



Improving Postpartum Family Planning through Immunization Services

Lisa Dulli¹, Fidèle Ngabo², Marga Eichleay¹, Mark Weaver³, Steve Sortijas¹, and Théophile Nsengiyumva¹

In collaboration with the Rwanda Ministry of Health

1. FHI 360
2. Rwanda Ministry of Health
3. University of North Carolina

Background/Rationale

- Extended postpartum period is one of elevated unmet contraceptive need for many women
- Infant immunization services offer multiple and timely opportunities to reach postpartum women with FP
- Limited evidence available on feasibility and effectiveness of integrating FP and immunization services

Conceptual Model of the Intervention

Intervention

- Group education
- Brochure
- Pregnancy risk screening
- Referral to same-day FP services
- Quarterly supportive supervision

Health Belief Model Concepts

- ↑ Perceived susceptibility to an unplanned pregnancy
- ↑ Perceived severity of an unplanned pregnancy
- ↑ Perceived benefits of FP
- ↓ Perceived barriers to FP

Modifying Factors

- Age
- Education,
- Relationship status
- Parity
- Partner approval of FP

↑ **Contraceptive Use**

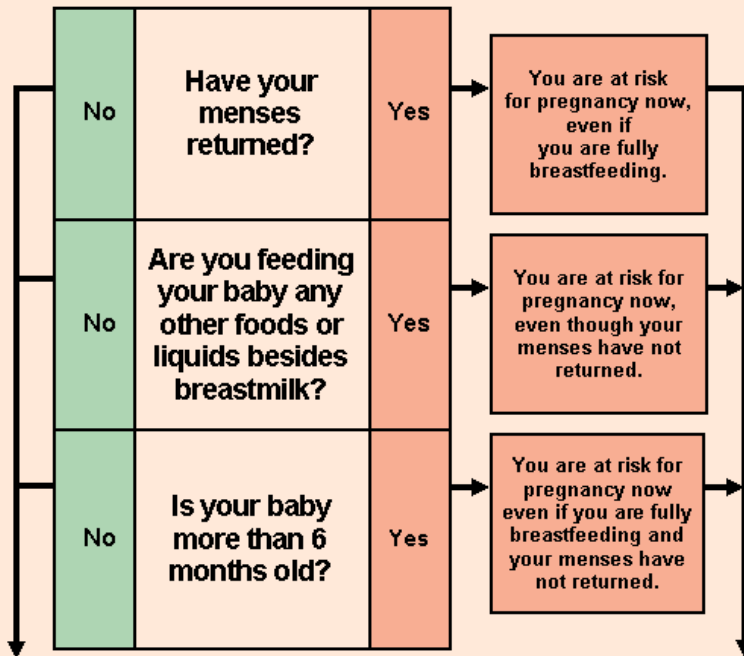
Key Intervention Messages

- Healthy timing and spacing of pregnancy
- Lactational amenorrhea method (LAM)
- Safe and effective FP methods for postpartum women
- Return to fertility during the postpartum period

Job Aid

Start here!

Determine A Mother's Need for Family Planning



- Your risk of pregnancy now is low— because you are naturally protected from pregnancy by a process known as the **lactational Amenorrhea method (LAM)**.
- Your risk for pregnancy will increase soon. *See reverse*

- Women who delay another pregnancy for at least 2 years after giving birth are healthier and have healthier babies.
- To space pregnancies you need to use a FP method. *Refer mother to FP clinic*

Go for Family Planning when any **ONE** of these things occur:

1



Your menstrual bleeding returns.

OR

2



You feed your baby other liquids or foods besides breastmilk.

OR

3



Your baby is 6 months old.

Why do you need another method?

When one of these conditions occurs, it is a sign that your fertility has returned. The LAM method will no longer be working.

To prevent having another baby too soon, you should use another family planning method.

Why is birth spacing important?

