RESULTS

• Between July 2014 and December 2017, EngenderHealth provided the 71 treatment facilities with equipment and supplies necessary for delivering postpartum IUD services and trained 287 providers from those facilities in postpartum IUD services.

• Of the 154,666 clients who delivered in project-supported facilities during the project period, 98,008 (63.4%) received counseling for postpartum IUD services and 20,015 (20.4% of those counseled) ultimately received an IUD (see Figure 1). Among these postpartum IUD clients, 6,771 (33.8%) returned to receive the necessary follow-up services. Of those follow-up clients, only 190 (0.09%) requested IUD removal, only 123 (0.06%) experienced IUDC expulsion, and only 10 (0.0005%) developed infections (see Figure 2).

• Counseling and postpartum uptake increased incrementally as more providers and facilities were able to offer these services after completing the training.

METHODOLOGY

• EngenderHealth facilitated the provision of postpartum IUD services in 71 facilities with high birthrates across 3 regions. The project conducted clinical training, provided follow-up mentoring support, and built counseling capabilities related to full, free, and informed choice.

• EngenderHealth conducted a baseline assessment before initiating program activities. Over the course of implementation, the project collected data related to service provision using facility registers and collected additional data related to training activities, facility capacity, and knowledge sharing across project facilities related to service access and quality. ABRI staff entered data into a project database and analyzed FP uptake, tracking trends over the period of implementation.

IMPLICATIONS AND LESSONS LEARNED

• This project demonstrated that integrating IUD counseling and insertion services with delivery and postpartum services can yield an increase in postpartum FP uptake—particularly where delivery services are widely available and accessible.

• It also showed the importance of clinical training, counseling skills building, and the provision of related equipment and supplies in projects seeking to integrate IUD and maternity services. The use of on-site mentoring and counseling training indicate the importance of in-service training.

• Additional efforts are necessary to improve post-insertion follow-up services.

• Further programming and testing is also needed to determine if a similar approach could lead to an increase in uptake of other postpartum FP contraceptive methods.