

Expansion of Postpartum / Postabortion Contraception in Honduras

**Ruth Medina
Ricardo Vernon
Irma Mendoza
Claudia Aguilar**

POPULATION COUNCIL

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SUMMARY

In Honduras, 54 percent of deliveries are assisted by medical staff and 39 percent of deliveries take place at Ministry of Health of Honduras (MOH) health centers or hospitals. Although the unmet need for family planning services is relatively high (11% of women) and family planning helps protect mothers' and children's health, hospitals in Honduras rarely offer postpartum/postabortion contraceptive services.

Between 1996 and 1999, the Ministry of Health and the Population Council's INOPAL III Project tested the acceptability of postpartum/postabortion contraception at the Escuela Hospital, the largest in the country. The project showed that more than 30 percent of the women seen for a delivery or a complication due to abortion, were interested in adopting a contraceptive method prior to discharge from the hospital. Given the success of the project, the MOH asked the Population Council's FRONTIERS Program for technical and financial support to extend those services to five additional hospitals in the country.

As a first step, a baseline situational analysis study was carried out in seven hospitals in order to detect needs and identify the hospitals in which postpartum/postabortion contraceptive services could be most easily introduced or strengthened. In the five hospitals selected, the results of the diagnostic study were presented, staff were trained, equipment, clinical and educational materials were provided, surveys were conducted, and quarterly meetings were held to analyze achievements and plan new activities.

The baseline diagnosis showed that a great demand existed for contraceptive methods before discharge from the hospital. Only 35 percent of the women who had given birth had planned the pregnancy, and close to one-half said they would have preferred to wait longer or not become pregnant. Seventeen percent were using a method of contraception when they became pregnant. Only 44 percent wished to become pregnant in the future, and 92 percent of these women wanted to space their next pregnancy for more than two years.

Important improvements were found for the four indicators used to evaluate the project: 1) the proportion of women who received information about contraceptive methods during their hospital stay increased from 43 percent to 87 percent; 2) the proportion of women who were offered a contraceptive method increased from 42 percent to 82 percent; 3) the proportion of women who received a contraceptive method during their stay increased from 10 percent to 33 percent; and finally, 4) the proportion of women who had delivered and wanted a method before leaving the hospital but did not receive it decreased from 41 percent to 7 percent. Among the women who had been treated for an abortion (close to 10% of those who had delivered), the results were even better: information increased from 17 percent to 85 percent; offering of methods increased in the same proportion; acceptance of methods increased from 13 percent to 54 percent; and unmet need decreased from 48 percent to 21 percent. In both cases, the

main cause for unmet need was the impossibility of going through all the surgical sterilization procedures asked for prior to discharge from the hospital.

The main reasons for this success are attributed to the involvement of MOH managers in planning the activities and to the quarterly discussions of the monitoring surveys, which helped the providers focus their attention on the introduction and strengthening of services during an entire year. Finally, we recommend also training nurse auxiliaries in IUD insertion, since some hospitals care for an important proportion of deliveries.

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ABBREVIATIONS

AVSC:	Association for Voluntary Surgical Contraception
ASHONPLAFA:	Honduran Family Planning Association
IHSS:	Honduran Social Security Institute
IUD:	Intrauterine Device
MHC:	Health Center with physician and dentist (known as CESAMO in Honduras)
MOH:	Ministry of Health of Honduras
RHC:	Rural health center (Centro de Salud Rural, or known as CESAR in Honduras)
VSC:	Voluntary Surgical Contraception.
WHO:	World Health Organization
USAID:	United States Agency for International Development

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I BACKGROUND

Each year, approximately 108 women in Honduras die due to complications during pregnancy, delivery or puerperium. Unplanned or unwanted pregnancies increase health risks: one in every eight maternal deaths is related to abortion complications (Ministry of Health, 1997). By eliminating unwanted pregnancies, up to 25 percent of maternal deaths could be avoided. Family planning can also prevent childhood deaths: a child that is born less than two years after his or her sibling is twice as likely to die than a child who is born two or more years after his/her sibling. By spacing children, up to 25 percent of children's deaths could be avoided (Shane, 1997).

According to the 1996 National Epidemiology and Family Health Survey (Ministry of Health et al., 1997), in Honduras 55.4 percent of married women between 15 and 44 years of age used a family planning method, and 11 percent of the women had unmet need for family planning services, since they were sexually active, fertile, did not want to have children, and did not use a contraceptive method.

A little more than one-half of the births in Honduras take place in hospitals. Institutional deliveries are a public health priority for the MOH, so it is likely that the proportion of births attended at hospitals will continue growing in the future. Operations research has shown that when contraceptive methods are made available at hospitals, an important proportion of women who have had a birth ask for a method before discharge from the hospital. Studies also have shown that a higher proportion of women use a contraceptive method six months after delivery when they deliver in a hospital that offers postpartum contraceptive services. (Foreit et al., 1993). Other studies have demonstrated positive effects of postpartum contraception services on mothers' health (Family Health International, 1995).

