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Family Planning Initiative
Addressing unmet need for postpartum family planning

PNC Discharge Counseling— Kenya Experience

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JHPIEGO in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and Interchurch Medical Assistance

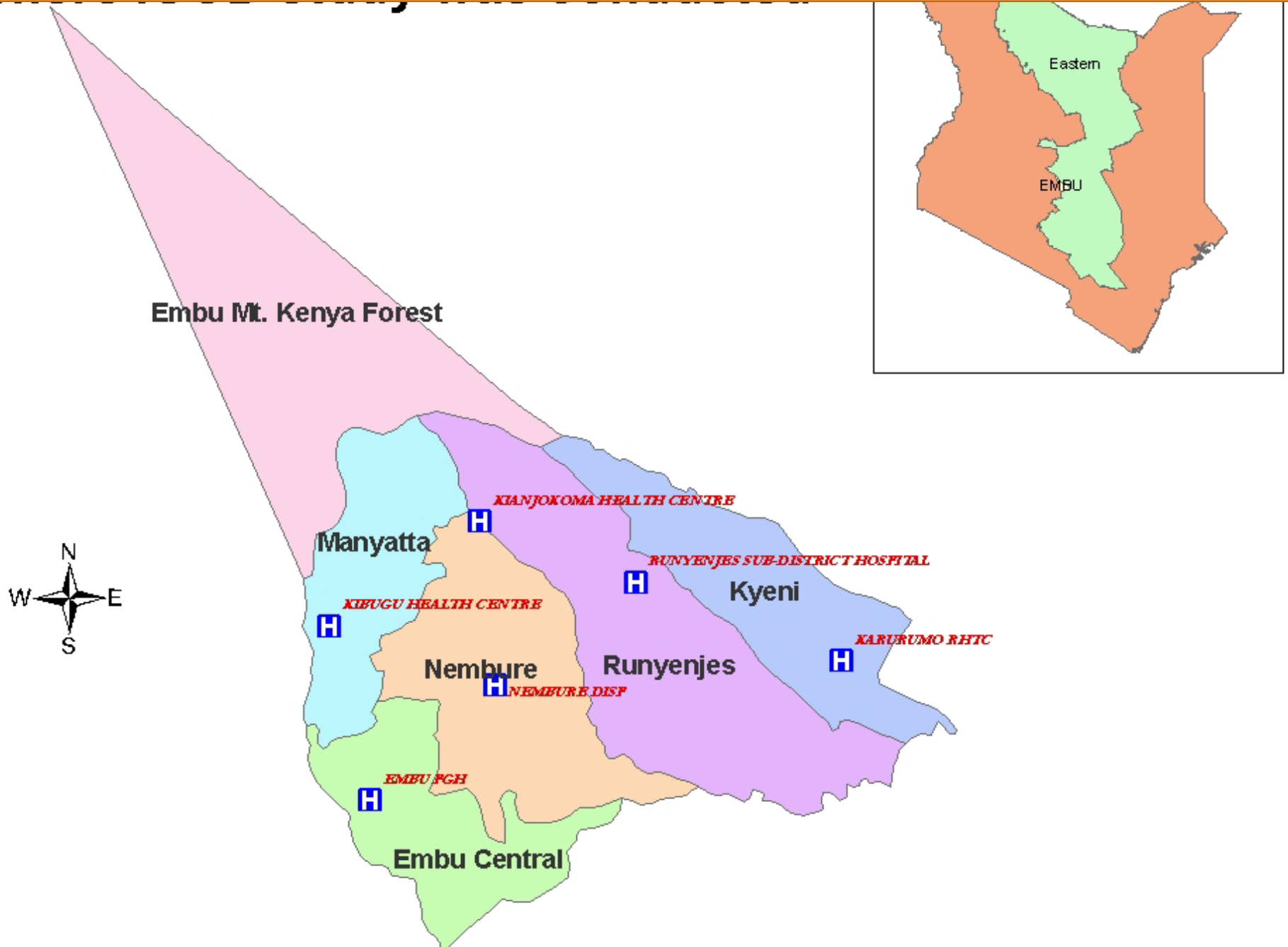
Outline

- Background
- PNC-FP opportunities
- Pre discharge counselling
- Pre & Post Intervention Results
- PPIUCD Client Follow-up
- Overall accomplishments
- Lessons learnt

