

**Knowledge of postpartum
contraception uptake and
continuation at the Tungaru
Central Hospital: before and
after training of nurses,
midwives and doctors in
postpartum IUD's and
implants.**

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Background information

- Kiribati faces challenges in maternal care and contraception
- 2025 Maternal mortality of 76.3 per 100,000 live births
- Post partum contraception helps space closely spaced and unplanned pregnancies
- Reduced health risks for both the mother and baby
- LARC are known to be the most effective method of reversible contraceptive

Kiribati

FP2030 Indicator Summary Sheet: 2022 Measurement Report

Modern Contraceptive Use and Need

Source : Family Planning Estimation Tool (FPET)

All Women	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Total users of modern methods of contraception*										
	4,300	4,500	4,800	5,000	5,200	5,400	5,600	5,800	6,000	6,200	6,300
	Modern contraceptive prevalence rate (mCP)										
	14.6%	15.1%	15.6%	16.1%	16.6%	17.2%	17.7%	18.1%	18.4%	18.7%	18.9%
	Percentage of women estimated to have an unmet need for modern methods of contraception (mUN)										
	21.5%	21.3%	21.1%	20.8%	20.8%	20.6%	20.6%	20.5%	20.5%	20.3%	20.2%
	Percentage of women estimated to have their demand for family planning met with a modern method of contraception (mDS)										
	40.5%	41.5%	42.5%	43.6%	44.5%	45.5%	46.3%	47.0%	47.5%	47.9%	48.2%

Aim of the Study

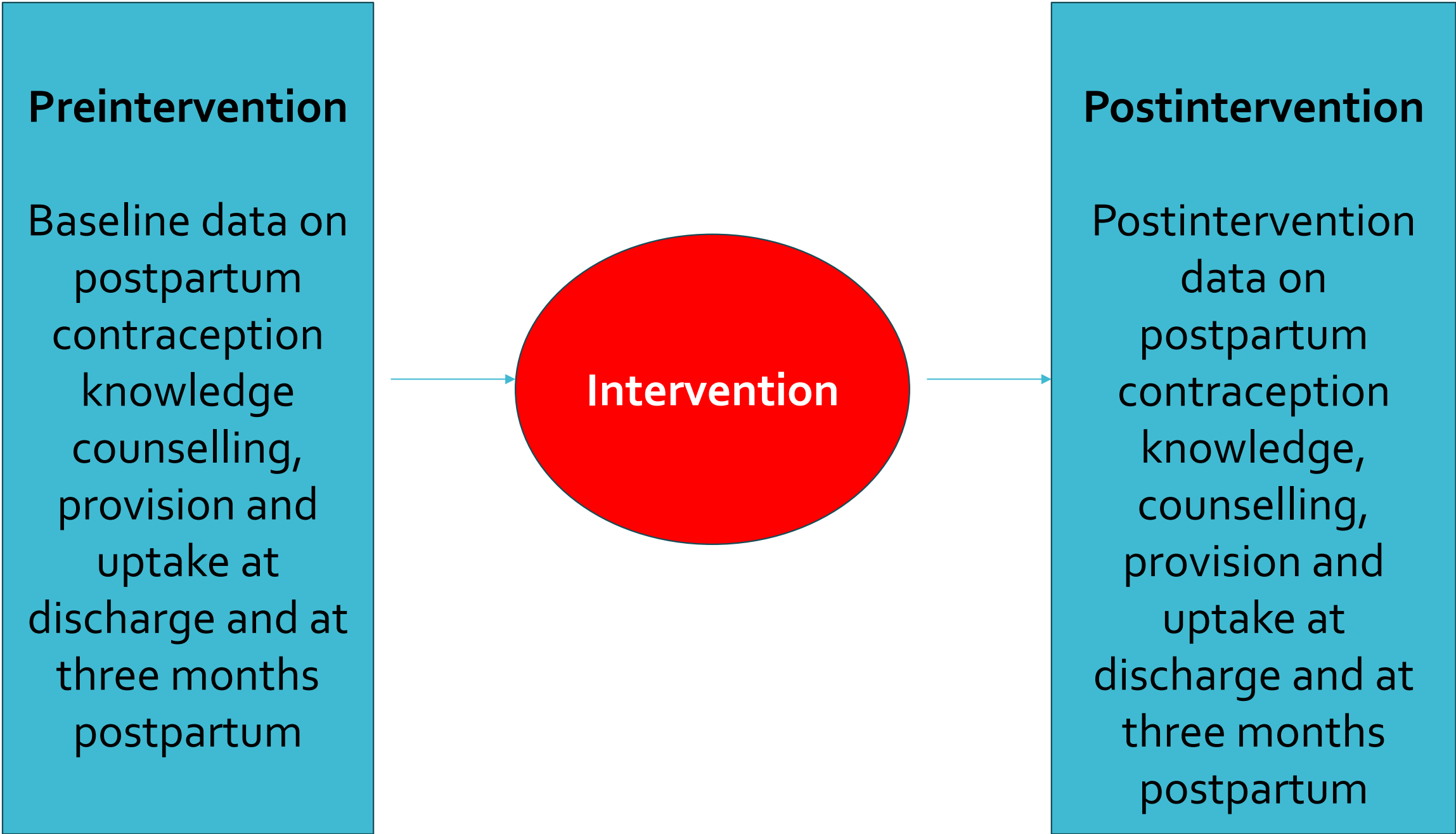
To assess the impact of training on healthcare professionals on postpartum contraception knowledge and uptake at three months postpartum among the women in Kiribati

