Post-Partum IUD Program in Kenya: Best Practice

Presented by:
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Presentation Outline

- Background
- Interventions
- Evaluation Objectives
- Methodology
- Findings
- Lessons learnt
Unmet Need for Family Planning in the Postpartum Period in Kenya

- 68% unmet need
- 23% using
- 5% desire birth < 2 yrs
- 4% no sex/infecund/other

N=1,407

*Source: DHS Re-analysis by Maria Borda and William Winfrey. Constella Futures, 2006*
Activities

  - PPIUD training - 5 day
  - Cascade training
  - Identification and establishment of champions
  - CHW orientation
- Evaluation of PPIUD services (2009)
Postpartum IUD (PPIUD)

- IUDs can be inserted postpartum
  - Post placental – 10 minutes after delivery of placenta
  - Immediate post partum – within 48 hours after delivery
  - During cesarean section (trans cesarean)
  - Postpartum 4 or more weeks after delivery

- In Embu, PPIUD service delivery was mostly carried out by midwives ‘champions’

- An evaluation was carried out in July 2009
Evaluation Objectives

To learn about:

- Service providers’ perspectives, practice and experience with PPIUD services
- Women’s experience with PPIUD insertion with regard to:
  - Decision making about method choice
  - Insertion procedure experience
  - Compliance with follow-up visits
  - Continuation of method
  - Any problems and satisfaction with the method
Methodology

- Desk review of facility service statistics
- Interviews (phone, face-to-face) with service providers, PPIUD clients prior to discharge, and at 3-6 months follow-up
- Focus group discussions with women with PPIUD
Findings: Provider Interviews (n=49)

- All received PPIUD training on or after 2007
- 49% transferred to other units
- 29% actively providing PPIUD services
- 92% prefer manual insertions
- 96% think the “ideal” counseling time is at ANC

Common themes:
- Knowledgeable about PPFP and PPIUD
- Client satisfaction
- Misconceptions about IUD
Findings: Client Exit Interviews (n=117)

- Manual (58%), instrument (27%) and trans/C (15%) insertions
- All (100%) were satisfied with the choice
- All received counseling and the majority were able to list some benefits
- Some (30%) decided after delivery
- Experience with pain* (p-value less than 0.05):

<table>
<thead>
<tr>
<th>Type of Insertion</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Manual (n=31)</td>
<td>9%</td>
<td>91%</td>
</tr>
<tr>
<td>Instrument (n=66)</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Trans/C (n=17)</td>
<td>--</td>
<td>100%</td>
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Client 3-6 Month Follow-up Interviews (n=63)

- 48 (76%) were using the same IUD, for the remaining 15* (24%) :
  - 11 expelled and 4 removed (2 at husband’s wish, 1 had post cesarean infection and 1 due to pregnancy)
- All (100%) returned for follow-up visit within 6 weeks
- 60 (90%) will recommend the method to a female relative or friend
- 61 (97%) would choose IUCD again if given the choice

* were using another FP method (3-IUD, 6-pills, 5-Injectables, 1-condoms)
Findings: Focus Group Discussion

- Women experienced positive changes in life since receiving PPIUD. “Life is easy.”
- Money was not a barrier to use- no cost when inserted during postpartum period
- Some partners were not aware of PPIUD.
- Misconceptions and oppositions to IUD still existed in the communities: “They are afraid because they do not know.”
- All of them were willing to promote/recommend the method to the community: “We want other mothers to have it (PPIUD). Because when you have it, you will enjoy, husbands are happy...”
Lessons Learnt

- It is feasible of introducing PPIUD in low resource settings:
  - Nurse/midwives can provide quality PPIUD services with proper training and supportive supervision
  - Women are very satisfied with PPIUD they received
- Maintaining systematic counseling during antenatal care and early labor contributes to increase uptake of PPIUD
- Manual insertion do not result to more pain nor higher expulsion rate
- Cost was not a hindrance to women
Asante!