Background

- In Kenya 44% deliver with skilled attendant*
- ACCESS-FP Program October 2006 to March 2010
 - Reinvigorated PNC/FP services in collaboration with Frontiers
- 23 Program sites for PNC-FP/PPIUCD-4 Pilot sites
- 3-day training for PNC timing, number of visits, content
- PNC-FP/PPIUCD packages finalized
- Conducted PPIUCD follow-up study
- Conducted FP/MNCH integration assessment

PNC-FP/Pilot Sites in Embu



PNC-FP Key Messages



No missed opportunities:

- Pre-discharge counseling
- Return visits per PNC guidelines
- Immunizations and sick baby referrals

Service content:

- Infant exam, counseling and immunization
- Mother exam and counseling
- Danger signs for mother and infant
- PFP: HTSP, LAM, return to fertility and FP counseling



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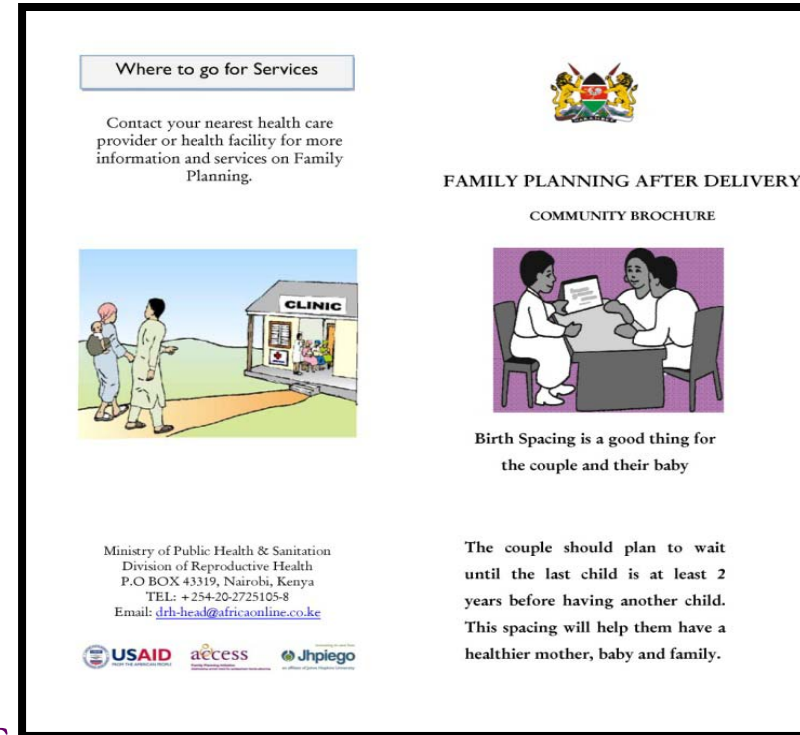
PNC Discharge Counselling Brochures

Content

- Integration of services-FP & Immunization
- LAM and transition
- Danger signs for mother and baby

Feedback from women

- Its is clear and uses simple terms
- Diagrams help identify FP methods
- Enlarge to wall chart size



Why PNC Discharge Counseling?

