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**PROJECT
STRENGTHENING OF THE POSTPARTUM AND POSTABORTION
PROGRAM IN FAMILY PLANNING
IN THE HOSPITAL ESCUELA**

**SYSTEM OF REFERRAL AND COUNTER-REFERRAL OF PATIENTS
FOR POSTPARTUM FAMILY PLANNING**

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I BACKGROUND

The largest state hospital in Honduras is the Hospital Escuela located in Tegucigalpa. It is composed of two blocks- the Maternal Infant block with 527 beds and the Medical- Surgical block with 516 beds. In 1996, approximately 18,000 deliveries were attended and 2,194 cesareans were carried out in the hospital. It constitutes the main training center for undergraduates in the health sciences. As for post-graduate studies, specialists in obstetrics and gynecology, among other specialties, are trained at the hospital.

Although the hospital was meant to service the entire country because of the sophisticated level of services it can provide, in large part, it serves as a metropolitan hospital for the most populated city in the country. Therefore, the original purpose of the hospital is not being fulfilled. The operating budget is insufficient and cost recovery is very low because of the impoverishment of most of the population seeking services. The current trend with an aim to facilitate service delivery and cut costs is to implement ambulatory care.

The Department of Gynecology and Obstetrics which oversees the care of women is composed of the following Units: Emergency, Labor and Delivery, Postpartum (with 60 beds), Gynecology with (60 beds), Pathology (with 35 beds), and, Septic with (35 beds). There is an intent to improve the postpartum program which currently carries out approximately 100 sterilizations and a greater number of postpartum IUD insertions per month. Most women spend between 8 and 12 hours in the hospital after delivery. With few exceptions, patients receive prenatal and postpartum care in health centers.

From last October, through the support of the Population Council, the activities of voluntary sterilization were resumed with the contracting of staff for the operating theater in addition to a professional nurse with consulting functions. The currently available methods are limited to tubal ligation, postplacental and postpartum IUDs and the method of lactation induced amenorrhea. Still, very few postplacental IUD insertions are carried out because women arrive at the hospital without previous counseling in family planning.

The Department of Gynecology and Obstetrics would like to increase the percentage of women who accept family planning during the postpartum/postabortion period. They cite several factors as contributing to the low percentage of women who leave the hospital with a method for spacing their next pregnancy. Among these are lack of orientation during the prenatal period, limited information and contraceptive methods at postpartum, and the lack of counseling for women who have had abortions.

Based on the identification of priority problems in the Postpartum/Postabortion Family Planning Program of the Hospital Escuela, the staff of the Department of Obstetrics and Gynecology propose implementation of the following actions: 1)

strengthen education and counseling in family planning, 2) increase the availability of contraceptive methods, and 3) improve postabortion care

The first action will be accomplished by strengthening the relation between the health centers in the Metropolitan Health Region (RSM) and the Maternal Infant Block of the Hospital Escuela. This move is meant to increase the number of women who arrive at the hospital already prepared to make an informed decision regarding postpartum family planning and to assure continuity of care for patients from the hospital who then return to health centers with a contraceptive method.

The health center staff who refer the most patients to the hospital will be trained to give information on postpartum family planning and maternal lactation during prenatal care. At their first prenatal consultation, women receive a perinatal notebook that they are supposed to take with them to each consultation. This notebook is updated during the prenatal consultation and brought to the hospital when the woman shows up for delivery. This notebook will be modified using a stamp (see Annex 1) to indicate the woman's interest in receiving a form of postpartum family planning.

As a result of these actions, it is hoped that the number of women who receive information and counseling on family planning at the most appropriate time- during prenatal care- will increase as well as the number of family planning encounters.

II. OBJECTIVE OF THE STUDY

- 1 To obtain information on the conditions and variations in which the system of referral and counter-referral is implemented among the 16 health centers with doctors (CESAMOS) of the RSM and the family planning services of the Maternal Infant Block of the Hospital Escuela
- 2 To identify aspects of the development of the system of referral and counter-referral

III. INTERVENTION STRATEGIES

In order to improve the quality of services directed at women who turn to the health centers of the RSM for prenatal checks and other perinatal services, a series of activities were designed to address information needs and the demand for family planning methods of the potential users. These activities were carried out in the month of June, 1997 in coordination with the Maternal Infant Block of the Hospital Escuela, the RSM and with the support of the Population Council. They consisted of

A. Training of institutional staff.

- 1 Training in family planning counseling with a focus on quality of care for 100 % of the nursing staff of the gynecological-obstetric services

of the Maternal Infant block of the hospital

- 2 Training of trainers in postpartum and postabortion family planning with a focus on quality of care for the staff of the Gynecology-Obstetric Service
- 3 Training of trainers in postpartum family planning with a focus on quality of care for staff of the RSM
- 4 Replication of the postpartum family planning training with a focus on the quality of care for the 16 CESAMO's of the RSM

B Strengthening of the Referral and Counter-Referral System for pregnant and post-childbirth patients between the Maternal Infant Block and the 16 CESAMO's of the RSM

- 1 A referral stamp indicating a woman's interest in receiving a postpartum family planning method was designed, validated and implemented
- 2 The staff of the 16 CESAMO's of the RSM was trained in the use of the stamp and the referral system
- 3 The 16 CESAMO's of the RSM were given the stamp, ink and pad

In the month of December, 1997, a round of supervisory visits were carried out to each one of the 16 CESAMOS of the RSM. During the visit, a supervision form was administered either to the director of the unit or to the nursing supervisor, or to the auxiliary nurse assigned to the counseling clinic (see Annex 2)

The supervision form covered areas such as the amount of training in family planning counseling received, availability of the referral stamp in the unit, implementation of the referral system, registry of the referrals carried out and the counter-referrals received.

During this visit, too, spot checks were made of perinatal notebooks held by pregnant women who happened to be in the waiting room in order to confirm that the referral system was working

During the months of February and April 1998, 201 exit interviews were conducted with postpartum hospitalized patients in the post-delivery and gynecology lounges of the Maternal Infant Block. These were meant to determine, among other things, the use of the referral stamp by staff trained in the health centers of the RSM, the information and counseling on postpartum family planning offered to women during their prenatal visits, review of the perinatal notebook stamped by the personnel of the Maternal Infant Block, and, to determine whether the use of the stamp in reality facilitates delivery of postpartum contraceptive methods

IV RESULTS OF THE SUPERVISORY VISIT

A TRAINING RECEIVED IN FAMILY PLANNING COUNSELING

Selected personnel from the 16 health centers and regional staff from the RSM were invited to participate in the training of trainers. One resource person from each health center was trained in contraceptive methods, family planning counseling, and in the use of the referral stamps. Only the staff from the 3rd of May Health Center did not receive training. In all 15 persons were trained at the local level and four at the regional level.

Once back in their particular health unit, the group of trainers shared the knowledge they had gained with doctors, auxiliary nurses, professional nurses and staff who conduct counseling activities thus bringing the total of trained personnel to 200 persons on the operational level.

B PRESENCE AND AVAILABILITY OF THE STAMP

The stamp was available in 15 of the 16 CESAMOS. At each center, the site where the stamp was used was determined by the staff of the health center in accordance with their particular administrative criteria. Four centers placed the stamp in the post-clinic, two located it in the records department, three selected the counseling clinic, two opted for the female care clinic, two other clinics chose the nursing department, and, two more, the Director's Office. The stamp was not available in the 3rd of May CESAMO because the stamp destined for this health center was brought by the Maternal Infant Technician of the RSM to the Las Torres health center instead.

C USE OF THE STAMP

Eleven CESAMOS implemented the use of the stamp. In the other three (excluding the 3rd of May CESAMO), reasons for not implementing the stamp included, *that the total staff has not been familiarized with the use of the stamp we don't have the ink pad to use with the stamp we don't have a private space in which to provide counseling*

D CORRECT USE OF THE STAMP

Appropriate implementation of the stamp includes the following requirements

- 1 Offer counseling on postpartum family planning to all pregnant women when they first come to the clinic regardless of the number of weeks of gestation,

- 2 Stamp the perinatal notebook on the back indicating if the patient has received counseling, if she is interested in using a postpartum contraceptive method, and, indicating the method selected by the user

Only three health centers out of the 11 which implemented the use of the stamp were using it correctly according to the pre-established requirements. This was verified during the spot checks in each health center of five perinatal notebooks for prenatal patients who happened to be in the clinic on the day of the supervisory visit. The most often stated reason for the incorrect use of the stamp was that post-partum family planning counseling was not given at the moment the pregnant woman entered the clinic, but rather postponed until *the moment of withdrawal* or *the patient was farther along and more secure in her pregnancy*

E REGISTRY OF REFERRAL PATIENTS

Only in the Villa Nueva Health Center were referrals noted in the AT1 of the nurse auxiliary who gave counseling in family planning

