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Assessing the Feasibility of Postpartum IUD Provision in Rwanda

Key Study Findings

- Providers in district hospitals and health centers can acquire the skills and knowledge to provide postpartum IUD services competently.
- Postpartum IUD service promotion and provision can be incorporated into the routine service delivery procedures of antenatal care and maternity services.
- Successful programs need champions at the national, district, and facility level who promote the new service.
- Services must be supported by clear performance expectations to integrate provision of this method into routine maternal care, performance monitoring, supportive supervision, and recognition of providers demonstrating exemplary performance.

Background

The Government of Rwanda is committed to reducing unmet need for family planning, particularly among postpartum women. Important gains can be achieved by including long-term methods like the IUD in the method mix. Research and programmatic experience have demonstrated the safety and effectiveness of IUD insertion performed within 48 hours of a woman giving birth. Despite the advantages of including the postpartum IUD in the contraceptive method mix, few family planning programs in sub-Saharan Africa offer this service. The Ministry of Health with support from FHI 360 and Jhpiego, conducted a study to examine the feasibility of offering postpartum IUD services in public sector health centers and hospitals. The study examined the process of introducing this new service, exploring the factors supporting its successful implementation, along with challenges that must be overcome to deliver postpartum IUD services successfully on a broad scale.

Intervention

The Ministry of Health introduced postpartum IUD services in four hospitals and eight health centers selected from Rwanda's four regions (Figure 1). To prepare for the new service, antenatal

care (ANC) and maternity providers were trained in postpartum family planning counseling. Selected nurses and doctors who attend deliveries were additionally trained in IUD insertion and removal. Service delivery procedures in ANC and maternities were adjusted to ensure that clients received group education and individual counseling on postpartum contraception and the IUD in particular. ANC clients' choice for postpartum contraception was recorded on their client cards via a stamp introduced as part of the intervention. The study team provided facilities with a brochure on family planning methods to distribute to pregnant and postpartum women. Ministry of Health managers ensured that participating facilities had equipment and commodities for IUD insertion. Finally, the study team conducted supportive supervision to reinforce skills and knowledge of providers who had participated in trainings on postpartum family planning counseling and IUD insertion and removal.

Study Approach

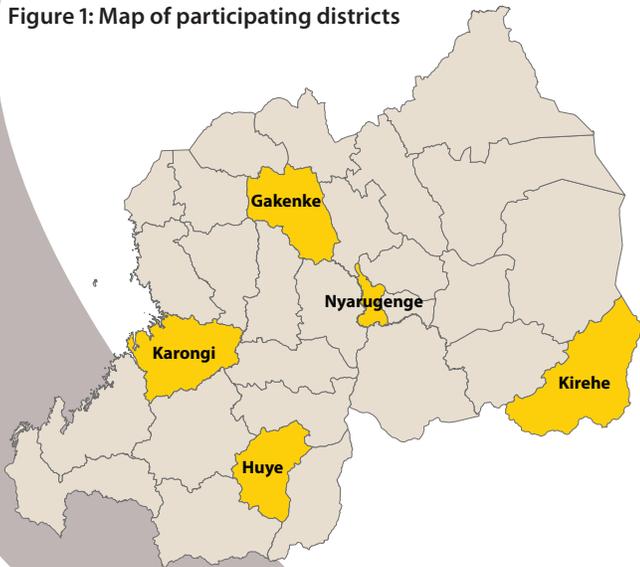
This descriptive study consisted of a phased introduction of postpartum IUD services, with documentation of service delivery processes and post-intervention data collection to evaluate the feasibility of the intervention. The study began with a preparatory phase, consisting of initial introduction of the service at Muhima

The Ministry of Health, with support from FHI 360 and Jhpiego, conducted a study to evaluate the feasibility of offering postpartum IUD services in hospitals and health centers in Rwanda, with the goal of scaling up the service nationwide. The term “postpartum IUD services” refers to offering women the choice of having the intrauterine device (IUD) inserted within 48 hours of giving birth.

Based on the study findings, participants in a national dissemination meeting recommended that the Ministry of Health scale up the intervention as a means of expanding contraceptive options for postpartum women and increasing access to this highly effective contraceptive method.

Assessing the Feasibility of Postpartum IUD Provision

Figure 1: Map of participating districts



Hospital in Kigali. The purpose of this component was to adapt the service model to the Rwandan context and to accumulate experience so that this district hospital could serve as a training center. Next, the study team conducted facility assessments in eight district hospitals and 24 health centers to assess readiness

to offer postpartum IUD services. Field workers interviewed facility managers to gather information on staffing, infrastructure, and pre-existing services. Then the study team selected four district hospitals and eight health centers best situated to offer postpartum IUD services in Rwanda's four regions. Selected facilities had a relatively high volume of maternity clients, effective infection prevention procedures and equipment, and adequate staff and infrastructure for maternity services. Finally, staff in the selected facilities expressed enthusiasm about participating in this demonstration project.

