

# Examining the Feasibility of Postpartum IUD Services in Rwanda

## Study Findings

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July 19, 2012



# Study Goal

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Produce experience-based guidance regarding

- the feasibility of offering postpartum IUD insertion services in hospitals and health centers in Rwanda
- the factors influencing successful implementation
- with an eye on eventual scale-up

# Service Implementation Sites



Huye:

- Kabutare Hospital
- Rubona HC
- Kinyamakara HC

Gakenke:

- Ruli Hospital
- Coko HC
- Rushashi HC

Karongi:

- Kibuye Hospital
- Rubengera HC
- Kirambo HC

Kirehe:

- Kirehe Hospital
- Kirehe HC
- Mulindi HC

# Intervention Components

- Training: postpartum FP counseling; IUD insertion and removal
- Performance standards
- Adjustments to ANC and maternity procedures
- Equipment and commodities
- Supportive supervision
- Postpartum FP brochure



# Study Objectives

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- Examine the degree to which postpartum IUD service components are offered in accordance with performance standards;
- Examine providers' perspectives regarding the responsibility of offering postpartum IUD services;
- Assess clients' perspectives toward postpartum IUD services

# Evaluation Methods: Post-intervention Data Collection

- Interviews with all antenatal care (ANC) and maternity providers responsible for client counseling and actual insertion in participating sites
- Observation of client-provider interactions in ANC
- Observation of rotations in the participating maternities to assess provision of postpartum IUD service
- Interviews with women who are 3-5 months postpartum

