Integrated Postnatal Care in Kenya and Swaziland: effect on quality of care and health outcomes

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Three key interventions improved quality of care for the both models:

1. Additional equipment and supplies
   - Gaps in essential resources identified and procured

2. Provider skills training
   - Mentorship model

3. Provider counselling job aid
   - Balanced Counselling Strategy Plus (BCS+)
Providers appreciate the mentorship training approach

“[Now] we have ICD clients and before they never used to accept. Also the workload used to be high but now the queues for FP [services] are shorter but we have more clients for VIA/VILI...”

“The other thing is they appreciate me... Clients are in a position to come and ask for more services here. Before they used to go to clinicians but nowadays they come to FP clinics if they have problems like STI.”
Facilities implementing the interventions significantly improved their quality of postnatal care

<table>
<thead>
<tr>
<th>Summary of PNC Quality of Care</th>
<th>Intervention</th>
<th>Comparison</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Baseline N=83</td>
<td>Follow Up N=48</td>
</tr>
<tr>
<td>Rapport (4)</td>
<td>0.8</td>
<td>1.5**</td>
</tr>
<tr>
<td>History taking (4)</td>
<td>1.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Infant care (13)</td>
<td>2.9</td>
<td>4.8**</td>
</tr>
<tr>
<td>Maternal care (5)</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Fertility and FP (10)</td>
<td>1.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Assess HIV/STI risk (7)</td>
<td>0.2</td>
<td>0.7</td>
</tr>
<tr>
<td>HIV C&amp; T (4)</td>
<td>0.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Total mean scores (47)</td>
<td>8.20</td>
<td>12.6*</td>
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</tbody>
</table>

*p < 0.05  **p< 0.005
Postpartum women were more likely to be offered HIV testing at intervention than comparison facilities in Kenya.

*\(p<0.05\); **\(p<0.01\); ***\(p<0.001\)
However, postpartum women were also more likely to be offered HIV testing if they:

- Attended a health centre rather than a hospital
- Had a partner who has been tested
- Were from a non-poor household
- Had primary or no education rather than secondary education
Women attending intervention facilities in Kenya were more likely to choose a long acting method.
In Swaziland, unintended pregnancies were high, but lowest among HIV-positive women knowing their status.

- **HIV negative**: 14% unwanted, 57% mistimed
- **HIV positive, known during pregnancy**: 20% unwanted, 49% mistimed
- **HIV positive, known before pregnancy**: 24% unwanted, 32% mistimed

% postpartum women reporting intendedness of pregnancy
“I have seen there is a lot of importance [in using FP]. That’s why by bad luck you shouldn’t get pregnant. […] You can get a baby who is infected”

“I use condoms. I don’t like getting a baby when I have not planned… you see when you get a baby when your CD4 are down you see it will affect you....”
Significant differences in methods chosen during postnatal consultation between HIV positive and negative women

Among 18% HIV positive and 20% of HIV negative postpartum women

* p<0.05
Summary of key preliminary findings

- Three key interventions can integrate and substantially improve quality of postnatal care

- These interventions can:
  - Increase access to HIV testing for postpartum women
  - Increase access to longer acting FP methods

- Women living with HIV and knowing their status are less likely to have unintended pregnancies and to choose to use condoms

- However sustainability is dependent on a broader context / working culture of the facility

- Even after strengthening, postnatal care is still underused