

ORIGINAL ARTICLE

Effect of combined antenatal and postnatal counseling on postpartum modern contraceptive use

Archana Goyal

Assistant Professor, Department of Obs & Gynae, K M Medical College & Hospital, Mathura, Uttar Pradesh, India

ABSTRACT:

Background: The use of contemporary contraceptive methods rose from 31% to 46% over the past 20 years. The present study evaluated the effect of combined antenatal and postnatal counselling on postpartum modern contraceptive use. **Materials & Methods:** of 124 pregnant women at more than 24 weeks of gestation were divided into 2 groups. Group I (only prenatal education group). Women in Group II were given additional contraceptive education at six weeks after hospital discharge (both antenatal and postnatal education). **Results:** Maternal age <30 years was seen in 52% in group I and 59% in group II, >30 years in 48% in group I and 41% in group II, previous births 0-1 in 38% and 46%, 2-4 in 53% and 52%, >4 in 9% and 2% in group I and II respectively, previous abortions in 0-1 in 94% and 93%, >2 in 6% and 7% in group I and II respectively, education was primary in 62% and 70% and high in 38% and 30% in group I and II respectively. 42% in group I and 36% in group II were employed. The difference was non-significant (> 0.05). Contraceptive methods used before pregnancy was modern seen in 46% and 48%, traditional in 30% and 30% and no method in 24% and 22% in group I and II respectively. After pregnancy was modern seen in 49% and 63%, traditional in 42% and 35% and no method in 9% and 2% in group I and II respectively. The difference was non-significant (> 0.05). **Conclusion:** All pregnant women should get family planning information during prenatal care. Even after pregnancy, neither group's contraceptive techniques had changed.

Key words: antenatal care, prenatal, family planning

Corresponding author: Archana Goyal, Assistant Professor, Department of Obs & Gynae, K M Medical College & Hospital, Mathura, Uttar Pradesh, India

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INTRODUCTION

The use of contemporary contraceptive methods rose from 31% to 46% over the past 20 years. Over the past ten years, the proportion of conventional methods used remained constant.¹ Coitus interruptus and condom use are two male-controlled contraceptive methods that make up around half of the available options. It has been claimed in the literature that adding family planning education to obstetric care will boost postpartum usage of contraception.²

The sociodemographic characteristics, past experiences, usage of obstetric care services, and prenatal-postnatal education have all been researched as factors influencing postpartum contraceptive use.³ The population's variability and the variations in the length and nature of educational interventions have produced a range of results. One way to ensure both the mother and the unborn child have a positive outcome in terms of health is to use postpartum contraception. The uptake of postpartum contraceptives is, however, modest in underdeveloped nations.⁴

According to World Health Organization estimates, 830 women worldwide pass away every day as a result of difficulties during pregnancy and childbirth, and almost all (99%) of these maternal deaths take place in underdeveloped nations.⁵ Interventions like the usage of contemporary contraceptive methods

could significantly reduce the frequency of these fatalities. Evidence suggests that the use of contemporary contraceptive techniques would avoid 20% of obstetric deaths.⁶ The present study evaluated the effect of combined antenatal and postnatal counselling on postpartum modern contraceptive use.

MATERIALS & METHODS

The present study consisted of 80 pregnant women (> 24 weeks of gestation). All were selected after obtaining their written consent.

Parameters such as name, age etc. was recorded. All subjects received contraceptive education throughout her ANC. They were divided into 2 groups. Group I was only prenatal education group. Group II patients were given additional contraceptive education at six weeks after hospital discharge (both antenatal and postnatal education). All patients and their spouses received family planning counseling from a nurse, which covered topics such as the necessity for postpartum contraception, the return of fertility after childbirth, contraceptive techniques, lactation, and sexual health. At the sixth week after giving birth, postpartum counseling was provided, including specialized family planning counseling on topics like sexual difficulties, postpartum contraceptive options, and problem-solving techniques. Results thus obtained

were tabulated and analyzed statistically. P value < 0.05 was considered significant.

RESULTS

Table I Patients characteristics

Parameters	Variables	Group I	Group II	P value
Maternal age	<30 years	52%	59%	0.25
	>30 years	48%	41%	
Previous births	0-1	38%	46%	0.17
	2-4	53%	52%	
	>4	9%	2%	
Previous abortions	0-1	94%	93%	0.01
	>2	6%	7%	
Education	Primary	62%	70%	0.32
	High	38%	30%	
Employment	Yes	42%	36%	0.69
	No	58%	64%	

Table I, graph I shows that maternal age <30 years was seen in 52% in group I and 59% in group II, >30 years in 48% in group I and 41% in group II, previous births 0-1 in 38% and 46%, 2-4 in 53% and 52%, >4 in 9% and 2% in group I and II respectively, previous abortions in 0-1 in 94% and 93%, >2 in 6% and 7% in group I and II respectively, education was primary in 62% and 70% and high in 38% and 30% in group I and II respectively. 42% in group I and 36% in group II were employed. The difference was non-significant (> 0.05).