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# RESULTS

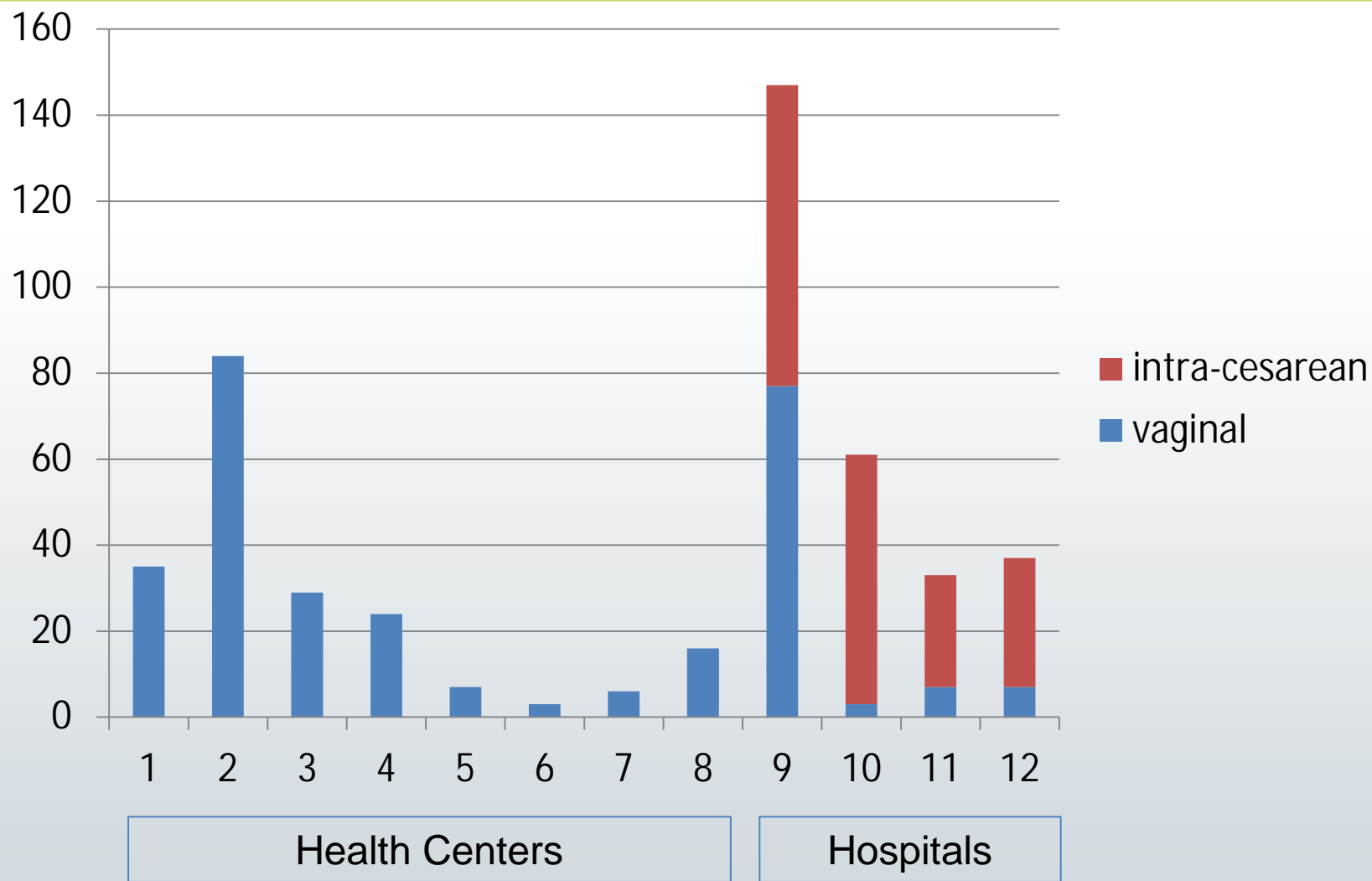


# Summary of Recorded Services (as of February 2012)

	Health Centers (n = 8)	District Hospitals (n = 4)	Total (n=12)
Post-placental insertions	118	34	152
Postpartum insertions	82	60	142
Intra-cesarean insertions	NA	184	184
<b>Total insertions</b>	<b>200</b>	<b>278</b>	<b>478</b>
Follow-up visits	122	142	264
Expulsions/removals	8	7	15



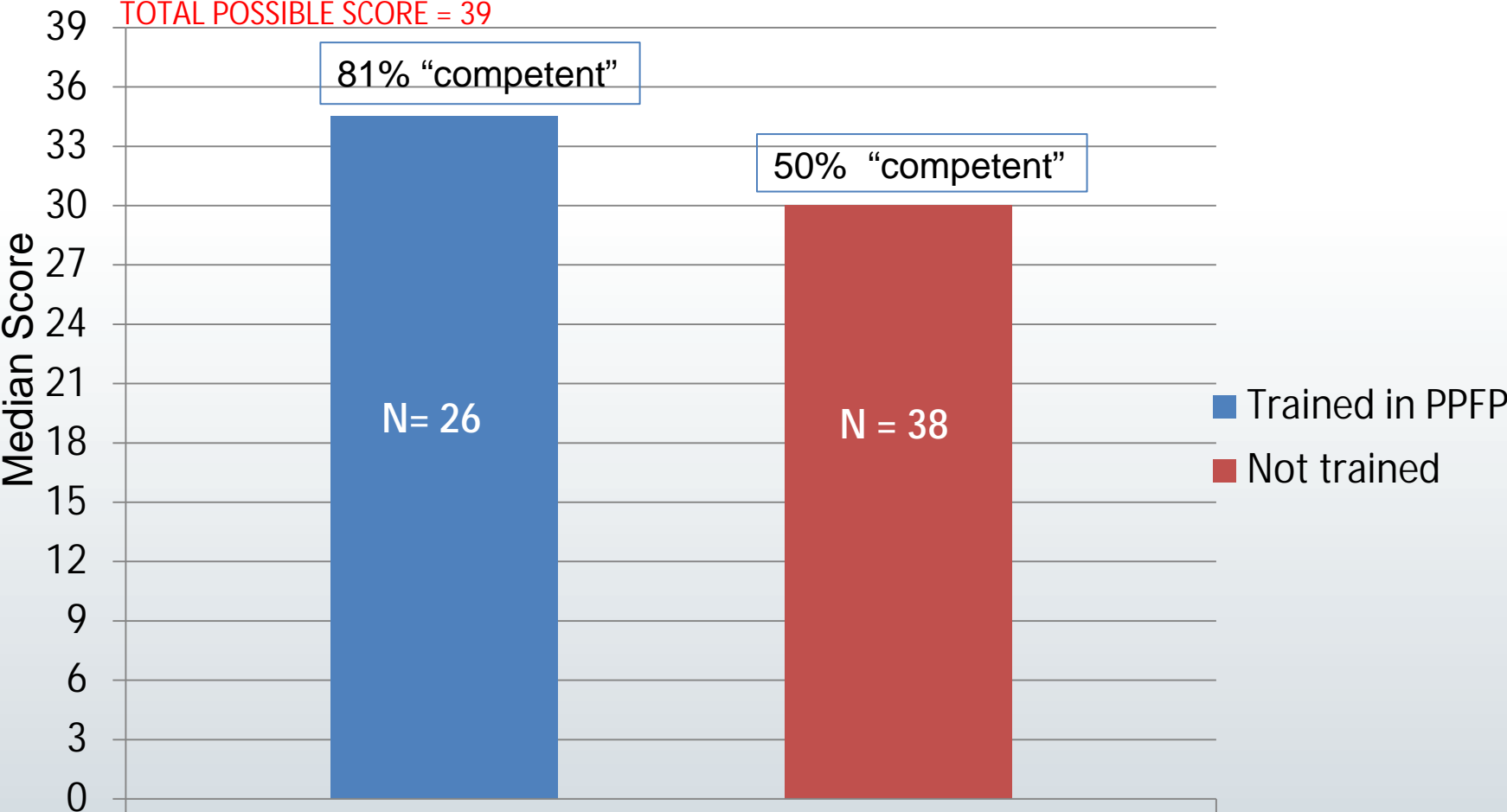
# Number of Insertions by Facility (as of February 2012)



