Implementation of postpartum intrauterine device (PPIUD) services across 10 districts in Malawi

Jennifer H. Tang1,2,4, Nenani Kamtuwanje1, Prisca Masepuka1, Jane Zgambo3, Phillimon Kashanga4, Caitlin Goggin4, Nicky Matthews4, Olive Mteta2, Ndizda Chisanu2, Mary Phiri2, Modesta Kasawala2, Fannie Kachale3

1. UNC Project-Malawi, c/o Kamuzu Central Hospital, 100 Mzimba Road, Private Bag A-104, Lilongwe, Malawi
2. University of North Carolina at Chapel Hill, Department of Obstetrics & Gynecology, 100 Manning Road, Campus Box 7570, Chapel Hill, NC, 27599-7570 USA
3. Support for Service Delivery Integration-Services (JHPIEGO), Lilongwe, Malawi
4. Banja La Mtsogolo (Marie Stopes International), Mphata House, Lilongwe, Malawi
5. Health Policy Project, Amina House, Paul Kagame Road, Lilongwe, Malawi
6. Family Planning Association of Malawi
7. Reproductive Health Directorate, Malawi Ministry of Health

Abstract

Background

Malawi has a high maternal mortality and unmet need for family planning, which could be reduced by improving access to postpartum intrauterine device (PPIUD) insertion. Our objective is to describe the implementation of PPIUD services by 4 local organizations at 14 government health services across 10 districts in Malawi.

Methods

This program was a collaborative effort between the Malawi Ministry of Health’s Reproductive Health Directorate and 4 supporting organizations. Training, educational, and monitoring and evaluation materials for PPIUD insertion were developed between December 2013 and April 2014. Each organization was then responsible for PPIUD community sensitization, provider training, and tracking of PPIUD insertions (via PPIUD register books) at their targeted health facilities. Community sensitization activities included Open Day campaigns, which were organized by local leaders to sensitize their communities, and Population Weekends, which were organized by religious leaders to target their congregations.

Results

Community sensitization activities, provider trainings, and mentoring occurred from January 2014 to June 2015, and monitoring and evaluation continued until December 2016 at some sites. One national Radio Discussion Panel with religious leaders was broadcast, 20 Open Day campaigns and 2 Population Weekends were held, 429 providers were trained during 27 trainings, and 249 PPIUD insertions occurred.

Conclusions

PPIUD can be safely offered in Malawi. However, the biggest challenge with program implementation was with encouraging providers to take the extra time and effort to insert an IUD within 48 hours of delivery. In addition, frequent rotation of trained labour ward staff to other clinical areas hindered the program’s sustainability since new trainings had to be held whenever staff members were rotated. Further research should be done to determine the best strategies to motivate busy providers to insert PPIUD, and PPIUD should be integrated into both medical and nursing curriculums to reduce the number of postgraduate trainings required to sustain PPIUD services.

Key words: postpartum, intrauterine device, Malawi, family planning, Africa

Introduction

Malawi has a high maternal mortality ratio and unmet need for family planning (FP) among married women aged 15-49 years.1 Both could be reduced by improving access to modern FP methods, such as the intrauterine device (IUD), particularly in the immediate postpartum period (<48 hours after delivery). Immediate postpartum intrauterine device (PPIUD) insertion is safe2-3 and has been implemented in multiple sub-Saharan African countries.4-7 A pilot randomized controlled trial of PPIUD versus interval insertion of the copper IUD was completed in 2010-2011 at Bwaila Hospital in Lilongwe, Malawi.8 A total of 12 women received PPIUD, whereas 18 received interval IUD. At 12 weeks post-delivery, 28 (93%) of 30 women were still using the IUD, with no significant difference between the two groups. All women reported that they liked using the IUD and would recommend it to a friend. The authors concluded that PPIUD was acceptable to women who received it, but that enhanced community education, particularly with men, would be needed for more widespread acceptance, which was confirmed in a follow-up qualitative study.9

After the pilot study ended, PPIUD also ended at Bwaila, despite having trained a staff of 60 in its provision. Therefore, the Malawi Ministry of Health’s (MoH) Reproductive Health Directorate (RHD) began partnering with local organizations to re-implement PPIUD with the copper IUD at Bwaila and other health facilities. The MoH sent two Master FP Trainers to a PPIUD workshop in Zambia in April 2013 to learn how to implement PPIUD services.10 A report on the workshop was made to the MoH’s FP Sub-Committee in June 2013.

Shortly thereafter, the RHD partnered with 4 local organizations who had received grant funding to implement PPIUD at 14 health facilities around the country: UNC Project-Malawi (UNC), Banja La Mtsogolo (BLM, Malawi’s
The partners also worked with the Malawi Health Education Unit (HEU) to develop a PP2UD brochure and three posters in Chichewa, the most commonly-spoken language in Malawi. These materials were pilot-tested by the HEU in three districts across the country in March 2014 and finalized by the HEU the next month.

**Community sensitization and demand generation activities**

The remaining activities were left to each partner to implement in their own manner. Community sensitization was generally done by first sensitizing the targeted communities’ traditional chiefs to the importance of postpartum FP and PP2UD since they play an important role in influencing their communities’ beliefs and practices. The partners then worked with the chiefs to establish FP Community Task Forces, comprised of key members of the targeted communities who could help to organize their Open Days for their 5 Open Days. Open Days were large community gatherings where multiple activities were utilized to promote FP, including songs, dramas, quiz games, and mobile vans that offered FP services on-site. They also included the use of FP Champions (former or current FP users, particularly IUD users), men who were supportive of FP, and local community health workers, to explain the benefits of FP and dispel its myths. To sensitize men to FP and PP2UD, SSDI organized soccer and Judea (a local board game) tournaments at their Open Days.

