

Postpartum family planning in a high HIV environment: evidence and challenges

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Background

- Access and use of PMTCT services does not necessarily influence postpartum use of family planning (FP) methods
- women living with HIV and AIDS are no more likely than HIV-negative women to be using a modern method of FP
- FP and PMTCT services are organized vertically and not integrated
- Many PMTCT programs find implementation of any post-delivery interventions to be challenging.
- Two similar studies took place in 2007 in Lesotho and Swaziland; both with high HIV prevalence.

Operations Research in Lesotho and Swaziland

Objective:

To determine if changes to timing and content of the postnatal guidelines would result in quality provision of key components of essential maternal and newborn care in the postnatal period, including postpartum family planning – as well as providing a continuum of care for PMTCT.

Methodology

- Pre- post-test design to evaluate the effectiveness of a new postnatal package of care
- Study sites: Health facilities in Swaziland (4) and Lesotho (5) where PMTCT had been introduced.
- Study population: newly-delivered postpartum women attending PNC services
- Face-to-face interviews with postpartum women; and direct observation of client-provider interactions (CPI).

Intervention

- Training materials, job aids postnatal registers introduced
- Training for new visits: within 48 hours of birth, 3 – 7 days, and strengthened 6 week visit (and 6 months)
- Follow up supportive supervision
- Lesotho – essential equipment for postnatal care procured.



Timing	Postpartum Services for the Mother	Services for the Baby
Assessment 1: Pre-discharge (or within 48 hours if delivered at home)	Focused physical exam Counsel: early breastfeeding (EBF) & LAM Healthy Timing and Spacing of Pregnancies (HTSP) & FP Danger signs /management of complications HIV & syphilis tests as indicated Refer to ART Centers for HIV follow up	EBF Essential newborn care Newborn physical exam Danger signs and management of complications ARV as indicated
Assessment 2: One week at MCH clinic	Physical check Danger signs/management of complications EBF counseling HTSP messages LAM and FP counseling and services Return to sexual activity and fertility	Essential baby care Danger signs/ management of complications Immunization EBF Physical exam
Assessment 3: Six weeks at MCH clinic Further Assessment 4 at 6 months - women given appt	Focused physical exam Maternal danger signs / complications LAM users- counseling including transition HTSP messages Return to fertility and sexual activity FP counseling and services Referral - ART clinic other services Dual method use	Essential baby care Danger signs and management of illnesses Immunization Physical exam EBF Cotrimoxazole at 6 weeks PCR (as indicated)

Findings

Integrating maternal and newborn health (MNH), PMTCT and FP services within a comprehensive postnatal package can ensure adequate quality of care without compromising MNH, PMTCT or FP.



Findings

- Initially there was limited focus on FP “..., *these days it seems like we focus more on these issues (HIV and PMTCT) and forget about others services like postnatal care and family planning...*” (provider from Lesotho).
- More providers are now offering FP counselling and methods during the immediate pp period.

Increased counseling



- More FP information is given on the postnatal ward and at the six week check.
- More Lesotho providers discussed the use of condoms (42% vs. 25%) than Swaziland
- At one week postnatal FP discussed with client: 47% of providers in Lesotho and 68% of providers in Swaziland
- Return to fertility discussed in Lesotho (31%) and Swaziland (23%) at one week

Counseling postpartum women on return to fertility and use of FP

During 6 week postnatal consultation	Lesotho (n=50)	Swazi (n = 51)
Return to sexual activity	56%	51%
Advising on FP	56%	84%*
Return to fertility	52%**	6%
Healthy timing and spacing of pregnancies	50%	53%
Mean score for FP counseling (0-4)	1.88	1.94

Knowledge of return to fertility



- In Swaziland 8 percent postpartum women were able to give the correct answer of “anytime after having sex following childbirth.”
- In Swaziland 69% HIV-positive PP women and 74% of HIV-negative PP women admitted to not knowing at all.
- In Lesotho around 30% knew the correct answer pre and post intervention

Lessons learned

- Postnatal units offering integrated MNH/HIV / FP, is feasible and acceptable to clients & providers.
- Visits at 48 hours and 7 days acceptable
- The 7 day postnatal visit is an opportunity to:
 - Support for exclusive infant feeding (including LAM)
 - Provide essential maternal and newborn care
 - Counsel on family planning
 - Immunize newborns (if missed at birth)
- The strengthened 6 week consultation improved the quality of care

Challenges

- Lack of up to date RH policies and guidelines.
- No formal FP training available
- Widespread lack of skills, led to only short-acting FP methods provided.
- Rapid turnover of staff /deployment practices,
- Lack of equipment & stock outs of FP methods,
- Limited integration with HIV services

Recommendations

- RH policy and guidelines disseminated
- Review policy on deployment of staff
- Strengthen linkages between PNC/HIV services
- More resources to develop integrated SRH/HIV training programs at national level



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