

- PD-ABQ-729 -

**CBP/Haiti  
CI94 34A**

A Model Postpartum Program for Rural  
Populations in Haiti Pignon

FINAL REPORT

March 15, 1994 – February 15, 1995

The Population Council seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council ■ analyzes population issues and trends ■ conducts biomedical research to develop new contraceptives ■ works with public and private agencies to improve the quality and outreach of family planning and reproductive health services, ■ helps governments to influence demographic behavior, ■ communicates the results of research in the population field to appropriate audiences ■ and helps build research capacities in developing countries. The Council a nonprofit, nongovernmental research organization established in 1952, has a multinational Board of Trustees, its New York headquarters supports a global network of regional and country offices.

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## BACKGROUND & PURPOSE

Postpartum services for urban populations have been effectively offered in other countries as a mechanism to provide preventive and curative medical services to both mother and infant, as well as to offer family planning services. Little was known about operating similar programs for rural populations.

A majority of the population in Haiti live in rural areas with difficult access to modern medical care. Comité Bienfaisance de Pignon (CBP) operates family planning and child survival programs for a rural population of 150,061 in 5 communes of northern Haiti. Even in the commune of Pignon, which has a well-equipped hospital, 90% of births are at home under the care of traditional birth attendants (matrones).

Prior to the OR project, immediate postpartum services were available at the CBP hospital for the 10% of women who delivered at the hospital. No interval postpartum services were available.

In 1994, CBP tested one of the first integrated rural postpartum programs in the Latin America & Caribbean (LAC) region. CBP conducted the initial phase of this project under a Population Council subcontract funded with USAID/Haiti incremental funding to INOPAL II. The project targeted the Pignon commune which had a censused population of 31,669 of which 7,600 (24%) were estimated to be women in reproductive ages. The total number of births per year in the Pignon commune was estimated to be 1,267.

## DESCRIPTION

With funding from INOPAL II, CBP utilized the introduction of a postpartum clinic as a mechanism to improve four areas of its reproductive health program, namely, 1 training of traditional birth attendants (matrones), 2 pre-natal care, 3 postpartum care, and 4 family planning services. CBP measured the impact of the demonstration project by the number of pregnant women attending pre-natal services, the number of women and children attending the postpartum clinic, and the percent of postpartum women accepting a modern method of family planning.

## DESIGN & METHODOLOGY

In Haiti, matrones not only deliver babies, they also serve as primary health providers during the pre-natal and postpartum periods. Using funding from UNICEF and UNFPA, CBP had already provided one week of training to over 500 traditional birth attendants (matrones), including 96 in the Pignon commune. With support from INOPAL II, CBP provided one week of additional training to 103 Pignon matrones in the following topics: pre-natal care, identification of high risk pregnancies, hygiene, nutrition, birthing techniques, neonatal care, immunizations, ARI and family planning. The project provided support for monthly training meetings for matrones and matrone supplies.

CBP then selected ten of the matrones and provided them with two weeks of intensive training which included measurement of uterine

height, blood pressure monitoring, determination of fetal position, fetal heart beat monitoring, identification of high risk pregnancies, advanced birthing techniques, and demonstrations of the delivery of all family planning methods. Subsequently, CBP provided the super-matrones with a day-long in-service training each month. These super-matrones identified pregnant women, determined their probable due date, screened for high blood pressure and made referrals to the pre-natal clinic, they made a particular effort to identify and refer women with high risk of complications during delivery. A postpartum supervisor was hired to organize the monthly training meetings for the matrones and super-matrones, and also to provide supervision in the field. The 10 super-matrones received a monthly stipend of Gourdes 600 (about US \$40).

A second objective of the project was to strengthen the pre-natal care program and increase participation. Prior to the project, CBP had an active pre-natal care program with both clinical services and counselling, but only half of pregnant women took advantage of the services. While most women can deliver at home without complication, many of the high risk women could be identified through pre-natal examinations. High risk women are encouraged to deliver their babies at the Pignon hospital. According to norms published by the Ministry, for the estimated 100 births each month in Pignon there should be 100 first pre-natal visits and 300 subsequent pre-natal visits each month. Prior to the project, there were an average of only 50 first pre-natal visits and 30 subsequent pre-natal visits per month.

