

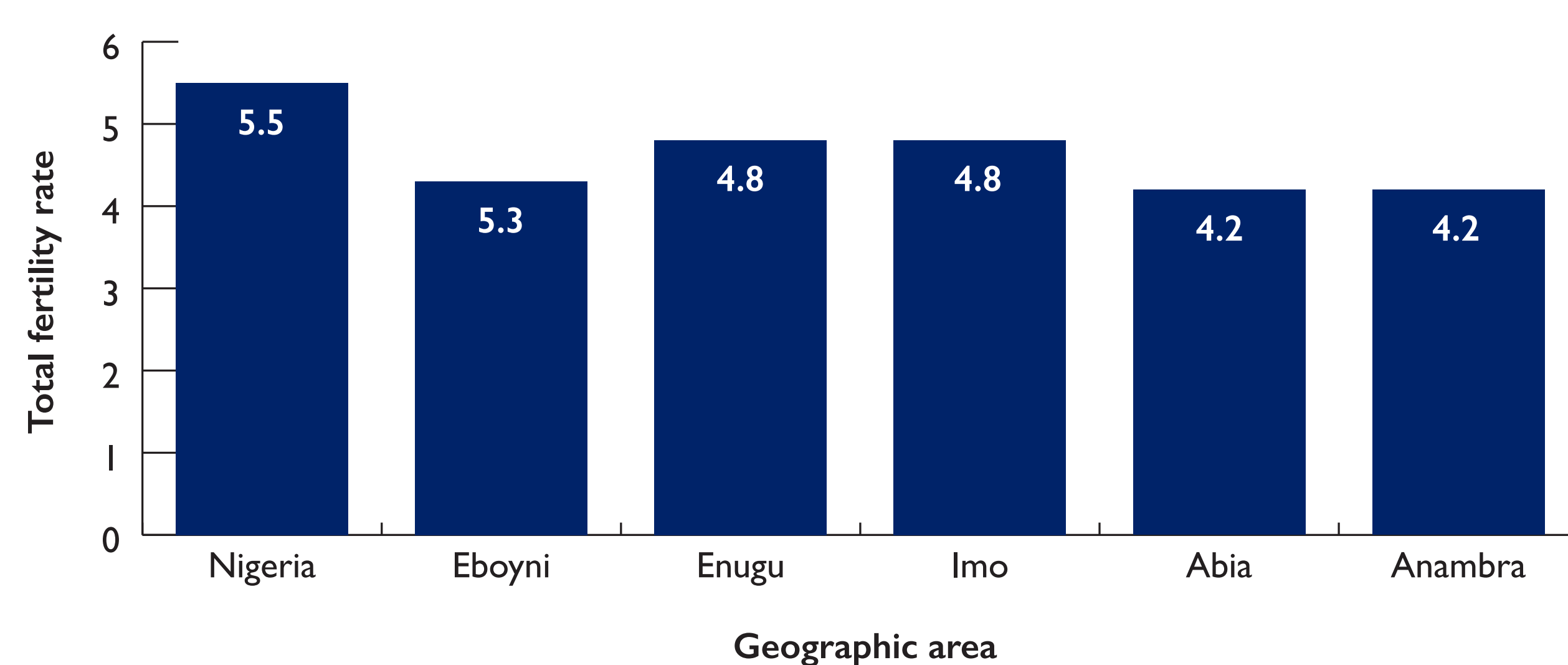
# Quality Improvement for Postpartum Family Planning: Selected Health Facilities in Ebonyi State, Nigeria

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## Background

- Nigeria has a high fertility rate (5.5 births per woman) due to a huge unmet need for family planning (FP) and a low contraceptive prevalence rate (9.8%).
- Integrating postpartum FP (PPFP) into maternal and newborn health (MNH) systems can save lives.
- The Maternal and Child Survival Program (MCSP) is collaborating with the federal and Ebonyi State ministries of health (MoHs) to integrate PPFP into MNH.
- This planned activity to improve the quality of MNH care in facilities uses the World Health Organization (WHO) MNH Quality of Care (QoC) framework.

Figure 1. Total fertility rate in Nigeria and selected states



## Program Intervention

By implementing the WHO MNH QoC approach in health facilities supported by MCSP in Ebonyi State, Nigeria, demand and voluntary uptake of PPFP prior to discharge after childbirth is expected to increase.

- Stakeholder meetings were held at national and state levels to adapt the WHO MNH QoC framework for use in Ebonyi State. During these meetings, quality improvement (QI) aims, priority clinical interventions, and quality measures were defined.
- Twenty-five facilities, including private/mission facilities, were selected for phase 1 QI implementation, which began in January 2017. An additional 25 health facilities joined the program in October 2017 as phase 2 sites.
- QI coaches were identified from each facility and from MoH and local government area officers. They attended a 3-day QoC training and learning meetings twice a year. The coaches were organized into QI teams and track indicators on a monthly basis.

