

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

Timothy Abuya, James Kimani, Charity Ndwiga and Charlotte Warren

# 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

HIV+

## 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

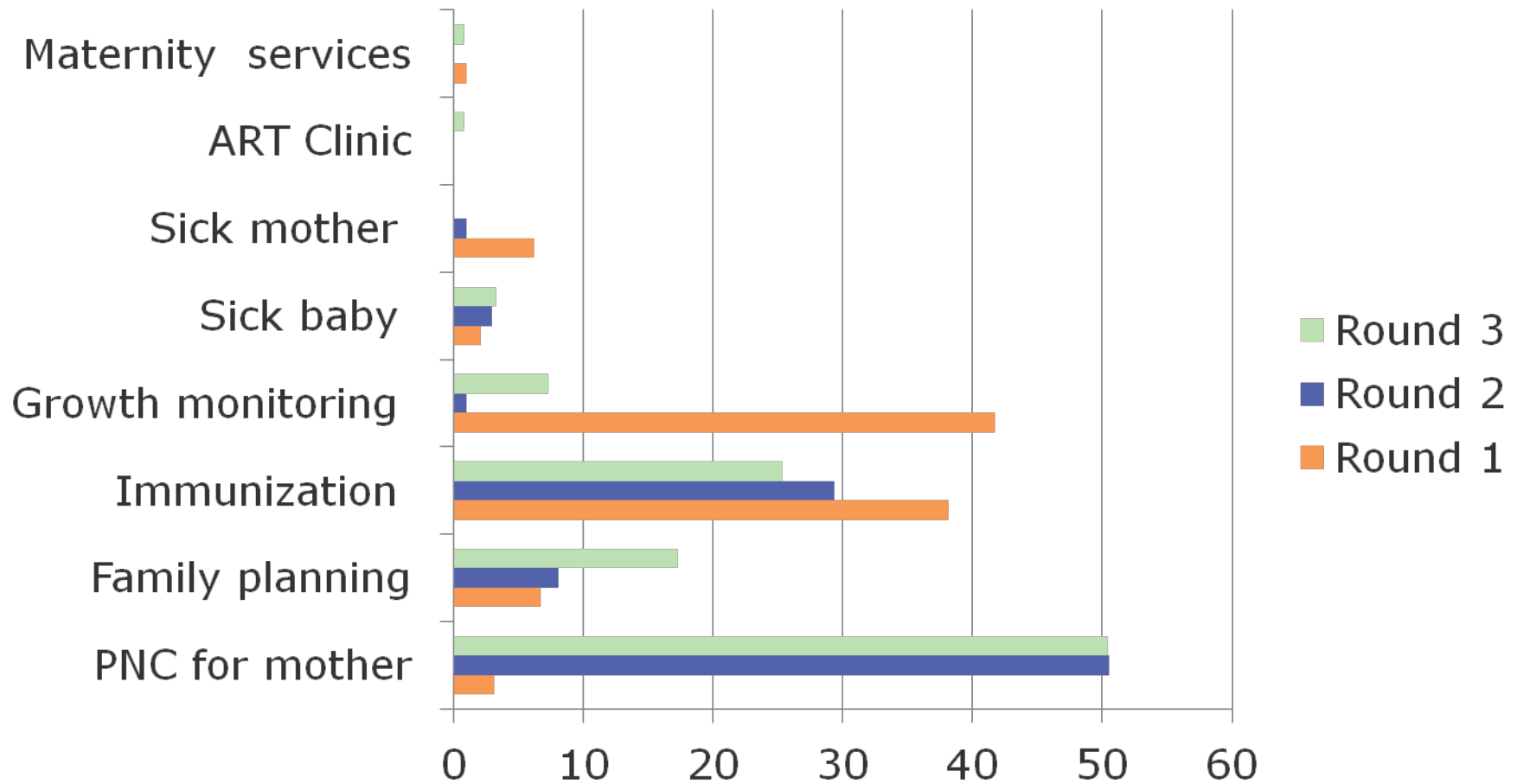
# Evaluation Methods

| Elements             | Zambia  | Swaziland   |
|----------------------|---|---|
| Study design         | A two-phased cluster randomized operations research | Quasi experimental research                                   |
| Methods              | 671 observations of client-provider interactions    | 558 observations of client-provider interactions              |
| Analytical approach  | Mean scores for all process constructs of PNC care  |   |
| Statistical analysis | T-test to compare means across groups at end line   | ANOVA to assess effect of integration using integration index |