With technical assistance from INOPAL II, CBP devised forms to enable promoters to register pregnant and recently delivered women. Promoters encouraged pregnant women to make the recommended 4 pre-natal visits. The super-matrones assisted with counselling of pregnant women attending the pre-natal clinic.

The third objective of the project was to improve postpartum care. Traditionally, women in Haiti spend the first 1 to 3 months postpartum in semi-seclusion. On average, women resume their normal activities, including sexual relations, 6 weeks postpartum. With support from INOPAL II, CBP opened a postpartum clinic staffed by a full time nurse. Super-matrones, matrones and promoters referred postpartum women to the clinic which was open 5 days a week. The clinic offered medical check-ups of the mother and infant by the nurse with referrals to a physician as required. The nurse also provided child immunizations and vitamin A supplements, if necessary, and referred the mother to the monthly rally post closest to her home. The nurse provided the mother individual counselling in breastfeeding, nutrition, and family planning. Family planning services were available next door to the clinic to any interested women.

One focus of the OR project was to encourage utilization of effective family planning methods. INOPAL funded Dr. Darline Carré Theodore, the project principal investigator and Medical

Director of the hospital, to travel to Mexico for one week to receive training in immediate postpartum IUD insertion

## RESULTS

During the first five months, 304 women came with their babies to the postpartum clinic That was an average of 60 women per month Since there were an estimated 105 deliveries per month in the Pignon commune, this means nearly 60% of postpartum women took advantage of the services

The project had a substantial impact on the prevalence of family planning among postpartum women The Child Health Institute conducted a family planning prevalence survey prior to the project that revealed 9% of women less than 6 months postpartum used a modern method of family planning During the project, 36 women accepted a family planning method at the time of their visit to the postpartum clinic An additional 31 women had already accepted a modern family planning method prior to attending the clinic The 67 users were 22% of the total 304 women who attended the postpartum clinic These early results demonstrated more than a two-fold increase in the modern method utilization rates among women who attend the postpartum clinic

The family planning service records provide additional evidence that a large number of postpartum women sought modern family planning during the project Medical records are completed for women selecting NORPLANT, IUD, the pill, Depo-provera and VSC Of 46 women seen in December 1994, 27 had a last child aged one month or less and an additional 11 women had a last child aged under 12 months

The following table compares the method mix for women who attended the postpartum clinic during 5 months with all new users of modern family planning for the quarter July through September, 1994

Method	Post-partum Clinic (%)	All New Users (%)
Condom	6 (16 7%)	1286 (58 8%)
Implant (NORPLANT)	12 (33 3%)	498 (22 8%)
VSC (female)	8 (22 2%)	28 (1 3%)
Injectables	7 (19 4%)	119 (5 4%)
VSC (male)	0	1 (0 0%)
Foaming Vaginal Tablet	0	132 (6 0%)
Pill	0	105 (4 8%)
IUD	3 (8 3%)	19 (0 9%)
<b>TOTAL</b>	<b>36</b>	<b>2,188</b>

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We also compared pre-natal visits before and during the OR intervention with the following findings

	First Visits	Subsequent Visits
Oct-Dec 94	128	82
Oct-Dec 95	177	98

The intervention period had 38% more first pre-natal visits and 20% more subsequent pre-natal visits compared to the same three month period of a year earlier despite the disturbances involved in the international intervention

#### DISCUSSION

During the first five months, the postpartum clinic provided curative and preventive interval postpartum services which were previously unavailable. The attendance of nearly 60% of postpartum women demonstrated a need for these services and the increase in postpartum women using a modern method of family planning from 9% to 22% provides evidence that integrating family planning programs into other reproductive health programs could be an effective mechanism to provide access to a large number of under-served women.