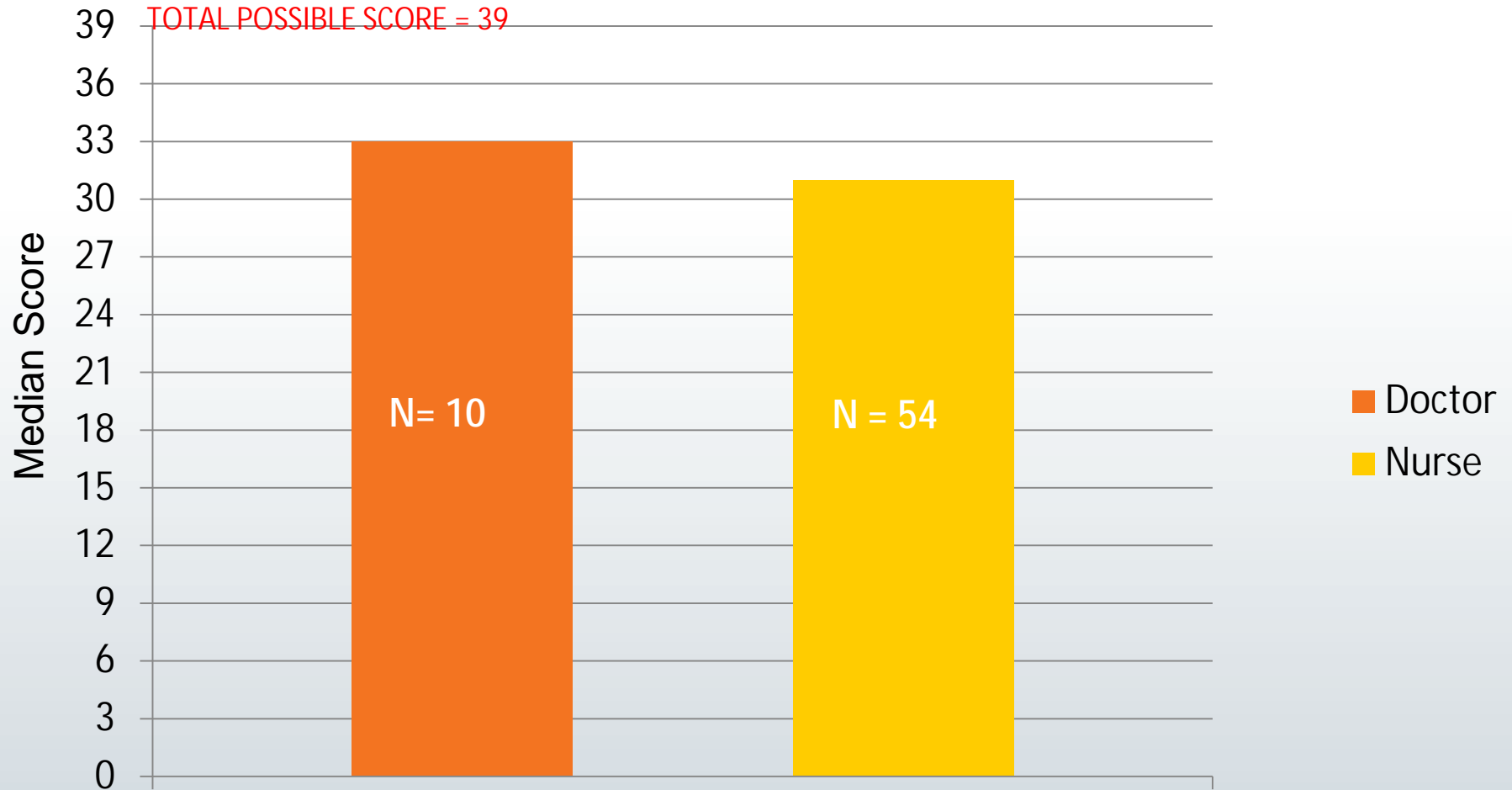
# Provider Knowledge: Issues Covered by Postpartum FP Counseling Score