F COUNTER REFERRALS RECEIVED

In spite of the fact that 11 health centers appeared to be referring patients to the postpartum family planning services of the Maternal Infant Block of the hospital, not one written counter referral had been received (neither in the perinatal notebook nor in the referral formulary from the Health Secretary HC10) by the Maternal Infant Block to assure the continuity of care for patients when they returned to their health center either with a contraceptive method or having selected a method. The health staff related that it was clear that the patient had received a contraceptive method at the hospital (an IUD, for example) only at the moment when the medical history was taken or when the postpartum physical exam was administered

IV RESULTS OF THE EXIT INTERVIEWS

Two hundred and one postpartum patients were interviewed upon leaving the post-childbirth and gynecology lounges of the Maternal Infant Block of the hospital. The majority of patients- 62 %- stated that their prenatal exams had taken place at a health center in the RSM. When asked how they received family planning information, this group (the 62 %) said they learned through group and individual talks, printed information, and videos placed in the waiting room

There appears to be a direct relationship between a patient's receiving information on family planning during prenatal exams and her subsequent decision to use a family planning method ($p < .001$ Exit Interviews of Postpartum Patients Hospital Escuela, 1998)

Only 43.2 % of the patients who received information were offered counseling and had their perinatal notebook stamped to refer them to postpartum family planning services at the Maternal Infant Block of the hospital

In the hospital, the perinatal notebook was solicited from the 90.5 % of the patients who came for childbirth, which is to say that it is a document that has been institutionalized to control prenatal care received by the user. However, there is no systematic review for the presence of the referral stamp in the notebook. In fact, professional nurses and some resident doctors interviewed revealed that, while they had seen the stamped notebooks, they were not familiar with their use.

Forty-two per cent of the patients who came referred from the health center of the RSM left the hospital having selected a birth control method.

V ACTIVITIES UNDERTAKEN TO REINFORCE THE REFERRAL AND COUNTER- REFERRAL SYSTEM

- A Reorientation for health center directors, head nurses, auxiliary nurses charged with giving counseling in the 15 CESAMO's regarding
 - 1 How to give counseling on postpartum family planning to all pregnant women who come to the health unit in spite of their reason for coming and regardless of the number of weeks of gestation completed
 - 2 How to correctly stamp the perinatal notebook by including the following information: whether the patient received counseling; if the patient wanted to plan a family or not, the type of method selected, and, all the remaining information required to correctly use the stamp
 - 3 How to note the referral in the AT1 or in the LISEM
- B Design and distribution of a poster indicating the relevant aspects of the referral and counter-referral system. The poster should be placed in the same area where the stamps are used
- C Gift of the material required in some public health regions
- D Notification to the health centers that the health staff had not been trained to replicate the training in postpartum family planning with a focus on quality of care. An additional supervision was carried out in those centers to make sure that this activity was accomplished
- E Planning and development of the training in postpartum family planning with a

focus on quality of care to the staff of the 3rd of May Health Center in coordination with the Maternal Infant technician Ten resource persons were trained among social workers, doctors, auxiliary and professional nurses

- F Organization and realization of a meeting between staff at the local, area and regional levels of the RSM and the staff of the Obstetrics and Gynecology Division of the Maternal Infant Block with the idea of introducing the correct use of the stamp and its utility so that patients who so desire will leave the hospital with a contraceptive method

VI RECOMMENDATIONS

FOR THE HEALTH CENTERS OF THE RSM

- 1 Offer family planning counseling to 100 % of the pregnant women who come to the health center regardless of their reason for coming or the number of weeks of gestation completed
- 2 Periodic supervisory training for the quality of family planning counseling (through direct observation of the counselors)
- 3 Periodic careful follow-up of the referral system with review of perinatal notebooks stamped in the waiting room
- 4 Design of a form to register the referrals from the health center to the hospital, the number of consultations given, the method selected by the user, and, the counter referrals (effective referral) which indicate whether the user received a method and which one
- 5 Offer family planning methods to patients who do not receive them in the hospital and guarantee follow-up to each user

FOR THE MATERNAL INFANT BLOCK

- 1 Periodic training supervision on the quality of the family planning consultation given in the post-delivery and gynecology rooms (through direct observation of the counselors)
- 2 Solicitation of the perinatal notebook for 100 % of pregnant women who come for delivery and abortion care
- 3 Periodic careful follow-up of the referral system with review of perinatal notebooks stamped in the obstetrics outpatient waiting room and in the areas of

post-delivery, gynecology, pathology and septic

- 4 Reinforce counseling in whatever method is selected for those patients that present a stamped perinatal notebook
- 5 For patients who have doubts about the use of contraceptive methodology offer counseling in family planning by promoting the methods of first option for postpartum and in accordance with the needs of each patient
- 6 Be prepared to make a written referral to a corresponding health unit if the hospital does not have the method selected by the user
- 7 Prepare a written counter-referral for each patient that leaves the hospital with a temporary or permanent contraceptive method to a corresponding health unit including pertinent information to guarantee follow-up on the part of the user

1 OR BOTH

- 1 Hold periodic meetings between the RSM staff at the local, area and regional levels and the Obstetrics-Gynecology Department staff of the Maternal Infant Block with the aim of evaluating the development of the referral and counter-referral system Identify advances, achievements, and weak points
Implement solutions jointly

ANNEX No 1
STAMP REFERRAL

ANNEX No 2
FORM FOR SUPERVISION

REFERRAL SYSTEM FOR PREGNANT WOMEN
AS POTENTIAL USERS OF FAMILY PLANNING
FOR THE HEALTH UNITS (UPS) OF THE RSM
TO THE MATERNAL INFANT HOSPITAL
TEGUCIGALPA HONDURAS

FORM FOR SUPERVISION

UPS _____ AREA _____ DATE ___/___/___
SUPERVISOR _____
PERSON INTERVIEWED _____

1 Staff of the UPS received training in counseling on post-partum family planning
YES NO

2 Was the training received in turn given to the rest of the staff of the UPS
YES NO

3 Presence/availability of the stamp in the UPS
YES NO

4 Site where the stamp is used in the UPS _____

5 Has the referral system utilizing the stamp been implemented
YES NO

6 Reasons for not implementing it _____

7 How has the stamp been implemented

7 1 Is counseling offered on post-partum family planning for all pregnant women
when they first come to the clinic (regardless of the time of gestation)

YES NO

7 2 Is the back of the pernatal notebook stamped and all the required information
entered

YES NO

THE IMPLEMENTATION OF THE STAMP IS CORRECT YES NO

8 There is a register of the patients referred with a stamp
YES where _____ NO

9 Counter-referrals have been received from the Maternal Infant Hospital to assure the
continuity of the use of contraceptive methods indicated in the hospital
YES NO

10 OBSERVATIONS _____

**PROJECT
STRENGTHENING OF THE POST-PARTUM AND
POST-ABORTION FAMILY PLANNING PROGRAM IN THE
HOSPITAL ESCUELA**

**EXIT INTERVIEW OF PATIENTS HOSPITALIZED FOR PARTUM IN THE INFANT
MATERNAL SECTION OF THE HOSPITAL ESCUELA, SECRETARY OF HEALTH
Base line and Half time Evaluation**

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**Tegucigalpa, Honduras
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I BACKGROUND

The largest state hospital in Honduras is the Hospital Escuela, located in the capital city of Tegucigalpa. It is composed of two sections, the Infant-Maternal section and the Medical-Surgical wing. The first is equipped with 527 beds and the second with 516. This hospital constitutes the main area of undergraduate formation in health sciences, and it also has a postgraduate program for obstetrics and gynecology, as well as other specialties.

The influence area of this hospital is at a national level because of the grade of complexity that characterizes it, but its functions are mainly focused in the city with the highest population density in the country, the capital city. All these situations deform the original profile assigned. The budget for functioning expenses is insufficient and the recuperation of funds is low due to the poverty that characterizes the majority of the population that seeks services here. The actual tendency in order to make active the rendering of services and diminish costs is to implement ambulatory attention.

The attention to women in obstetrics and gynecology is in charge of the Obstetrics and Gynecology Department, which offers the following services: Emergency Unit, Labor and Delivery Unit, Normal Puerperal stay (60 beds), Gynecology (60 beds), Pathologic (35 beds), and Septic ward (35 beds).

In 1996 the hospital began the insertion of IUDs (Tcu 380A) post-placenta and post-abortion. Starting in October of that same year, with the support from Population Council, surgery team personnel was hired, besides a professional nurse with counseling functions, in order to resume the female sterilization activities (AQV).

According to the MADLAC survey results, which is applied daily to all women at the moment of discharge, the hospital is not covering the demand for post-partum family planning information and services. According to this survey, only 20.6% of women receive family planning education during their hospital stay. Their interest on the use of post-partum contraceptive methods is high, since 88.7% wish to space their pregnancies in two to three years, with an interest of 37.6% of the cases in using IUDs, and 11.7% wish female AQV.¹

The Department of Obstetrics and Gynecology plans to improve its post-partum/post-abortion program (it actually realizes approximately 100 sterilizations and an equal or higher number of IUD insertions post-partum/ post-abortion per month), wishing to increase the percentage of women who accept family planning in the post-partum/ post-abortion period. Identifying the lack of orientation during the prenatal period, the limited offer of information and of contraceptive methods during the immediate post-partum and the lack of counseling for women with prior abortions as the most important causes for the low percentages of women discharged from the hospital with a method to space their next pregnancies.