Three operations research studies have demonstrated that both service providers and women accept postpartum/postabortion contraception in Honduras. During 1986-88, PROALMA and the Honduran Social Security Institute (IHSS) at San Pedro Sula, in collaboration with the Population Council INOPAL I project, tested the impact of promoting breastfeeding and family planning in the postpartum period, both at the hospital before discharge as well as during follow-up visits. The results showed that women exposed to the intervention were better informed about both topics. At six months postpartum, 68 percent of women in the experimental group were using a modern effective method, compared to 54 percent in the control group where the promotion had not been conducted. Exclusive breastfeeding at four months was 22 percent versus 12 percent in the control group, and 72 percent of mothers in the experimental group were breastfeeding at six months, compared to 57 percent in the control group (Chavez et al, 1986).

In 1989, the IHSS and the INOPAL II/Population Council project, tested a postpartum family planning model in which female sterilization, IUD, minipills and condoms were made available to women who had just delivered. Additionally, family planning counseling was provided during pre and post natal care, and women had two

opportunities to receive a contraceptive method: before leaving the hospital and 40 days after delivery. The results showed that 25 percent of the women who had delivered chose a contraceptive method before discharge from the hospital and an additional 20 percent during their 40-day post-partum visit. The satisfaction with the services provided also increased considerably (Lopez-Canales et al, 1992).

Between 1996 and 1999, the Ministry of Health and the INOPAL III/Population Council project tested the acceptance of postpartum/postabortion contraception at the Escuela Hospital, which is the largest hospital in the country and attends approximately 30,000 obstetric events annually. The model tested included training of physicians, nurses, and nurse auxiliaries in family planning counseling and in contraceptive methodology, the provision of medical and educational materials and equipment, and the systematic offering of contraceptive methods to women hospitalized for delivery or an abortion. Close to 30 percent of the women asked for and received a contraceptive method before leaving the hospital (Medina et al, 1998).

II STATEMENT OF THE PROBLEM

The problem this project approached was how to expand the postobstetric event family planning service delivery model previously tested and evaluated in the Escuela Hospital to other hospitals. This model consists of providing information to all women who will deliver or have just delivered, so that they may decide if they want to adopt a contraceptive method, which method and when, and offer and provide the methods so that women can act consequentially.

III OBJECTIVES

The general objective of this project was to increase access to quality contraceptive services after an obstetric event and reduce the unmet need for family planning. The specific objectives were:

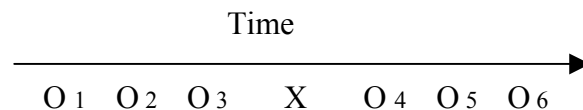
- Conduct a diagnostic study of postpartum and postabortion contraceptive services provided at seven hospitals.
- According to the diagnosis, select the five hospitals with the most promising conditions and introduce or strengthen postpartum/postabortion contraceptive services, in accordance with Family Planning Service Delivery Guidelines in Honduras.
- Expand and evaluate the postpartum/postabortion contraceptive service delivery and promotion model tested in the Escuela Hospital, which includes increasing the range of contraceptive methods offered in each

hospital, and information, counseling and provision of contraceptive methods to all women who want them.

IV STUDY METHODOLOGY

4.1 Design

To evaluate the impact of the postpartum/postabortion family planning model, a quasi-experimental design with quarterly measurements was used. This design is represented in the following diagram, where the Os are observations and the X is the intervention.



4.2 Hypothesis

The availability and systematic offering of counseling and family planning services to women in the postpartum or postabortion periods will decrease the unmet need for contraception and will increase the proportion of women who choose a contraceptive method before discharge from the hospital.

4.3 Independent Variable

The independent variable is the *expansion of the postobstetric event services model*, which consists of: a) training of staff in the promotion of family planning services and counseling of clients; b) training in contraceptive methodology; c) provision of materials and equipment; and d) supervision and monitoring of activities, as described in the following sections.

4.4 Dependent Variables

Postobstetric event contraception coverage: proportion of women who choose and receive a contraceptive method before leaving the hospital after a delivery or an abortion.

Information provided about family planning: proportion of women in the postpartum or postabortion periods who report having received family planning information during their stay in the hospital.

Offering of family planning methods: proportion of women in the postpartum or postabortion periods who report **having** been offered a contraceptive method before discharge from the hospital.

Unmet need for postobstetric event contraception: proportion of women in the postpartum or postabortion periods who report having wanted a contraceptive method before leaving the hospital but did not receive a method.

4.5 Sources of Information

Contraceptive coverage was measured through service statistics, using as the denominator the women admitted to the hospital for delivery or for abortion complications, and as the numerator the women who received a contraceptive method. In addition, all the dependent variables were measured through periodic surveys, which had the following characteristics:

Baseline, midterm and endline hospital surveys: during these surveys, we interviewed all women who had been provided care for a postobstetric event during two consecutive weeks (including Saturdays and Sundays). They were applied before the women left the hospital and were voluntary. The interviews were made by hired interviewers who were trained in the use of the pre-coded questionnaire presented in Appendix 1. The surveys were applied in July 1999, September 2000, and March 2001. Table 1 shows that 474, 675 and 571 women in the post-partum period were interviewed in the baseline, midterm and endline surveys, *respectively*, as well as 24, 59 and 71 women in the postabortion period. As described in section 5.1, in the baseline diagnosis, eight different questionnaires were applied, five of which were used to interview directors and service providers, one to determine the hospital's resource inventory, and two to interview women in postpartum and postabortion care. Only the last two questionnaires were applied during the midterm and endline surveys.

