop, 11 women (3.5%) claimed that they still complained of such condition and 12 (3.8%) stated that they have recurrent attacks.

Person consulted :

Women were asked about the person whom they had consulted whenever any of the side effects or complications following the insertion of IUD occurred. The specialist at the centre was the person consulted by 162 women (52.1%), and 21 (6.7%) had the advice of

a private practitioner. Two women consulted the nurse and another two got their advice from a daya. Mild pains and or discharges were complained of by 34 women (10.8%), but the condition did not compel the women to seek any advice. Table V)

Continuation of use :

Of the 315 women interviewed only 152 women (48.1%) claimed that they were still wearing the loop at the time of the interview. The reasons given for discontinuation were expulsion, removal and pregnancy.

Expulsion :

The incidence of primary expulsion varies according to biological factors and time of insertion. In this work the rate of primary expulsion was 15.9%. Only 7.6% of women were fitted again with a loop and of these one woman had four insertions.

Removals :

Apart from accidental expulsions, loops were removed from 113 (36%) of those using them as a contraceptive device for medical (90%) such as bleeding pelvic pain, rather than personal (10%) reasons. Among the personal reasons given were desire for another pregnancy and the apprehension felt by mothers of having a foreign body.

Contraceptive effectiveness :

The effectiveness of any method of contraception is measured in terms of the pregnancy rates associated with its use. In the present study only 7% of the users claimed to have been pregnant.

DISCUSSION

The characteristics of the IUDs acceptors included in this study conform with those of mothers served by M.C.H. centres, as reported by Gadalla (1969), except for parity and age, since women who came for IUD insertion appear to be of higher parity group. While in this study 81% of women were pregnant four times or more, Gadalla reported that less than half of the women attending M.C.H. centres were multigravidae. That the majority of acceptors were among the multigravidae is in accord with available data from other countries

such as Korea 73%, Hong Kong 62%, Taiwan 66%, India 74% and East Pakistan 72% (Teitze C. 1970).

Taking the age of the IUD users as an important variable, it was found that women on the average were a bit older than those attending M. C. H. centres. Teitze (1970) found that the proportion of IUD wearers aged 30 or over was about one third (East Pakistan) up to 80% (Korea). In this study 68.6% of the women were 30 years or over.

That the IUD users are mainly grand multigravidae and of a relatively older age, is expected since family planning activities were implemented in M. C. H. services only late in 1965. Such mothers would be more easily motivated to accept whatever method of contraception is offered. Loops became only available in M. C. H. centres in Alexandria in 1966. Yet the prime objective of a successful family limiting programme should attract younger mothers, particularly that the average age at marriage was 17.9 years. As well it should attract lower parity group. In developing countries where fertility rates are specially high, checking the population explosion is the prime objective. Yet one should admit that there are undeniable benefits from serving high parity old mothers, such benefits are maternal rather than fertility control.

The majority (74.7%) of the loop acceptors were previously using the oral pills, since this method was the main and most popular contraceptive available before the insertion programme. They accepted the loop because they experienced medical complications with the pills.

The source of advice for the application of the loop was a friend or a relative in fifty percent of the cases. These were probably women who were satisfied with the method and points out to the importance and value of information spread by mouth, in family planning communications particularly if premiums are given as incentives. The staff of the centre were also a powerful source (36.8%) and the doctor was the most effective person in his team. Mass media were the least mentioned.

Generally IUDS may be inserted at almost any time during the reproductive years except during pregnancy. Also it may be inserted at any time during the menstrual cycle. The slight advantage of insertion during menstruation are usually outweighed by advantages of inserting the IUD at whatever point in the cycle the woman attends the clinic (WHO, 1968). In the present study in the majority of

cases, the time of choice was the period immediately after the cessation of menstrual bleeding. This practice is ethically and bio-physiologically sound.

It was also found that nearly half the loops were inserted during the first year following delivery and almost one fifth of the mothers had the insertion during the postpartum period. This finding becomes even more evident if one takes into account that the loops have been available only for two years. Thus it is justifiable statistically to use as a denominator only women whose children were younger than two years.