It is Healthy! *Women who delay another pregnancy for at least 2 years after giving birth are healthier and have healthier babies.*

Study Objectives

1. To evaluate the effectiveness of the FP/IZ integration intervention.
2. To examine the relationships between HBM perceptions and contraceptive use.
3. To assess the feasibility and acceptability of the intervention.
4. To estimate costs to inform scale-up.

Methods (1)

- Design
 - Cluster randomized, 2-group, separate sample, pre/post test design
- Sample
 - 14 Health facilities randomly selected
 - Baseline sample: 806 clients, 63 providers
 - Mid-course: 100 clients
 - Outcome: 848 clients, 55 providers
- Data Collection: 3 waves
 - Baseline: April to June 2010
 - Mid-course process: November to December 2010
 - Outcome: December 2011 to February 2012

Methods (2)

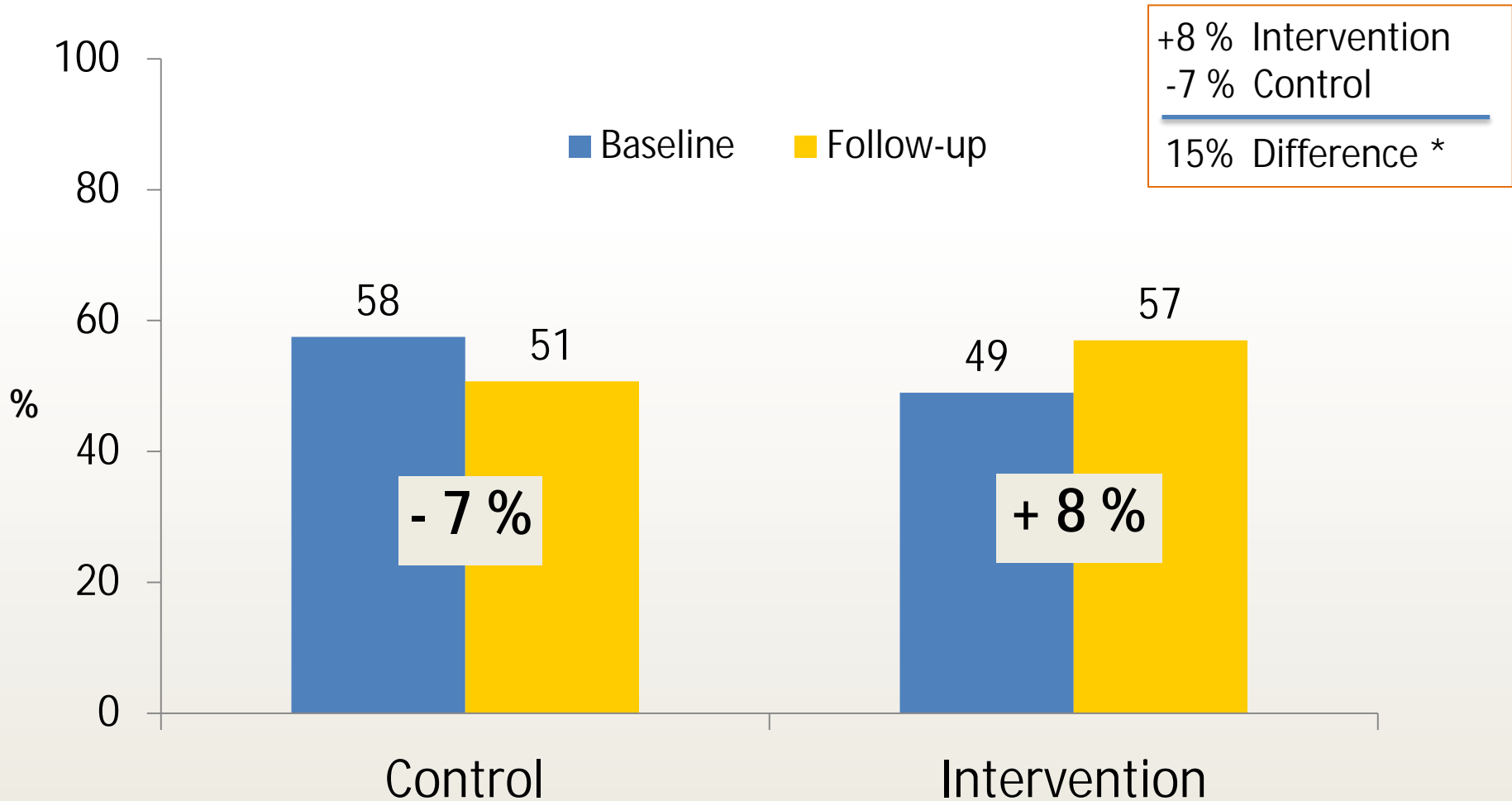
- Data
 - Baseline and outcome
 - Structured exit interviews with clients
 - Structured interviews with FP and IZ providers
 - Structured observations of IZ service and activity sampling
 - Process data:
 - Mid-course client interview
 - Quarterly supervisions
- Analyses
 - Descriptive statistics, bivariate and multivariable analyses
 - All models control for clustering at facility level

