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Maternal and Child Health
Integrated Program

Postpartum IUCD (PPIUCD): opportunities for a languishing innovation

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PNC/PPFP/PPIUCD Integration in Kenya

- **2006:** In collaboration with Population Council, reinvigorated postnatal care/postpartum family planning (PNC/PPFP) services*
- **2007:** Initiated postpartum IUCD (PPIUCD) services
- **2008:** Results from operations research demonstrated program effectiveness
- **2009:**
 - PNC/FP orientation package and PPIUCD learning resource package finalized
 - Conducted PPIUCD follow-up study
- **2010:** Data collection for PPIUCD follow-up study completed

Postnatal Care in Kenya



No missed opportunities:

- Pre-discharge counseling
- Women return at 1-2 weeks and 6 weeks postpartum
- Immunizations and sick baby referrals

Service content:

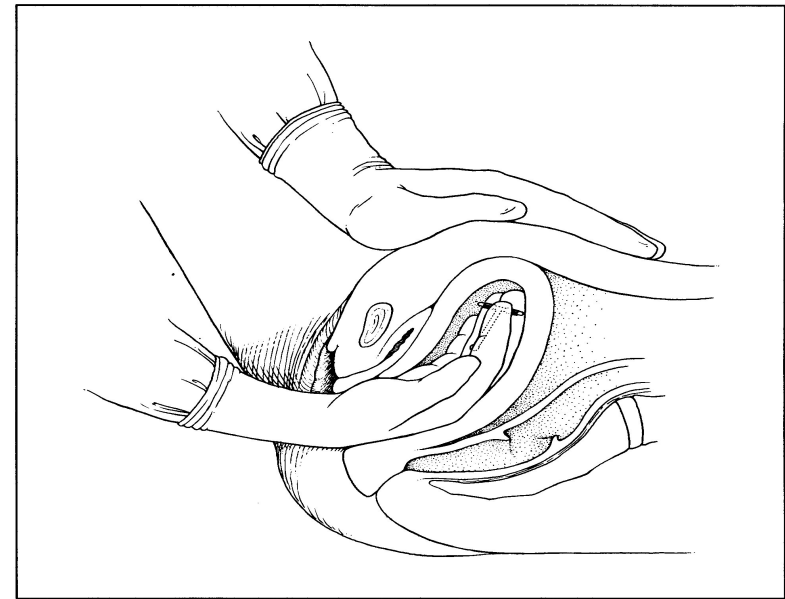
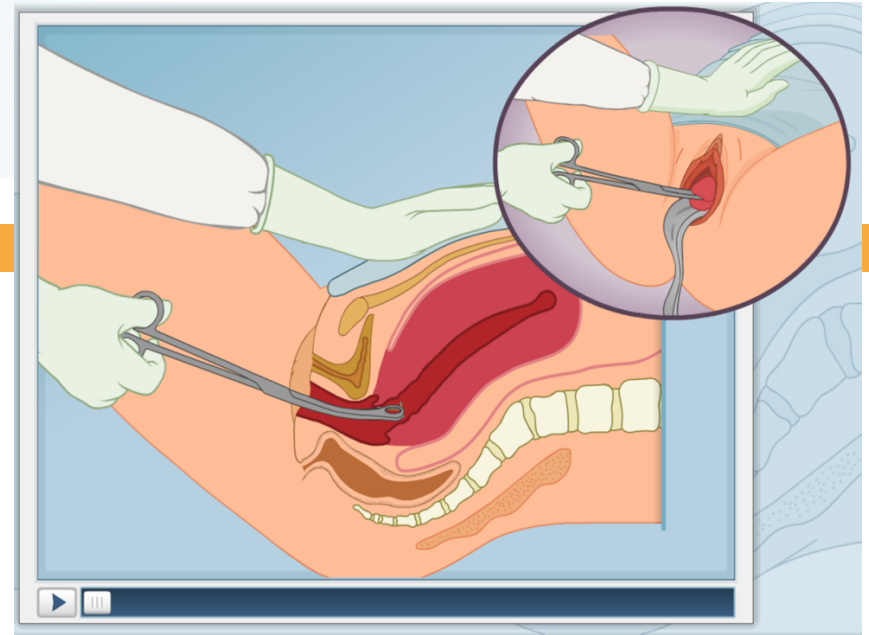
- Infant exam and counseling (and immunization)
- Mother exam and counseling
- Danger signs for mother and infant
- HTSP, LAM, return to fertility and FP counseling

