LONG ACTING AND REVERSIBLE CONTRACEPTIVES: EXPANDING CHOICE FOR POSTABORTION CARE (PAC) PATIENTS

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Abortion related complications accounts for about 17% of maternal deaths in Guinean hospitals. To address maternal mortality reduction due to abortion, the Ministry of Public Health (MOPH) adopted the postabortion care (PAC) strategy. Since 1998, Jhpiego has supported the MOPH on implementation of PAC services in 38 facilities. Additionally, in 2008 the MOPH prioritized long acting reversible contraceptive (LARC) methods as part of its strategy to revitalize family planning in Guinea. PAC services are seen as an opportunity to revitalize the provision of LARC.

To support this integration effort, Jhpiego has supported the training and service improvements to expand the method mix by introducing LARC to PAC patients in 24 sites. From January 2011 to June 2013, 4973 women benefited from PAC services. 3931(79%) patients left the facility with a modern contraceptive method including LARC. LARC as a method of choice was selected by 23% of women with majority selecting IUD 21% over Implants 2%. Generally women seeking PAC services chose Pills and Injectables at a rate of 41% and 22% respectively. LARC methods are more popular in urban areas rising to 24% of all PAC women using FP methods.

When PAC providers are trained to offer LARC, this increases the method mix and choice available to women, as well as their utilization of long term contraception. Support for service startup, all staff orientation contributed to program success. Regular follow-up and supportive supervision help to improve the quality of PAC services.