The methods available at present are limited to female AQV, IUDs post-placenta and post-abortion, and the method of breast feeding ammenorrhea (MELA). Unfortunately, very few IUD insertions post-placenta are done, since women arrive to the hospital without previous family planning counseling.

¹ MADLAC Monitoring system of Maternal Lactation in Hospitals, 1997

The post-abortion program in the Hospital Escuela is in its' initial stage. In 1996, 1864 uterine scrapings were done, 285 of these were done by manual intrauterine suction (AMEU). Incomplete abortions were the indication for this procedure in 1419 of the cases. The hospital has five sets of AMEU equipment and only one electrical suction. Some post-abortion patients are receiving family planning services, mainly IUD insertions. Family planning counseling and other aspects of post-abortion attention are also being introduced. The formation of complete services for post-abortion attention will require intense efforts in training, service reorganization and evaluation.

After identifying the main problems in the post-abortion/ post-partum family planning program in the Hospital Escuela, the personnel from the Obstetrics and Gynecology Department proposes to implement the following actions: 1) strengthening family planning education and counseling, 2) increase the offer of family planning methods, and 3) increase the post-abortion attention.

Because of the above, a system will be established which will provide information and education on family planning to women and their partners during the post-abortion/ post-partum period, and will offer counseling to those women interested in trying a contraceptive method. For this purpose, a TV and VCR will be purchased in order to exhibit educational videos in the wards. Besides this, promotional posters on family planning services will be distributed in the hospital. Brochures on family planning post-partum and post-abortion will be distributed in the rooms. If the women do not decide on any method at the moment, they will be advised to return to the hospitals' outpatient clinic, to ASHONPLAFA or to their local health center.

There will be an increase in the existing array of contraceptive methods in the hospital (post-placenta and post-partum IUDs, female AOV) which will include ovette, condoms, MELA, and possibly injectable methods. The aforementioned implies establishing mechanisms of request and supply controls, and the training on the use of these new methods. Besides, it will be assured that all doctors, residents, and some nurses will be trained in post-partum IUD insertion, and will really offer this service.

II STUDY OBJECTIVES

- A Obtain information on the conditions and characteristics in which the post-partum family planning service is being enforced.
- B Determine how the attention on Information, Education, Communication, delivery of methods and follow-up of family planning patients, is being offered.
- C Document the effect of the intervention strategies on the quality of the offer and delivery of post-partum family planning services.
- D Adapt the intervention strategies in the development and enforcement of a high quality model of post-partum contraception attention.

III METHODOLOGY

A study design with three transversal cuts was developed base line, half time evaluation, and final evaluation A precoded instrument was used for the data recollection (See Annex), this interview was applied to volunteer patients at the moment of discharge from the hospital This same form was applied in each stage

The applied questionnaire covered aspects such as prior use of family planning methods and prenatal control, attention received at the hospital, information received on family planning, actual family planning, post-partum control, and comments on the services received Besides this, additional information was taken directly from the clinical file of each of the patients

The intervention period lasted between June 1997, until January 1998, time during which the following strategies were enforced

A Training of Institutional Personnel

- 1 Training on family planning counseling focusing on quality attention to 100% of the nursing staff of the Obstetrics and Gynecology Service
- 2 Training of post-partum family planning trainers focusing on the quality of attention of the personnel from the Metropolitan Sanitary Region (RSM)
- 3 Training of post-partum/ post-abortion family planning trainers, focusing in quality of attention of the personnel from the Obstetrics and Gynecology Service
- 4 Copy of the training on quality attention and post-partum family planning to the personnel from the 16 CESAMO's of the RSM

B Educational Material.

- 1 The Septic Ward was equipped with a T V and VCR
- 2 A video on Family Planning was furnished to the Puerperal ward
- 3 The Puerperal, Gynecology, Pathologic and Septic wards were supplied with 9000 pamphlets and posters on post-abortion family planning

C Offer of Contraceptive Methods

- 1 Hiring of personnel for the realization of post-partum and interval AQV
- 2 Furnishing of equipment for the realization of AQVs and post-partum IUD insertions

D Strengthening of the Referral and Counter Referral system of pregnant and puerperal patients between the Infant Maternal Hospital and the 16 CESAMOs of the RSM

- 1 The use of a referral stamp was enforced, indicating the woman's interest in receiving a post-partum family planning method
- 2 The 16 CESAMOs of the RSM were furnished with stamps pad and ink
- 3 The personnel from the 16 CESAMOs of the RSM were trained on the use of the stamp and the referral system

IV RESULTS AND ANALYSIS

The recollection of pre-intervention data was done with 209 hospitalized patients for delivery in the Infant-Maternal wing, during the months of March to May 1997. The half time evaluation was developed between February and March 1998, with 201 patients.

A DATA FROM THE FILES

The patients interviewed were discharged from the puerperal and gynecology wards. During the pre-intervention the average age of the participants was 23.9 years, 25.8% were in high risk pregnancy ages. The gestational mean was 2.8. The time between gestations was less than two years in 13.9% of the cases. Pregnancies were terminated at an average of 39.5 weeks gestation and in the great majority were by vaginal delivery. The characteristics of the patients interviewed in the half time evaluation were similar in age, parity, weeks gestation, time between pregnancies, and delivery path.

In both groups, the most frequent reproductive risks were teenage pregnancies, multiparity, and short intervals between pregnancies. This indicates that the patients that go to the Infant-Maternal wing have one or more reproductive risks, making their pregnancies risky for a safe motherhood, meaning this, the necessity to guide the patients on post-partum contraceptive methods and furnish them with the chosen method or refer them to where they can acquire the method in case the hospital doesn't have any available.

TABLE 1
Characteristics of the Sample

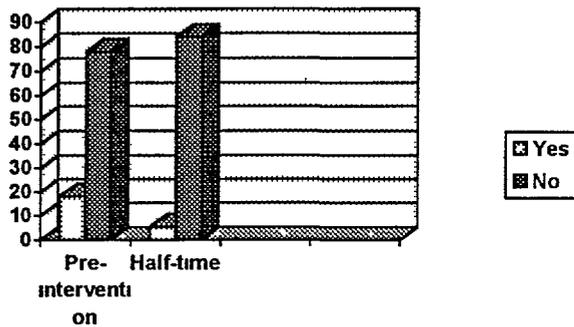
CHARACTERISTICS	PRE-INTERVENTION PERCENTAGE (N=209)	HALF-TIME EVALUATION PERCENTAGE (N=201)
Place of Interview		
Puerperal Ward	80.4	86.5
Gynecology Ward	19.6	13.5
Age	Mean 23.9 years (Range 15 - 45 years)	Mean 24.7 years (Range 15 - 48 years)
<18 years	19.1	22.4
19 - 35 years	74.2	69.2
35 and more	6.7	8.4
Weeks Gestation	Mean 39.5 (Range 28.3 - 43)	Mean 39.3 (Range 27 - 43.2)

Partly	Mean 2 8 (Range 0-15)	Mean 2 8 (Range 0-13)
First Pregnancy	32 1	26 8
2 - 4	49 2	52 7
> 4	18 7	20 4
Age of Previous Child		
< 2 years	13 9	14 9
> 2 years	86 1	85 1
Method of Delivery		
Vaginal delivery	80 4	86 5
Cesarean Section	19 6	13 5

B PRIOR USE OF CONTRACEPTIVE METHODS AND PRENATAL CONTROL.

