

Initiating Postpartum Family Planning into Pediatric Care Services: A Case of Jinja Regional Referral Hospital

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SIGNIFICANCE

- Reaching postpartum women with voluntary family planning (FP) counseling and methods is essential for averting unintended pregnancies and reducing maternal and child mortality and morbidity related to short birth intervals.
- At the Jinja Regional Referral Hospital in Uganda, voluntary FP services were solely provided at a standalone unit within the hospital while postnatal care, childhood immunization, nutrition, and curative services were provided in a separate pediatric unit outside the main hospital.
- EngenderHealth's USAID-funded *Fistula Care Plus* project sought to integrate voluntary FP counseling and method provision within the hospital's pediatric unit in order to increase the uptake of postpartum FP.

METHODOLOGY

- EngenderHealth worked with the Ministry of Health to build the capacity of staff at the hospital. The project delivered FP clinical and counseling training to enable pediatric staff to provide short- and long-acting contraceptives. This training included practical sessions with actual clients as well as follow-up mentoring support to improve skill levels. EngenderHealth also worked with hospital administrators in the pediatric department to facilitate necessary facility restructuring and acquisition of FP supplies and equipment, to identify a trained FP provider to lead integrated FP service delivery, and to establish an internal referral mechanism for coordination with the hospital's FP unit.
- Every month, hospital data related to clients served and methods provided were collected, uploaded into the health management information system, and analyzed to identify trends in voluntary FP uptake and method mix.



RESULTS

- Since FP integration into the pediatric unit was introduced in this project, results reflect an increase from a baseline of zero.
- The project trained 15 service providers in FP counseling and clinical skills in November 2016.
- In 2017 (following the project's FP training), the hospital recorded 2,601 clients utilizing FP services; 512 of these clients (20%) accessed FP through the integrated service delivery point in the pediatric department (Figure 1).
- During this period, 67% (344) of FP clients in the pediatric department accessed short-acting methods—such as injectables, oral contraceptives, and condoms—compared to 52% (1,084) at the main hospital's FP unit; 31% (161) of clients in the pediatric unit selected long-acting reversible contraceptives (implants or intrauterine devices), compared to 47% (981) in the main hospital's FP unit; only 2% (7) of clients in the pediatric unit were interested in permanent methods, as were 1% (24) in the main hospital's FP unit (Figure 2 and 3).

Figure 1. Client Distribution in Hospital FP Unit versus Hospital Pediatric Department

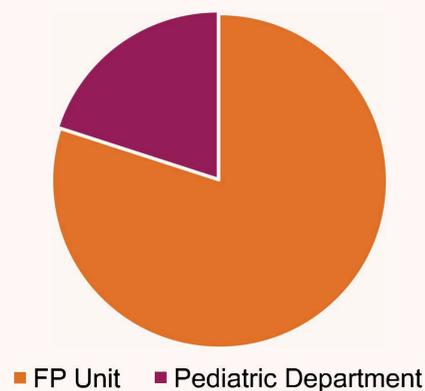


Figure 2. Uptake of FP Methods in the Pediatric Department

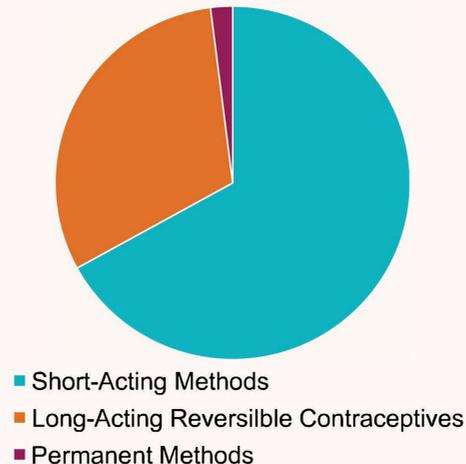
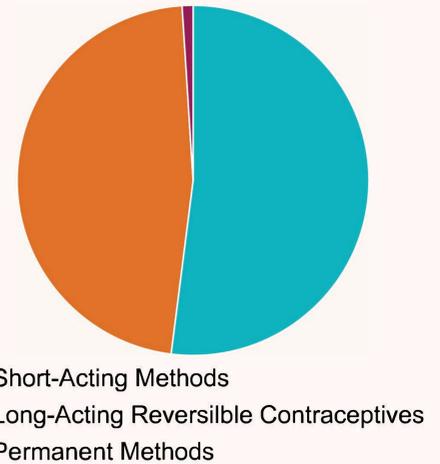


Figure 3. Uptake of FP Methods in the Main Hospital FP Unit



IMPLICATIONS AND LESSONS LEARNED

- Integrating voluntary FP into pediatric services is a promising high-impact practice for reaching postpartum women to increase FP uptake in the immediate term and reduce maternal and child mortality and morbidity in the longer term.
- Integrating voluntary FP into pediatric services requires several critical interventions: clinical and counseling training, restructuring of facilities to allow for confidential FP counseling, availability of FP equipment and supplies, referral linkages for methods not available on-site, and support of facility leadership for all of these components.
- To ensure facility leadership support, leadership must be oriented to understand and appreciate the benefits of integrating voluntary FP into pediatric services for both the mother and child.