

Post-partum Family Planning uptake in hospitals in Rwanda can be increased through implementation of a five key recommendations

Alice Mukansana, Rwanda Biomedical Centre, CHUB, Rwanda, amukansanga@chub.rw, Mary Hadley, Rwanda Biomedical Centre/Enabel, Jean Baptiste Ukwizagira, Rwanda Biomedical Centre

Background :

- Access to Family Planning is key to economic development and reproductive health and rights.
- Post-partum Family Planning (PPFP) introduced into all hospitals in Rwanda in 2017
- Only 42% uptake at CHUB hospital

Objective :

- To use experiences from higher performing District Hospitals and mothers delivering at ‘CHUB’ to improve the PPFP uptake.

Methods :

- Semi-structured interviews with District hospitals.
- Interviews with mothers in June 2022.

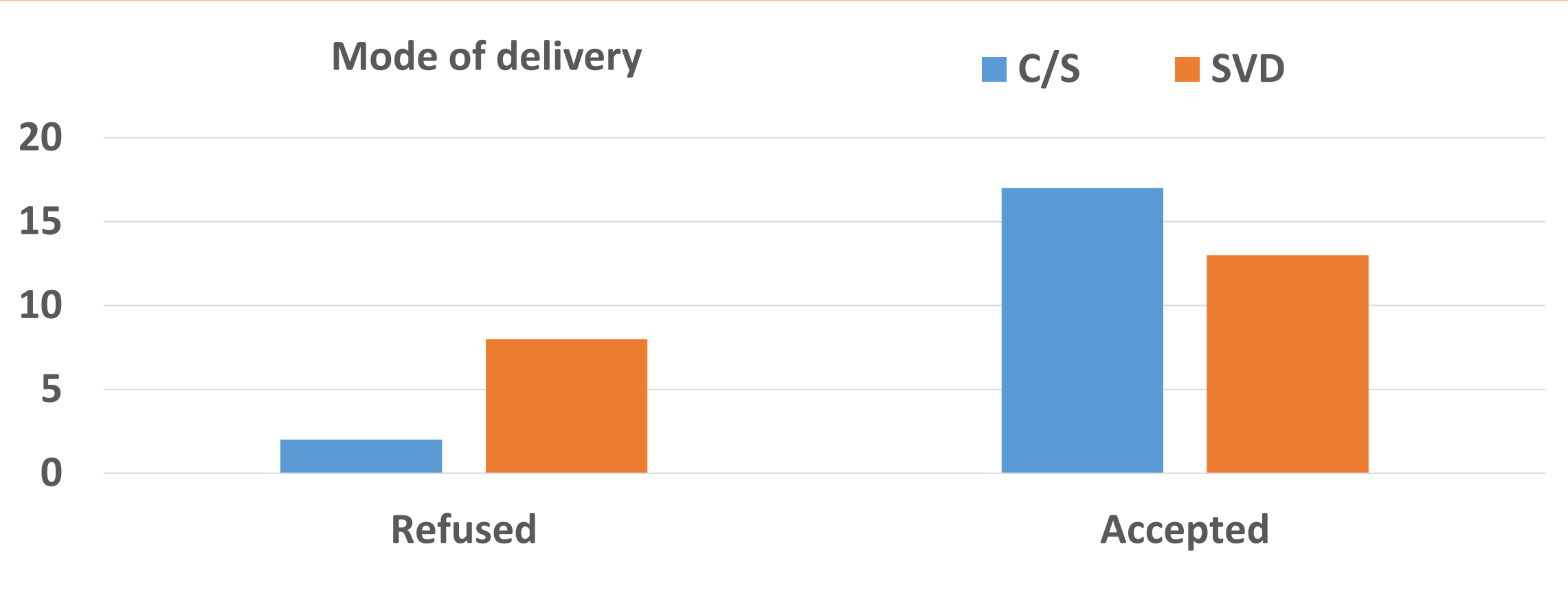
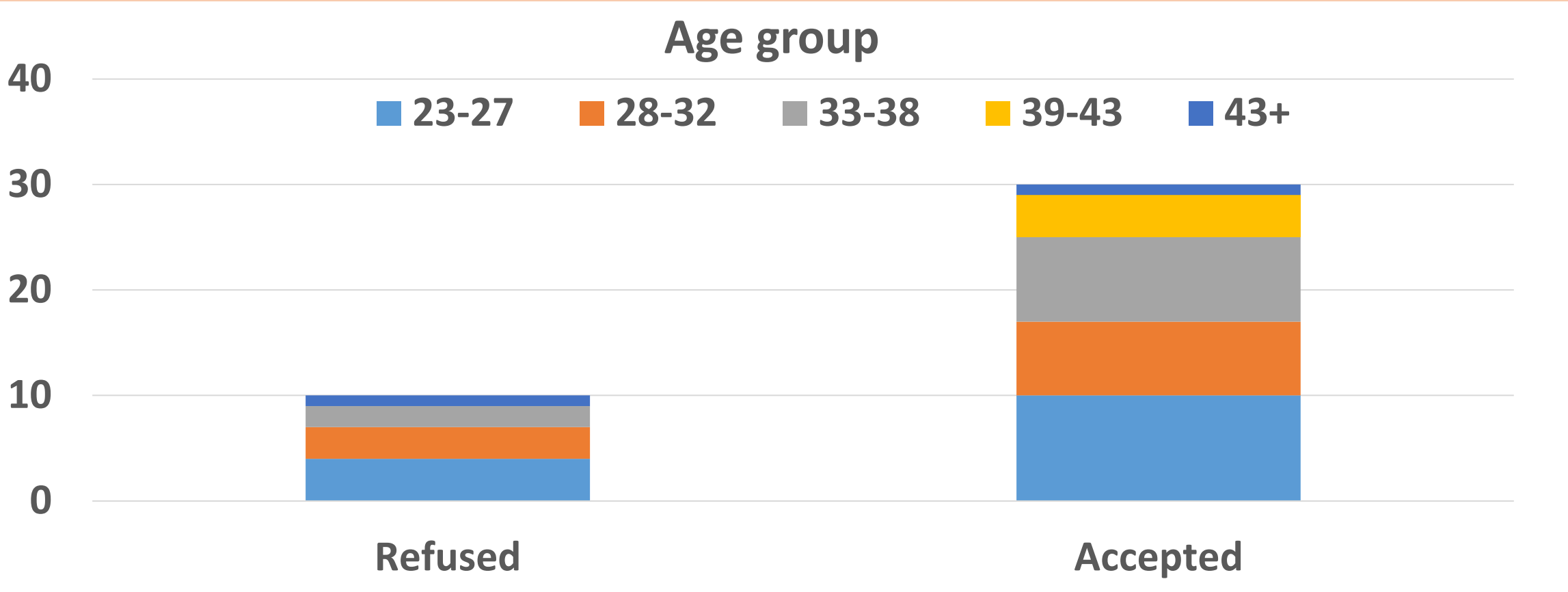
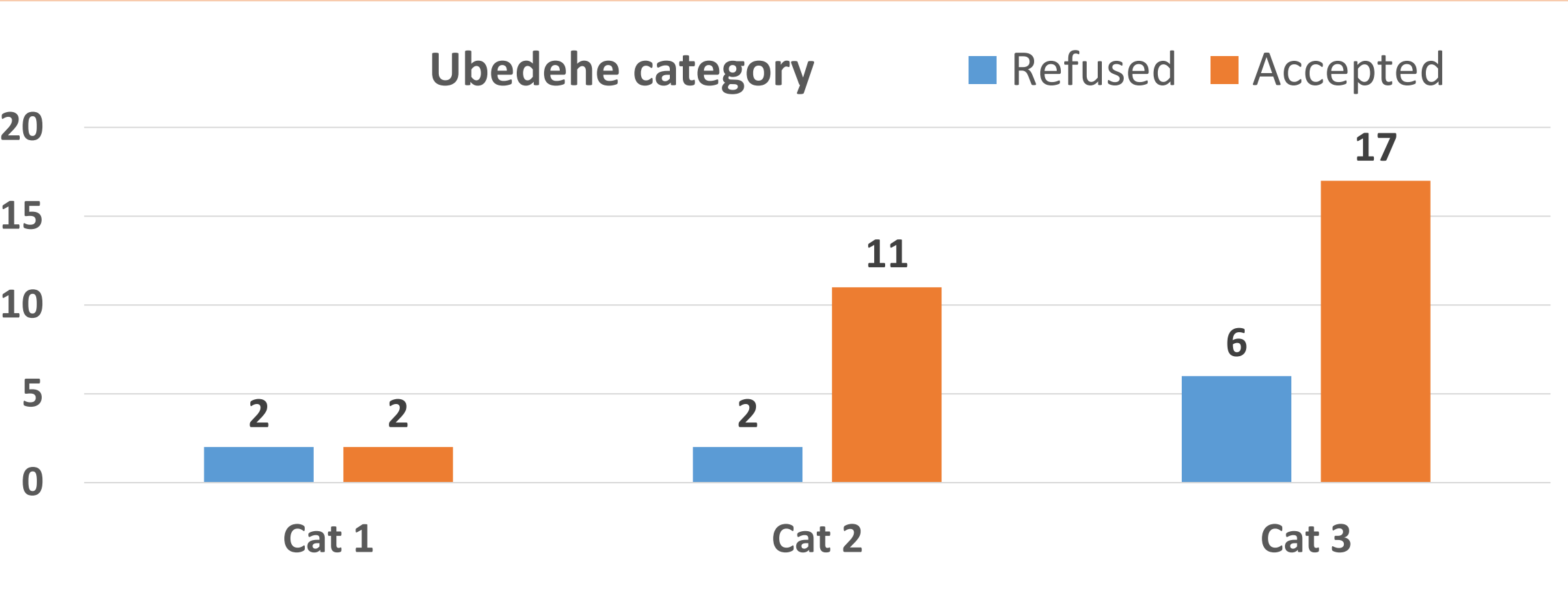
Results:

1. District Hospitals :

The key themes that emerged related to reaching high PPFP uptake were teamwork and engagement/ emphasis of PPFP within the maternity unit/hospital.

