

Telling Pregnant Women about their Postpartum Contraceptive Options Is Not Enough: Evidence from Haiti, the Dominican Republic and Nicaragua

M. Estela Rivero-Fuentes^a, Ricardo Vernona^a, Ana del Carmen Rojas^b, Adilia Gadea^b, Freddy Solis^b, Maritza Molina^c, Gisela Quiterio^c, Michaele Boulos^d, Louis-Marie Boulos^d, Flor de Maria Cardoza^e, and Hector Eusebio^f

Evidence from Haiti, the Dominican Republic and Nicaragua shows that women who receive family planning counseling immediately after delivery or during their postpartum visits are more likely to adopt a modern contraceptive method in the six-month postpartum period than women who do not receive counseling. Family planning information provided during antenatal care, on the contrary, has no effect on postpartum contraceptive use. Multivariate logistic regression analysis that control for socioeconomic characteristics, parity, desire to limit or space fertility and breastfeeding show that these conclusions hold even after taking into account other factors that influence contraceptive use. The policy implications of our paper suggest that family planning programs should focus more on reaching women during delivery care and the postpartum period.

Background:

Despite most women's intentions to space their pregnancies in more than two years, unmet need for postpartum family planning is high in many developing countries. Because in many instances women give birth in their homes and have limited subsequent contact with health providers, international recommendations for family planning services during the postpartum period suggest that women receive information about their contraceptive options during antenatal care, and that they are offered family planning counseling and a contraceptive method when they are in the hospital for delivery, during their postpartum checkups and during their contacts with health providers for their babies' vaccination and well-baby visits.

With the goal of assessing whether postpartum family planning programs in Haiti, the Dominican Republic and Nicaragua follow these international recommendations, the Frontiers in Reproductive Health Program of the Population Council conducted, with USAID's support, a situation analysis in these three countries. Among the collaborators in this endeavor were: Ministries of Health, National Institutes of Social Security, local NGOs, and Alva, Cesdem and Cera, three local research organizations that were responsible for the data collection, entry and analyses efforts.

Between June and November 2007 the research team visited 132 health centers and hospitals that offered antenatal, delivery or postpartum care and collected quantitative and qualitative data to measure the resources available, quality of care, and providers and users' knowledge, attitudes and practices regarding postpartum contraception.

^a The Population Council

^b Alva

^c CESDEM

^d CERA

^e MINSAL

^f DIGEMIA

Measurement instruments used included direct observation of client-provider interactions, service inventories, structured interviews with health providers; and focus group discussions and structured interviews with women who were attending antenatal care, who were being discharged from the hospital after delivery, and who were in the six-month postpartum period and visiting a health outlet.

The results presented in this paper come from the structured interviews with women who visited a health center or a hospital for any reason during the six-month postpartum period. The following sample sizes were achieved: 605 women in Nicaragua; 312 women in Haiti and 1,421 women in the Dominican Republic. During these interviews, women were asked, among other topics, about their use of a modern contraceptive method after giving birth; whether they had received information about contraceptive methods during their antenatal care visits, when they were in the hospital to give birth, or during their postpartum and well-baby visits; whether they had received family planning counseling when they were in the hospital to give birth or afterwards; their education; marital status; place of residence; parity; desire to space births or to have more children; and their breastfeeding behavior.

These data are used to run multivariate logistic regressions with random effects at the clinic level to measure the effect on postpartum contraceptive use of exposure to family planning information and counseling at different moments of the postpartum period.

Preliminary results:

- Despite the variation in modern contraceptive use in the six-month postpartum period (14 % in Haiti, 45 % in the Dominican Republic and 57% in Nicaragua), the results of what influences contraceptive use are similar in the three countries:
- Information about contraceptive methods provided during antenatal care does not seem to have an effect on postpartum contraceptive use. The proportion of women interviewed in the six-month postpartum period who were not using a contraceptive method does not differ statistically ($p>0.10$) between women who said they had received information about contraceptive methods during antenatal care and women who said they had not received such information (see figure 1).
- Women who said that they had received family planning counseling either during their hospital stay for delivery, during their postpartum check-ups, or during one of their vaccination and well-baby visits were more likely to have adopted a modern contraceptive method than women who had not received family planning counseling after delivery. This effect ranges from a 75% increase in the odds of postpartum contraception use in the Dominican Republic to a four-fold increase in Haiti. (All these effects are statistically significant with a $p<0.001$).
- Most of the women who use a modern contraceptive method in the six-month postpartum period start contraceptive use once they have left the hospital or more than three days after delivery. In Haiti, only 21 percent of the women in the six-month postpartum period who were using a contraceptive method had started its use in the first three days after delivery. Similarly low percentages were observed in the Dominican Republic (27%) and Nicaragua (34%).
- Providing family planning counseling during hospital stay for delivery increases the probability of adopting a contraceptive in the six-month postpartum period even for those who do not adopt a method right after delivery (see figure 2). These results are notoriously high for Haiti, a country with low knowledge about