Methodology

- Prospective cohort before and after the study.
- Study recruited postpartum women on the postnatal ward
- Ethical Committee of Kiribati Foreign Affairs provided ethical approval and consent was sought from all participants

Preintervention

Baseline data on postpartum contraception knowledge, counselling, provision and uptake at discharge and at three months postpartum



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graph LR; A[Preintervention] --> B((Intervention)); B --> C[Postintervention]
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Intervention

Postintervention

Postintervention data on postpartum contraception knowledge, counselling, provision and uptake at discharge and at three months postpartum

Intervention

Training in
postpartum family
planning counselling
with upskilling in IUD
and implant insertion
with doctors and
midwives



Intervention

- Staff trained included doctors, postnatal nurses and midwives
- 1st training 10 participants
- 2nd training 20 participants

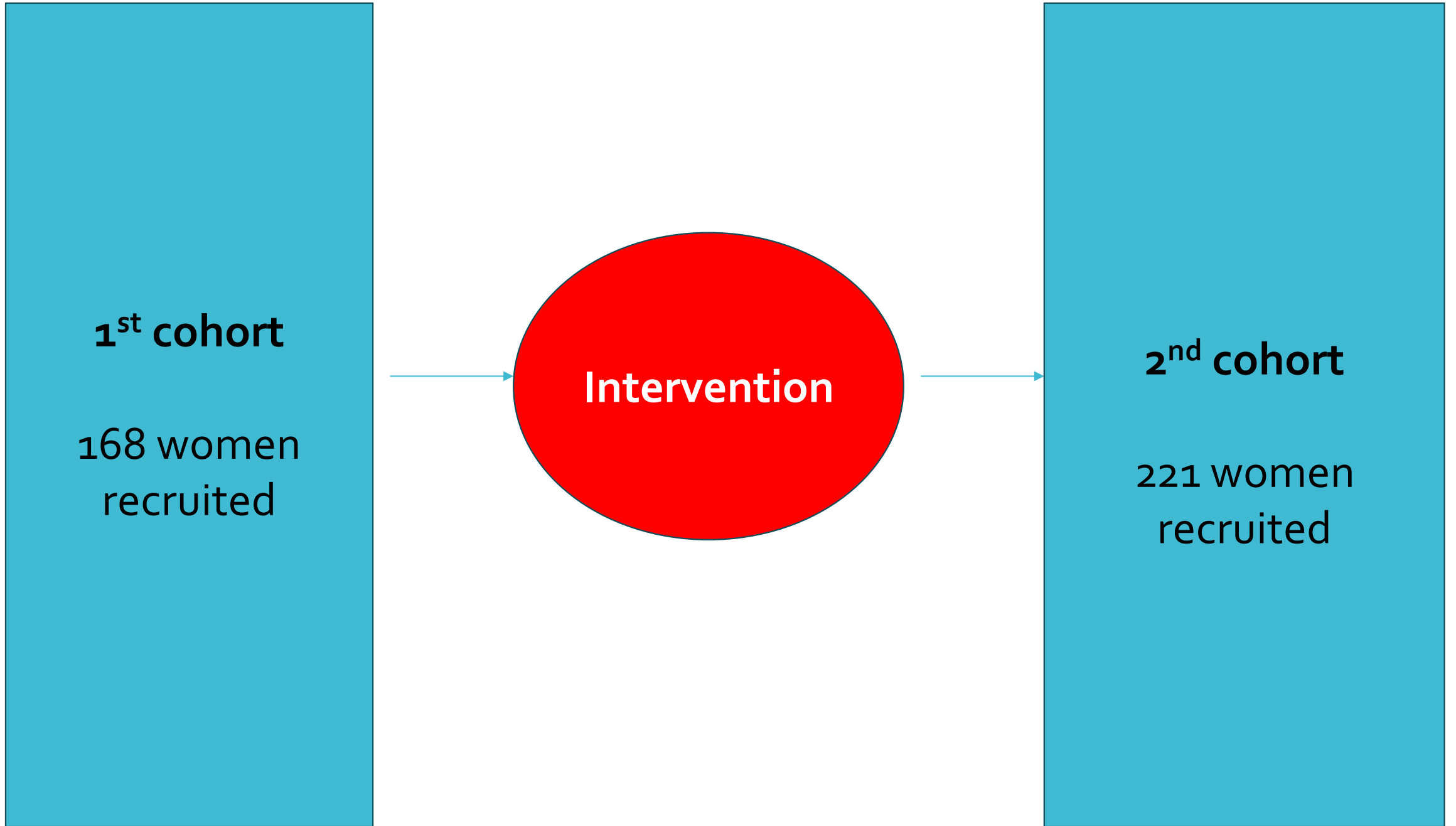
1st cohort

168 women
recruited

Intervention

2nd cohort

221 women
recruited



Results

		Cohort 1 (n=168) N (%)	Cohort 2(n=221)
Age Group	18-24	52 (30.9)	66 (29.9)
	25-29	45 (26.8)	69 (31.2)
	30-34	31 (18.5)	49 (22.2)
	35-39	22 (13)	36 (16.3)
	>40	0	1 (0.9)
	Missing data (9.5)	16	
Level of education	No education	21 (12.5)	15(6.8)
	Primary	4 (2.3)	6(2.7)
	Secondary	83 (49.4)	137(61.9)
	Tertiary	60 (35.7)	63(28.5)
Place of residence	South Tarawa	87 (51.8)	96 (43.4)
	Outer Islands	39 (23.2)	44 (19.9)
	Betio	14 (8.3)	73 (33.03)

Results

		Cohort 1 (n=168) N (%)	Cohort 2(n=221)
Birth Type	NVD	110 (65.48)	82 (37.10)
	CS	33 (19.64)	32 (14.48)
	Vacuum	5 (2.98)	3 (1.36)
	m		
Antenatal clinic counselling in FP	Yes	49 (29.17)	116 (52.49)
	No	81 (48.21)	76 (34.39)
	Unsure		13 (5.89)

Conclusion: The cohorts were similar with respect to **birth type** and broadly similar for **education**, but differed significantly in **place of residence** and **receipt of antenatal family planning counselling**.*

Contraception use at three months postpartum

	Cohort 1 (n=168)	Cohort 2 (n=221)