Quarterly surveys in hospitals: these surveys only contained basic information that allowed hospital staff to observe and analyze the project's progress, and agree on and plan corrective actions and new interventions. The main function of these surveys was to maintain the hospital team's attention on the service introduction and service strengthening processes. Given that the data that *these* surveys yielded do not show different tendencies than the data from the baseline, midterm and endline surveys, and that the samples are considerably smaller, the data from these surveys are not presented in this report. Surveys were conducted in March, June and December 2000. Table 1 shows that an average of 238 women in postpartum care and 26 women in postabortion care, were interviewed during the three monitoring periods. Appendix 2 shows the questionnaires used to conduct the quarterly monitoring.

Service statistics: the following service statistics were collected every quarter, semester and year: number of deliveries, number of abortions, and number of contraceptive methods (sterilization, IUD, DMPA and condoms) provided to women after an obstetric event. The data were collected from the hospital statistics department and from the Ob-Gyn and puerperium wards.

V DESCRIPTION OF THE INTERVENTION

The following activities were implemented:

5.1 Baseline Diagnostic Study and Selection of Hospitals

The purpose of the initial diagnostic study was twofold: to obtain a baseline for the dependent variables, and to obtain information to identify the hospitals where it would be easiest to introduce or strengthen postpartum/postabortion contraceptive services.

The study took place in July 1999 in seven hospitals pre-selected by the Maternal and Child Health Department, using high maternal mortality rates in the hospitals' area of influence as the criteria for selecting them. The pre-selected hospitals were Atlantida (in La Ceiba), Del Sur (in Choluteca), Gabriela Alvarado (in Danli), San Felipe (in Tegucigalpa), Occidente (in Santa Rosa de Copan), San Francisco (in Juticalpa), and Enrique Aguilar Cerrato (in La Esperanza). Table 2 represents the hospitals' main characteristics. The number of Ob-Gyn beds varies between 18 and 39, except San Felipe Hospital, which has 60 beds. The hospital in La Esperanza attends less than 3,000 deliveries per year, the hospitals in Juticalpa and La Ceiba around 3,500 deliveries, the San Felipe hospital a little more than 5,000 deliveries and the hospital in Santa Rosa attends almost 6,000 deliveries per year. All have cesarean section rates below 20%, as recommended by the WHO, and the number of abortion complications treated are about 10 percent of number attended for deliveries.

Seven questionnaires were used in each of the participating hospitals in the baseline situational analysis, each to interview: 1) the hospital's Director; 2) the Head of the Gynecology and Obstetrics Department; 3) staff who work in Gynecology and Obstetrics; 4) staff who offer family planning services in outpatient services (where available); 5) the head of outpatient services and the head nurse of outpatient services where family planning services, prenatal care and postnatal care services are offered; 6) women hospitalized for delivery; and 7) women hospitalized for an abortion complication. In addition, an eighth instrument was used to conduct an inventory of equipment, materials and installations available and services offered at each hospital. Table 3 shows the total number of interviews conducted in each case.

The results of the initial diagnosis are presented in the sections 6.1 and 6.2. However, it is important to clarify at this stage that the baseline study showed that the hospitals in Choluteca and Danli had the least favorable conditions for the introduction of services. For this reason, these hospitals were excluded from the project.

A meeting was held in each hospital to present the results from the baseline situational analysis. All staff who provided Ob-Gyn and outpatient services attended the presentation. In addition, the hospital director presented statistical data on maternal mortality and other health indicators for the hospital's service area. Finally, the

postobstetric care family planning services model developed in the Escuela Hospital was presented, and the staff was informed that the model would be replicated in each hospital.

5.2 Training of Personnel

In each hospital, all service delivery staff who provided services to women in the postpartum or postabortion period were selected for training, as well as service providers who worked in nearby health centers and who would counsel their prenatal care clients about the new postpartum family planning services at the hospital.

Physicians, nurses, nurse auxiliaries, social workers, and educators in the Ob-Gyn wards attended a 30-hour workshop on service promotion and counseling in family planning. Seven workshops were given (one in each of three hospitals and two in each of two hospitals) between December 1999 and April 2000. The following topics were reviewed in the workshops: 1) effective communication; 2) characteristics of good communication; 3) promotion, information, and counseling concepts; 4) a counselor's qualities and characteristics; 5) informed consent and informed choice; 6) orientation and counseling techniques; 7) counseling needs of special populations (adolescents, women in postpartum care, and women in postabortion care). The workshop included the use of informed consent forms for IUD insertion and for VSC, as well as the use of pamphlets and flipcharts to promote and provide family planning counseling. The training's contents were developed taking into account the Ministry of Health's service delivery guidelines. The training was given to 127 service providers in five hospitals and to 37 service providers from outlying health centers. On average, the participants improved their knowledge scores by 21 percent between the training's pre and posttests.

