

Improving provision of family planning services within 48 hours of delivery using quality improvement approach: Results from 30 collaborating health facilities in Lango sub-region, Uganda

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PROBLEM/BACKGROUND/ISSUE

Modern contraceptive services offered immediately following childbirth increases postpartum contraceptive use and may reduce unintended pregnancies and improve birth spacing. Both trends are associated with decreased maternal, newborn, and child morbidity and mortality. Studies show that postpartum women are among those with the greatest unmet need for family planning (FP). In the Lango sub-region of northern Uganda, the unmet need for FP was 27% (UDHS 2016).

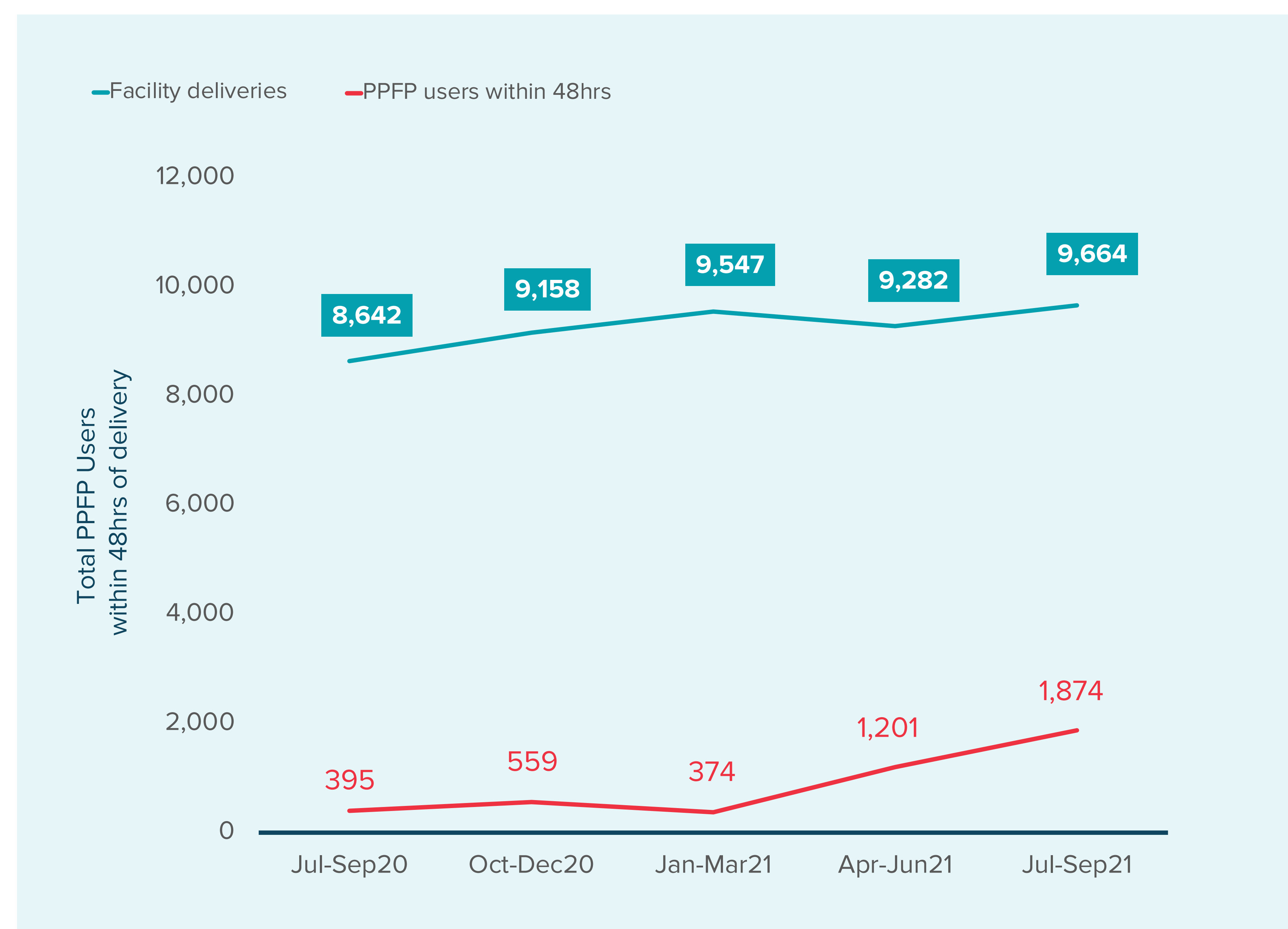
Between July and September 2020, only 395 of 8,642 women (4.6%) delivering at health facilities in the Lango sub-region accessed a contraceptive method within 48 hours of delivery. Several gaps were identified on both the demand and supply side. Demand-side gaps included: lack of knowledge among women on the importance of postpartum family planning (PPFP); preference for short-term FP methods; and myths and misconceptions about PPFP. On the supply side, gaps included: limited health education and counseling on PPFP during antenatal and postnatal care; limited availability of FP commodities; health workers' negative attitudes and weak skills in the provision of long-acting reversible contraceptives (LARCs); and non/irregular documentation and reporting of PPFP data.

RESPONSE

The USAID-funded RHITES-North, Lango project, implemented by JSI, used DHIS2 data to identify health facilities with more than 100 deliveries in a quarter to participate in a Collaborative Learning Initiative from October 2020 to September 2021. A total of 30 health facilities were identified. A team consisting of national, regional, and district-based quality improvement (QI) coaches guided the initiative, oversaw the formation of work improvement teams, baseline data collection, and helped co-design specific solutions to address identified demand and supply level gaps. Bi-monthly hands-on mentorships were conducted and facilities were supported to maintain QI journals focusing on immediate PPFP. Midwives were mentored on counseling techniques and the provision of immediate PPFP. The proposed changes were implemented and documented at the facilities. These included: leveraging on group antenatal/postnatal platforms to counsel on IPPFP; documenting method of choice on the clients ANC card; improving availability of FP commodities at maternity and labor suite; harmonization of immediate postpartum FP data from the integrated FP register and maternity register on a monthly basis.

RESULTS

DHIS2 data showed an improvement in the number of women taking up a method within 48 hours of delivery at these thirty health facilities from 395/8,642 (4.6%) facility deliveries in July-September 2020 to 1,874 of 9,664 (19.4%) facility deliveries between July-September 2021. The graph below shows the number of women taking up a contraceptive method within 48 hours of delivery at the collaborative health facilities.



CONCLUSION/NEXT STEPS

- Availability of family planning commodities (IUD, implants) and skilled health workers at maternity wards improves the uptake of immediate postpartum family planning.
- Due to the presence of two immediate postpartum data capture tools (integrated maternity and family planning registers), harmonization of data prior to monthly reporting is key.
- Continuous health education and counselling on postpartum family planning during antenatal care visits creates awareness and increases demand for postpartum FP.