PPIUD Advantages and Ambu History

- Postpartum IUD is the only long acting, reversible method, that does not interfere with breastfeeding that can be provided before the woman leaves the birthing facility and requires no transition (from LAM or to hormonals)
- In Embu, PPIUCD service delivery was initiated in 2007 and insertions are mostly carried out by midwife 'champions' through manual insertions

PPIUD: Quick facts

- **Insertion times:**
 - **Post placental:**
 - 10 minutes after delivery of placenta
 - **Immediate post partum**
 - within 48 hours after delivery
 - **Intracesarean**
 - During cesarean section
 - **Interval / Delayed post partum**
 - 4 or more weeks after delivery
- **Insertion Techniques:**
 - Manual or instrumental



PPIUCD Followup Study: Objectives

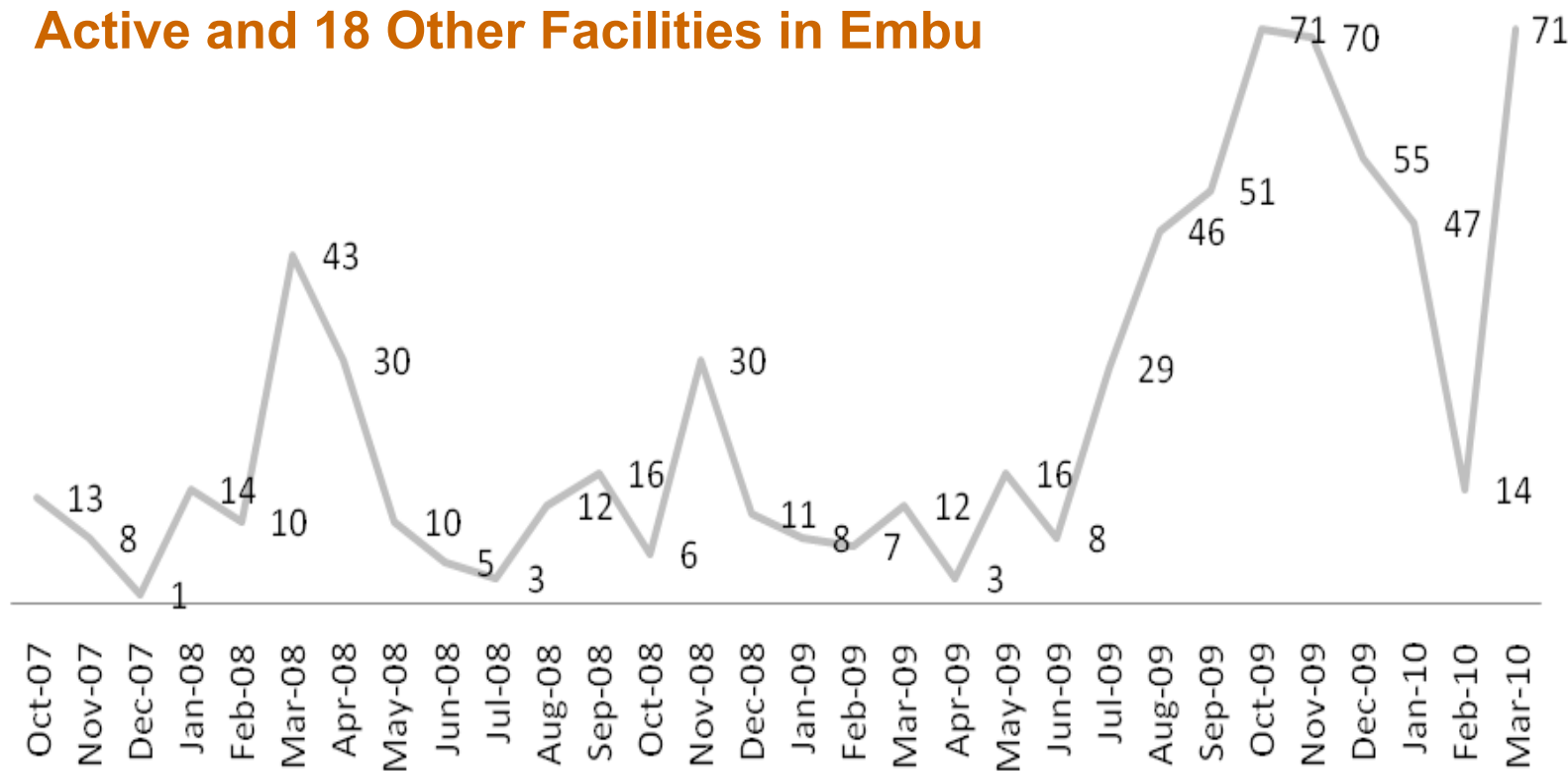
- To learn about service providers' perspectives, practice and experience with PPIUCD services
- To learn about women's experience with PPIUCD insertion with regard to:
 - Decision making about method choice
 - Insertion procedure experience
 - Compliance with follow-up visits
 - Continuation of method
 - Any problems and satisfaction with the method