- Covers danger signs; first week most vulnerable for mother and baby
- Allows teaching about breastfeeding
 - Return demonstration for positioning/latching
 - EBF
- Opportunity to discuss PFPF
 - Benefits of HTSP
 - Return to fertility
 - LAM and transition to other methods
- Immunization schedule

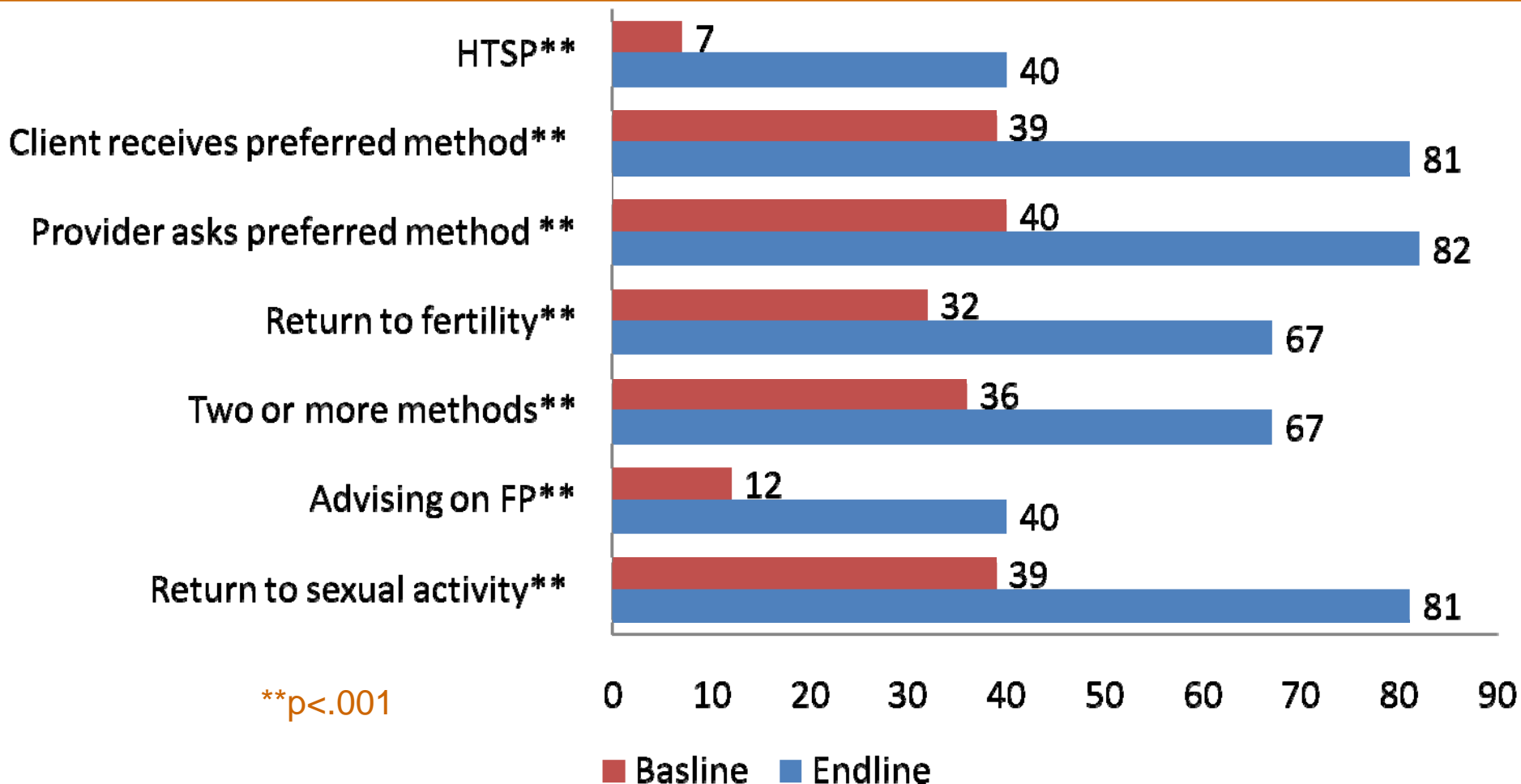


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Providers: FP Counseling at 6 weeks Pre and Post intervention