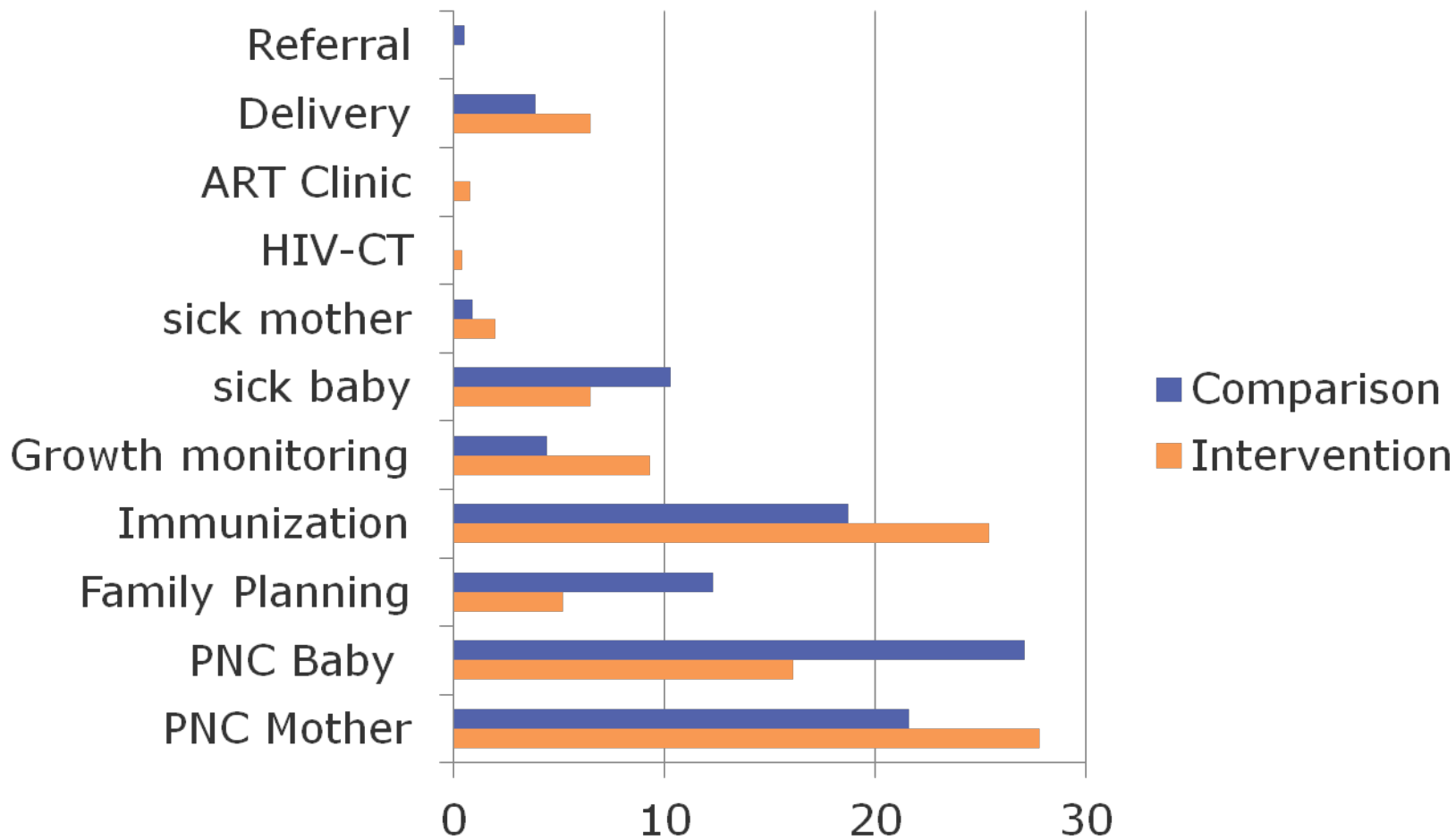
# Indicators of assessing quality

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

