

## **The Effect of Access to Family Planning Services during Antenatal, Delivery and Postpartum Care on Contraceptive Use in the Postpartum Period**

**Estela Rivero**

### **Short abstract:**

This study explores the importance of family planning services during antenatal, delivery and postpartum care on the use of a contraceptive method in the six-month postpartum period. We compare the access to family planning services during antenatal care, delivery and the postpartum period of women who are using a contraceptive method and women who would like to use a contraceptive method but are not using one. To assess the relative importance of family planning services in each of these phases, we fit a logistic regression model that controls for women's socioeconomic and demographic characteristics and unobserved variables at the community level. Data come from a survey of 600 women who visited a health center in the six-month postpartum period in Nicaragua. Results show that family planning counseling and referral during antenatal care; and offering a family planning method right after delivery increase the probability of contraceptive use.

### **Long abstract**

Some authors have argued that the specific moment when family planning services are offered to pregnant and postpartum women may have an effect on the probability of accepting a contraceptive method and continuation of use. Bruce (1989) and Winikoff and Mensch (1991) argue that family planning counseling during pregnancy and offering family planning services immediately after delivery may not be as effective as offering family planning services later on during the postpartum period. This inefficiency may account from several factors. First, pregnant women may not have decided yet whether they want to use a contraceptive method after delivery or not. Second, women who have just delivered are commonly tired and too sensitive so as to make an informed choice about contraceptive use. And thirdly, women early in their postpartum period are naturally protected against a pregnancy because of lactation and amenorrhea.

On the other hand, operations research to test alternative models of postpartum family planning has shown that the combined offer of counseling during antenatal care and the immediate postpartum period, contraceptive services immediately after delivery, and family planning counseling and method provision in the 40-day postpartum period increases the probability of method acceptance and continuation of use (Foreit et al. 1993; Vernon et al. 1993). One problem with these results, however, is that they refer to the combination of family planning services at different moments of the pregnancy-delivery-postpartum continuum. They do not offer an insight into the relative importance of family planning services at any of these specific times.

The importance of unmet need for family planning during the postpartum period is evidence for the importance of better understanding what works best when designing postpartum family planning programs. Studies on postpartum contraception in developing

countries show that unmet need for contraception among women account for at least half of unmet need (Ross and Frankenberg 1993) and that 65% of all women in the one-year postpartum period have an unmet need for family planning (Ross and Winfrey 2002).

In the specific case of Nicaragua, recent data shows that at six months postpartum, 56% of women declare that they do not want to become pregnant again. Those who want to become pregnant again, want to wait at least one more year until their next pregnancy, with the majority (61%) wanting to wait at least five more years. Still, only 49% of women in the six-month postpartum period are using a family planning method (Population Council 2006).

Given this declared intention of use, what explains that some women use a contraceptive method while some women do not? In this study we explore the role of family planning counseling and referral during antenatal care visits; the offer of family planning counseling and methods during delivery care; and family planning services during postpartum checkups.

The dependent variable in this study is an indicator variable that takes the value of one if women in the postpartum period are using a contraceptive method, and the value of zero if women declare that they want to use a contraceptive method in the following six months but are not using a method now. Because we focus on what explains that women use a contraceptive method once they have decided they want one, we do not include in this analysis women who declare that they do not want to use a contraceptive method. Data for this analysis come from interviews with women in the six-month postpartum period who visited a health center for any reason. Hence, results refer to women who have contact with the formal health system after delivery.

The covariates considered in our analysis include: whether women received family planning counseling during antenatal care; whether women received a referral for family planning during their antenatal care visits; whether women were given family planning counseling during delivery care; whether women were offered a family planning method during delivery care; whether women received family planning counseling during postpartum checkups; whether women received family planning counseling during well-baby visits; and whether women received family planning counseling in any other contact with the health system after delivery.

We control for the following factors: age; marital status; parity; education level; time since birth; desire for more children; desired interval between pregnancies; whether women have attended postpartum checkups; and whether women have taken their new born to well-baby visits. after delivery. To control for the effect of other unobserved factors that may influence the probability of choosing to use a family planning method, such as the quality of care in the health clinics in the community and beliefs regarding contraceptive use, in our models we include a random effect at the community level.

To explore the relationship between contraceptive use and family planning services during antenatal care, delivery and the postpartum period, we fit a logistic regression with random effects at the community level.

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Data for this analysis come from a survey of women in the six-month postpartum period who visited a health center for any reason in Nicaragua. This survey covers 10 of the 18 states in Nicaragua. The selection of states in the sample reflects the national variation in poverty level, access to health services and urbanization in the country. In each state, a professional team of interviewers visited the public health hospital, a private health hospital and two health centers. Interviewers remained one week in each site interviewing women who had had a delivery in the last six months. The interviews covered the following topics: reason of visit to the health center; time since delivery; desire for more children and desired intergenetic interval; desire for contraceptive use; contraceptive use since delivery; current contraceptive use; access to institutional antenatal care, delivery services and postpartum care; family planning services received during antenatal care; delivery and the postpartum period.; and information on self-care and child's care received during antenatal care, delivery services and the postpartum period. Overall, 600 women in the six-month postpartum were interviewed.

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