PPIUCD Follow-up Study: Objectives

To learn about

- Service providers' perspectives, practice and experience with PPIUCD services
- Women's experience with PPIUCD insertion with regard to:
 - Decision making about method choice
 - Insertion procedure experience
 - Compliance with follow-up visits
 - Continuation of method
 - Any problems and satisfaction with the method



Follow-Up Findings

Provider
Interview
(n=49)

- All received PPIUCD training on or after 2007
- 29 % actively providing services, 49% were transferred
- 92% prefer manual insertions
- 96% think the “ideal” counseling time is at ANC

Client
Exit
Interview
(n=117)

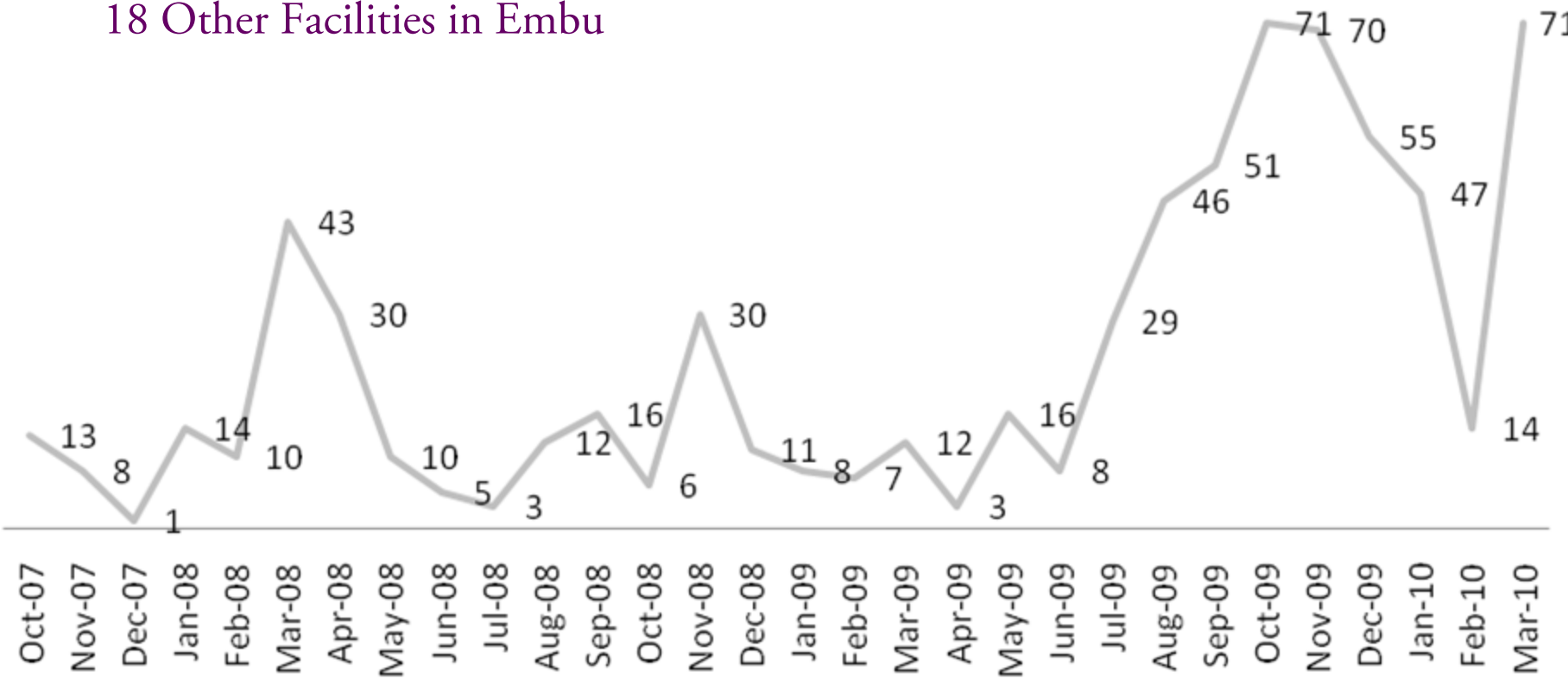
- Manual (27%), instrument (58%) and trans/C (15%) insertions
- All (100%) were satisfied with the choice and list some benefits
- Some (30%) decided after delivery
- Experience with pain (Instrumental: 26%;Manual: 9%)

