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RESEARCH REPORT SUMMARY

Post-partum Family Planning Intervention for At-risk Women in Masaya and Rivas, Nicaragua

Introduction

A key part of the National Family Planning Strategy of the Nicaraguan Ministry of Health (MINSA) is to improve access to family planning methods for all women of reproductive age at MINSA facilities across all 17 Local Integrated Health Systems (SILAIS). Increased access to these services has helped to decrease the total fertility rate and decrease the maternal mortality rate in Nicaragua.

Despite these improvements, adolescents (15-19 years old) and women over the age of 35 years continue to be at an elevated reproductive risk in terms of their own morbidity and mortality as well as that of their newborn infants. In Nicaragua, women aged 15-19 years old or over 35 years old exhibit lower demand for family planning methods, especially those in rural areas and lower level economic groups. Approximately 35% of women in Nicaragua fall in the ages of elevated maternal risk during pregnancy (15-19 years old and over 35 years old).

This study examines the impact on family planning referral and follow-up of offering post-obstetric event (POE) contraception to women aged 15-19 years and over 35 years, combined with higher quality family planning services, emphasizing a strengthened referral system and individual follow-up. The intervention area was the SILAIS of Masaya, where health authorities wanted to test the effectiveness of more active referral for family planning services of those women who were at higher reproductive risk. The SILAIS of Rivas, where no specific family planning intervention was conducted, was selected as the control area.

The POE intervention included the following components: 1) provision of information to women about family planning at prenatal visits; 2) continuous provision of family planning information to women throughout pregnancy; and 3) proper organization and functioning of the health system to guarantee coordination of a family planning referral post-partum between the primary and secondary levels of the system.

To examine the impact of the enhanced referral system and individual follow-up, the study sought to determine if higher quality of family planning services in Masaya increased the probability that women in these high risk age cohorts would visit a health facility for contraceptives post-partum compared to Rivas. The study also sought to determine if higher quality of family planning services in Masaya was associated with a decreased inter-gestational period and/or a decrease in the number of high risk pregnancies.

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Methods

This was a qualitative, descriptive post-intervention study comparing results between an intervention area (Masaya) and a control area (Rivas). One hundred and twenty women were selected from both the intervention and control areas. Criteria for inclusion were women who had received care for an obstetric event; who were younger than 20 years and older than 35 years; and who elected to leave the hospital either without any family planning method or with only natural methods or condoms.

The intervention in Masaya focused on improving family planning services and consisted of the following activities:

- Updating hospital and municipal level health personnel on the content of Nicaragua's Family Planning Quality Norms and Standards for providing family planning services.
- Creating a database of all post-partum women who delivered in Humberto Alvarado Hospital.
- Within this database, identifying all post-partum women in high risk reproductive age cohorts (<20 years old and >35 years old) who had not elected to receive modern contraceptive methods before discharge.
- Establishing a direct and systematic monthly communication mechanism between hospital personnel and municipal health personnel to share information from the database.
- Making home visits to women in the database who did not subsequently visit a health facility to promote the use of contraception as well as their continued use of exclusive breastfeeding and condoms, as well as encouraging regular visits to their health facility for follow-up family planning services.

Rivas was chosen as a control area due to similarities in the number of primary and secondary health facilities, availability of a database of post-partum women with information on their family planning choices, and comparable study populations. The standard protocol used in Rivas for post-partum women who opted not to use contraceptive services immediately post-partum was to provide a family planning referral for follow-up services at their local health facility. This standard protocol in Rivas did not include the additional improved quality of family planning activities (i.e., a strengthened referral system and home visits) that were offered in Masaya.

Data collection was conducted by two professionals with clinical experience who were trained in how to collect the appropriate data for this study. The study collected data on contraceptive use in women aged 15-19 years or over 35 years in Masaya and Rivas who initially did not choose any method of contraception post-partum.

Results

The cohort of women included in Masaya and Rivas had similar characteristics with respect to age, evidence in the clinical record of receiving family planning advice before leaving the hospital after their obstetric event (99% in Masaya and 97% in Rivas), and whether they had received a family planning referral to visit their local health facility (100% in Masaya and 96% in Rivas). The number of children that women in the two cohorts had upon arriving to the hospital for delivery was different in the two areas. In Masaya, 95% of women had between one and three children, while in Rivas 87% of the women had no children. In addition, while 37% (n=44) of women in Masaya used their family planning referral for a follow-up visit to their local health facility for contraceptives, a much higher proportion of women in Rivas did so: 76% (n=91) used their family planning referral for a follow-up visit to their local health facility for contraceptives.

Of the 44 women in Masaya and the 91 women in Rivas who did use their family planning referral to visit their local health facility for contraceptives, the type of contraceptive chosen was similar. In Masaya,

87% of these women chose injectable or oral contraceptives, while in Rivas 93% chose injectable or oral contraceptives.

Interviews with the 76 women in Masaya and the 29 women in Rivas who were not recorded as visiting a health facility using their family planning referral revealed that 96% in Masaya and 83% in Rivas reported having returned on their own to a health facility or pharmacy to procure contraceptives. Only 58% of these women subsequently reported using contraceptives in Masaya, while in Rivas 72% of these women reported current use.

Including both the women who procured contraceptives post-partum using their family planning referral and the women that reported visiting a health facility or pharmacy on their own for contraceptives and were currently using them, the proportion using contraceptives was higher in Rivas (93%) than in Masaya (66%).

The study also found a statically significant difference between the types of birth control women utilized based on the number of children they already had. Those with the highest number of children (mean 1.6) were more likely to use tubal litigation, while those with the least number of children (mean 0.5) were more likely to use condoms and oral contraceptives.

Conclusion

The results of this study were unexpected. Fewer women used their family planning referral for a follow-up visit to their local health facility for contraceptives in the intervention area (Masaya) compared to the control area (Rivas). Interestingly, more women in Masaya reported visiting a health facility on their own without their referral than in Rivas. However, the overall contraceptive use rate in Rivas remained higher, even after including the women who returned on their own to procure contraceptives and were still using these contraceptives.

The intervention was well planned and the health personnel at both the hospital and health facility level participated in all aspects of the study, including providing referrals to almost all women and providing information on the different types of contraception and other natural methods of family planning.

The results of the intervention point to two interesting conclusions. First, while the number of women that used their official family planning referral to return to their local health facility was well recorded, the number of women that returned without their official family planning referral and/or visited a pharmacy was not well recorded. The type and quality of family planning service received by women that returned without their official family planning referral and/or visited a pharmacy is unknown. These women may not have received additional advice on the importance of contraceptive use and adherence. Secondly, while home visits to promote the use of contraceptives may have been made to women who did not visit a health facility following their obstetric event, these visits may not have been as systematic as initially planned.

The results of this study show that while reinforcing quality standards is important to achieve certain outcomes, such as family planning referrals and advice about family planning, the reasons why women choose to use contraceptives and their adherence to these contraceptive methods remain complex and involve many different factors relating to individual behavior, the community, and the health system.

Recommended Citation and Further Information

This summary report may be cited as:

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It summarizes the full study report in Spanish, which is available at: http://www.hciproject.org/node/2870:

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USAID HEALTH CARE IMPROVEMENT PROJECT
University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814
Tel: (301) 654-8338
Fax: (301) 941-8427
www.hciproject.org