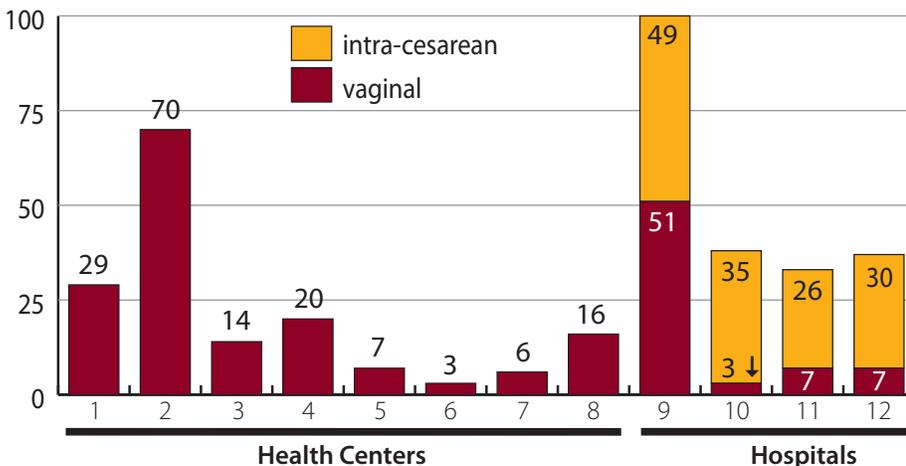
Between six and nine months after sites began implementing the intervention, the research team collected data to

assess the success of the intervention and the feasibility of scaling up postpartum IUD services. Data collection methods included: interviews with all ANC and maternity care providers responsible for client counseling or IUD insertion, observations of client-provider interactions in ANC and the maternity, and compilation of service statistics. Research assistants also interviewed postpartum women attending child immunization services in the health centers where the postpartum IUD services had been introduced. Finally, the research team compiled data on the incremental cost of the intervention. Resources required to deliver the intervention were identified, including the labor and materials for training providers, orienting facility heads to the intervention, and providing supportive supervision. Unit costs of these resources were then calculated and totaled using an Excel spreadsheet.

Findings

In the 15-month follow-up period, a total of 478 postpartum IUD insertions were performed, 278 in the four district hospitals and 200 in the eight health centers. About two of every three insertions performed at the hospitals occurred among woman who gave birth by cesarean section; all of those performed in health centers followed vaginal deliveries. Figure 2 presents the number of insertions performed in each facility in its first 10 months of offering postpartum IUD services. The number of insertions varied extensively across the 12 participating facilities. An important factor explaining the success of high-performing sites was having highly motivated providers supported by engaged managers. The total number of deliveries in the facilities also affected the number of postpartum IUD insertions performed.

Figure 2: Number of insertions performed in the first 10 months of services in each study site



The study evaluated provider job knowledge through interviews that included questions on matters like healthy timing and spacing of pregnancy, the contraceptive protection offered by the Lactational Amenorrhea Method (LAM), safe and

effective family planning methods in the postpartum period, and appropriateness of postpartum IUD as a method. The training was effective in imparting job knowledge, with 81% of those trained achieving an adequate knowledge score based on interview questions, with similar levels among doctors and nurses. (The project also interviewed ANC and maternity providers responsible for counseling on family planning who did not participate in project-sponsored training; 50% of those demonstrated competence.) Similarly, 86% of providers trained to perform insertions demonstrated adequate levels of knowledge of clinical matters, including insertion procedures, infection prevention, management of side effects, and timing of follow-up visits. Nurses scored slightly higher than doctors. Providers expressed near unanimous support for this new service. Nearly all said counseling clients on postpartum IUD services should be part of their job, and all but one provider trained to perform insertions wanted to continue offering the service.

Observations of ANC services showed that messages about postpartum family planning were more commonly communicated through group education than individual counseling (Table 1). Education and counseling on postpartum family planning were less commonly observed in the maternity wards.