UNC partnered with Family Planning Malawi (FPAM, Malawi’s International Planned Parenthood affiliate) to organize its Open Days. Though it was a challenge to implement, only one of the Open Day organizers, Sindi, was able to reach her entire community. In Malawi’s Southern Region, Malawi’s Ministry of Health, Population and Housing (MOPH) supported FPAM to train and sensitize the religious leaders of the main religious denominations in Malawi about the benefits of FP and the need to increase access. Multiple workshops with these religious leaders were held, during which each religious denomination developed strategies and brochures to promote family planning and shift religious teachings. One strategy agreed upon by the various religious leaders was to organize a live radio discussion panel to promote the use of FP. The radio discussion panel was held on January 16, 2014 and was recorded live on Zodiak Radio Station, one of Malawi’s radio stations. The four panelists represented the Malawi Council of Churches and Evangelical Association of Malawi, the Seventh Day Adventist Church in Malawi, and the Qua’dia Muslim Association of Malawi. This distribution of panelists was chosen because 69% of the population are Christian, 26% are Muslim, with no religion.13 The Panels focused on highlighting the structures each denomination had in support of FP, clearing misunderstandings and creating a positive stance on FP, and how FP can help FPAM in Malawi to use FP as a key strategy to improve the health of women and children and slow down rapid population growth.

The panel also served as an advertisement for Population Weekends, which were held in UNC’s two targeted districts. The first three Weekend were held in Kasungu District from 18 to 20 January, 2014, and in Area 25 from 31 January to 2 February, 2014. During the Population Weekends, the participating churches and mosques focused their weekend activities on FP and PPIUD. The attendees at these meetings on FP and gave out FP brochures designed by each of the three major religious denominations in Malawi (Protestant, Catholic, and Muslim). Each brochure focused on a different religion and spaced their targeting by alternating verses from the Bible or Quran. Brochures were also produced on adolescent sexuality for use by youth groups. UNC staff also held their Open Days campaigns in the same areas targeted by the Population Weekend.

**Training, mentoring, monitoring and evaluation activities**

Provider training and mentoring in PPIUD insertion began in February, 2014, and included training in both post-partum and in the classroom over two days using the Mama-U Postpartum Uterus Trainer (Laerdal Global Health, Stavanger, Norway). Trained providers included community midwives, nurse midwife technicians, medical officers. Only clinical officers were trained in intraccesarean IUD insertion since they were the only trained cadre allowed to perform cesarean sections. They were all trained in the classroom over two days using the Mama-U Postpartum Uterus Trainer (Laerdal Global Health, Stavanger, Norway). The trainers then met with the targeted facilities for the remaining three days whenever it was possible to send a trainer to the facility, so that the trainees could practice on actual patients with supervision. Each facility was given a PPIUD instrument kit, including long placental Kelly forceps and a Mama-U Trainer. The initial trainers were 5 American gynecologists and one of the Malawian Master FP Trainers trained in Zambia. These 6 trainers then worked with Malawian providers to become trainers. After each training, each trained provider was paired with a Malawian FP mentor. For mentoring, the mentors would meet with their mentees on a monthly basis to monitor any problems or successes they had with PPIUD, for up to 6 IUD insertions. The mentors would then meet with their mentees on a monthly basis to monitor any problems or successes they had with PPIUD, for up to 6 IUD insertions. The mentors would then meet with their mentees on a monthly basis to monitor any problems or successes they had with PPIUD, for up to 6 IUD insertions. The mentors would then meet with their mentees on a monthly basis to monitor any problems or successes they had with PPIUD, for up to 6 IUD insertions. The mentors would then meet with their mentees on a monthly basis to monitor any problems or successes they had with PPIUD, for up to 6 IUD insertions. The mentors would then meet with their mentees on a monthly basis to monitor any problems or successes they had with PPIUD, for up to 6 IUD insertions. The mentors would then meet with their mentees on a monthly basis to monitor any problems or successes they had with PPIUD, for up to 6 IUD insertions.

The radio discussion panel was attended by over 100 people, and over 400 listeners texted in questions and comments. According to Zodiak, listenership for the program was approximately 78% of the country’s population (10 million).13 During the Population Weekends, 45,000 brochures were distributed. HPP sampled 10 churches and 2 mosques in Kasungu and 6 churches and 2 mosques in Lilongwe and found that almost all churches and mosques in the target TAs participated, with an estimated reach of 350,000 Christians and 5,600 Muslims. A total of 429 government providers were trained and monitored under the FPAM monitoring and mentoring strategy (Figure 2); UNC Project held 11 training sessions and trained 101 providers between February 2014 and June 2015. SSDI held 20 training sessions and trained 249 providers between September 2014 and February 2015, whereas 12 SSLI held 5 training sessions and trained 67 providers between September and October 2014. Finally, UNFPA held 1 training and trained 16 providers in the remaining three districts.

### Table 1: Results from the postpartum intrauterine device roll-out program

| Activity | Output |
|----------|--------|
| Community mobilization/demand creation | 13 task forces created among 6 Districts |
| Establishment of family planning task forces | 57 family planning champions established |
| Population Weekends with religious leaders | 2 Population Weekends held in 2 Districts |
| Provider training, mentoring, and insertion | 1 Panel held with >400 listeners leading |
| | 249 PPUD insertions |

**Abbreviations:** PPUD=postpartum intrauterine device
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