In a second phase, five courses on contraceptive methodology were given (one in each hospital) between April and July 2000. Each course lasted five days, divided in two parts: a theoretical workshop on contraceptive methodology, and postpartum/postabortion IUD insertion techniques. A total of 65 service providers (physicians and nurses) were certified in postpartum IUD insertion and 44 in postabortion IUD insertion. In addition, four Ob-Gyn physicians and one nurse were trained in minilap with sedation and local anesthesia. Each training was conducted in ASHONPLAFA, in Tegucigalpa, during one week.

5.3 Equipment

In order to facilitate the provision of postabortion care services, each hospital was provided with five IUD insertion equipment kits, which consist of: three uterine measurement probes, four speculums, a stainless steel container, a cup for antiseptic solution, a tray, a short curved Kelly clamp, a Kelley clamp for IUD removal, a Metzen Baum clamp, a straight Forester clamp, curved scissors, an IUD removal hook, and a tenaculum.

For postpartum IUD insertion (post-placenta, before leaving the hospital and abortions later than 12 weeks of gestation) each hospital was provided with 30 – 12 inch

smooth ring Forester clamps, 10 – 4.5 by 1.5 inch large speculums, 20 – 12 inch curved Kelley clamps for placenta, and 10 – 6 ounce antiseptic solution cups.

Each hospital was also provided with a gynecological exam table. A special area of the Maternity ward at San Felipe Hospital was conditioned to guarantee the patients' privacy during postpartum IUD insertion, providing them with an additional metallic screen and gooseneck lamp.

5.4 Establishment of a Referral System

In all hospitals, except Atlantida in La Ceiba, nurse auxiliaries, nurses and general physicians from health center in the hospitals' area of influence were invited to participate in the family planning counseling workshops. Each health center was also provided with flipcharts so that they could provide family planning counseling during prenatal care visits, such that the women would arrive at the hospitals prepared to make an informed choice of a postpartum family planning methods.

5.5 Provision of Printed and Audiovisual Educational Material

In order to facilitate promotion, information and counseling activities, each hospital was provided with the following printed material: 15 flipcharts with "Basic information about different birth spacing methods"; 6,000 pamphlets each on "Surgical sterilization", "Postpartum care", "Postabortion care", "Contraceptive methods after delivery"; and 30 copies of the Norms and Procedures for Integral Attention for Women Manual, the MOH's official service delivery guidelines. In addition, 6,000 informed consent forms for IUD insertion and female surgical sterilization were provided

In terms of audiovisual equipment, each hospital was given a television set, a VCR and six different educational videos. Four of the videos provided were developed by the IHSS with support from the INOPAL II Project. The topics presented in the videos were: Reproductive Risk, Prenatal Care, Care for the Newborn and Breastfeeding. The other two videos were about "How to Plan a Family" and "Family Planning Counseling," both produced by AVSC.

5.6 Supervision and Dissemination of Results

The project coordinator held quarterly meetings with the technical contacts in each of the participating hospitals. During the meetings, they discussed the latest service statistics, the results of the most recent surveys, the observations made of service delivery activities, and the problems and obstacles to carry out the project activities. The project coordinator functioned as an important link between the different levels of directors in the MOH and each hospital, which allowed for the quick solution of problems.

As previously mentioned, the results of the baseline, intermediate and endline surveys were discussed in meetings with all the staff in the ob-gyn wards and outpatient

care. In addition, these results were presented to the regional and national MOH directors, and the USAID officials during personal visits and through written reports.

VI MAIN RESULTS

6.1 Results from the Baseline Situational Analysis

Table 4 shows that only the hospitals at La Ceiba, Esperanza and San Felipe in Tegucigalpa offered postpartum/postabortion family planning methods before discharge from the hospital, and that the range of methods offered were limited to the IUD, female sterilization (almost always during cesarean sections) and natural methods. All of the hospitals, except Danli and Juticalpa, reported that the nurses and nurse auxiliaries promoted family planning among postpartum/postabortion patients. However, despite the existence of methods and promotion, all hospitals, except La Ceiba (19%) and Esperanza (30%), provided contraceptive methods to less than 5 percent of the women attended for a birth or an abortion complication.

In terms of the providers' perceptions and attitudes, most thought that clients would be grateful if they offered postpartum and postabortion contraceptive methods. They estimated that around one-half of the women would ask for a contraceptive method before discharge from the hospital if they were made available, which showed that the staff was conscious of the high demand for this service. Likewise, the majority of service providers said they were in favor of the establishment of postpartum/postabortion contraceptive services, and thought the majority of their colleagues would support this, but close to one-half were against the assignment of any additional tasks they would have to conduct to achieve this and thought that hiring new staff was the only solution to this problem. However, almost all said they would like to be trained to be able to provide these services. The most negative attitudes regarding the possible establishment of this program were found in the hospitals at Choluteca and Danli, especially among the hospital and ward directors and the Ob-Gyn physicians, who were opposed to receiving training in postpartum/postabortion contraception. In other hospitals, strong biases against specific family planning methods were found, but we thought these could be overcome through training.