contraceptive methods and institutional delivery. There, only 12 percent of the women who did not start using a contraceptive method in the three days immediately after delivery were using a contraceptive method in the first six-months postpartum. This number was 8 percent in the case of women who did not receive family planning counseling during hospital stay for delivery; 36 percent in the case of women who received family planning during their hospital stay for delivery; and 43 percent in the case of women who received family planning counseling both during their hospital stay for delivery and during their postpartum check-ups or well-baby visits.

Implications

Family planning programs in developing countries should intensify their efforts to offer family planning counseling in the immediate and extended postpartum, once women have surpassed the stress from pregnancy and delivery. The results presented here show that both strategies have an effect on the adoption of a modern contraceptive method in the six months after delivery.

On the contrary, presenting women in antenatal care with general information about contraceptive methods is a widely used strategy, but its effects on postpartum contraceptive use are not clear.

Figure 1. Percentage of women in the six-month postpartum period who were using a modern contraceptive method, by country and whether or not they said they heard about contraceptive methods during antenatal care

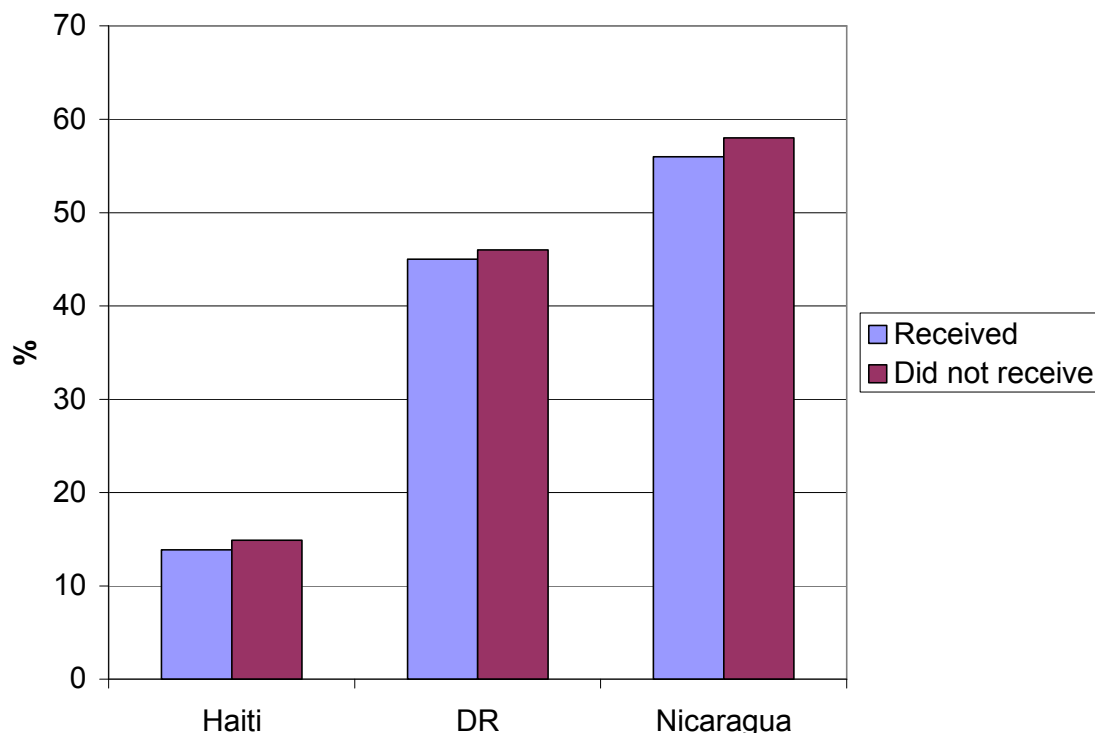


Figure 2. Percentage of women left the hospital without a modern contraceptive method and started using one in the six-month postpartum period, by country and timing of family planning counseling