Results

Sample Characteristics at Follow-up

Characteristic	<u>Intervention</u> (n=426)	<u>Control</u> (n=422)
Mean age (years)	28.5	27.4
Mean # of months postpartum	9.4	9.4
Mean # of children	2.7	2.4
Married/partnered, living together (%)	93.4	93.8
Partner approves of family planning (%)	89.1	89.7
Highest level schooling attended (%)		
None	14.8	18.5
Primary	73.7	67.5
Secondary or higher	11.5	14.0
Religion (%)		
Catholic	46.9	36.0
Protestant	48.3	57.8
Other	4.7	6.2

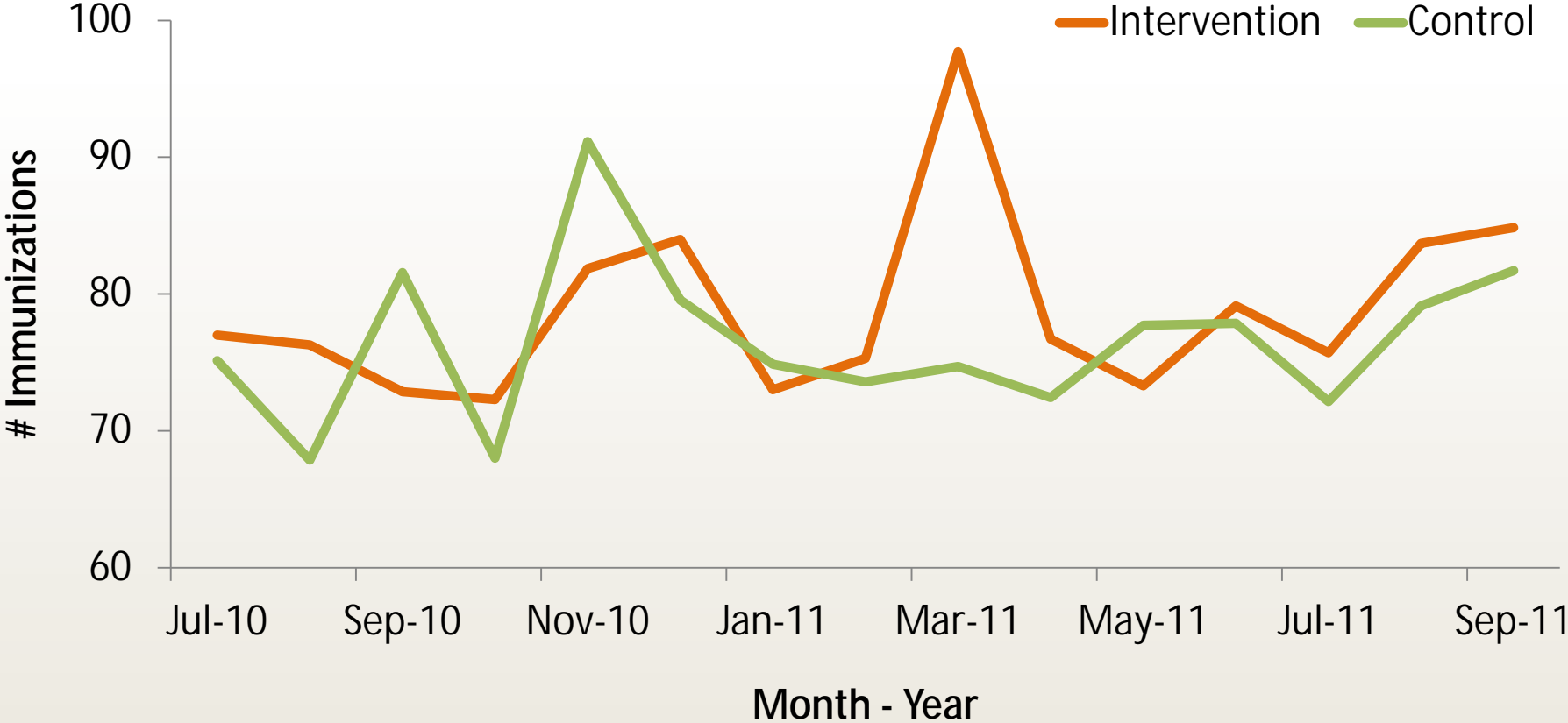
Current Contraceptive Use, by group and time