The use of contraceptive methods at the moment of initiating the actual pregnancy was significantly less between the women in the half-time evaluation group, only 5 5% was using a family planning method as compared with the 18 2% found before the intervention (P< 001) In both groups there was a similar inclination for the usage of modern methods such as Combined oral contraceptives (ACOS), and IUDs (P< 001)

**Figure 1
Use of Contraceptive Methods Prior to Actual Pregnancy**



(p< 001)

During the actual pregnancy the majority of the patients received prenatal control, the use of this service is similar in both groups The source or place where these women received their prenatal control is similar, being the most frequently sought out places the Health Centers in Las Crucitas, Doctor Alonso Suazo, and Villa Adela

Figure 2
Prenatal control during Actual Pregnancy

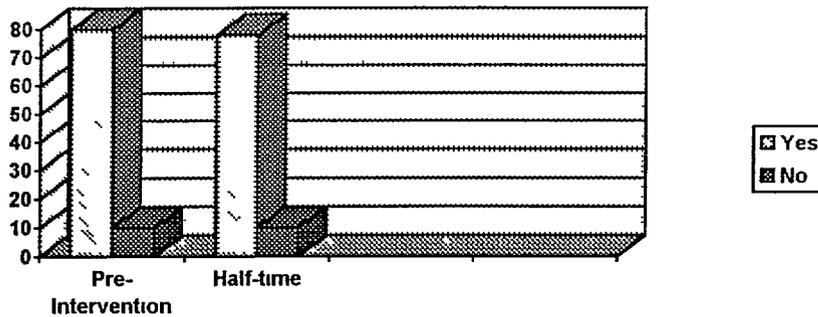
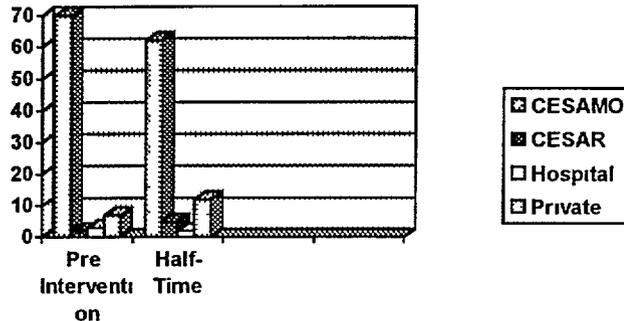


Figure 3
Prenatal Control according to the place of control



Many experts agree that the advising on family planning for post-partum contraception should take place several months before birth, and also after it. Prenatal counseling allows the woman to take an informed decision without time pressure²

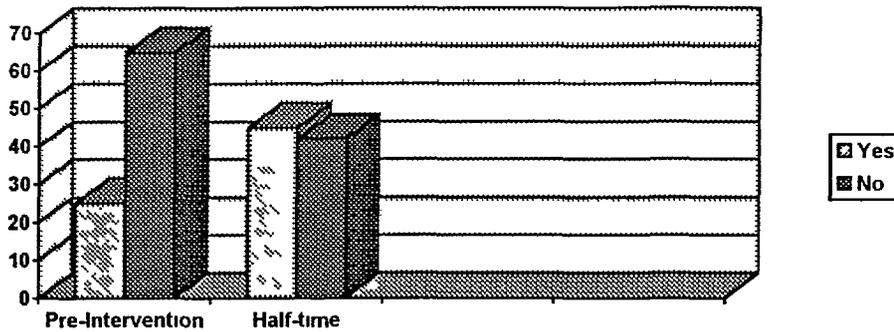
While rendering family planning services to the patients, it is important to remember that they have a right to whether or not practice it, and the liberty to choose the method they prefer. At the same time, patients frequently direct themselves to the health personnel, seeking advice. If then, one must never impose a method on the user, it is appropriate to offer a well thought out orientation³

During the eleven months passed between one survey and the other, it is noticeable the increase of women that went to prenatal control and received post-partum family planning information. From 31.5% pre-intervention, there was an increase to 52.1% ($P < 0.01$)

² "Needs that come up after pregnancy" NETWORK Family Health International Vol 17 No 4 1997 pp 12

³ BLUMENTHAL, Paul D and Noel McIntosh Handbook for the Provider of Family Planning Services JHPIEGO 1995 pp 1

Figure 4
Orientation received on Post-partum Family Planning
during Prenatal Control



(p < 001)

In the pre-intervention, 55% of the women during their prenatal controls were advised by the offerer of the services, a specific way to plan their families, "you should operate yourself since you already have a lot of children" "plan using an IUD or contraceptive pills". In 37.5% they were spoken of the advantages of family planning and of the different methods of family planning. Unfortunately, a small group of women, 7.4%, were told that "birth control pills are hazardous and it is better to be operated or use an IUD".

The information offered to the patients in the local health centers presented some changes according to the data obtained in the half time evaluation, during which 56.3% of the patients were informed on all the methods and 43.3% were suggested a specific method. There still persists a tendency from the health personnel to bias the information towards certain specific methods, trying to influence the patients decision.

Due to the formulary's design, only in the group of patients interviewed in the half time survey, was there an evaluation on the counseling received for post-partum family planning. Of the patients that went for prenatal control, 19.5% of them received counseling. Also only during this period, the advances in the enforcement of the referral stamp for post-partum family planning were investigated. Even though most of the patients had decided to plan their families before arriving at the hospital, only 21.8% of them had their perinatal card stamped.

Figure 5
Percentage of Women that received Post-Partum
Family Planning Counseling during their Prenatal Control

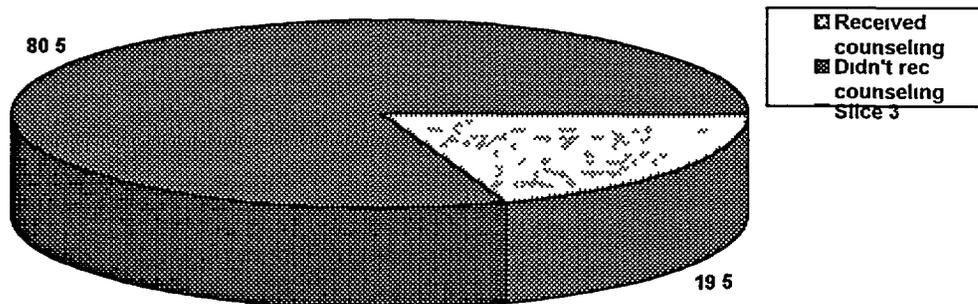
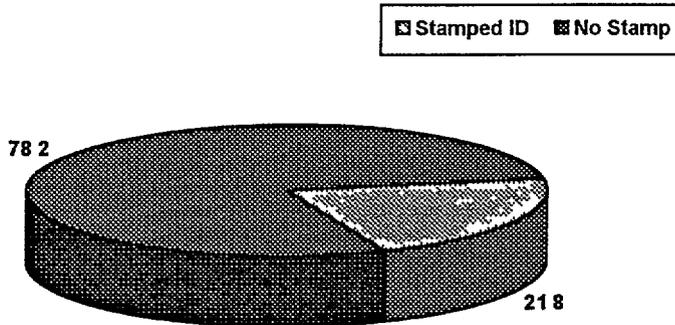


Figure No 6
Percentage of Women that were referred for post-partum Family Planning, using the Referral Stamp



In the pre-intervention 54.1% of the patients had decided to use a contraceptive method before arriving to the hospital. The methods chosen preferred were the modern ones being IUDs and AQVs the main ones. A small percentage had decided for Ovrette and nobody decided for injectable ones. In the half-time evaluation an increase of 73.1% was observed in the decision to use a contraceptive method ($P < 0.01$).

IUDs and female AOV continued to be the methods preferred ($P < 0.01$). It is important to point out that certain methods still not offered by the Public Health Ministry, like the injectable ones, already have a potential demand amongst the users.

Figure 7
Percentage of Women that decided on using a Family Planning method before arriving at the hospital

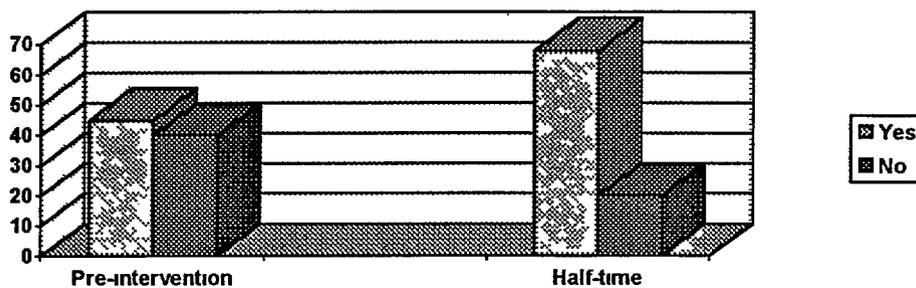
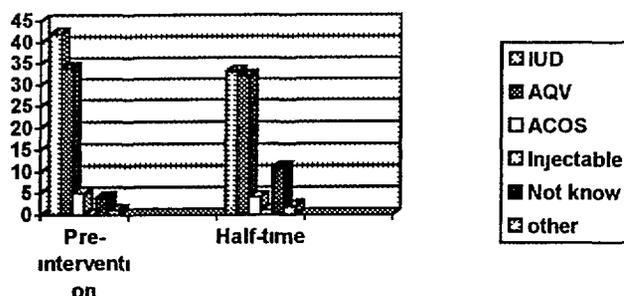


Figure No 8
Family Planning Method selected by the women
before arriving at the hospital



It is noticeable to point out that the women who were not thinking of family planning diminished in the half time group. In both groups the most frequent reason for not using contraceptives, was not having a spouse, and other reasons were related with incorrect information on the methods they are hazardous for the woman's health, they harm the baby, and there was also a high percentage of women who had no specific reason for not wanting to plan their families ($P < 0.01$). In the second group, the husbands opposition for not using contraceptive methods was reduced from 10.4% to 1.9%.