In almost all the hospitals, a small proportion of the staff in the Ob-Gyn department had been trained in some aspects of postpartum/postabortion contraception. The topics in which 50 to 70 percent had been trained were: contraceptive methods, family planning counseling, insertion and removal of the IUD, lactational amenorrhea, and natural contraceptive methods. The least common types of training were: sterilization with local anesthesia, vasectomy, administration, supervision, management and control of registration and inventory, where the average percentage of trained hospital staff was below 20 percent. In general terms, more of the service providers in the outpatient ward had family planning training than in the Ob-Gyn wards. When they were asked what type of training they needed, more than one-half of the service providers

mentioned counseling, hormonal contraceptive methods, IUD insertion and removal, and female sterilization.

The equipment and materials inventory allowed us to determine that, with the exception of the hospitals in Juticalpa and La Esperanza, none of the hospitals had the resources to promote the services and few had the equipment needed for providing IUD insertion and removal services. In fact, only La Ceiba and Santa Rosa de Copan had IUD insertion kits in the puerperium rooms. In the San Felipe hospital, the lack of privacy did not allow for providing these services and only post-placenta IUD insertions were performed. Although all the hospitals had surgery rooms, their equipment was limited, and could not meet the demand for sterilization.

6.2 Characteristics of the Women Attended

Women who had been hospitalized for delivery or for an abortion complication were interviewed in the baseline, midterm and endline surveys. In this section, we present the major findings of these surveys not directly related to the supply of information and of services. We found few differences in the values of most dependent variables between the three surveys. For this reason, unless otherwise noted, the results presented in this section are those of the baseline situational analysis. Also, although there are differences between the hospitals, for brevity, we usually only present figures rounded to the nearest whole for the total number of women interviewed in the five hospitals that participated in the study.

Socio-demographic characteristics of the women

Only 28 percent of the women interviewed in the postpartum period were less than 20 years of age, and 8 percent more than 35 years of age. One-third had been pregnant only once, and 29 percent had had between two and four pregnancies. One-fifth of the women had a paid job outside the home, and 89 percent knew how to read and write. The mean number of years of schooling was 4.5 years and the median was two years of schooling. Eighty-nine percent of the women reported being married or living with a partner.

Quality of care perceptions

Eighty-nine percent of the women reported having gone to prenatal care during their pregnancy and 75 percent of women went to four or more prenatal care visits. During the baseline survey, only 28 percent of the women said they had received information about family planning during prenatal care visits, but this percentage increased to 43 percent or more in the midterm and endline surveys.

The most important reasons for going to the hospital were its geographical proximity, being the only hospital they know of, and having been referred by friends or health care staff. In 94 percent of the cases, someone accompanied the woman to the hospital, most often her husband (61%), but also her parents (17%), other relatives (11%) or friends and neighbors.

Only around 5 percent of the women reported to have had a problem to be attended or treated. On average, the women waited between five minutes (in La Ceiba) and 104 minutes (in Santa Rosa) to be attended. The most common ways of waiting were: laying on a stretcher (36%), walking (30%), sitting in a chair (17%) or standing (13%). It is not common that the service providers introduced themselves by their name with their patients (only in 20% of the cases). However, service providers often refer to their clients by their name (91%) and explain what they are going to do before an examination (65%). However, these explanations seem to be insufficient, since 60 percent of the women would have liked to receive more information. The women were also informed about their health and that of their baby (77%) and very few had any doubts remaining about these topics. If we accept the absence of recommendations for improving the service as a good indicator for quality of care, then the hospital that offers the best quality of care is San Felipe, where 91 percent of the women did not have any recommendations, and the hospital with the least quality of care is Santa Rosa de Copan, where 33 percent of the women who answered the endline survey questionnaire did not have recommendations.

Characteristics of pregnancy

Only a few more than a third of the women were trying to become pregnant when they did so. Fifty-six percent of the women were pleased when they found out they were pregnant, but 38 percent said they would have preferred a pregnancy later, and 5 percent said their pregnancy was unwanted. This last percentage rose to 11 percent in the midterm survey and to 15 percent in the endline survey. Seventeen percent of the women reported having been using a contraceptive method at the time they became pregnant (53% of these were using pills and 18% periodic abstinence method). In all these cases, the partner knew that the woman was using a contraceptive method and in 90 percent of the cases, the partner agreed with her use of contraception. Fifty-six percent of the women did not want to become pregnant again, and of those women who did, 92 percent wished to become pregnant after waiting two or more years. In conclusion, these data demonstrate a great need for contraceptive methods.

Some data on the women attended for abortion complications

The women treated for abortion complications were similar to women attended for a delivery. However, these women tended to be slightly older, with a higher number of pregnancies and a larger proportion of single women (23% in the endline survey and 27% in the midterm survey). A large proportion of women worked outside their home (35%). Nearly 65 percent of the women did not want to have children in the future.

The questionnaire asked about women's experience with pain. When asked how they graded the pain felt while they waited to be attended (where zero is the absence of pain and 10 the most intense pain), the women reported an average grade of 7, 5 and 6 during the three surveys, respectively. The number of women the service providers asked if they felt pain decreased during the project, and the number of women who received pain medication before the procedure remained the same. In almost all cases, general anesthesia was used, such that no pain was felt during or after the procedure.

