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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Monday May 27th  KL Convention Centre
Why take skilled MNH-FP services to the community?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>KDHS 08-09</th>
<th>MDG 2015</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>488</td>
<td>147</td>
<td>MMR</td>
</tr>
<tr>
<td>Skilled birth attendant</td>
<td>43%</td>
<td>90%</td>
<td>SBA</td>
</tr>
<tr>
<td></td>
<td>Urban: 75% Rural: 37%</td>
<td></td>
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<tr>
<td>Contraceptive prevalence</td>
<td>44%</td>
<td>56%</td>
<td>CPR</td>
</tr>
<tr>
<td>Unmet need</td>
<td>Urban: 20% Rural: 27%</td>
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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:
  - ANC
  - Delivery
  - PNC
  - PP-FP
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

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

<table>
<thead>
<tr>
<th></th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
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<tr>
<td><strong>IUCD</strong></td>
<td>9</td>
<td>11</td>
<td>16</td>
<td>15</td>
<td>8</td>
<td>18</td>
<td>21</td>
<td>40</td>
<td>41</td>
<td>37</td>
<td>15</td>
<td>53</td>
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<tr>
<td><strong>Implant</strong></td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>32</td>
<td>145</td>
<td>170</td>
<td>113</td>
<td>93</td>
<td>115</td>
</tr>
</tbody>
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**Community midwives updated in provision of LARCs**
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

- Division of Reproductive Health (MOH)
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- District Health Management Teams
- Department of Nursing (MOH)
- APHIA partners
- National Nurses Association Kenya/
- Kenya Obstetric and Gynaecological Society