- Healthy timing and spacing of pregnancy
- Lactational amenorrhea (LAM)
- Safe and effective FP methods for postpartum women
- Eligibility criteria for postpartum IUD
- Perspectives on the appropriateness and advantages of the postpartum IUD as a contraceptive method

# Median Postpartum FP Counseling Score



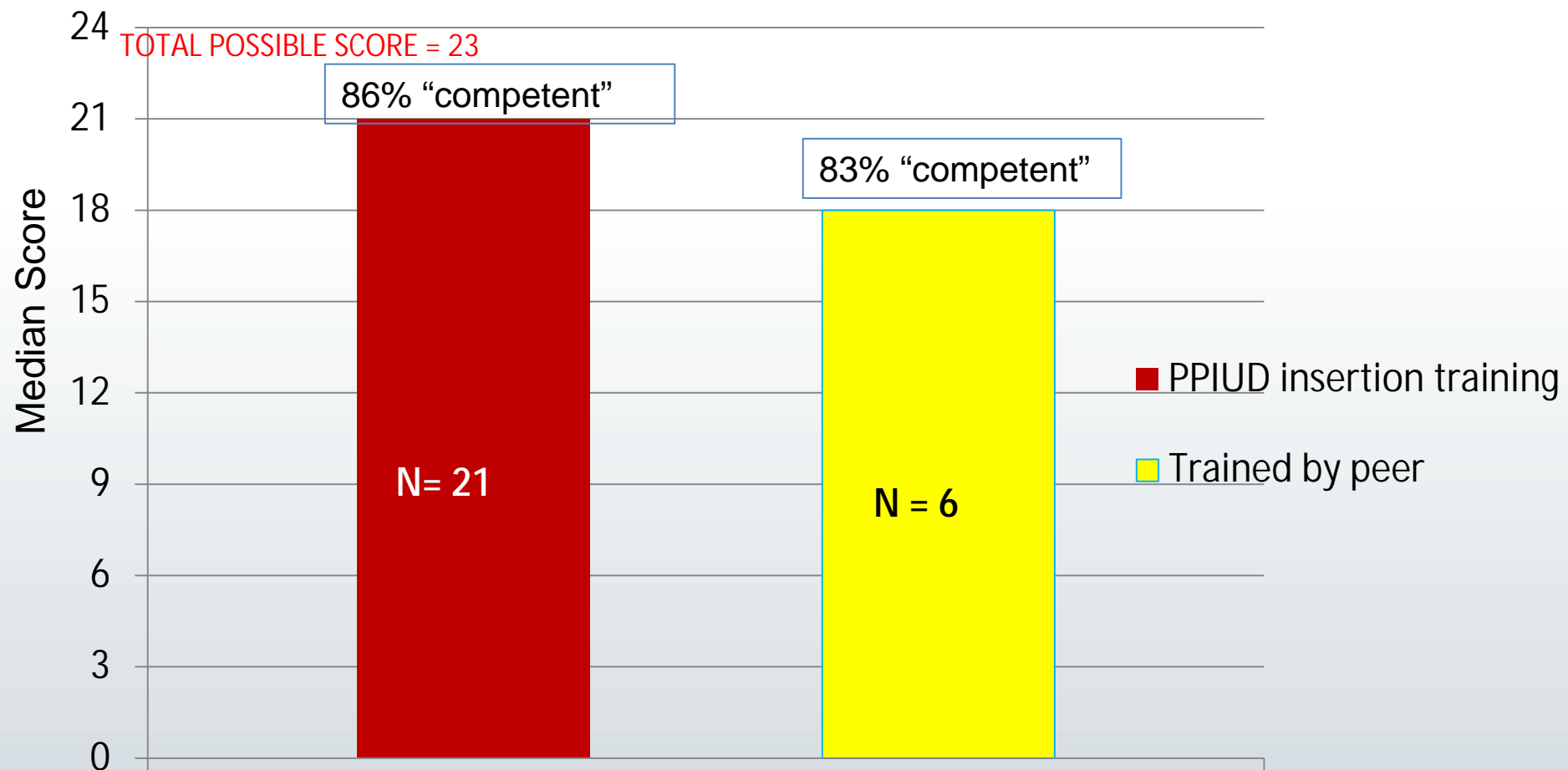
# Median Postpartum FP Counseling Score—by Professional Designation