The postpartum clinic also demonstrated an impact on method mix. Although the number of users is small, there is clear evidence that the proportion of long acting, more effective methods provided at the postpartum clinic is higher.

The responsible staff in the Population, Health, and Nutrition Office of USAID/Haiti expressed great interest in scaling up the project, but there was concern about the cost and an interest in seeking cost-reducing alternatives, in view of the limited financial resources available.

An IEC campaign could also be tested to measure its impact on client participation.

Nearly all women in Haiti breastfeed their children for an extended period and therefore experience postpartum amenorrhea. We anticipate that many women will be interested in accepting a modern method of family planning once their period recommences, but the period of the project was too short to allow us to study this transition.

# COMITE DE BIENFAISANCE DE PIGNON

O N G LE MOJITEL R NO 64 6 SEPTEMBRE 1984

DELMAS 105 RTE DE FRERES IMP E ROY # 17 PETIONVILLE

P O BOX 13026 DELMAS PORT AU PRINCE HAITI

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## COMITE DE BIENFAISANCE DE PIGNON

### A MODEL POST PARTUM PROGRAM FOR RURAL POPULATIONS IN HAITI

MISSION CHRETIENNE  
HOPITAL DE BIENFAISANCE  
AGRICULTURE  
ELEVAGE  
DEVELOPPEMENT  
COMMUNAUTAIRE  
ALPHABETISATION

The "Comité de Bienfaisance de Pignon" counts 5 communities: PIGNON, ST-RAPHAEL, DONDON, LA VICTOIRE and RANQUITTE with a total population of 150.061 inhabitants. It is an integrated Health Care System located in the Northern region of Haiti.

To improve the Health and Socio-economic conditions of the population the CBP has different sources of funding for:

- Child survival
- Reproductive health
- Well drilling
- Reforestation
- Community developement etc.

With INOPAL II, the CBP started in May 1994 the first phase of the model Post Partum Program for Rural Populations in Haiti for 18 months in the Pignon Community. This project mainly addresses the promotion

"N'oubliez pas la bienfaisance et la generosite,  
car c'est a de tels sacrifices que Dieu prend plaisir "

HEBREUX 13 16

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of modern methods of contraception, the development of strategies to deliver services to mother and infant in Post Partum period, bearing in mind that 90% of deliveries are attended by midwives.

### PERSONNEL OF POST PARTUM CLINIC

To run the clinic 12 new workers have been hired.

A- A nurse hygienist who supervises the :

Post Partum

Prenatal

Delivery Room

The Hospital

She collects data of immediate Post Partum contraception.

B- Secretary Supervisor: Responsible for coordination of monthly meetings of Matrones and Super matrones, collects data from birth attendants, writes monthly report, supervises the birth attendants work in the sectors.

C- 10 Super matrones work with the staff of prenatal, delivery room and Post Partum according to a weekly schedule. They refer the mothers to these services for high risk pregnancies Post Partum care and Family Planing. They also assist the matrones.

The Medical Director of Hopital de Bienfaisance de Pignon, an OBGN, is the principal investigator of this program. A trip has been financed for her to go to Mexico for a one-week training in immediate Post Partum IUD insertion(Trans Cesarian Section, Post Abortum and Post Partum).

### TRAINING OF SUPER-MATRONES

They received a 10-day recycle in:

- Prenatal care
- Neonatal care
- High risk pregnancies identification
- Hygiene
- Nutrition
- Breast feeding
- Technics of delivery
- Family planing
- Immunization

And training in:

Monitoring of blood pressure  
Measurement of uterine height  
Monitoring of foetal position  
Monitoring of foetal heart beat

They also benefited of one week of practice in delivery room.

#### MATERIALS AND EQUIPMENT USED

Metric ribbons  
Sphygmomanometers  
Stethoscopes  
Examining tables  
Specula  
Goose neck examining lamp  
Scales (Adult & Infant)  
Gloves  
Lab coats  
Aprons

## RESULTS

### Prenatal

Prior to phase I of the project the monthly records of prenatal visits from October 93 through January 94 showed a total of 317 visits.