No contraception	73 (43.5)	68 (30.77)
Contraception		
IUD	7 (3.2)	12 (5.43)
Jadelle	20(11.9%)	48 (21.72)
Depoprovera	20(11.90	31 (14.03)
COC	5(2.97%)	30 (13.57)
Progesterone only	24(14.2%)	16 (7.24)
Tubal sterilisation	10 (5.95%)	4 (1.81)
Condoms	6(3.57%)	12 (5.43)

Contraceptive use at three months postpartum increased significantly following provider training. In the pre-training cohort, 92/168 (54.8%) women reported using contraception compared with 153/221 (69.2%) in the post-training cohort ($\chi^2(1) = 8.09$, $p = 0.004$).

Intention to use LARC and actual uptake at three months

Cohort 1	Expressed interest in LARC Contraception N=168	Had obtained the contraception by 3 months postpartum N (%) who received of those expressing interest
Jadelle	47 (28%)	20 (42.6%)
IUD	51 (30.4%)	7 (13.7%)

Cohort 2	Expressed interest in LARC Contraception N=221	Had obtained the contraception by 3 months postpartum N (%) who received of those expressing interest
Jadelle	102 (46.2%)	48 (48.1%)
IUD	103 (46.6%)	12 (11.7%)

Limitation of the study

- Incomplete patient data
- Short study duration
- Training of staff has to be ongoing
- Need to educate patient and partners
- Did not collect information on criteria for lactational amenorrhoea in those not using contraception

Challenges

- Male dominance
- Influence of church on choice
- Difficult locating participants after discharge
- Incomplete data
- Patient unstable decision

conclusion

- The study demonstrated an improvement in postpartum contraception interest and uptake at Tungaru Central Hospital, with more women expressing willingness and receiving LARC methods such as Jadelle and IUDs following provider training.
- However, a significant gap remains between women's intention to use contraception and actual insertion rates, highlighting the need for strengthened systems to support routine immediate postpartum LARC provision.

Conclusion

- Further research and targeted programmatic interventions are required to scaling up and improve family planning uptake across Kiribati sustainably

Recommendation

- Staff trainings at the clinics, outer islands on LARC and Postpartum IUD