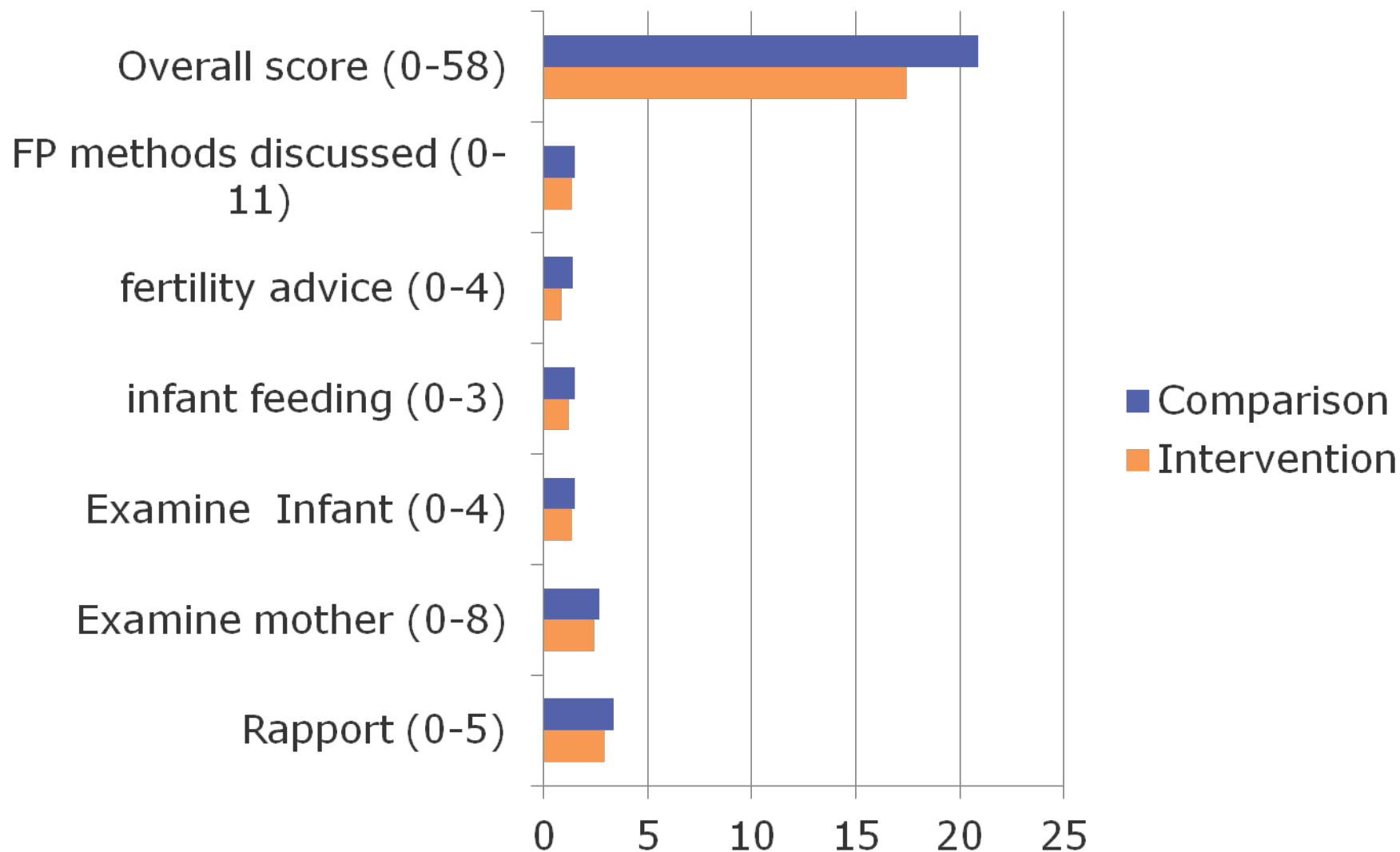
# Demand for comprehensive PNC services -Swaziland



