

Feasibility of Population-Level Tracking of Postpartum Family Planning Choices and Uptake among Women Giving Birth at the Kebele Level

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Background

Health information systems in low-resource countries typically document care given during a single contact. For example, antenatal care (ANC) registers usually track services given during pregnancy, but that information does not carry into birth or postnatal records.

One exception is the integrated maternal, newborn, and child health (IMNCH) cards, used by health extension workers (HEWs) in Ethiopia, which track care given to a mother and her baby during multiple contacts over 3 years or more.

Hypothesis

HEWs work in health posts serving catchments of roughly 5,000 people. They provide ANC and postnatal care, child immunizations and growth monitoring, and family planning (FP), among other services. HEWs are well positioned to track which women receive postpartum FP (PPFP) counseling and select their desired contraceptive method and, whether they receive their desired method before returning to fecundity. With that information, HEWs could target counseling and provide the FP method of choice when desired, addressing unmet need and raising PPFP coverage.

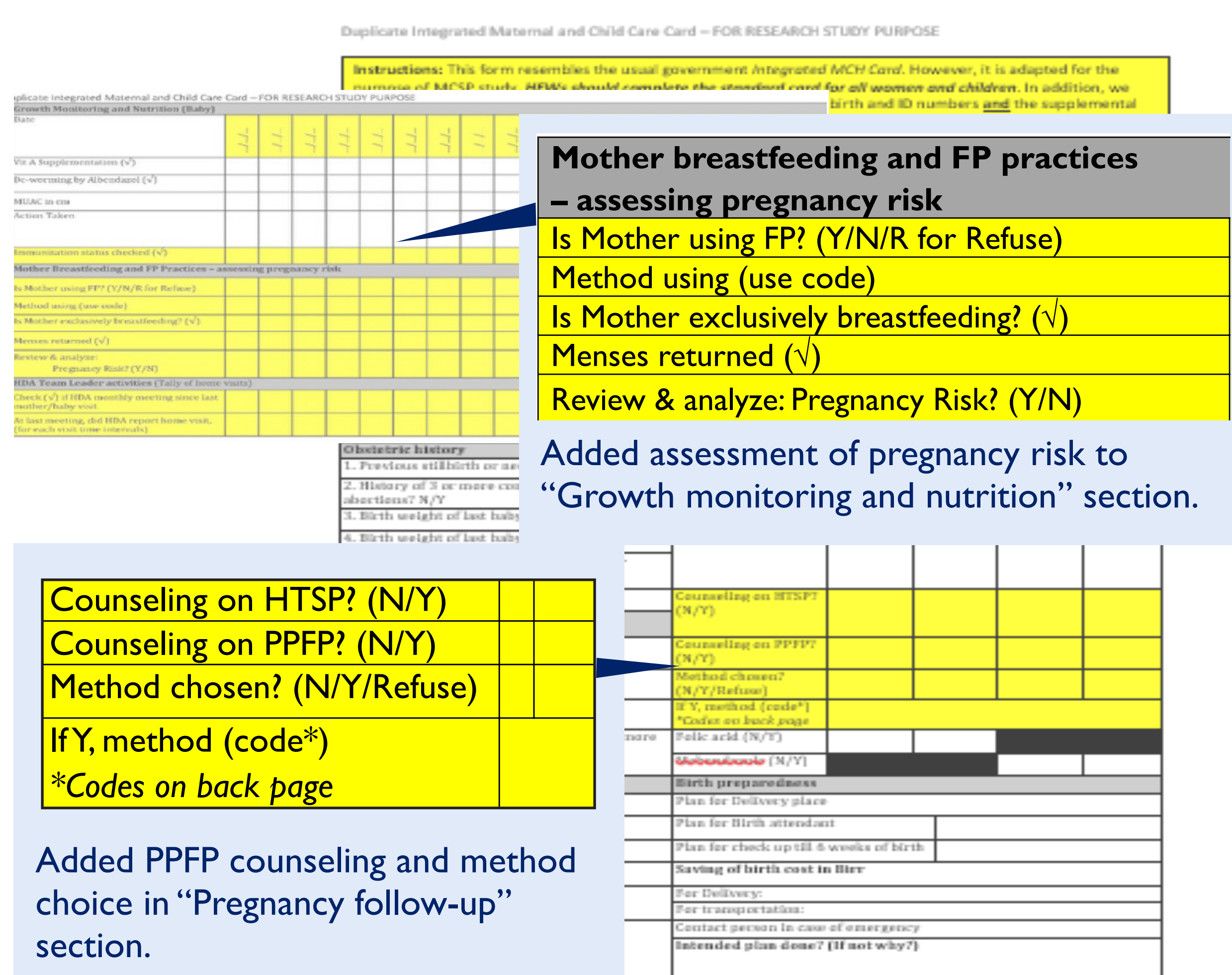
Methodology

MCSP conducted a study in selected areas of two districts in Arsi Zone, Oromia Region, to test a comprehensive package to increase PPFP quality and voluntary uptake. One study objective pertained to recordkeeping tools and use of tools/data to prompt action.

MCSP modified the existing IMNCH card, which is kept within family folders, at 10 intervention health posts. Modifications were intended to prompt HEWs to document PPFP counseling, method preferences, and uptake at every contact during pregnancy and 1 year after birth. One also sought to aid HEWs in assessing a woman's risk for unintended pregnancy at each growth monitoring visit by checking for PPFP use, breastfeeding, and return of menses (see Figure 1).

MCSP used data from supervision visits and qualitative interviews to assess the use of the revised IMNCH card and utility of modifications.

Figure 1. Sample of modifications to IMNCH card



Results

Endline qualitative interviews showed that HEWs found the revised IMNCH cards easy to use and helped them provide PPFP services:

“The previous card did not have section on counseling for mothers. ... Also, we used to send mothers home without registering their preferred FP methods after the counseling in the past, but now, we do. ... This will help us to easily implement later. so according to my view, all the section in the card are very comfortable or easy to use.”

–HEW

“This [card] is very important to follow mothers. Example: When pregnant mother come for the first time, they might not select, but she might select on the second visit. We register her choice at this time. Then, after when she come for third and fourth time we can follow, either she change her idea or not, or we can discuss with her: Do you change? You use what you chose before? Your choice is which one? In general, it helps to remind each other.”

–HEW

During regular study supervision/data abstraction visits, up to five IMNCH cards were pulled to review data quality and use of PPFP services. In total, 180 IMNCH cards were reviewed. Table 1 shows findings on data completeness and quality in the IMNCH cards, and the outcomes recorded for women who had contact with HEWs.

Data completeness and quality in IMNCH cards	YES	NO	NA*
Data Completeness and Quality			
HEW recorded if FP counseling done and outcome at each ANC contact	77%	4%	19%
HEW recorded if FP counseling done and outcome at each postnatal visit	7%	<1%	93%
Pregnancy risk assessed at each growth monitoring visit	41%	1%	58%
HEW correctly assessed pregnancy risk at each growth monitoring visit	40%	2%	58%
Outcomes			
Woman chose an FP method during pregnancy	77%	4%	19%
Woman chose an FP method during postnatal visit	7%	<1%	93%
Woman counseled on FP at immunization visit	42%	0%	58%

*Not applicable (no pregnancy, postnatal, or growth monitoring visits)

Conclusions

- Revised IMNCH cards prompted HEWs to provide the PPFP method of choice.
- HEWs reported that IMNCH cards were easy to use.
- Women are willing to choose an FP method during pregnancy.
- HEWs correctly used the cards to review lactational amenorrhea method criteria and to assess pregnancy risk of mothers bringing babies for growth monitoring visits.
- Very few women came to health posts for postnatal care, and less than half brought their babies for immunization. Most of those who did chose an FP method.



Photo by Chelsea Cooper, Jhpiego.