Close to one-fourth of the women interviewed during the three surveys wanted to become pregnant when they did. Approximately 60 percent of the women said they would have preferred not to have become pregnant and a third of the women said they had thought it was good when they became pregnant. A little more than 20 percent of the women reported they had been using a contraceptive method when they became pregnant. The data seem to indicate that at least one-third of these women were treated for complications with a spontaneous abortion.

A section of the questionnaire inquired about partner's participation. A little over 70 percent of the women interviewed in postabortion care reported that their partner knew she had been hospitalized, and of these, more than 70 percent were with her in the hospital. The same proportion of women said they would like their partners to receive information about the treatment she was receiving and more than 80 percent requested that hospital staff explain to her partner the care she would require in the next weeks and about the family planning methods they could use.

6.3 Results of the Intervention on Services Delivered

In this section we present the basic indicators used to evaluate the effects of the intervention on the provision of services. Tables 5 to 9 present these indicators.

Table 5 shows that the proportion of women in the postpartum period who received family planning information increased from 43 percent to 87 percent. These women also received more information about each of the different contraceptive methods. The proportion of women who were asked if they wanted a contraceptive method practically doubled, from 42 percent to 82 percent, and the proportion who received a method before discharge from the hospital increased from 10 percent to 33 percent. The mix of methods chosen by the women became more diverse during the duration of the project, decreasing the proportion of women who were sterilized and increasing the proportion who chose other temporary methods. Practically all women reported having themselves made the decision to use a contraceptive method, either alone or talking it over with another person, primarily her partner, but also with health care staff. Table 5 shows that the proportion of women who said they wanted to use a method after delivery remained the same for the duration of the project. However, the proportion of women who wanted to receive a method before discharge from the hospital doubled, from 21 percent to 44 percent. Finally, Table 5 shows that the proportion of women who decided to use a contraceptive method during pregnancy rose from 55 percent to 64 percent, perhaps as a consequence of the training in counseling of providers of prenatal care services in the outlying health centers.

To verify the increase in the provision of postpartum/postabortion contraceptive services, we collected service statistics at the hospitals. As can be observed in Table 6, the proportion of women who had an obstetric event and received a contraceptive method they asked for increased from 6 percent in the July-December 1999 semester to 20 percent in the July-December 2000 semester. The difference between the estimations obtained by the surveys and the service statistics is due to two reasons: the surveys refer to two weeks at the end of the period, while the statistics are an average over a prior

semester. Also, the service statistics most likely under report the provision of contraceptive methods.

Table 7 shows that the proportion of women who wanted a contraceptive method before discharge from the hospital, but did not receive it (referred to as “unmet need” in this report) decreased from 41 percent to 7 percent. The method most requested and not received was VSC, mainly because this service is not provided on weekends and because it is common for operating rooms to be unavailable during the woman’s brief hospital stay. However, Table 7 also shows an indicator for the improvement in quality of care despite this problem in meeting sterilization requests: the proportion of women who were not given an explanation for not receiving the method they had requested decreased from 75 percent to 8 percent.

Table 8 presents the four basic project indicators for each hospital. Both the hospitals that already had established postpartum contraception services, as well as those that introduced the services during the project, made important progresses in informing women, offering the service, providing the methods, and reducing unmet need.

Finally, Table 9 presents the same indicators for the women who were treated for an incomplete abortion. The provision of information was practically universal, and more than half of the women left the hospital with the contraceptive method they had asked for, mainly the injection. The unmet need decreased from 48 percent to 21 percent. This remaining unmet need was also the result of the reduced ability of the hospitals to perform all the female sterilizations requested by women before their discharge from the hospital.

VII UTILIZATION

This was a project to expand utilization of the results observed in a previous OR project to five more hospitals. As part of the project, quarterly meetings were held in each hospital with the regional and national program managers and their technical teams to analyze the program’s achievements and to agree on future activities. Also, during the last month of the project, the results were presented to regional managers and the staff of the five participating hospitals, as well as to the staff of five new hospitals where the services will soon be introduced. The results will also be presented to the Reproductive Health Working Group, a forum of all the main reproductive health organizations in the country.

USAID has decided to grant funds to EngenderHealth to continue with the expansion of services to five additional hospitals using this model of care.

VIII CONCLUSIONS AND RECOMMENDATIONS

The objective of this program was to increase the accessibility to quality postpartum/postabortion contraceptive services and to decrease the unmet need for contraceptive methods during these periods. The results showed that the project was a success in terms of process variables such as provision of information and offering of services, as well as in terms of the proportion of women who adopted a contraceptive method before discharge from the hospital and in the reduction of unmet need (as measured by the number of women who left the hospital without receiving the contraceptive method she wanted).