Data Collection (July '09 – March '10)

- Desk review of facility records
- Interview with service providers
- Interview with PPIUCD clients (prior to discharge and follow up at 3-6 months)
- Focus group discussions (FGDs)

Service Statistics: October '07 – March '10

Number of PPIUCD Insertions from Four Active and 18 Other Facilities in Embu



Provider Interviews (n=49)

- All received PPIUCD training on or after 2007
- 49% are transferred to other units
- 29% are actively providing PPIUCD services
- 92% prefer manual insertions
- 96% think the “ideal” counseling time is at ANC
- Common themes:
 - **Knowledgeable about PPFP and PPIUCD**
 - **Client satisfaction**
 - **Misconceptions about IUCD**

Client Profiles(n=117)

- **Age:**
 - Mean=26.8(Range 17-42), SD=6.6,
 - Median=25
- **Parity:**
 - Mean=2.2(Range 1-8), SD=1.4,
 - Median=2
- 88% are married
- 81% received ANC elsewhere
- For both spacing (65%) and limiting (35%) purposes

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):

Type of Insertion	Yes	No
Manual (n=66)	9%	91%
Instrument (n=31)	26%	74%
Trans/C (n=17)	--	100%

Client 3-6 Month Follow-up Interviews (n=63)

- 48 (76%) were using the same IUCD, the remaining 15* (24%) were:
 - 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

* 14 out of 15 were using a method, including 3 with another IUCD.

Key Messages from FGDs (2 groups, 24 women)

- Reasons to choose PPIUCD varies
- Women experience positive changes in life since having PPIUCD
- Money is not a barrier to use
- Some partners are not aware of PPIUCD
- Misconceptions and oppositions do exist
- All are willing to promote/recommend the method in public

Woman's Testimony



Summary of Findings

- High staff turnover and transferring staff service stations resulted low provider retention rate.
- Service providers were successful in delivering counseling messages and the benefits of PPIUCD were acknowledged by clients.
- According to clients, manual insertion did not result in more pain; this data did not indicate a higher expulsion rate for manual insertion.
- Client satisfaction and continuation rates were extremely high.
- Misconceptions about IUCD were still an issue at the community level.

Future Programming

- **For policymakers and ministry officials:** more effort needs to be invested in roll-out and expansion of this initiative as it requires sustainable resources for long-term commitment.
- **For service providers, hospital managers, and program implementers:** Nurse/midwives can confidently provide quality PPIUCD services and mid-level cadre provided good counseling for PPFP in general as well as the PPIUCD.
- **Community level:** Negative attitudes and misconceptions related to the IUCD could be addressed through community-based activities, particularly sharing positive experiences from satisfied PPIUCD users.

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