Comprehensive Postnatal Care: Integrated postpartum Family Planning and HIV Services in Swaziland and Zambia

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Introduction

- Women make limited use of post partum services
- Guidelines and standards including the content and timing of PNC are unclear
- Gaps in guidelines limit use of including Family Planning and HIV services
- **Objective**: Describe the effect of strengthening PNC on the quality of integrated post natal services in Zambia and Swaziland
Integrated service delivery for postnatal care

**Standard PNC**

*Timing:* Usually delivered on discharge if hospital delivery, with 6 week check.

*Content:*
  - Immunisation
  - Growth monitoring/child welfare
  - FP at six weeks post partum

**Integrated PNC & HIV services:**

*Timing:* within 48 hours of delivery, plus 7 day, and 6 week visit at facility

*Content:*
  - Standard PNC plus:
    - Mother and baby physical examination to detect danger signs, complications, anomalies
    - Infant feeding counselling
    - Postpartum FP counselling and provision
    - Screening for cervical cancer (at 6 weeks)
    - HIV CT (mother and baby)
    - HIV prophylaxis for mother and baby
    - Infant male circumcision counselling

**ART service:**

Offer range of HIV & SRH services, CD4 testing

- Clinical staging
- ARV prophylaxis
- CTX prophylaxis
- Monitoring (every 3-6 months)
- Management of OIs
- Counselling on side effects
- Adherence counselling
- FP counselling
- Condom promotion/provision
- Provision of short-term methods

**Referral to other departments:**

Ob/Gyn unit for complications; sick child clinic; FP unit for long-term FP methods
### Evaluation Methods

<table>
<thead>
<tr>
<th>Elements</th>
<th>Zambia</th>
<th>Swaziland</th>
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</thead>
<tbody>
<tr>
<td>Study design</td>
<td>A two-phased cluster randomized operations research</td>
<td>Quasi experimental research</td>
</tr>
<tr>
<td>Methods</td>
<td>671 observations of client-provider interactions</td>
<td>558 observations of client-provider interactions</td>
</tr>
<tr>
<td>Analytical approach</td>
<td>Mean scores for all process constructs of PNC care</td>
<td></td>
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<tr>
<td>Statistical analysis</td>
<td>T-test to compare means across groups at end line</td>
<td>ANOVA to assess effect of integration using integration index</td>
</tr>
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## Indicators of assessing quality

<table>
<thead>
<tr>
<th>Construct</th>
<th>Observed elements of the construct</th>
</tr>
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<tbody>
<tr>
<td>Building Rapport</td>
<td>Greeting client, using client’s name, ensuring privacy, assuring confidentiality, Telling the client what is going to be done</td>
</tr>
<tr>
<td>History taking</td>
<td>Date of delivery, resumed menses, Place of delivery, medication currently taken, currently breastfeeding</td>
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<tr>
<td>Maternal danger signs</td>
<td>Foul-smelling vaginal discharge, fever with or without chills, excessive vaginal bleeding, and broken scars (perineum/caesarean)</td>
</tr>
<tr>
<td>Infant care</td>
<td>Examination, counselling on infant feeding, danger signs, immunization, weight.</td>
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<tr>
<td>Maternal care</td>
<td>Taking clients’ temperature, respiratory rate, and BP; checking for pallor; examining breast nipples; palpating abdomen for uterine involution.</td>
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<tr>
<td>Postpartum FP</td>
<td>Counseling on return to fertility, returning to sexual activity, healthy timing and spacing of pregnancies, and desired number of children</td>
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</tbody>
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Demand for comprehensive PNC services - Swaziland
Demand for comprehensive PNC services-Zambia

- Referral
- Delivery
- ART Clinic
- HIV-CT
- Sick mother
- Sick baby
- Growth monitoring
- Immunization
- Family Planning
- PNC Baby
- PNC Mother

Comparison vs Intervention
Baseline: Quality Scores: Zambia

- Overall score (0-58)
- FP methods discussed (0-11)
- Fertility advice (0-4)
- Infant feeding (0-3)
- Examine infant (0-4)
- Examine mother (0-8)
- Rapport (0-5)

Comparison
Intervention

Scores range from 0 to 25.
End line Quality Scores: Zambia

Overall score (0-58)
FP methods discussed (0-11)
fertility advice (0-4)
infant feeding (0-3)
Examine Infant (0-4)
Examine mother (0-8)
Rapport (0-5)

Comparison
Intervention
Conclusion

• Strengthening PNC have modest effects on quality of PNC services
  • Postpartum FP
  • Examining mother and baby

• The process of strengthening PNC will require:
  • Further consultation and provides the opportunity for engaging with the pre-service training institutions and professional bodies to ensure institutionalization and standardization of comprehensive PNC
  • Linkages with PMTCT services, community strategies, as well as using FANC as the platform for strengthening the continuum of care are essential
Lesson Learnt & Challenges

- Inadequate provider knowledge, skills and practice on PNC
- Limited or lack of support supervision/orientation
- Staff rotation/deployment or shortages
- Limited demand for PNC services by mothers
- Multiple registers for different services
- Weak Referral system
- Little emphasis on the quality of obstetric or newborn care or postpartum family planning