An ideal follow up pattern of IUD wearers is to have women re-examined after the first menstrual period following insertion, then after the third menstrual period, in order to detect early expulsion or attend to any side effects such as pain and bleeding. It is gratifying that in this study all women but 23 (7.3%) admitted being advised to attend and almost two thirds confessed that they were alerted to the possibilities of occurrence of side effects. This shows that the centre was not only providing a service but was fulfilling its duties in health education and preparing the women to live with the expected minor temporary side effects of the loop. This is further shown by the high proportions of women who came to consult the specialist at the centre according to the required pattern.

A relatively high proportion of loop acceptors experienced irregularities in their menstrual cycle or abnormalities in menstruation. This is not unexpected among women of such age and parity group, particularly that the majority of these women are from a relatively below the average social class who have to attend to strenuous physically exerting duties at home, many of which require the squatting position.

The high expulsion rate could be partially explained by the inavailability of the most suitable size of the loop for each individual. High parity may also contribute to such higher rates. New loops were reinserted in almost half the women who lost their first.

Several reasons can be given to the relatively high pregnancy rate among loop users. Among these the insertion of a relatively small size loop, and the high parity women in the group studied.

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TABLE I

General Characteristics of women interviewed and their Families

Characteristics	Number	Percent
<i>Age in Years :</i>		
20—24	7	2.2
25—29	92	29.2
30—34	92	29.2
35—39	88	28.0
40—44	34	11.4
<i>Age at marriage :</i>		
13—15	61	19.4
16—18	192	60.9
19—21	43	13.7
22—24	13	4.1
25—27	6	1.9
<i>Duration of marriage :</i>		
Less than 5 years	15	4.8
5—9	124	39.5
10—14	150	47.6
15—19	18	5.7
20+	8	2.4
<i>Number of Pregnancies :</i>		
None	2	0.6
One	4	1.2
Two and Three	53	16.9
Four and Five	61	19.3
More than Five	195	62.0

Cont. Table I

Characteristics	Number	percent
<i>Number of Abortions :</i>		
None	148	47.0
One	74	23.5
Two	48	15.2
Three or More	55	14.3
<i>Still Births :</i>		
None	246	78.1
At least one	69	21.9
<i>Number of living male children :</i>		
None	18	5.7
One	64	20.3
Two	105	33.3
Three or ore	128	40.7
<i>Number of living female children :</i>		
None	32	10.2
One	76	24.1
Two	80	25.4
Three or More	178	40.3
<i>Age of the youngest child in family :</i>		
No children	18	5.7
Less than a year	43	13.7
1—2 years	53	16.8
3—5 years	200	50.5
6 years +	42	13.3

Cont. Table 1

Characterics	Number	percent
<i>Education of the woman :</i>		
Illiterate	207	65.6
Reads and writes	90	28.6
Secondary education	18	5.7
<i>Education of husband :</i>		
Illiterate	129	41.0
Reads and writes	136	43.2
Secondary education or more	50	15.8
<i>Occupation of the husband :</i>		
Civil service	77	24.4
Skilled labourer	95	30.2
Unskilled worker	93	29.5
Merchant	40	12.7
Others	3	1.0
Unemployed	7	2.2
Total	315	100.0

TABLE II

Previous Practice of Other Birth Control Methods
Prior to the Application of the Loop

Item	Number	Percent
<i>Use of birth control method before loop :</i>		
Never tried a method before	113	35.9
Tried a method	202	64.2
<i>Methods tried before the loop :</i>		
Oral pills	151	74.7
Foams, Tablets, Creams	14	6.9
Condoms, Cervical Cap	15	7.4
Non Conventional Methods :	22	10.9
<i>Pattern of use :</i>		
Regular	188	93.1
Irregular	14	6.9
<i>Length of use of birth control methods :</i>		
Less than a year	68	33.7
1 to less than 2 years	47	23.3
2 to less than 3 years	22	10.9
3 years or more	65	32.1
<i>Reasons given for changing the method :</i>		
Medical reasons	129	63.9
Difficulty of use	40	19.8
Failure of method	31	15.3
Inavailability of method	2	1.0