Table No 2
Reasons for not using Contraceptive Methods

Reason for not using	pre-intervention percentage (N=209)	Half-time evaluation Percentage (N=201)
Hazardous to health	21.9	16.7
Hazardous for baby	6.3	0
Does not know methods	3.1	1.9
Couple disagrees	10.4	1.9
Doesn't have a spouse	28.1	29.6
Doesn't want to	7.3	5.6
Doesn't not know why	16.7	38.9
Other	6.3	0

($P < 0.01$)

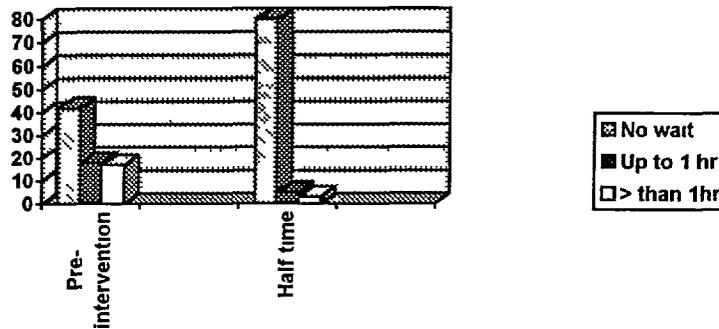
C HOSPITAL ATTENTION

In the pre-intervention some institutional barriers that make the access to the hospital difficult, were found. Among these were finding the hospital gates closed, and the lack of signs and information to find the Emergency service affected 3.8% of the patients. These barriers were conquered since in the half-time evaluation 100% of the patients had no difficulty in entering the hospital and finding the emergency service.

25

The waiting period to be examined in the delivery room has also diminished significantly through the period of intervention ($P < 0.01$). There was a noticeable decrease seen when the changes were analyzed. Before this, women would wait for an average of 1 hour with 43 minutes to be examined and now they only wait 1 hour and 10 minutes. The percentage of women who were examined, immediately passed from 52.2 in the pre-intervention to 84.6 in the half-time evaluation.

Figure No 9
Waiting time from the moment of Hospital entrance until the final evaluation



($P < 0.01$)

Prior to the intervention, once the patient had been examined, she was explained about her condition in 69.9% and about the conditions of her delivery in 52.2%. In the half-time evaluation, both aspects decreased to 61 and 39 percent respectively ($P < 0.01$).

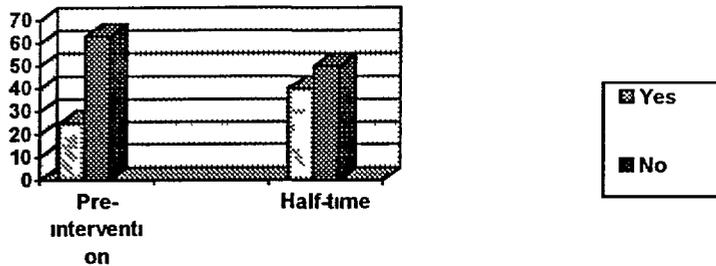
D INFORMATION RECEIVED ON FAMILY PLANNING

Many of the women who give birth in medical environments do not wish to have any more children, or wish to wait for a certain amount of time after delivery. Unfortunately, many of the women who are discharged from where they gave birth, leave without an adequate information about contraception. Generally these women do not return to the hospital for a medical exam unless they feel sick or present a complication. These indicate that the relative advice on family planning during the hospital visit is an important opportunity that should be exploited⁴.

A higher number of women interviewed in the half-time evaluation referred that they had been informed in the hospital on the importance of spacing their next pregnancy, and in effect, from 30.6% before the intervention, there was an increase to 44% after it ($P < 0.01$).

⁴ RIVERA, Roberto, Solis, Jose Antonio "Improval of Family Planning after Pregnancy" NETWORK, Family Health International Vo 17 No 4, 1997 pp 4

Figure No 10
Information Received in the Hospital on the
Importance of spacing their next pregnancy



(P< 001)

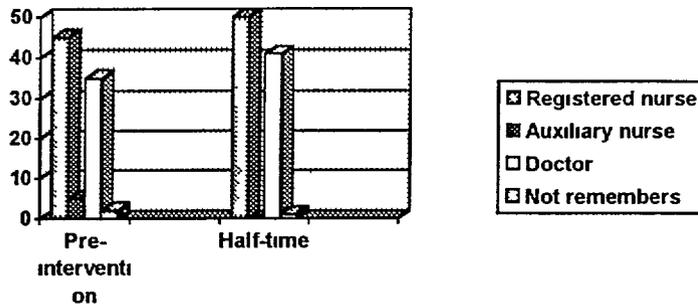
Contrary to what had been expected, the percentage of women that received information on family planning methods went from 61.2% in the pre-intervention to 49.3% in the half-time evaluation. This information was offered before the intervention through different means: videos, group talks, and individual chats. The most frequently used mean was the video in 71.1% of the cases, and videos plus group talks was the combination used to direct 52% of the patients (P< 001).

During the half-time evaluation the VCR suffered some damages, so 83.8% of the patients were informed through group talks. No combinations were used at this point.

In the pre-intervention, the 96.9% of the patients were informed on family planning in the puerperal ward, only three patients were informed in the operation room and one in the delivery room. In the half-time evaluation, the puerperal ward continued to be the place where more information was given to 90.9% of the patients (P< 001). It is also important to point out that some patients receive information in other areas like the emergency room or in the gynecology ward.

The registered nurse, in 50 and 53.5% of the cases was the person who most frequently informed the patients on family planning in both periods. The medical staff is increasing their information role, since from 38.3% in the pre-intervention it went to 45.1% afterwards (P< 001).

Figure No 11
Personnel that offers Family Planning
information in the different areas



(P < 001)

It is important to consider the woman after delivery, within a special frame. If well it is true, that after delivery a woman can use almost any contraceptive method, for each method it is necessary to consider specific aspects like when the woman should begin the method, and if she's breastfeeding or not. The contraceptive methods used after delivery must not interfere with the milk flow, and should not affect the mothers' or infants' health. The methods for women who are breastfeeding have to be classified into first, second or third option methods, according to the appropriate time of initiation for each method⁵.

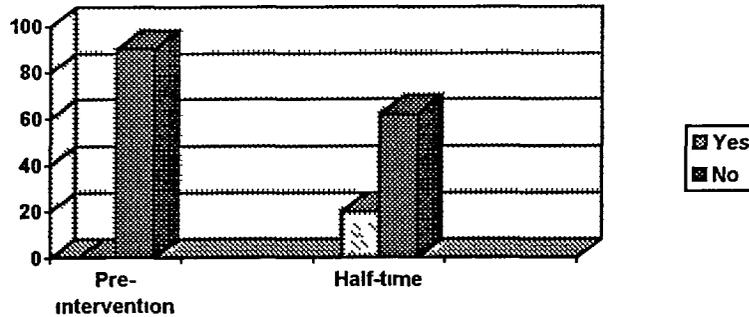
During the pre-intervention, women received family planning information basically on 4 different methods: IUD in 85.1%, ACOS in 54.7%, female AOV in 44.5% and Condom in 39.8%. More than half of the women were informed on ACOS, considered as a third option method which can be used until six months after delivery if the woman plans to breastfeed. Unfortunately first option methods that can be used immediately afterwards like MELA were only informed in 1.6% of the cases. Other first option methods like spermicides and natural methods were informed in not less than 4% of the patients. This could be influenced by the fact of not knowing about the use of these methods or of not having them available.

In the half-time evaluation, the tendency of informing on the same methods continues, but the information on IUD increases to 95% and female AOV to 57% (P < 001). There was also a slight increase in the information on the use of MELA and injectable methods.

Only 1.4% of the patients in the pre-intervention were supplied with an informational pamphlet on family planning, this percentage increased to 28.9% in the half-time evaluation (P < 001).

⁵ Family Health International Updating series in contraceptive technology Anticoncepcion y Post-parto 1995

Figure No 12
Percentage of Women who received Educational
Material on Family Planning



(P < 001)

E FAMILY PLANNING

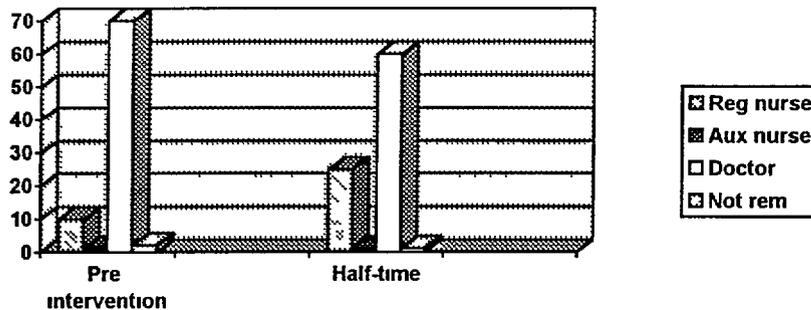
A family planning program that can efficiently offer contraceptive methods to women after delivery no matter where they are, who can offer post-partum contraceptive methods when the women need them and want them, and who can offer post-partum methods that are acceptable, is a program that is ahead, that responds to the users needs and that clearly understands that a post-partum woman is not just any woman who by pure coincidence is holding a child in her arms⁶

The impossibility of obtaining efficient contraceptive services exposes the woman to the risk of having an untimely or unwanted pregnancy. The rendering of high quality family planning services in the post-partum/ post-abortion period, contributes significantly in reducing infant-maternal morbidity and mortality, and future abortions. Studies reveal that a considerable proportion of interviewed women in the post-partum period wish to regulate their fertility, spacing or avoiding future pregnancies. Unfortunately, many women do not have access to the contraceptive options that allows them to do this⁷

The results prove that the offer of family planning is maintained, with identical percentages in the pre-intervention as well as in the half-time evaluation with percentages of 72.7 and 72.6. The registered nurse had the most active role in the offer of methods, going from a 17.8% to 34.2%. There is also a similar percentage among the medical personnel who offered these methods (P < 001)

⁶ Ibid,
⁷ Ibid

Figure No 13
Personnel that offers Family Planning Methods
in the different sections



(P < 001)

In relation with the place where the family planning methods were offered, it is important to point out the changes observed in the delivery room, where there was an increase from 2 to 6.2% due to post-placenta IUD insertion. There was also an increase in the gynecology ward from 0.7 to 3.4%. Besides this, methods were being offered starting in the emergency room.