- **Teamwork** : All maternity unit nurses work as a team and are proud of the uptake of PPFP at the hospital. There was shared responsibility and a shared sense of achievement.
- **Engagement** : PPFP is a daily important activity over 24 hours in these hospitals. There was an ethos that ‘No-one can miss receiving a method of PPFP at any time’.

2. Mothers’ characteristics : Mode of delivery, age, ubedehe category and discussion of FP during pregnancy

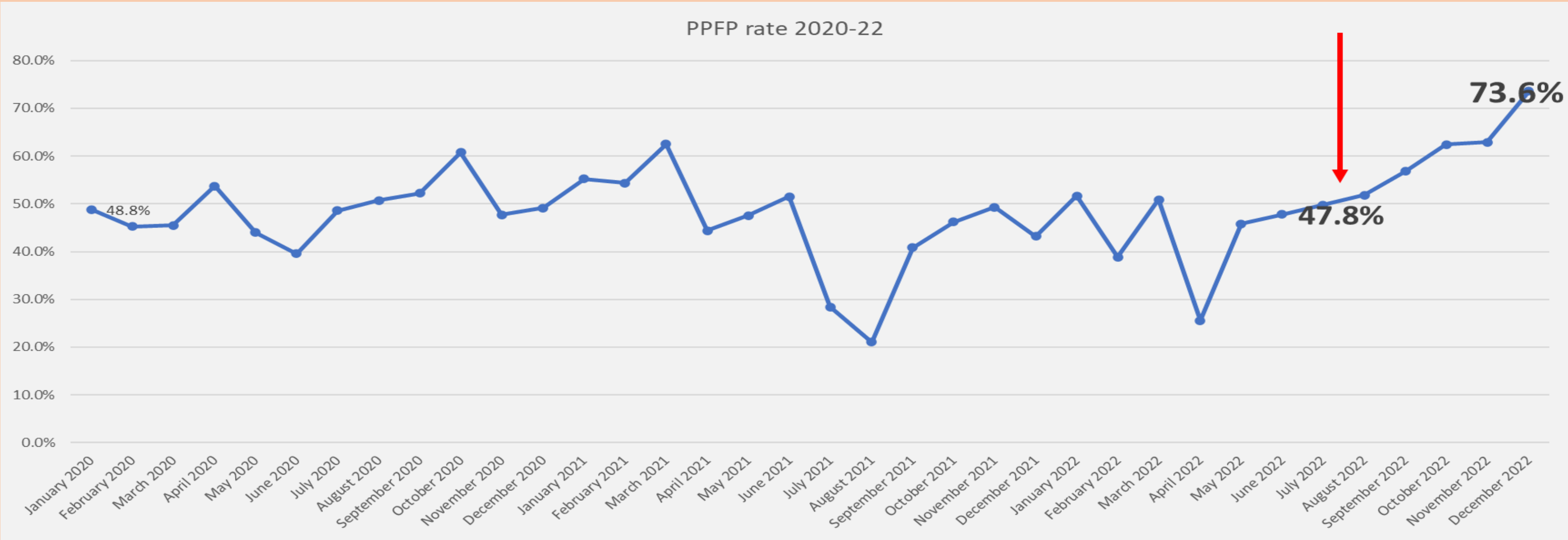


3. Mothers’ interviews

Barriers				
Physical	Religion	Culture	Lack of Knowledge/ beliefs	Weekends
Side effects : Reduced breastmilk, low quality breastmilk, vaginal bleeding, change in libido, nausea, weight gain	God gives babies, women’s prerogative to produce babies, Catholic faith does not accept, Priest must advise	Cannot use FP if... baby has died, if you take long to conceive of before the first baby you cannot use FP, wanting boy (sex preferences) , if baby is premature, before first menstruation	Reason given for why mothers do not accept Will not be able to conceive again	No FP service provided on Sunday
A woman is too weak to take FP after delivery		Something new unwilling to change (especially mothers- in-law)		

Facilitators			
Wanting to space children	Caesarean Section	Counselling	ANC counselling
Able to take care of the newborn well. Spacing to take time for newborn	If they have C/S they want FP more than SVD/ want to recover	Nurses ‘convinced’ them to accept FP	

Impact : PPFP increased to 73.5% from 42% with implementation of recommendations in CHUB and 59% to 67% nationally.



Conclusion

PPFP can be increased within resources if:

1. All mothers are counselled during ANC
2. One additional nurse trained as focal person for PPFP
3. All midwives on maternity units trained and provide PPFP
4. Include PPFP in daily report at morning
5. Monitor on monthly basis and disseminate in maternity unit.

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