

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 (emphasis on LARC) during ANC & 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

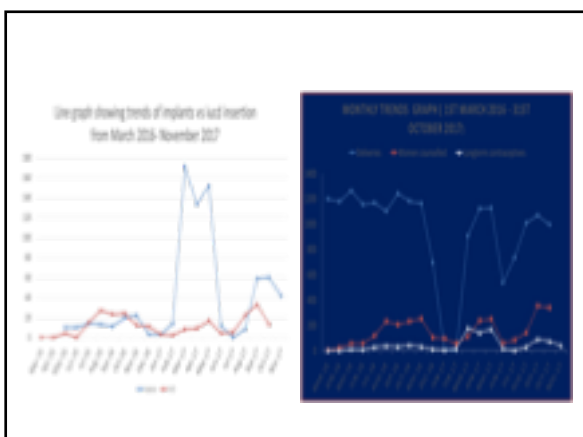
LARC uptake rate - 5.3%.

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

Utilization of postpartum LARC in LMIC is poor - <15%. (Margo et al:Maternal Health, Neonatology, and Perinatology(2017) 3:24)

Promising change of trends on implants in IPPP -46%-

52% (Mogeni et al and Shabbyy et al)

Counseling and no-cost of LARC increases uptake up to 75%. (Secura GMetal. The Contraceptive CHOICE

Project:Am J Obstet Gynecol. 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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