The percentage of delivery of contraceptive methods is maintained in both the pre-intervention and half-time evaluation with 30.6 and 29.9% respectively. On the other hand, there was an inversion on the type of method at the moment of discharge. In the pre-intervention, 59.4% of the patients left the hospital with an IUD and 40.6% with an AOV, in the half-time evaluation 53.3% of the women were discharged with a definite method.

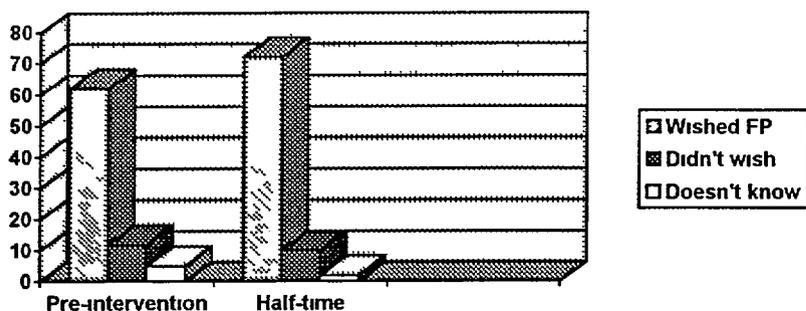
The contraceptive options for women in both periods seem to be limited, maybe because post-partum contraception furnishes only IUD and female AOV, maybe other adequate options have not been considered or are not being offered.

Both in the pre-intervention and in the half-time evaluation, the great majority of women, 98.4 and 96.7 respectively, were satisfied with the chosen method. Unfortunately, less than a third of the patients in both periods were explained on how their method works.

The patients perceived changes in the quality of the counseling. In the half-time evaluation, 65% of the patients expressed having had the opportunity of making questions and clearing existing doubts, as compared with the 27% of the women in the pre-intervention (P < 001).

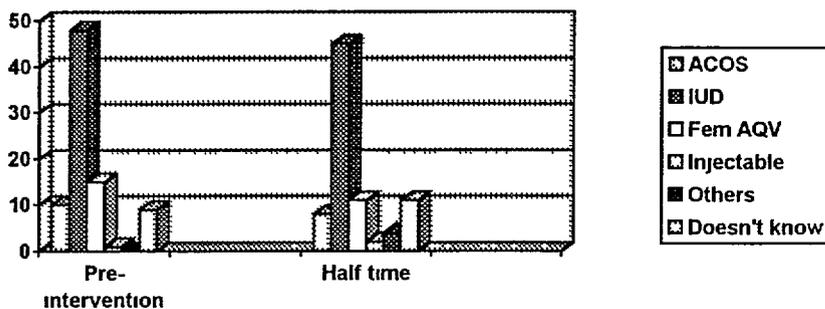
The majority of the patients who were discharged from the hospital without having received a contraceptive method, had planned to use contraception. This unsatisfied demand for family planning, increased in the half-time where 78.7% of the users wished to use a method different from the 69% in the pre-intervention. The chosen methods are significantly similar in both groups (P < 001). The IUDs' continued being the most preferred method in both groups with 52 and 48.6 percent, followed by AOV and ACOS.

Figure No 14
Unsatisfied demand for Family Planning among the women who didn't receive a method



(P < 001)

Figure No 15
Contraceptive method preferred by women who weren't offered Family Planning services



(P 001)

A great number of women who planned on using a contraceptive method, indicated that they planned to start using it in six months time. In the pre-intervention, 17% of the patients expressed their intention of using a contraceptive method "right now". Unfortunately, 48% of the women expressed their desire to initiate family planning "40 days after delivery" and 25% "didn't know" when to begin. During the half-time evaluation the percentages are very similar, showing an increase in the percentage of women who "don't know" when they'll start using a contraceptive method.

This seems to indicate that the majority of the women were more worried about recuperating from the physical and emotional stress of labor, and they were only looking forward to rest from the painful experience. These data strengthen the importance of discussing the importance and benefits of family planning, as well as family planning counseling during the prenatal visits. The health personnel must introduce these concepts in the initial prenatal controls and discuss them in more detail as the time of delivery gets nearer.

The reasons why the women didn't receive a contraceptive method were due to administrative causes directly from the hospital in 27.7% of the cases in the pre-intervention and 29.3% in the half-time evaluation. *they didn't have an IUD and told me it would be better to have it inserted until 40 days after there wasn't any Doctor who could perform the procedure of IUD insertion they couldn't find my file and that's why I wasn't operated no surgeries will be done today*. Reasons only due to the patient *I didn't want to or felt shy to ask for it*, were found in 36.1% during the pre-intervention and 20.3% during the half-time evaluation (P < 0.01).

Table No 3
Reasons why the women who wished a contraceptive method didn't receive it

Reason for not offering the method	Pre-intervention Percentage (N=209)	Half-time Evaluation Percentage (N=201)
Method not available	0	17.4
No personnel available	4.3	7.2
Didn't fill in requirements	10.6	1.4
Shy to ask for it	2.1	0
No surgeries today	12.8	4.3
Doesn't know why	36.2	49.3
Other	3.4	20.3

(P < 0.01)

F POST-PARTUM CONTROL

Women in the perinatal period need information on many important issues, for example, the recuperation process and how to take care of themselves, what should they eat, signs and symptoms of health problems that need to receive additional attention in a health center, how the woman must care of her health in order to avoid future problems, when to resume her household activities and her normal work, when to resume her sexual activity. They also need information concerning breastfeeding, and care and nutrition of the newborn.⁸

Similar percentages of women were informed on how to take care of themselves after delivery, 13.4 in the pre-intervention and 14.9 in the half-time survey. In both moments, women were mainly informed on the rest they needed and the diet that they should follow (P < 0.01).

Before the intervention, 57.4% of the patients were informed on when they should go to their puerperal control, in 85% of the cases, the appointment was set in accordance to what the standards say. In the half-time survey, only 18.9% of the women were told when their puerperal control would be (P < 0.01).

In both moments, the majority of the women manifested their particular needs of information that they wanted satisfied before leaving the hospital. The information needs in both groups are very similar and are referred to family planning issues, newborn care, post-partum care, and management of the contraceptive method they leave with at the moment of discharge (P < 0.01).

⁸ "Quality is centered on the clients' needs" NETWORK Family Health International, Vol 17 No 4 1997 pp 14

Table No 4
ISSUES ON WHICH THE WOMEN WANTED TO RECEIVE
MORE INFORMATION

Issue	Pre-intervention Percentage (N=209)	Half-time evaluation Percentage (N=201)
Family Planning	31.2	42.4
Care of the Newborn	29.4	38.8
Post-partum Care	18.5	18.8
Management of the contraceptive method chosen	9.2	14.5
About the Cesarean section	9.8	1.8
Maternal lactation	2.9	6.1
Others	2.3	0.6
Doesn't Know	20.1	2.5

(P < 0.01)

G COMMENTS AND SUGGESTIONS OF THE PATIENTS ON THE SERVICE RECEIVED

The great majority of the interviewed patients had a very good or good impression of the attention received in the hospital. In the pre-intervention, 87.6% of the patients considered the attention received by the registration personnel as very good or good; this percentage increased in the half-time evaluation to 94%. The attention received from the nursing staff (in labor and delivery rooms, puerperal and gynecology wards) was qualified as very good or good with 91.9% of the patients in the pre-intervention and increased to 94% in the half-time evaluation. The same data was obtained in relation with the attention received from the medical staff.

Those who qualified the service as very good and good, made emphasis on the quality of the personnel. The attention is good because the personnel is able and can solve problems. The personnel is not only able, but at the same time is a person who treats the patients well, which determines that the majority of the patients are satisfied with the services and attention received. *"I don't complain I was well treated" "everything has been fine I was well cared for they didn't let me suffer" "all the personnel looked very neat" "they are very kind and I was well treated" "when I was in pain they gave me something" "there are Doctors who know how to treat the patients"*

A small percentage affirmed having a regular or bad impression of the attention received. For those women who qualified the attention as regular or bad, the need to be treated with respect and consideration, and the need to be paid attention are some of the necessities that these patients manifested during both evaluations. These women expressed themselves in similar terms when complaining about the attention received. If well, it is a smaller percentage of unsatisfied women with the received services, their opinions are valuable for improving the warmth of the attention being rendered.