TABLE III

Distribution of the 315 women interviewed according to
time of insertion, duration of use, and pattern of follow up

I t e m	Number	Percent
<i>Time of insertion in relation to menstrual cycle :</i>		
Immediately after the period	267	84.8
Just before the period	14	4.4
During the menstrual cycle	34	10.8
<i>Length of ever wearing the loop :</i>		
Less than 6 months	52	16.5
6—11 months	42	13.3
12—17 months	56	17.8
18—23 months	79	25.1
24—35 months	86	27.3
<i>The advised time for 1st check ups :</i>		
After a month	188	59.7
After two months	20	6.3
After three months	27	8.6
After four months or more	57	18.1
Was not advised	23	7.3
<i>Actual time of attendance for checkup :</i>		
After a month	188	59.7
After two months	45	14.4
After three months or more	24	7.6
Did not go for checkup	58	18.5
<i>Times of consultation :</i>		
Once	99	31.4
Twice	89	28.3
Three times or more	69	22.7
Did not go	58	18.5
Total	315	

TABLE IV

Distribution of women according to the side effects
and complications felt after the application of the loop

Item	Number	Percent
<i>Menstruation Time :</i>		
Comes earlier	73	23.2
Comes later	12	3.8
Became irregular	76	24.1
No change	154	48.9
<i>Amount of Bleeding :</i>		
Increased	169	53.6
Reduced	11	3.5
Irregular	34	10.8
No change	101	32.1
<i>Duration of Bleeding :</i>		
Prolonged	148	47.0
Reduced	10	3.2
Irregular	37	11.7
No change	120	38.1
<i>Bleeding :</i>		
Immediately after application	128	40.6
Still present	19	6.0
Irregular	35	11.1
None	133	42.3

Cont. Table IV

Item	Number	Percent
<i>Pains :</i>		
Abdominal pain	76	24.2
Back ache	98	31.1
Non-specific sensations	13	4.1
None	128	40.6
<i>Discharges :</i>		
Immediately after application	30	9.5
Still present	12	3.8
Irregular	16	5.1
None	257	81.6
<i>Inflammations :</i>		
Immediately after application	20	6.3
Still present	11	3.5
Irregular	12	3.8
None	272	86.4

TABLE V

Distribution of women according to the source
of advice for loop application

Source of advice	Number	Percent
Doctor	57	18.1
Nurse	31	9.8
Social Worker	28	8.9
Friends and relatives	182	57.8
Mass media	17	5.4
Total	315	100.0

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جامعة الاسكندرية
كلية الطب
قسم الصحة والطب الوقائي

بحث متابعة مستعملات اللولب بمركز رعاية الطفل بالجمرك
بالاسكندرية

اسم المركز _____ الرقم في السجل _____ رقم البحث _____
اسم السيدة _____ اسم الزوج _____
عنوان المنزل _____
تاريخ تركيب اللولب (من السجل) _____

تاريخ الحمل والولادة

عدد مرات الحمل _____ عدد مرات الاجهاض _____ تاريخ آخر حمل _____
عدد مرات الولادة : مواليد احياء () مواليد موتى ()
عدد الاطفال الاحياء حاليا : ذكور () اناث () سن اصغر طفل _____
عدد الاطفال الذين توفوا : ذكور () اناث ()
الفترة بين نهاية آخر حمل وتركيب اللولب بالاشهر _____

بيانات عن الزوجة

السن _____ السن عند الزواج _____ مدة الزواج _____ عدد مرات الزواج _____
مستوى التعليم : امية () تقرا وتكتب () متوسط () اكثر من المتوسط ()
العمل : ربة أسرة فقط : لا يعاونها احد في أعمال المنزل () تساعدنا قربية بصفة
مستمرة () تساعدنا شغالة باستمرار () تجد مساعدة في الأعمال المتعبة مثل
الغسيل ()

ربة أسرة وتعمل أيضا : أ = بالمنزل : عمل يدوى () خياطة ()

اخرى وتذكر _____

ب = خارج المنزل : عمل بمنزل () عمل بمصنع () موظفة ()