During phase I, from August 94 through February 95 the total prenatal visits are 721.

### Post Partum Visits

From August 94 through February 95, 338 visits have been recorded.

### Contraceptive Users

A total of 54 users is registered in the Post Partum clinic. In term of pourcentage we have  $\frac{54 \times 100}{338} = 16\%$

Before completing 6 months of Post Partum 234 mothers are using contraceptive method (Family planing clinic). In the light of the last census made in Pignon at the end of 1994 beginning of 1995 our health indicators can be read as follows:

## HEALTH INDICATORS

	NATIONAL	C B P
INFANT MORTALITY	73 9/1 000	34/1 000
MATERNAL MORTALITY	457/100 000	50/100 000
CONTRACEPTIVE PREVALENCE	18 0%	31 0%
HOSPITAL MORTALITY	3 0%	1 7%
		STATE UNIVERSITY HOSPITAL 7 1%

Thanks to the model Post Partum Program we have been able to increase the coverage of under served populations. Good quality of care has been provided to both mother and infant. Children immunization is going up with the monthly recycle of the midwives. The maternal mortality rate is going down. The reproductive health of the mothers is at a very high level. We are quite sure that with the second phase of the project in the two other communities also the operations research will definitely show better figures.

*Darline Carre-Theodore*

Darline, CARRE-THEODORE MD/OBGN  
Medical Director

COMITE DE BIENFAISANCE DE PIGNON  
 RAPPORT STATISTIQUE DU POST-PARTUM CLINIC  
 AOUT 94 - JUIN 95

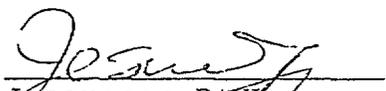
NOMBRE DE PATIENTS VUS							
AOUT	SEPT	OCT	NOV	DEC	JAN	FEV	TOTAL
108	90	51	30	9	28	22	338

TABLEAU DES ACCEPTANTS EN PF DANS LE POST-PARTUM

METHODES	ACCEPTANTES
LIGATURE	11
NORPLANT	18
STERILET	9
DEPOT PROV	7
TABLETTE	1
CONDOM	8

TOTAL 54

\* Le pourcentage de mères acceptant une methode de PF dans le post-partum  $\frac{54 \times 100}{338} = 16\%$

Prép par   
 Jacqueson PAUL  
 Secrétaire\comptable

Visé par   
 Darline CARRE THEODORE, MD\OBGN  
 Directeur Médical

COMITE DE BIENFAISANCE DE PIGNON

NOMBRE D'ACCEPTANTES EN PERIODE POST PARTUM

AOUT 1994-FEVRIER 1995

METHODES	AOUT	SEPT	OCT	NOV	DEC	JAN	FEV	TOTAL
NORPLANT	22	19	20	20	8	4	5	78
INJECTABLES	4	4	6	7	1	5	1	28
STERILET	0	3	5	5	3	1	8	25
CONDOM (FEMMES)	0	0	0	0	0	1	1	2
TABLETTES	8	1	0	0	0	3	0	12
PILULES	1	4	0	0	2	1	0	8
LIGATURE	2	10	7	14	16	9	3	61

TOTAL GENERAL 234

Préparé par

*Claudie Jacques*  
 Claudie JACQUES  
 Archiviste /PF

Comite Bienfaisance de Pignon  
Fich Pòspatòm

Kliyan PP \_\_\_\_\_ # Dosye \_\_\_\_\_  
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Eskè ou fè planin? Wi Non K1 metòd? \_\_\_\_\_  
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Kiyès k1 refere ou? \_\_\_\_\_ Tit \_\_\_\_\_  
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REDUCED FROM 8½ x 14

Promotè \_\_\_\_\_

Rejis Pòspatòm

Trimès \_\_\_\_\_

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Rezilta G = Gason , F = Fi , MN = Mò Ne , FK = Fòs Kouch

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Kod	Non	Adrès	Dat	Dat	Vizit	Prenatal		Risk	Pitit		Viz	Dat	Matwòn	Vaks
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