# Demand for comprehensive PNC services-Zambia

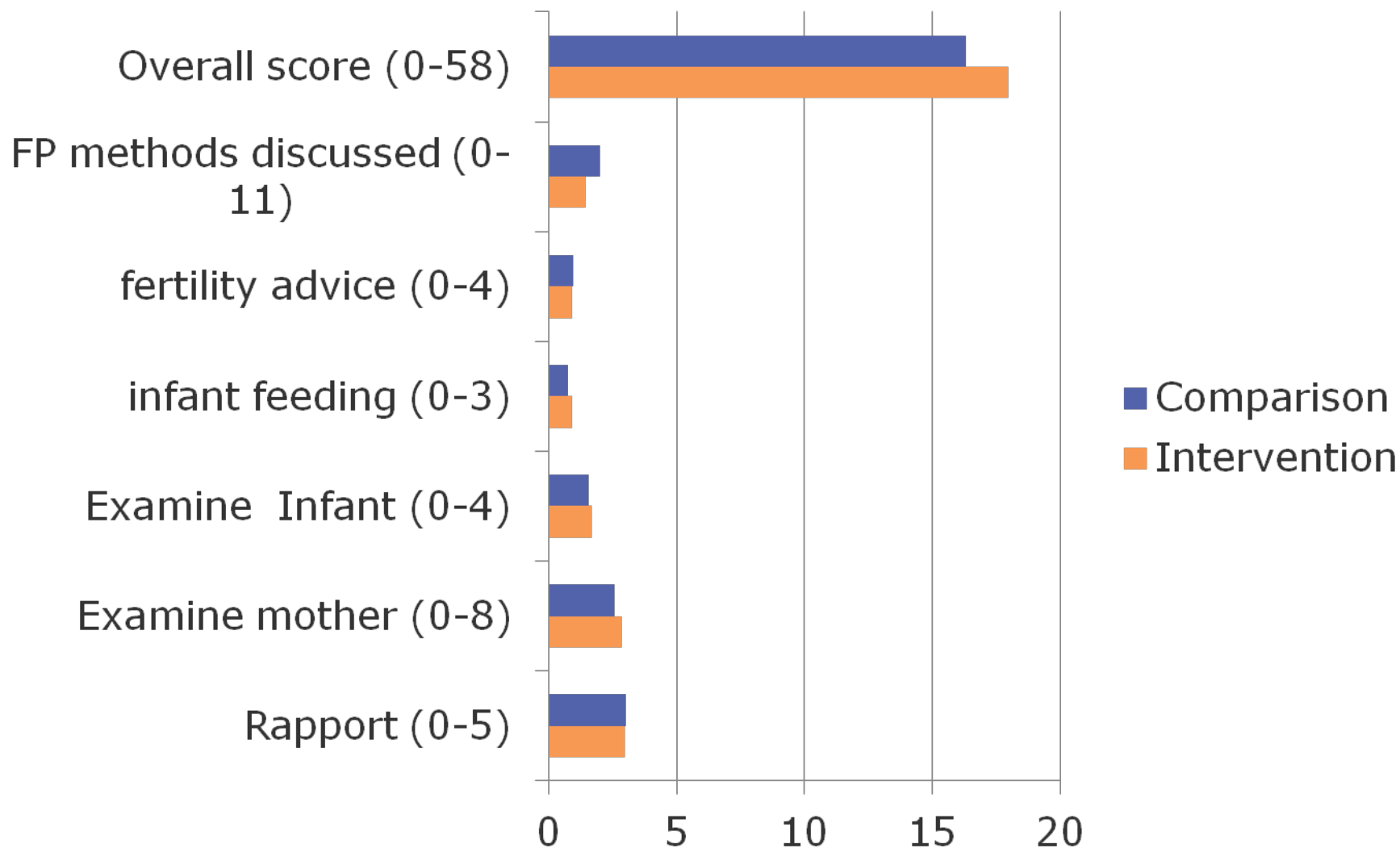


# Baseline: Quality Scores: Zambia

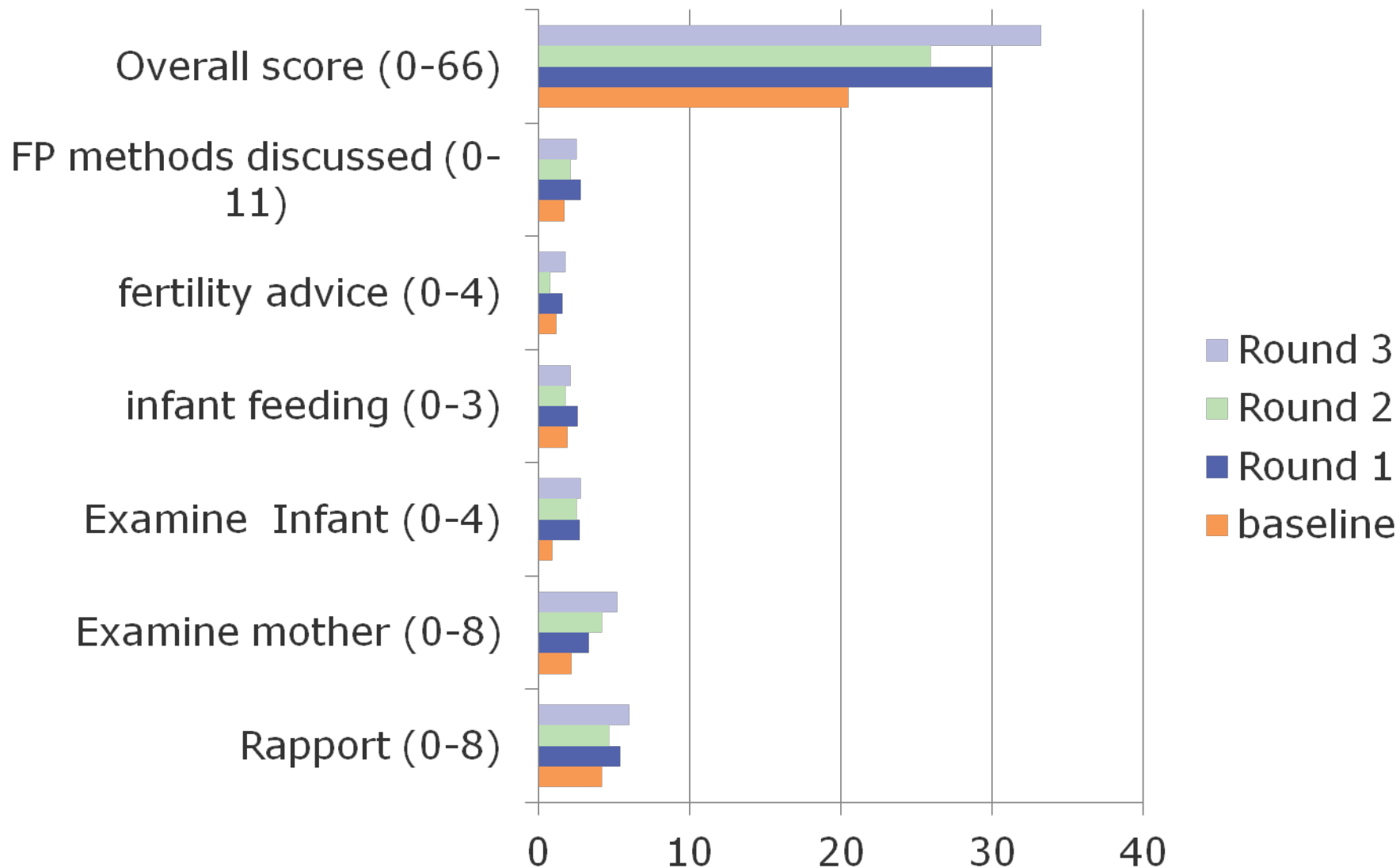




# End line Quality Scores: Zambia



# Overall Quality Scores: Swaziland



# 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