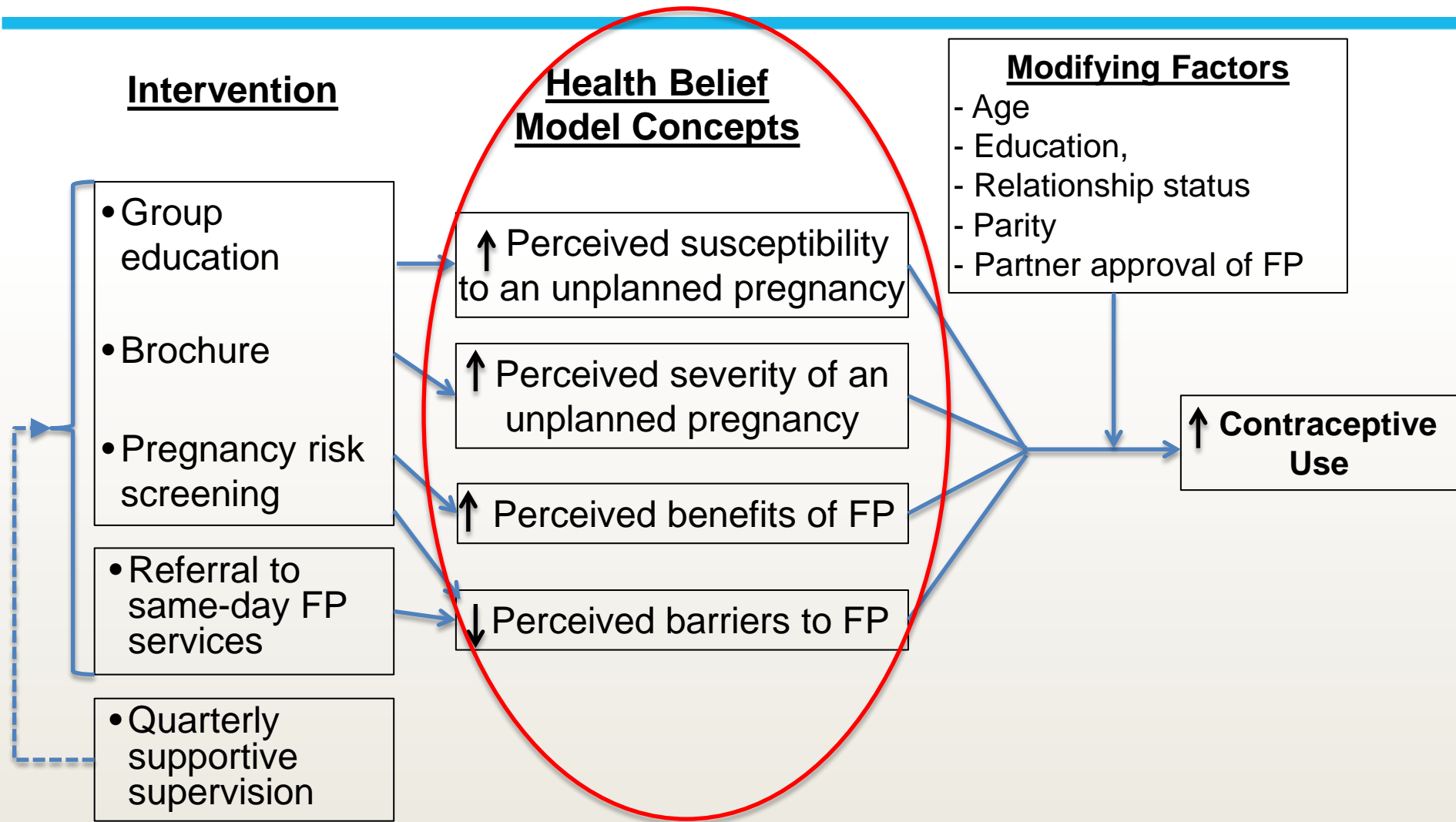
*p<0.05. Model adjusts for age, parity, education, religion and partner approval of FP and accounts for clustering by facility and facility*time