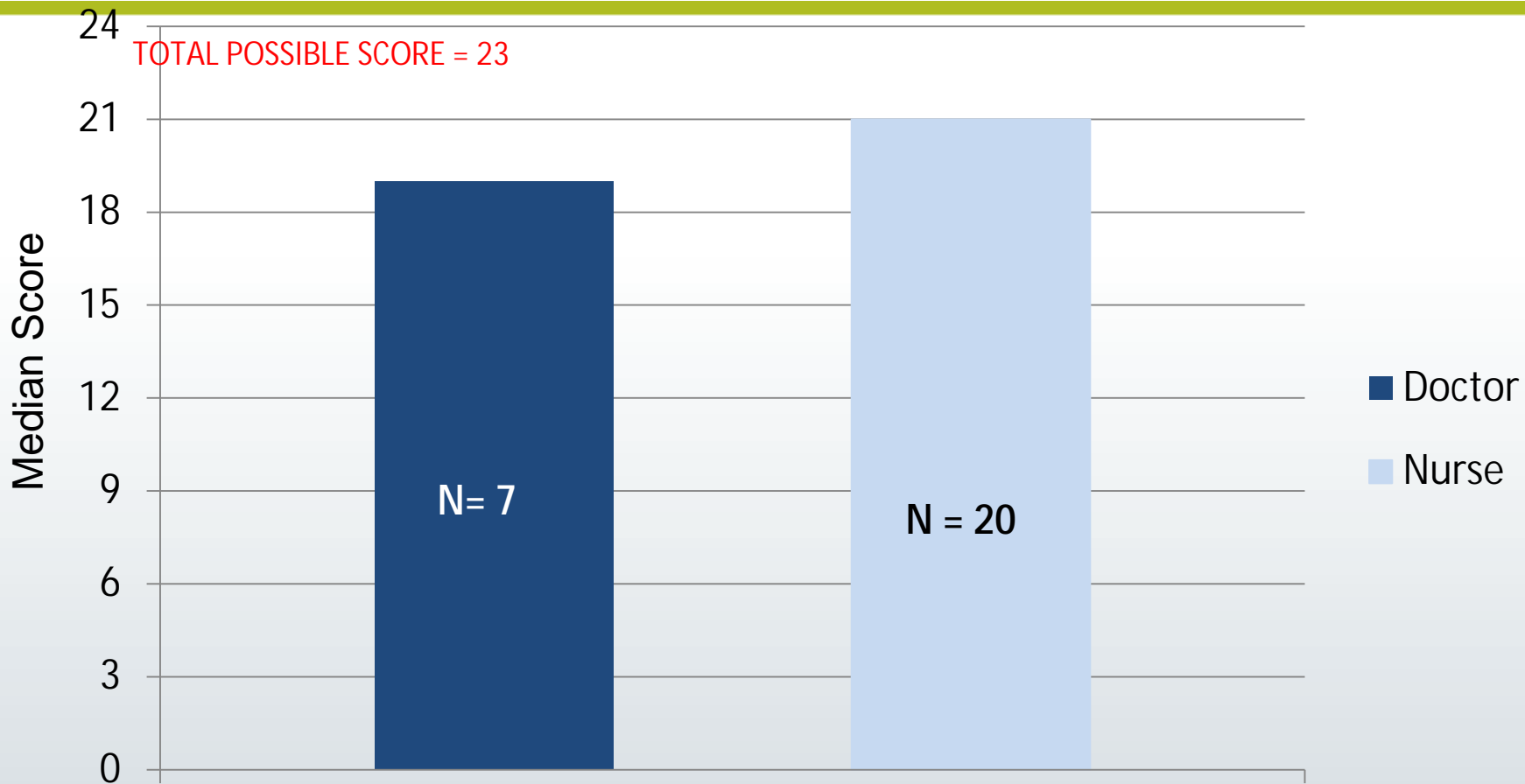
# Provider Competence: Issues Covered by Postpartum IUD Clinical Score