We believe the success of this study was due to the participative focus in the planning of activities and due to the continuous use of research, which allowed the service providers to focus on the introduction of these services over a long period of time. The presentation of results of the baseline situational analysis in each hospital and the participation of the directors and service providers in the design of strategies to be implemented at their hospitals, was fundamental in creating their commitment towards project activities. In addition, the baseline diagnostic study allowed us to foresee existing difficulties, the hospital training and equipment needs' and the high demand for postpartum/postabortion services. The quarterly surveys provided a valuable opportunity for discussing and solving existing problems and for reestablishing the commitment of project staff towards project goals and activities. In addition, the progress identified in each new survey was an important incentive for service providers. For this reason, we recommend that in future efforts to expand postpartum/postabortion services both the baseline and quarterly survey continue being conducted.

Finally, this project did not initially consider training nurse auxiliaries. However, these agents attend more than half of the deliveries in some hospitals, such that we also recommend that nurse auxiliaries be trained in the delivery of all temporary contraceptive methods, including IUD insertion.

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Table 1

**Total number of women interviewed in postpartum and postabortion care,
by hospital and type of survey**

Hospital	Baseline July 99		Monitoring March 2000		Monitoring June 2000		Midterm September 2000		Monitoring December 2000		Endline March 2001	
	PP*	PA**	PP	PA	PP	PA	PP	PA	PP	PA	PP	PA
La Esperanza	53	7	45	4	47	13	65	4	38	4	61	3
San Felipe ***	109	0	51	0	60	0	120	0	55	0	136	0
Juticalpa	100	3	47	3	42	2	170	22	54	7	100	26
La Ceiba	107	5	41	9	53	3	133	6	60	8	96	21
Santa Rosa	105	9	38	10	29	6	188	27	56	9	179	21
Total	474	24	222	26	231	24	675	59	263	28	571	71

*PP = Postpartum

**PA = Postabortion

*** Does not provide postabortion care.

Table 2

**Main characteristics and indicators of selected hospitals.
Honduras 1999**

Characteristic	La Esperanza	Danlí	Choluteca	San Felipe	Juticalpa	Ceiba	Santa Rosa
Type of hospital	Area	Regional	Regional	National	Regional	Regional	Regional
Total number of beds	52	64	147	441	90	118	192
Number of ob-gyn beds	18	18	33	60	29	25	39
Services provided							
▪ Hospitalization	4,647	6,980	12,277	10,766	10,457	9,880	16,437
▪ Outpatient care	21,397	57,374	95,285	209,017	86,603	66,951	Not available
▪ Emergency	13,103	21,213	30,353	Not available	33,858	29,863	47,525
Four primary reasons for hospital visits	Delivery Pneumonia Diarrhea Abortion	Delivery Abortion Diarrhea Maternal Attention	Delivery Abortion B/N* Diarrhea	Delivery normal Cervical cancer C-section Cataracts	Delivery Diarrhea Abortion B/N*	Delivery Abortion Diarrhea B/N*	Delivery Diarrhea Pneumonia Abortion
Total number of deliveries attended	2,949	3,224	4,677	5,188	4,639	4,379	5,919
Normal deliveries	2,067	2,917	4,037	4,621	3,015	3,067	4,076
Dystostic deliveries	443	7	27	567	918	533	1,041
C-section rates	15.0	0.2	0.6	0.1	19.8	12.2	17.6
Abortions	165	387	546	0	440	488	593
Human resources assigned to provide postobstetric care	32	26	39	123	44	47	50

Source: Statistical information of hospital attention bulletin. Planning and Statistics Department. Ministry of Health, Tegucigalpa, Honduras. Ministry of Health. 1999.

* B/N = Bronchopneumonia

* Does not provide postabortion care.

Table 3

Number of interviews and observations conducted in the baseline situational analysis, by hospital and instrument used

Instrument	Hospital*							Total
	Ceiba	Sur	Danlí	San Felipe	Santa Rosa	Juticalpa	La Esperanza	
Director interview	1	1	1	1	1	1	1	7
Head of Ob-Gyn interview	1	1	1	1	N/A	N/A	1	5
Ob-Gyn service staff interview	9	6	5	8	16	6	7	57
Outpatient staff interview	10	9	8	N/A	N/A	10	9	46
Head of Outpatient services interview	2	1	2	N/A	N/A	2	2	9
Equipment and materials inventory	1	1	1	1	1	1	1	7
Postpartum patient interviews	107	105	107	110	105	100	53	474
Postabortion patient interviews	5	3	10	N/A	9	3	7	37
Service observations	1	1	1	1	1	1	1	7

N/A : Not applicable; this staff does not exist in the hospitals visited.