Despite the group education and counseling being offered, important knowledge gaps were documented among clients. Of the 277 interviewed postpartum women, only half reported that they had ever heard of the IUD. Only five women interviewed reported having accepted the postpartum IUD. Interview participants were asked why they did not consider postpartum IUD insertion. The most common responses were that they were not interested in using the IUD, regardless of the timing of insertion, or they did not know enough about the method. Those who had heard of the IUD were asked about benefits of the method;

Table 1: Percentage of observed ANC group education and counseling sessions in which the message was communicated

Message	Group Education (N= 41 sessions)	Individual Counseling (N= 335 sessions)
Healthy timing and spacing of pregnancy	62%	36%
Following child birth, risk of pregnancy before menses return	83%	33%
LAM criteria	60%	26%
Difference between short-acting and long-acting FP methods	52%	27%
IUD as a contraceptive option	98%	62%
IUD can be inserted immediately following delivery	86%	50%
Asks client about her choice of postpartum contraception	Not performed in group setting	93%

respondents emphasized the long-term contraceptive protection it provides and its effectiveness. When postpartum women were asked if they knew any negative aspects of the IUD, there were no overwhelming concerns. This finding suggests that future services will not necessarily have to combat strong negative biases surrounding the IUD that historically have been presumed to be a constraint to program success; general awareness-raising about the IUD is still essential, however.

The estimated total incremental cost of the pilot intervention in the 12 sites was US\$95,004. However, some costs, specifically costs of training, must be adjusted to ensure that both costs and outputs are measured over the same time period. The costs of training should then be amortized over a period of time during which training is considered to still be effective. It was assumed that additional training (whether for new or existing providers) would be needed in approximately three years, based on the number of insertion providers who were still active at the end of the study period. Therefore, the cost of training was amortized over three years. This decreased the implementation costs over the approximately one year study period to US\$52,536.

Dividing this cost by the total number of postpartum IUD acceptors during the study period (N=478) and the equivalent

Assessing the Feasibility of Postpartum IUD Provision

number of Couple Years of Protection (CYP) (standard CYP conversion rate for IUDs is 4.6) yields cost-output measures of \$110 per postpartum IUD acceptor and \$24 per CYP, respectively. The cost per facility offering postpartum IUD insertion services (meaning staff trained in postpartum family planning counseling and postpartum IUD services and available equipment and

supplies) is calculated by dividing the full implementation cost \$95,004 by the number of facilities (n=12), resulting in \$7,917 per functioning facility.

This cost information can be used to inform decision-making, allowing the Ministry of Health to compare the costs and outputs of different health interventions. First, cost per CYP can be compared to estimated cost per CYP for other methods such as injectables and implants to assess whether the postpartum IUD intervention delivers “value for money” in the Rwandan context.

Second, the Excel-based

analysis of postpartum IUD intervention costs provides a structure for estimating costs of scale-up activities. While actual costs were used in this exercise (including expenses incurred by international NGOs) program planners could use the Excel spreadsheets to construct activity budgets using estimated costs of resources that could be used in the scale up.

Next Steps

The Ministry of Health, with support from FHI 360 and Jhpiego, disseminated study results at a March 2013 national meeting entitled, “National Evidence Review & Scale-up Advisory Meeting on Postpartum Family Planning Programming.” Participants

recommended national scale up of the intervention and provided specific guidance to facilitate the scale-up process. They proposed changes to service delivery guidelines, supervision requirements, training curricula, and data collection systems (see box). The recommendations, presented to the national Maternal and Child Health (MCH) Technical Working Group, are expected to be incorporated into forthcoming work plans of the Ministry of Health and partner organizations.

This feasibility study has put the technical foundation in place for postpartum IUD services in Rwanda. The Ministry of Health now possesses training curricula and procedures, skilled instructors, service delivery guidelines, educational materials, supervisory procedures, and reporting mechanisms. Program managers can also draw from lessons learned from the documented experience in district hospitals and health centers as they consider plans for service expansion. Future programs should place greater attention on stimulating and sustaining provider motivation so that the service is promoted and delivered consistently. Additionally, future services should place greater emphasis on both clinic- and community-based efforts to raise awareness about the method as means of stimulating demand. These efforts will be aided by identifying champions within districts and facilities and charging them with providing supportive leadership to encourage successful service implementation.

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FHI 360/HEADQUARTERS
P.O. BOX 13950
RESEARCH TRIANGLE PARK, NC 27709 USA
TEL 919.544.7040

FHI 360/RWANDA
B.P. 3149
KIGALI, RWANDA
TEL +250.788.306.173

Selected Recommendations from National Scale-up Advisory Meeting

- In order to increase partner support, provide postpartum family planning counseling during the first antenatal care visit whenever possible because male partners are often present.
- Add the postpartum IUD as a method choice on the client cards where family planning method choice is recorded.
- Continue use of the stamp on clients’ antenatal cards to allow recording of women’s choice of family planning method for the postpartum period.
- Revise the Maternal, Newborn and Child Health (MNCH) policy and strategy, the national family planning guidelines and protocols, training manuals, and nursing/midwifery and medical school curricula to integrate postpartum IUD.
- Develop opportunities for successful study sites to share their experiences and lessons learned with sites that are newly implementing the intervention.