Some patients complained of the lack of attention and the scoldings received by the registration personnel. *they would ask me my name I would tell them and then they'd start chatting among themselves then they'd ask me again but never paid attention because of their chats" "the lady that was pulling out the files was angry and would yell at you"*

Certain patients complained about the medical staff who didn't evaluate them adequately in the beginning *"He neglected me and said that I still wasn't due that I should go back because I would be delivering until the next week I left with a resentful feeling and when I got home my water broke and I had to return to the hospital with the baby's head already crowning"*

Other complaints from the patients referred to the disrespectful treatment received in the labor and delivery room, maybe because this was the place where they stayed more during their hospital stay, or maybe because this is the most stressful area for patients and medical personnel

Some women complained about being scolded and the reluctant behaviour from certain medical personnel in accepting with respect the patients' opinion *"I was scolded because when I told them that the baby was about to come out they would tell me no and that I shouldn't be foolish and to sit down I didn't pay attention and laid down on the floor and had my baby they wanted me to stop and that the baby should be born until they said so"*

Other patients wished more verbal contact and physical presence from the delivery room personnel at all times *"they hardly talk to you I would ask questions and they wouldn't answer" the Doctor from the delivery room left me by myself and I had my child alone on the stretcher and the baby was born all purple*

A smaller percentage of patients perceived a negative attitude towards their condition and reproductive process *they treated me very bad and asked me if I planned to continue having children" 'the Doctor was upset and said that women are only good for giving birth why the hell do women start to have babies if they don't know how they'll have them' 'I was scolded and told that why I had so many children'*

The women in both moments offered important suggestions to improve the service *we have to be treated with respect" "nurses should pay attention to us' we should be treated with consideration and should be given something when we're in pain" 'we should be treated as human beings with feelings "we shouldn't be examined so harshly remember we are not animals' 'they should be more patient and less angry' they should be polite to say things' we shouldn't be scolded'*

V CONCLUSIONS

- 1 The women who go to the hospital for post-partum attention have similar reproductive risks, the most frequent were teenage pregnancies, multiparity and short interval between pregnancies
- 2 The administrative barriers that impeded the access to the hospital were overcome
- 3 There is an evident reduction in the waiting period to be treated
- 4 The use of contraceptive methods at the moment of initiating the actual pregnancy, was significantly less in the half-time group of women

- 5 The majority of the interviewed patients had prenatal controls in the line of services offered by the Secretary of Health. This contact should be taken advantage of in order to offer quality services on post-partum family planning information and counseling.
- 6 The increase in the guidance that the patients are receiving during their prenatal control is statistically significant.
- 7 The implementation of the system between RSM and the Infant Maternal Wing for the family planning service has started.
- 8 With a greater orientation towards family planning during the prenatal control, the greater the woman's decision in using a post-partum family planning method.
- 9 There is a significant statistical preference of the women for modern and long term family planning methods like female AOV and IUD.
- 10 The rendering of information to the patients on their health status at the moment of their first check-up and on how their delivery will be is still not only insufficient but also has diminished. This is an important problem that has to be overcome.
- 11 There is a significant statistical increase in the information offered in the puerperal ward on the importance of spacing their next pregnancy.
- 12 The training of personnel is a necessary and essential tool, but it still isn't enough to improve the quality of the offer of contraceptive methods, which is still limited.
- 13 An important percentage of women leave the hospital with an unsatisfied demand for family planning due to causes directly related to the hospitals' administration.
- 14 The offer of necessary information so that the women can adequately manage their post-partum period, and their sexual and reproductive health, is still insufficient.
- 15 In general terms the users are satisfied with the services received, but demand a greater warmth in the attention given and specific information concerning their health care. Besides this they suggest strategies to improve the rendering of services.

VI RECOMMENDATIONS

For the RSM Health Centers

1 Institutional Commitment

Increase the coverage of prenatal control. The prenatal controls should be an opportunity to offer information and counseling on post-partum family planning for all pregnant women at the moment they initiate control and should be to strengthen their decisions while the time for delivery comes.

2 Monitoring and trained Supervision

In relation with information and family planning, it should be emphasized that the information must be opportune complete and relevant No judgment should be made towards family planning or to a specific method

2 Relevant material

Information and counseling should be given with validated visual aids, like videos, posters and other printed material

3 Referral to the post-partum Family Planning service

Every pregnant woman that receives family planning counseling should be referred to the post-partum family planning service in the Infant-Maternal hospital,(use the referral stamp in the perinatal ID)

For the Infant-Maternal Wing

1 Institutional Commitment

Offer quality technical and humane attention to the patients Provide post-partum family planning information and counseling that is opportune, complete and relevant

It is important to emphasize on the first option contraceptives for women who are breastfeeding non-hormonal ones (IUD, female and masculine AOV MELA, condom, spermicides and natural methods)

2 Coordinated and Integral Services

Between the emergency, labor and delivery services, as well as the different hospital wards, so that the patients who desire a method leave the hospital with the chosen method

3 Appropriate personnel training

The training of the residents on contraceptive technology, post-abortion and post-partum family planning counseling should be institutionalized, as well as the IUD insertion after an obstetric event Consider the training of registered nurses who show the desire and ability for the same training

4 Relevant Information and Materials

It is important that every ward be furnished with audiovisual materials and videos to strengthen the information on family planning The design of posters and pocket materials should be considered, in order to make the handing out of basic information easier at the moment of discharge, and at the same time this will help women adequately manage their post-partum period and their reproductive and sexual health

5 Offer of a variety of methods and guarantee of an informed selection

Increase the contraceptive options with emphasis on the first option methods Guarantee the permanent supply of contraceptive methods in all the gynecology wards All patients to whom an AOV or an IUD insertion is performed should have an informed formulary of consent signed

ANNEX No 1
QUESTIONNAIRE



**EXIT INTERVIEW FOR PATIENTS HOSPITALIZED
FOR DELIVERY IN THE INFANT-MATERNAL HOSPITAL
MINISTRY OF HEALTH, HONDURAS**

*Instructions for the interviewer This interview should be done at the moment of discharge
Follow the following procedures*

- 1 *Say hello and introduce yourself*
- 2 *Use the following introduction and ask her if she wishes to respond to several questions about the services received in the hospital It is fundamental that you obtain the verbal consent from the patient before beginning the interview*
- 3 *The interview must be done in a private place far from any interference from other patients, ward personnel or other people*
- 4 *If you notice that the patient is sleepy weak or anxious, return later for the interview*
- 5 *This is an anonymous and confidential interview The patient s name shouldn't be written in any place*
- 6 *Fill in the data from the file*

DATA FROM THE INTERVIEWER

Interviewer	
Date of Interview	
Time of beginning Interview	
Time Interview ended	
Ward	
Bed	

DATA FROM THE FILES

Age	
Weeks of Gestation	
Parity	
Method of Delivery	a) Vaginal b) Cesarean Section c) Forceps
Discharged with some method	a) Yes b) No
Method	

The following text should be read to all the interviewed women before initiating the interview

Good morning my name is _____ I am working in a project from the Ministry of Health with the purpose of improving the quality of the hospital services I would like to know your opinion about the attention received here For this I would like to ask you a few questions on how you were treated I am not going to write down your name in any place Your cooperation is voluntary and you don't have to answer any question that you don't want to

Would you like to be interviewed? IF THE ANSWER IS YES CONTINUE IF IT IS NO STOP AND SAY GOOD-BYE

I PRENATAL CONTROL

- 1 How many children do you have?
a First child (go to 2nd)
b _____
- 2 How old is your previous child?
a Dead
b < 1 year old
c ____years ____months
- 2a Were you using any FP in this pregnancy?
- 2b Which one?
a IUD
b Combined pill
c Condom
d Ovrette
e Maternal Lactation
f Natural _____
g Other _____
- 3 Did you have prenatal control in this pregnancy?
a Yes b No (go to II)
- 4 Where did you have your prenatal control?
a Health center with Doctor (CESAMO) Which one? _____
b Health Center with nurse (CESAR) Which one? _____
c Private Clinic
d Hospital _____
e Other _____
- 5 During your control, were you counseled on how to breastfeed?
a Yes b No (go to 7)
c Doesn't know/ doesn't remember
- 6 What were you told?
- 7 During your control, were you guided on family planning after delivery?
a Yes b No (go to II)
c Doesn't know/ doesn't remember (go to II)
- 8 What were you told?
- 9 During your control, were you counseled on post-partum family planning?
a Yes b No
- 10 During your control, was your perinatal ID stamped in order to refer you for post-partum family planning?
a Yes b No
- 11 Before coming to the hospital had you already decided on using a family planning method for after delivery?
a Yes b No (go to 13)
c Doesn't remember/ doesn't know (go to 13)
- 12 Which method did you decide to use?
a IUD
b Female operation
c Male operation
d Condom
e Ovrette
f Combined pill
g Maternal lactation
h MELA
I Natural _____
j Hasn't decided which
k Injection _____
l Other _____ (go to 14)
- 13 Why weren't you thinking on planning?
a It is hazardous to your health
b It is hazardous for the baby
c Didn't know the methods
d Spouse doesn't agree
e Doesn't have a spouse
f other _____
g Doesn't know