اخرى وتذكر _____

بيانات عن الزوج

مستوى التعليم : — أمي () يقرأ ويكتب () متوسط () أكثر من المتوسط ()

العمل : — موظف () عامل يدوي () عامل فني ()
تاجر () لا يعمل () أخرى _____

بيانات عن المسكن

عدد الغرف — عدد غرف النوم — عدد أفراد الأسرة المقيمين بالمسكن —
عدد السكان الآخرين — نوع المرحاض : عربي () أفرنجي ()

بيانات عن اللولب

عدد مرات تركيب اللولب _____
متى تم تركيب اللولب (أول مرة) التاريخ _____ المكان _____
متى تم إعادة تركيب اللولب التاريخ _____ المكان _____
متى تم تركيب اللولب بالنسبة للعادة الشهرية ؟
بعد العادة مباشرة () قبل العادة مباشرة () أثناء الشهر ()
من الذي نصحك بتركيب اللولب ؟ الطبيب () حكيمة () الإخصائية
الاجتماعية بالمرکز () معارف أو أقارب () وسائل الاعلام المختلفة ()
مدة استعمال اللولب بالأشهر _____
هل اللولب ما زال موجودا ؟ نعم () لا () لا تعرف () في حالة عدم
وجود اللولب _____

سبب عدم وجود اللولب : سقط من نفسه () أزيل () من الذي أزاله ؟
سبب إزالته : مفص أو نزيف () أسباب طبية أخرى وما هي _____
الرغبة في الحمل () أسباب شخصية أخرى ما هي _____
المدة بين تركيب اللولب وإزالته بالأشهر (أول مرة) _____ (المرة الثانية) _____
هل ذهبت لاستشارة الطبيب لوضع اللولب ثانيا ؟ نعم () لا ()

هل فكرت في استعمال طريقة أخرى ؟ نعم () لا () ما هي ؟

هل تستعملين وسيلة أخرى الآن ؟ نعم () لا () ما هي ؟

مدة استعمالها ؟ هل شعرت بأي متاعب بعد وضع اللولب ؟

نعم () لا () ما هي ؟

هل تحسنت الأعراض	من الذى استشرى به لعلاج هذه الأعراض	متى حدث				الأعراض
		لم يحدث	متقطع	لا يزال مستمر	بعد التركيب مباشرة	
() نعم	() طيب المركز					نزيف
() لا	() طيب خاص					افرازات
() بعض الشيء	() حكيمة					مغص او
	() دابة					الم
	() لا يوجد					التهابات

هل أخبرك أحد من المركز باحتمال حدوث بعض المتاعب من اللولب ؟ نعم () لا ()

هل نصحك أحد من المركز بضرورة التردد للمتابعة ؟ نعم () لا () في حالة نعم :
ما هي الفترة التي طلب منك الحضور بعدها ؟ شهر () شهرين () ٣ شهور ()
٦ شهور () سنة () أكثر من ذلك ()

هل ذهبت فعلا بعد تركيب اللولب لاستشارة طبيب المركز ؟ نعم () لا () في حالة نعم ؟

— المدة بين التركيب وأول استشارة (بالأشهر) — عدد مرات الاستشارة

— هل تداومين على التأكد من وجود اللولب في مكانه دائما () أحيانا () لا () لا يوجد اللولب الآن ()

— هل حدث حمل أثناء استعمال اللولب ؟ نعم () لا ()

— هل استعملت وسيلة لمنع الحمل قبل تركيب اللولب ؟ لا () ما هي ؟
أقراص () أدوية موضعية () وسائل ميكانيكية () وصفات
بلدية ()

— ما هي مدة استعمال هذه الوسيلة (بالأشهر) ؟

— هل كنت منتظمة في استعمالها ؟ نعم () لا ()

— لماذا غيرت الوسيلة القديمة الى اللولب ؟ صعوبة استعمالها () حدوث أثناء
استعمالها () عدم انتظام الحيض () عدم توافرها () خوفا من
النسيان حدوث مضاعفات منها () أخرى ما هي ؟