Client 3-
6 Month
Follow-
up
Interview
(n=63)

- All (100%) returned for follow-up visit within 6 weeks
- 81% (52) were still using PPIUCD
- 60 (90%) will recommend the method to a female colleague
- 61 (97%) would choose IUCD again if given the choice
- 13%(8) expelled, 3%(2) removed at husband request, 2% (1) pregnancy

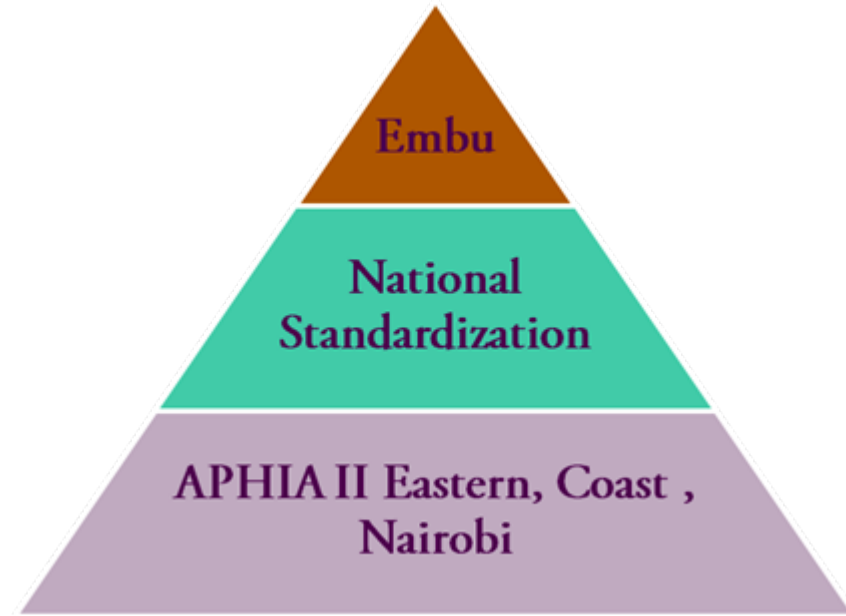
Service Statistics: October '07 – March '10

Number of PPIUCD Insertions from Four Active and 18 Other Facilities in Embu



How PNC has been Scaled-Up

- Scale-up of PPIUCD services
 - new geographic areas
- Integration of PNC-FP to immunization
- On-job-training- 7 providers
- Inclusion of PNC into pre-service



Overall Accomplishments in Kenya

- Providers counseling on contraception significantly improved during first 48 hours and at six weeks*
- Providers in the post-intervention group were more likely to give immunizations at 6 week visit: Polio 1 (from 64% to 94%) and HBV/DPT (58% to 88%)*
- Average initiation of FP was 2.8 months in intervention cohort compared to 3.7 months in the control*
- Successful integration for PMTCT, ANC, L&D, PNC, PFP/PPIUCD and immunization
- Sustained PNC-FP/PPIUCD service delivery

Lessons Learned

- Pre discharge counselling is part of integration of services
- Availability of a range of FP methods improves the uptake
- Champion Midwives and CHW's can promote PNC-FP/PPIUCD to community
- Need physician support and inclusion in trainings especially for the trans-cesarean insertions
- Review MOH L&D, PNC registers to include PPIUCD
- Kelly' forceps for instrumental insertion