- Infection prevention
- Eligibility criteria for postpartum IUD
- Insertion procedures
- Timing of routine follow-up visits
- Normal side effects associated with IUD
- Issues indicating need for medical attention

# Median Postpartum IUD Clinical Score



# Median Postpartum IUD Clinical Score—by Professional Designation





# Provider Attitudes: Advantages of Postpartum IUD Insertion Compared to Interval Insertion

Advantages	Doctors N= 10	Nurses N=54
Insertion is more convenient for the client	90%	69%
Insertion is more convenient for the provider	70%	50%
Insertion is easier/less painful	60%	50%
Normal side effects of the IUD insertion are masked by normal symptoms following delivery	30%	28%
Ensures postpartum family planning protection for the woman	70%	76%

# Provider Attitudes toward Service Provision

- 94% of all 64 providers say counseling clients on postpartum IUD services should be part of their job
- Among those trained to perform insertions (N = 27)
  - 96% would like provision of postpartum IUD insertion services to be a normal part of their work
  - 100% are “strongly in favor” of the service expanding to other health facilities in Rwanda

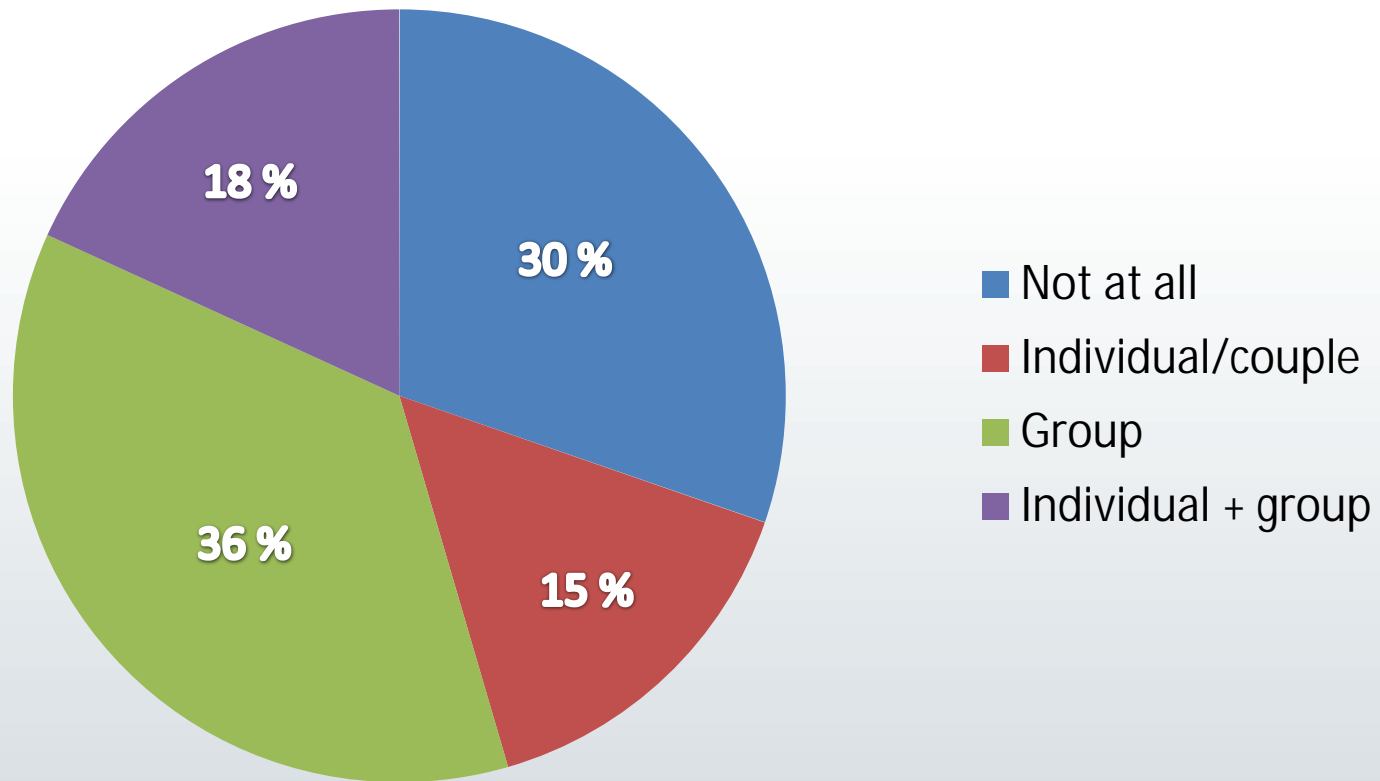
# Observation of Service Delivery: Counseling on Postpartum FP during Antenatal Care