Measles Immunizations Not Affected by Intervention

Average number of measles immunizations, by month



Conceptual Model of the Intervention



Health Beliefs Associated with Method Use

HBM Concept	Regression Estimate
Perceived susceptibility to unplanned pregnancy	0.24*
Perceived severity of unplanned pregnancy	0.04*
Perceived benefits of FP	0.06*
Perceived barriers to receiving FP service	-0.14

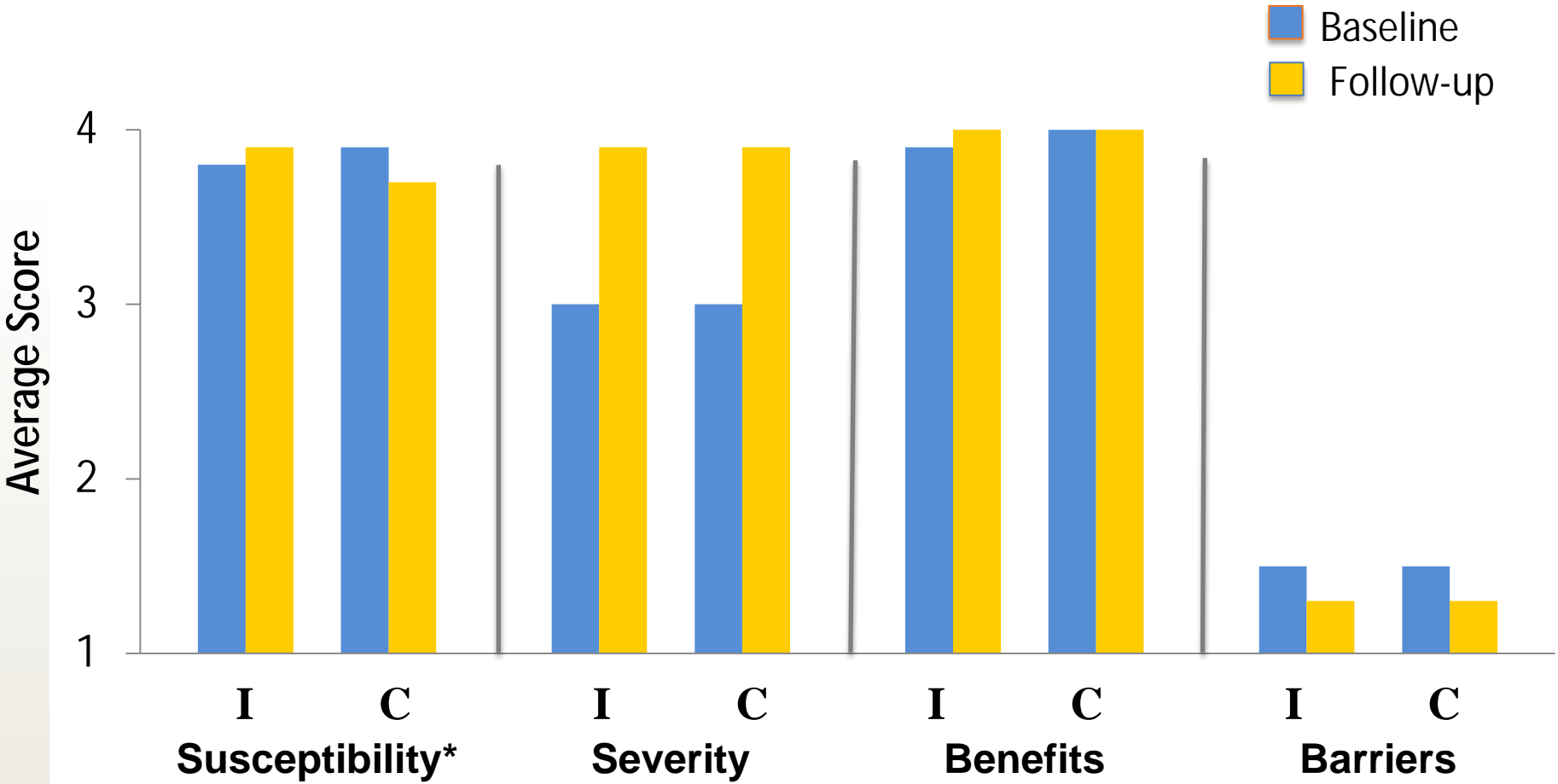
*statistically significant at $p=0.05$

n=1626 using both baseline and follow-up. Each variable assessed in a separate model.

Accounts for clustering by facility and facility*time.

Only bivariable analyses.

Change in Health Beliefs Over Time, by Group



* Statistically significant difference of differences at p=0.05.



Reasons for Non-Use

Reasons for non-use	Control % (n=206)	Intervention % (n=179)
Awaiting return of menses	46.1	50.3
Fear of side-effect/health problems	19.4	13.4
Not sexually active	14.6	20.7
Breastfeeding	8.2	11.2
Husband opposes	4.4	7.2
Religious opposition	1.0	2.8
Wants to get pregnant	4.9	3.3
Provider refused	0.5	0.0
FP interferes with body's normal function	6.8	5.0
Other	12.1	10.1

Respondents could provide more than one response

Lessons Learned from Supervisions

- Provider attrition was a factor in some facilities
- Intervention delivery required reinforcement
 - Content of messages needed to be reinforced in some facilities
 - Not all messages always delivered
 - Individual consultations with woman didn't always happen as planned
 - Untrained providers didn't deliver messages correctly
- Engaging both central-level and district-level MOH personnel and the FP technical working group were important to successful implementation

Conclusions

- Intervention successfully increased FP use among PP women
- Immunization service attendance was unaffected by the introduction of FP services during immunization service
- HBM perceptions associated with FP use, but intervention only led to increase in perceived susceptibility
- Misperceptions about awaiting the return of menses was an important reason for non-use among participants