PPIUD - Zambian Experience

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Zambia Context

• Population of 13,046,508
• Country is 752,614 sq km
• Maternal Mortality Ratio: 591/100,000
• High and rising fertility  6.2
  • Contraceptive prevalence: 34%, Unmet need 27%
  • Contraceptive use among married women:
    • Any method: 41%
    • Modern method: 32% (pills=11%, injectables=8.5%, Implant=0.4%, IUD=0.1%)
• 14% national HIV prevalence
• PPIUD introduced in 2009

Source: DHS 2007
8/29/2013
Society For Family Health (SFH,) UTH, Stanford University (SPIRES) and Population Services International (PSI) developed a program:

- Improve access to long-term, effective contraception
  - Expand IUD insertion criteria
  - Include women immediately
  - post-partum
Introduction of Post-Placental/Partum IUD Insertion (PPIUD) in Lusaka, Zambia: Feasibility of Training Nurse Midwives
Objective

Explore the feasibility of training nurse midwives in post-placental and post-partum IUD insertion in Lusaka, Zambia
Methods

- **Nine Nurse midwives participated in a two week competency-based training in post-partum IUD insertion (PPIUD)**
  - Training occurred in February, 2009
  - Site: University Teaching Hospital
    - High volume, government referral hospital in Lusaka, Zambia
  - Curriculum taught by US and Zambian providers
Methods

- 2.5 days didactic instruction
- 1.5 days practice PPIUD insertion with pelvic model before moving to live insertions
- Clinical Training under supervision
Recruitment

Postpartum IUD Insertion

• Sensitizations
  — Antepartum clinics
  — Early labor
  — Postpartum ward

• Consent before procedure
Results

- 38 PPIUDs inserted during the training period
  - No complications
  - Insertion not accomplished in 2 patients due to pain
  - One IUD removed due to pain from suspected symphyseal separation
- Nurse midwives performed insertions under trainer supervision in 33/38 patients
  - Trainers performed remaining 5 insertions
    - Demonstration
    - Difficult insertion
- On average, 4 insertions needed to achieve competency
  - At training’s end, 4 nurse midwives competent to independently insert PPIUDs
  - 2 of the 4 began training others
Follow-up

- A second training occurred in June, 2009 with all Zambian trainers which included 2 physicians.
- Total number of insertions at this time was over 500 PPIUD inserted.
- PPIUDs make up ~ 10% of all IUDs inserted by SFH and UTH nurse-midwives.
Coverage of PPIUD

- Intrauterine contraceptive devices (IUD) have traditionally not been widely available in Zambia, (0.1% of an estimated of married women) - 2007 ZDHS.

- SFH initiated a program to increase uptake of long-term family planning methods: the IUD and the implant, including PPIUD - 2008.

- By November 2009, this program served as many as 4,000 women every month with a long-term method of their choice, with approximately 80 women choosing the PPIUD every month.
Coverage of PPIUD

- Between February 2009 and April 2010, 1,310 PPIUDs were inserted by 10 midwives in peri-urban Lusaka.
Lessons learnt

- There is opportunity to expand reach of PPIUD
- PPIUD insertion is feasible in public health setting
- PPIUD can be acceptable and feasible in an Zambian setting.
- Training and continuous mentorship is necessary for scale up and quality assurance
- Overall, expulsion rates were lower than previously reported, particularly for post-partum insertions
- Attention to high fundal placement at insertion is a likely explanation for these improved rates
challenges

- Interest in FP is low among health workers
- Few trained and need for roll out
- Govt need to buy in this LARC
- Other competing demands-child health, antenatal and HIV service provision.
- Myths still exist
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