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Honduras: Postpartum and postabortion patients want family planning

Frontiers in Reproductive Health

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Honduras Contraceptive Choice

OR Summary 25

Postpartum and Postabortion Patients Want Family Planning

When providers at five Honduran hospitals were trained to provide family planning counseling and methods to postpartum and postabortion women, the proportion of women receiving this information doubled, and the proportion who received a method tripled. The intervention, a scale-up of a previous operations research project, will be expanded to five more hospitals.

Background

Approximately half of deliveries in Honduras take place in hospitals. However, hospitals rarely offer family planning services to postpartum or postabortion patients. In 1999 the Honduran Ministry of Health (MOH) and the Population Council began a two-year project to expand access to family planning (FP) counseling and methods following childbirth or treatment for incomplete abortion. The intervention built upon a previous Population Council project that showed that 30 percent of women hospitalized for a delivery or an abortion-related complication were interested in adopting a FP method prior to discharge.

In all five hospitals participating in the study, delivery was the principal reason for admission, with each facility averaging 4,800 deliveries annually. Admission for abortion complications was also relatively common, with an average of 400 cases annually. The intervention consisted of: (1) training all staff members assisting postpartum and postabortion women in FP service promotion and counseling; (2) training 65 physicians and nurses in contraceptive methodology; (3) providing FP methods, equipment, and educational aids such as pamphlets, videos, and flipcharts; and

(4) supervising and monitoring activities. At each hospital, project progress was documented through quarterly collection of service statistics and through baseline (474 postpartum and 24 postabortion cases) and endline (571 postpartum and 71 postabortion cases) surveys. In addition, hospital staff conducted quarterly surveys of patients (an average of 238 postpartum women and 26 postabortion women).

Findings

- ◆ After the intervention, three times as many postpartum women and four times as many postabortion women received a method during their hospital stay, compared to baseline figures (see Table). Likewise, twice as many postpartum women and four times as many postabortion women received FP information.
- ◆ More women asked for a FP method after the intervention, and most of these women did

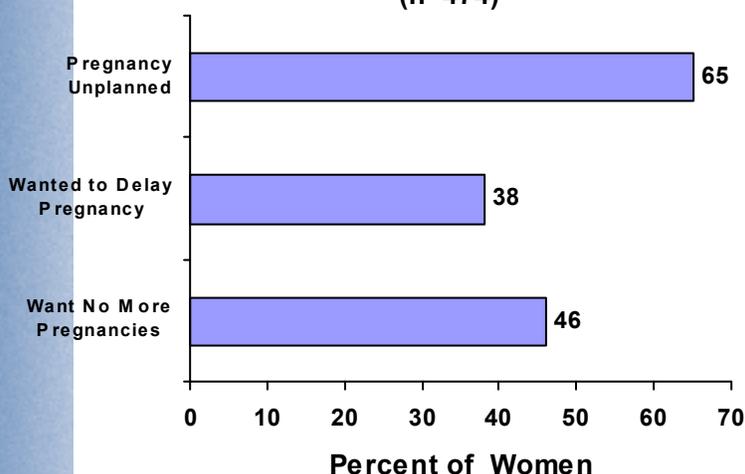
**Percentage of Women Who
Received FP Services**

FP Services	Baseline	Endline
Received FP Method During Hospital Stay		
Postpartum	10	33
Postabortion	13	54
Method Wanted But Not Received		
Postpartum	41	7
Postabortion	48	21

receive a method. The intervention led to a major reduction in the proportion of postpartum and postabortion women who requested a method but did not receive it.

◆ Findings prior to the intervention revealed a clear need for FP information, methods, and supplies. Among postpartum women interviewed at baseline, 65 percent said that the pregnancy was unplanned, and 38 percent said that they would have preferred to wait longer to

Need for FP Among Postpartum Women Pre-Intervention (n=474)



become pregnant (see Figure). Nearly half (46%) wanted no more children. At the time of the baseline survey, only three of the hospitals offered FP to postpartum and postabortion clients, and only two hospitals had sufficient inventory and supplies to provide these services.

◆ The mix of methods chosen became more diverse during the intervention. Postpartum women shifted from almost exclusive reliance on the IUD and voluntary sterilization to greater use of temporary methods such as condoms and lactational amenorrhea. Postabortion women shifted from voluntary sterilization to a mix of sterilization, injectables, or oral contraceptives.

Policy Implications

◆ The project design, which included regularly scheduled collection and presentation of data, allowed opportunities to recognize progress and seek solutions for problems that arose during the intervention. Strong commitment from hospital directors also contributed to the project's success. Programs to improve services should incorporate periodic data-gathering and should ensure participation and support from both management and providers.

◆ Because nurse auxiliaries attend more than half of the deliveries at some hospitals, they should be trained to provide all temporary contraceptive methods, including IUDs.

Utilization

◆ Based on the success of this model at the five hospitals, the U.S. Agency for International Development provided support to EngenderHealth for the continued expansion of the model to five more hospitals in Honduras.

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Medina, Ruth, Ricardo Vernon, Irma Mendoza, and Claudia Aguilar. 2001. Expansion of Postpartum/Postabortion Contraception in Honduras. For more information contact: Population Council, Escondida No. 110, Col. Villa Coyacán, 04000 México, D.F., Mexico. Tel.: 52-5-659-8537; Fax: 52-5554-1226; E-mail: disemina@popcouncil.org.mx.

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FRONTIERS IN REPRODUCTIVE HEALTH

4301 Connecticut Avenue, N.W., Suite 280, Washington, D.C. 20008 USA

TEL: 202-237-9400 FAX: 202-237-8410 E-MAIL: frontiers@pcdc.org WEBSITE: www.popcouncil.org