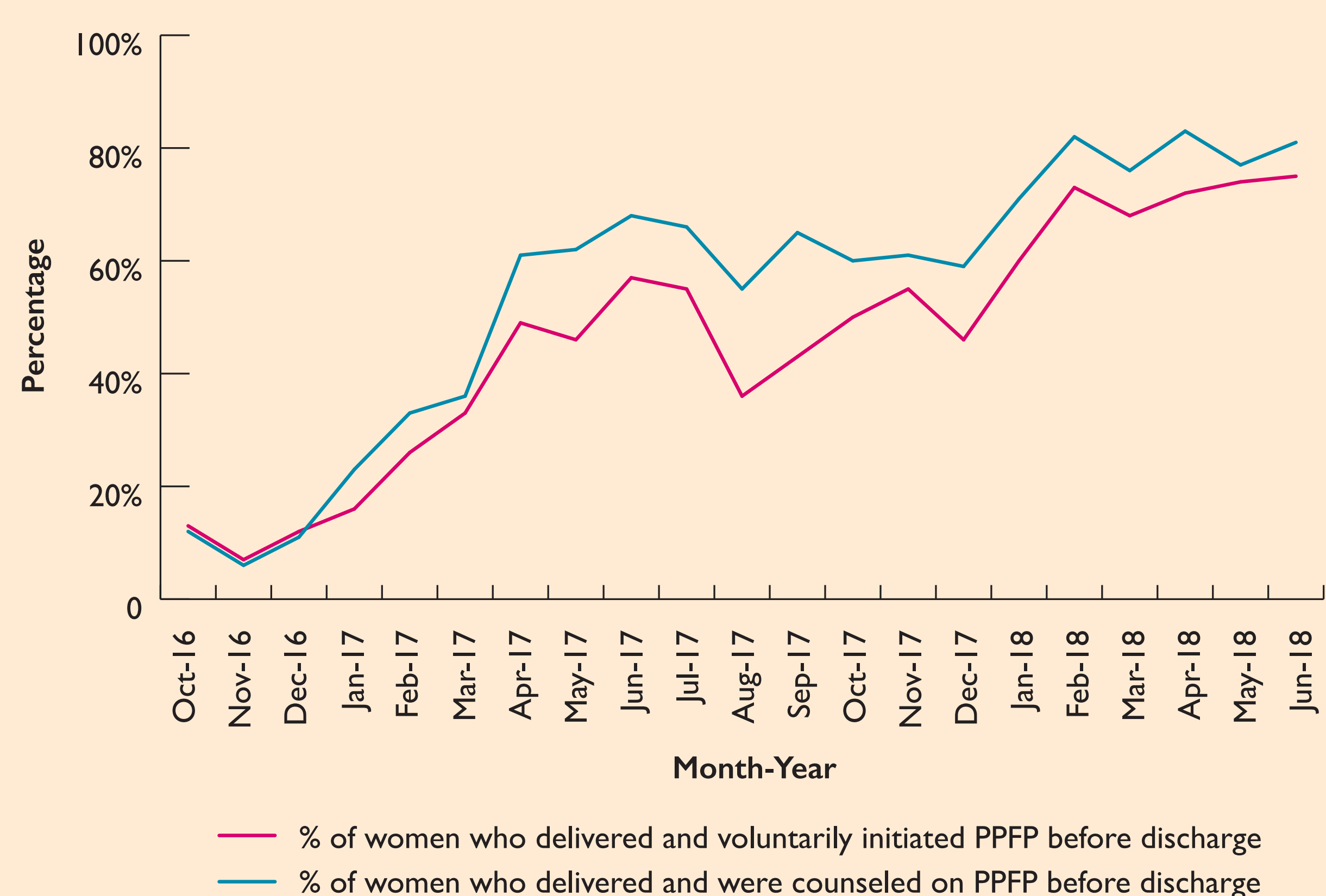
## Methodology

- Records of women who delivered in the hospital were randomly selected and checked for PPFP counseling and initiation documentation before discharge. Of 9,928 births across 45 health facilities in 2017, there was a random card review of 2,925 births.
- Results were monitored at the individual facility level, aggregated across the 45 facilities from January to December 2017, and compared with baseline (October to December 2016).

## Results

- During the baseline period, 12% of women who delivered in a facility were counseled on PPFP and voluntarily initiated a method before discharge.
- By December 2017, 58% of women who delivered were counseled on PPFP, and 48% voluntarily initiated a method before discharge.
- Data were more variable during the second half of 2017, partly due to staff attrition/transfers and expansion to additional QI sites.

Figure 2: PPFP QI Performance



## Lessons Learned and Program Implications

The substantial increase in the number of women counseled on and voluntarily accepting an FP method before discharge in Ebonyi demonstrates that:

- An integrated QI process for PPFP has the potential to improve access and health outcomes.
- There is a need to monitor implementation for a longer period and to address challenges at the individual facility level to ensure sustainability.



QI team at Mile Four Hospital, Abakaliki. Photo by Nkechi Ani, MCSP.