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	NA	93%

# Observation of Service Delivery: Counseling on Postpartum FP at the Maternity

Service provision	Observed shifts N= 180
Group education on family planning delivered in post-labor ward	17%
Individual counseling about postpartum IUD	36%
Provider asks woman in labor if she has chosen the postpartum IUD as her method	50%
Provider trained to do postpartum IUD is present or on call	82%
IUD commodities are available	99%
Sterilized insertion equipment is available	97%

# Client Recollection of Counseling on Postpartum IUD Delivered during Antenatal Care (N=277)



# Client Perspectives on Postpartum IUD: “Why did you not consider postpartum IUD insertion?”

Reason for not being interested	Clients N=251
Not interested in IUD as my FP method	37%
Did not know enough about the IUD	36%
Not interested in any FP method immediately after birth	14%
Not ready to decide about the IUD	6%
Did not think my partner would approve	6%

# Client Perspectives on Postpartum IUD

Question posed to client	Clients N=277
Ever heard of the IUD?	51%
Of those....	N = 142
Knows a woman who has ever used the IUD	32%



## Client Perspectives:

“Can you tell me any good things you have heard about the IUD?”

Beliefs about advantages	Clients N= 142
Can use for a long time	39%
Very effective in preventing pregnancy	37%
It does not contain hormones	18%
Does not require many returns to the health facility	13%
Easy to use	6%
Does not interfere with sex	6%
Quick return to fertility following removal	6%
Does not know any good things	24%

## Client Perspectives:

“Can you tell me any bad things you have heard about the IUD?”

Beliefs about drawbacks	Clients N= 142
Can cause infection	17%
Can travel to other parts of the woman's body	16%
Causes increased bleeding	16%
Can perforate the uterus	5%
It can be expelled	5%
Causes health problems for the woman	5%
Interferes with sexual intercourse	4%
Causes more pain during menstruation	4%
Does not know any bad things	28%
No response	20%

# Key Lessons from Post-Intervention Evaluation

- Most providers demonstrated the job knowledge to deliver postpartum IUD services
- Providers expressed willingness to deliver the services
- Insertion services can be successfully delivered in hospitals and health centers alike
- Services are not delivered as systematically as desired
- Most postpartum women did not consider postpartum IUD as a contraceptive option
- Knowledge gaps are one factor contributing to low client uptake of postpartum IUD services

# Where do we go from here? In Rwanda...

- Anticipate MOH decision to scale postpartum IUD service
- Technical foundation is in place
- Attention must be directed toward
  - supportive leadership
  - provider motivation
  - demand-generation



# Where do we go from here?

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## Globally:

- Proactively disseminate evidence that postpartum IUD services can feasibly be incorporated into routine, public sector health services in sub-Saharan Africa
- Share lessons learned about factors influencing programmatic success
- Contribute findings to postpartum IUD section of the USAID-sponsored postpartum family planning toolkit