Trends and uptake of Immediate Post-partum Long Acting Reversible Contraception Services in a Tertiary Teaching Hospital in Kenya.

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Background
Free maternity policy - increased institutional deliveries
Unmet need for FP: Overall - 18%, HIV infected women - 30-60%, CPR - 58%, fertility rate - 3.9 (KDHS 2014)
23% Infants are born less than 2 years after previous birth
Only 4% receive postnatal care between 3 and 41 days after delivery (KDHS 2009), 51% 1st 2 days (KDHS 2014).
LARC in IPPP – cost effective, not pregnant, motivation high, reduces burden on other health services

OBJECTIVES
Main Objective
To institutionalize Immediate Post-partum Long Acting Reversible Contraception (LARC) Services at the Moi Teaching and Referral Hospital (MTRH) in Kenya.

Specific Objective
To determine the trends and uptake of Immediate Post-partum Long Acting Reversible Contraception Services at the Moi Teaching and Referral Hospital (MTRH) in Kenya

METHODOLOGY
Operational descriptive research
Health staff sensitized on provision of LARC in the IPPP
Women counseled on FP & IPPP then offered method of choice as per GoK guidelines
Women interviewed on their experiences and followed up through phone and FP clinics
Data obtained was entered in Excel 2007 software, analyzed, and presented using percentages and graphs to demonstrate trends and uptake

RESULTS
Demographics;
18,819 deliveries
7151(38%) - 20-24 years
8355 (44.4%) – secondary
15055(80%) – unemployed
2,998 (16%) - counseled on FP

FP UPTAKE;
986 (32.9%) – got LARC
21(0.7%) – non LARC
1990 (66.4%) - interval FP

LARC uptake rate - 5.3%
387(12.9%) - Jadelle
367(12.2%) - Implanon and 232(8%) – IUCD
4 (1.7%) - IUCD removal for various reasons
11 (4.7%) - IUCD expulsions
161(69.4%) - followed up either by phone or face to face

DISCUSSION
Promising change of trends on implants in IPPP -46%-52%.[Mogeni et al and Shabiby et al]
Counseling and no-cost of LARC increases uptake up to 75%.[Secura GM et al. The Contraceptive CHOICE Project. 2010;203:115, e1-e7]

CONCLUSION & RECOMMENDATION

CONCLUSION
Institutionalization of LARC in the immediate postpartum period is feasible.
There was increased uptake of LARC during the period in tandem with increasing contraception counseling.

RECOMMENDATION
LARC services should be initiated during antenatal care and integrated into immediate postpartum care period to improve uptake.
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