II ATTENTION IN THE HOSPITAL

14 Did you have any difficulty in entering the hospital?
 a None
 b Closed Gate
 c An ID was required
 d Long waiting period
 e Other _____
 f Doesn't know/ doesn't remember

15 Did you have difficulty in getting to the emergency room?
 a None
 b Lack of signs
 c Lack of information
 d, Long waiting period
 e Other _____
 f Doesn't know/ doesn't remember

16 How long did it take for you to be examined in the labor room?
 a Almost immediately
 b _____ minutes
 c Doesn't know/ doesn't remember

17 How were you waiting until the doctor could see you?*(read the options and mark all the mentioned ones)*
 a Standing up
 b Sitting down
 c Lying down
 d Walking
 e Several positions
 f Doesn't remember/ doesn't know
 g Other _____

18 At the moment of your check-up, were you explained on your condition?
 a Yes b No
 c Doesn't remember/ doesn't know

19 Were you explained on how your delivery would be?
 a Yes b No
 c Doesn't remember/ doesn't know

20 How were you treated in the emergency when you arrived at the hospital?*(read options)*

ARCHIVES	NURSE	DOCTOR
Very well	Very well	Very well
Well	Well	Well
Regular	Regular	Regular
Bad	Bad	Bad
DK/DR	DK/DR	DK/DR
N/A	N/A	N/A

21 If your answer was regular or bad, explain why _____

INFORMATION RECEIVED

22 From the moment you arrived to the emergency until now has anybody asked you for your perinatal ID?
 a Yes b No

23 From the moment you arrived to the emergency until now, did someone talk to you about the importance of spacing your next pregnancy?
 a Yes b No
 c Doesn't remember/ doesn't know

24 During your time in this hospital did you receive any information on family planning methods?
 a Yes b No*(go to #29)*
 c Doesn't remember/ doesn't know*(go to #29)*

25 How was this information given?*(mark all the options mentioned)*

- a Video
- b Group talk
- c Individual talks
- d Written material
- e Other _____
- f Doesn't remember/ doesn't know

26 In which place or places of the hospital were you spoken about family planning?*(mark all the options mentioned)*

- a Emergency
- b Puerperal room
- c Operating room
- d Labor and Delivery
- e Other _____
- f Doesn't remember/ doesn't know

27 Who gave you this information?*(mark all the options mentioned)*

- a Professional nurse
- b Auxiliary nurse
- c Doctor
- d Social Worker
- e Educator
- f Other _____
- g Doesn't know/ doesn't remember

28 Which methods were mentioned to you?*(mark all the options mentioned)*

- a Pill
- b IUD
- c Condoms
- d Natural methods
- e Female operation
- f Male operation
- g Injectable
- h MELA
- I Other _____
- j Doesn't know/ doesn't remember

29 Were you given any pamphlet on family planning?

- a Yes
- b No *(go to #31)*
- c Doesn't know/ doesn't remember

30 On the method you received

Did you read the material?	Yes	No	DR/DK
Did you find it useful?	Yes	No	DR/DK
What do you remember from the material?			
Explain			

IV FAMILY PLANNING

31 Has anyone asked you if you wish to use family planning?

- a Yes
- b No*(Go to #34)*
- c Doesn't remember/ doesn't know

32 Who?*(mark all the options mentioned)*

- a Professional nurse
- b Auxiliary Nurse
- c Doctor
- d Social worker
- e Educator
- f Other _____
- g Doesn't remember/ doesn't know

33 In which place was the method offered?*(mark all the options mentioned)*

- a Emergency room
- b Puerperal ward
- c Operating room
- d Labor and Delivery
- e Gynecology ward
- f Other _____
- g Doesn't remember/ doesn't know

34 Have you already been given or counseled on any method?

- a Yes(*go to 42*)
- b No

35 Would you like to use a contraceptive method in order to not get pregnant?

- a Yes
- b No(*go to section V post-partum control*)
- c Doesn't know (*go to section V post-partum control*)

36 Which do you plan to use?

- a Pill
- b IUD
- c Condom
- d Injectable
- e Female sterilization
- f Male sterilization
- g MELA
- h Other _____
- i Doesn't know

37 When do you plan to use it?

- a Right now
- b In the control appointment(*go to #38a*)
- c When I get my period back(*go to #38a*)
- d Forty days after delivery (*go to #38a*)
- e Other _____
- f Doesn't remember/ doesn't know

38 Why haven't you received the method?

- a The hospital didn't have the method
- b There was no personnel
- c I didn't fill in the requirements
- d Other _____
- e I was shy to ask for it
- f No surgeries today
- g Doesn't remember/doesn't know

38a Why don't you wish to start planning now?

39 Have you been told when you should go to the doctor to obtain a family planning method?

- a Yes
- b No (*go to #41*)
- c Doesn't know/doesn't remember(*go to 41*)

40 For when were you told?

- a Forty days after delivery
- b Seven days after
- c Ten days after
- d Other _____
- e Doesn't remember/ doesn't know

41 Were you given another method to use while you return to control?

- a Yes
- b No(*go to section V post-partum control*)

42 What method were you counseled on? What do you know about the method?(*indicate only the method that the woman received and only make the corresponding question*)

Method Received	Method	What do you know?	Answer
1 Yes 2 No	IUD	1 When was the IUD inserted?	a Immediately after delivery b Before discharge c Doesn't know/ doesn't remember
		2 What must you do to make sure it's in its' place?	a Check strings b Go to check-up c Other _____ d Doesn't know/ or

			remember
		3 Have you been explained that the IUD can alter your menstrual cycle	a Yes b No c Doesn't remember/ doesn't know
1 Yes 2 No	Pill	What should you do if you forget the pill one day?	a Take one when you remember and another at the usual time b Other _____ c Doesn't know/ or remember
1 Yes 2 No	Female Sterilization	Can you get pregnant after surgery?	a No b Other _____ c Doesn't remember/ doesn't know
1 Yes 2 No	Injectable	How often do you have to apply the injection?	a Every 2 months b Other _____ c Doesn't remember/ doesn't know
1 Yes 2 No	Male Sterilization	After surgery, can the man get a woman pregnant?	a No b Other _____ c Doesn't know/ doesn't remember
1 Yes 2 No	MELA	In what moment can you not trust on your milkflow to protect yourself from pregnancy?	a When you get your period b When breastfeeding is not exclusive c In six months time d In any of these 3 events
1 Yes 2 No	Condom	How many times can you use a condom?	a Once b Other _____ c Doesn't know/ doesn't remember

43 Are you happy with this method?

- a Yes (go to 45)
- b No
- c Doesn't know/ no opinion

44 Why?

45 Was it clearly explained on how your method works and how to use it?

- a Yes
- b No
- c Doesn't know/ doesn't remember

46 Were you informed on other methods you can use?

- a Yes
- b No
- c Doesn't remember/ doesn't know

47 Do you feel you had the opportunity of making questions and clear your doubts?

- a Yes
- b No
- c Doesn't know/ doesn't remember

V POST-PARTUM CONTROL

48 Were you instructed on how to take care of yourself after delivery?

- a Yes
- b No(*go to 50*)
- c Doesn't know/ doesn't remember

49 What did they tell you? (*mark all the options mentioned without help*)

- a Rest
- b Not have sexual activity
- c Do not apply anything in the vagina
- d Daily cleansing
- e Return in case of pain, fever or bleeding
- f Other _____
- g Doesn't remember/ doesn't know

50 Were you told when you have to go to your check-ups?

- a Yes
- b No(*go to 52*)
- c Doesn't remember/ doesn't know(*go to 52*)

Observations and comments from the Interviewer

51 When?

- a Forty days after delivery
- b Ten days after delivery
- c Seven days after
- d Other _____
- e Doesn't remember/ doesn't know

52 Would you like to receive some information today?

- a Yes
- b No(*go to 54*)
- c Doesn't know (*go to 54*)

53 On what topics? (*mark all the options*)

- a Family planning
- b Care of the Newborn
- c Personal care after delivery
- d Management of the selected method
- e When to go to puerperal check-up
- f About the cesarean section
- g Maternal lactation
- h Other _____
- I Doesn't know

54 Would you say that the personnel in the service treated you with respect always, never, or sometimes?

- a Always
- b Never
- c Sometimes
- d Doesn't remember/ doesn't know

55 Do you have any comment or suggestion for the hospital personnel?

SAY THANKYOU AND BID HER FAREWELL