Table 4

Family planning services available in the hospitals at the start of the study, according to hospital and type of service

Type of family planning service provided	Hospitals						
	Ceiba	Sur	Danlí	San Felipe	Santa Rosa	Juticalpa	Esperanza
FP Counseling in Outpatient	YES	YES	YES	Does not have Outpatient Services	Does not have Outpatient Services	YES	YES
FP Methods offered in Outpatient	YES	YES	YES			YES	YES
FP Counseling in prenatal care	YES	YES	YES			YES	NO
Staff in charge of promoting PP/PA Family Planning	Nurse N Aux**	Nurse N Aux**	NO	Nurse N Aux**	Nurse N Aux**	NO	Nurse N Aux** Physician
Methods of PP/PA Family Planning methods before leaving the hospital *	IUD FVSC***	NO	NO	IUD	IUD	NO	IUD FVSC*** Natural methods
Proportion of PP/PA patients who leave with a contraceptive method	18.7%	-	-	4.6%	2.9%	5.0%	28.3%

* Postabortion patients are not treated in the Maternity ward of San Felipe Hospital

** Auxiliary of Nursing

*** Female voluntary surgical contraception

Table 5

Indicators of post-partum family planning service delivery, according to survey

Indicators of Family Planning services offered	Survey		
	Baseline (N = 474)	Midterm (N = 675)	Endline (N = 571)
% who received FP information	43 %	69 %	87 %
Methods mentioned:			
• Oral Contraceptives	40.4%	30.2%	30.3%
• Condom	9.9%	54.6%	80.6%
• IUD	76.8%	89.9%	96.6%
• VSC	53.7%	60.6%	46.5%
• Vasectomy	0.5%	2.6%	1.2%
• Injectables	19.2%	77.1%	95.8%
% who were asked if they wanted a method	42 %	68 %	82 %
% who want a method after delivery (postpartum)	85 %	80 %	82 %
When the patient would like to begin using a FP method:	21 %	34 %	44 %
• Before leaving the hospital	43 %	45 %	36 %
• 40 days after delivery	14 %	6 %	10 %
▪ When menstruation begins	22 %	15 %	10 %
▪ Other			
When the patient decided to use this method:			
• Before the pregnancy	24 %	16 %	11 %
• During the pregnancy	55 %	58 %	64 %
• In the hospital	19 %	25 %	24 %
% who received a method during her stay	10 %	26 %	33 %
Method received:			
• IUD	44 %	63 %	50 %
• VSC	56 %	24 %	23 %
• Condom	-	5 %	10 %
• LAM	-	4 %	12 %
• Other	-	4 %	5 %
Person who chose this method:			
• Patient	30.1%	39.2%	27.6%
• Patient and someone else	68.7%	57.7%	69.0%
% whose partner is in agreement with the method used	67.7%	50.5%	53.5%

Table 6

**Proportion of women who were attended for an obstetric event and who received a contraceptive method, by method and period.
Service statistics of participating hospitals**

Period	Contraceptive Methods				Total number of obstetric events	Coverage %
	IUD	Depo-Provera	VSC	Others		
Jul-Dec 99	245	254	142	71	11925	6.0
Jan-Jun 00	809	555	248	117	11704	14.8
Jul-Dec 00	1183	851	359	173	12725	20.2

Table 7

Indicators of unmet need, according to survey

Indicators of unmet need	Survey		
	Baseline (N = 426)	Midterm (N = 493)	Endline (N = 386)
% who would like to receive a method but did not receive it	41 %	15 %	7 %
Method desired but not received:			
• Oral contraceptives	14 %	7 %	-
• Progestyn only pills	1 %	3 %	-
• IUD	23 %	8 %	25 %
• VSC	31 %	68 %	75 %
• Injectables	12 %	11 %	-
• Other	12 %	3 %	-
• Does not know	7 %	1 %	-
% who were not explained why they were not given a method	74.9%	18.4%	7.7%

Table 8

**Indicators of family planning service delivery and unmet need,
according to hospital and survey**

Indicators of family planning service delivery and unmet need	Survey		
	Baseline July/99	Midterm Sep/00	Endline March/01
% of women who leave with a family planning method			
• Juticalpa	5%	14%	25%
• Santa Rosa	3%	18%	29%
• Ceiba	19%	27%	41%
• La Esperanza	30%	79%	72%
• San Felipe	4%	30%	20%
% of women who received family planning information			
• Juticalpa	23%	75%	96%
• Santa Rosa	40%	60%	78%
• Ceiba	76%	72%	92%
• La Esperanza	55%	100%	97%
• San Felipe	25%	58%	85%
% of women who were offered a family planning method			
• Juticalpa	2%	67%	90%
• Santa Rosa	42%	62%	79%
• Ceiba	69%	70%	92%
• La Esperanza	60%	100%	95%
• San Felipe	27%	56%	67%
Unmet need (women who wanted to receive a family planning method at the hospital but did not receive it)			
• Juticalpa	46%	10%	16%
• Santa Rosa	34%	8%	0%
• Ceiba	50%	28%	18%
• La Esperanza	24%	0%	0%
• San Felipe	42%	26%	4%

Table 9

**Indicators of postabortion contraception service delivery,
according to survey**

Indicators of postabortion contraception service delivery	Survey		
	Baseline (N = 24)	Midterm (N = 59)	Endline (N = 71)
% who received FP information	17 %	80 %	85 %
% who received a method during her stay	13 %	34 %	54 %
Method received			
• IUD	-	25 %	3 %
• VSC	100 %	5 %	3 %
• Condom	-	-	5%
• OCs	-	10 %	11 %
• Injectable	-	60 %	79 %
% who wanted a method but did not receive it (unmet need)	48 %	18 %	21 %

APPENDICES

Appendix 1: Instruments used for surveys.

Appendix 2: Questionnaires used for monitoring.