

# Strengthening the delivery of postpartum family planning through the community midwifery model in Kenya

Health Systems Issues with PP-FP and Advocacy

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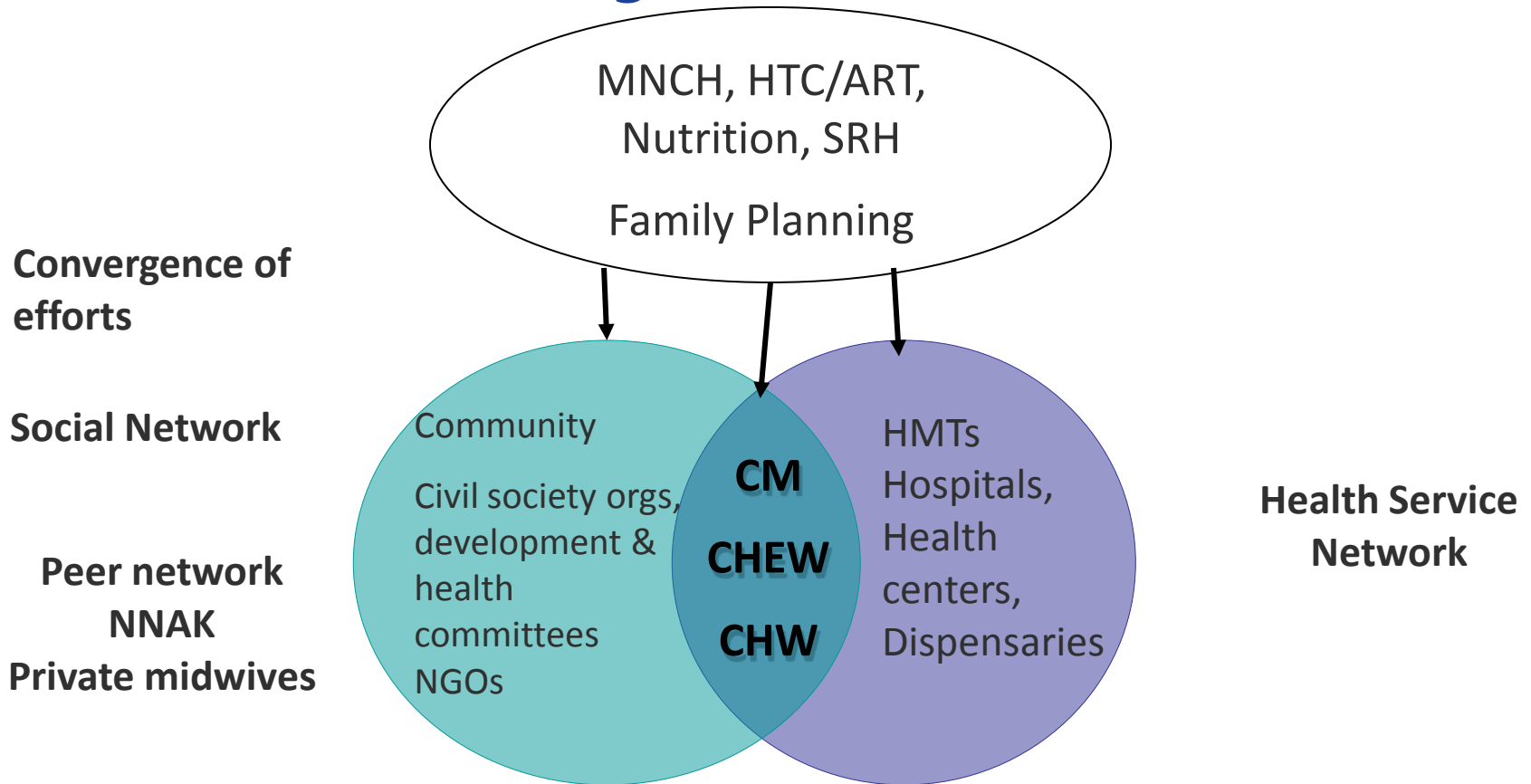
# Why take skilled MNH-FP services to the community?

Indicator	KDHS 08-09	MDG 2015	Indicator
MMR	488	147	MMR
Skilled birth attendant	43% Urban: 75% Rural: 37%	90%	SBA
Contraceptive prevalence	44%	56%	CPR
Unmet need	Urban: 20% Rural: 27%		

## Barriers to accessing health care:

- High transport costs and distance to facilities
- Lack of awareness and 'untimely' decisions
- High out of pocket expenses -
- Weak clinic-based health system: lack of skilled providers infrastructure; equipment; supplies

# How is the CM linked to the health care system?



The CM provides the links to the household with special focus on pregnant and postpartum and the newborn

# Evolution of the Community Midwifery Model

- Initial model used community midwives to provide home based delivery services only
- Expanded model to test the effectiveness of using CMs to deliver and promote the continuum of care for maternal & newborn care services:



# What are the basic CM competencies?

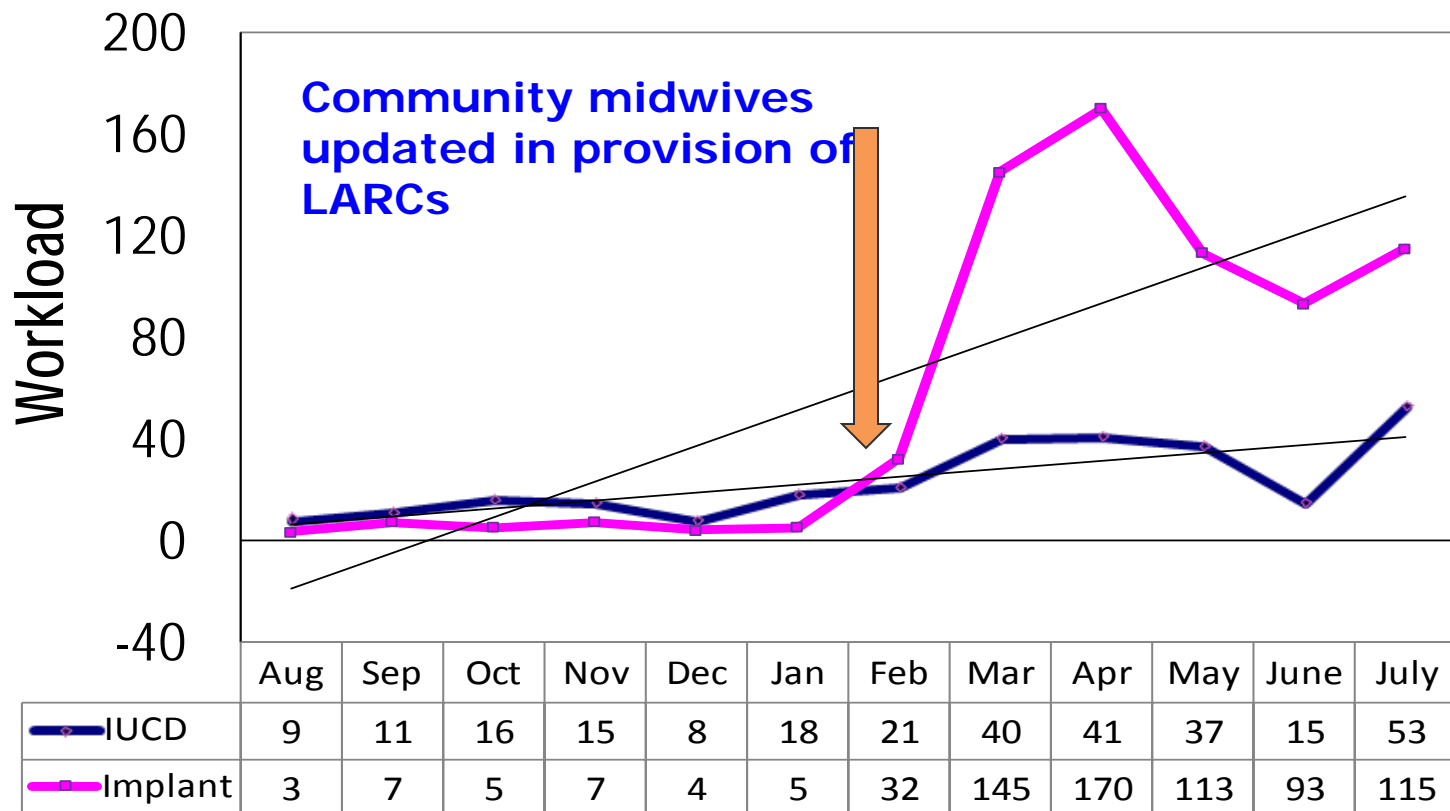
- Care during pregnancy, labor/childbirth and postpartum including essential newborn care
- Couple counseling and testing for HIV and PMTCT
- Counseling on FP during pregnancy and postpartum period including:
  - LAM,
  - Modern methods
  - Dual method use
  - Male involvement
- Provision of all short and long acting reversible methods during the postpartum period

## Increase in first check up within 48 hours from 52% - 67% $p < 0.0001$

Place where the first check up after delivery took place	Baseline n=245	Endline n=262	P- Value
	%	%	
Own home with CM	42	25 **	0.001
CM's home	33	50 **	0.001
Health facility	20	24	0.277
TBAs home	2	0*	0.0214
Others (specify)	2	1	0.352

Increase in postpartum clients using LARC (implant) from 5% to 21%  
Referral for FP decreased from 31% to 13%

# Community midwives FP workload trend during pre- and post-intervention period



## Conclusion and next steps

- Feasible and acceptable for CMs to provide LARCs in postpartum period

### Scaling up:

- Dual cadre model: CMs and CHWs combines principles of integration and task-sharing at community level
- CMs provide RH services and supervise CHWs
- CHWs provide injectables, condoms and pills and refer to CM



# Acknowledgements

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- Kenya Obstetrical and Gynaecological Society