Graph I Patients characteristics

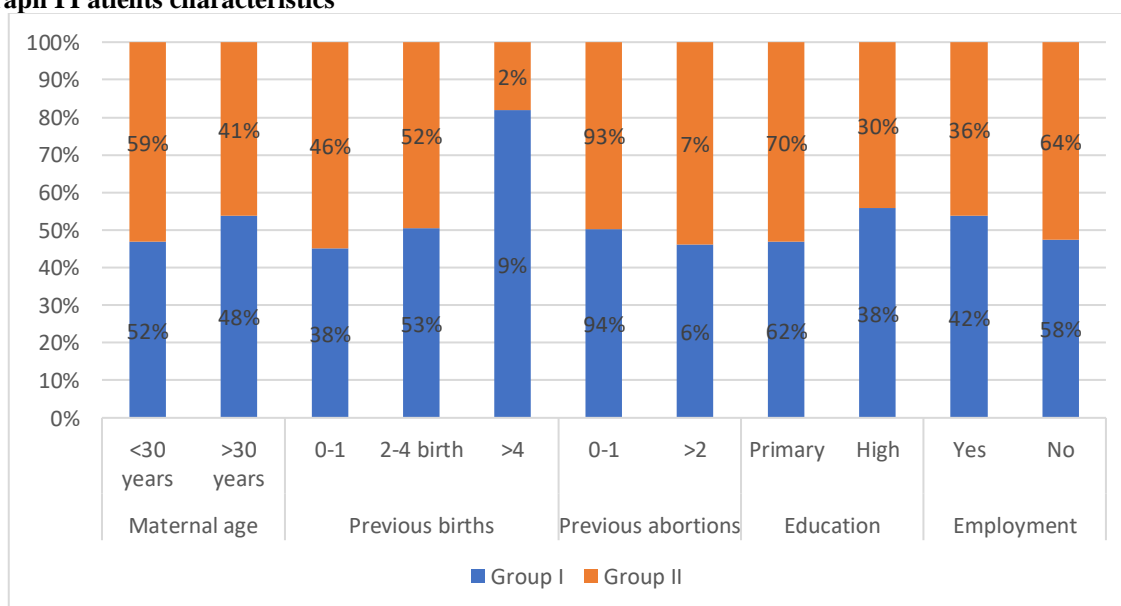


Table II Comparison of contraceptive methods in both groups

Parameters	Variables	Group I	Group II	P value
Before pregnancy	Modern	46%	48%	0.97
	Traditional	30%	30%	1
	No	24%	22%	0.95
After pregnancy	Modern	49%	63%	0.05
	Traditional	42%	35%	0.72
	No	9%	2%	0.05

Table II shows that contraceptive methods used before pregnancy was modern seen in 46% and 48%, traditional in 30% and 30% and no method in 24% and 22% in group I and II respectively. After pregnancy was modern seen in 49% and 63%, traditional in 42% and 35% and no method in 9% and 2% in group I and II respectively. The difference was non-significant (> 0.05).

DISCUSSION

Post-partum family planning refers to the use of contraceptive methods to prevent unintended

pregnancies in the period immediately following childbirth. This is a crucial aspect of reproductive health and family planning, as it allows individuals

and couples to space or limit the number of their children, taking into consideration their own health and socio-economic circumstances.⁷ By efficiently spacing births by at least 2 years and births by at least 3 years, post-partum family planning could avoid more than 30% of maternal deaths and 10% of baby deaths. Accordingly, postpartum family planning services are designed to help women and couples choose their preferred form of contraception, start using it, and keep using it for at least two years, depending on their reproductive objectives.⁸ Birth-to-pregnancy intervals are excessively short (23 months) for 50% or more of pregnancies in low- and middle-income nations.⁹ The present study evaluated the effect of combined antenatal and postnatal counselling on postpartum modern contraceptive use.

We found that maternal age <30 years was seen in 52% in group I and 59% in group II, >30 years in 48% in group I and 41% in group II, previous births 0-1 in 38% and 46%, 2-4 in 53% and 52%, >4 in 9% and 2% in group I and II respectively, previous abortions in 0-1 in 94% and 93%, >2 in 6% and 7% in group I and II respectively, education was primary in 62% and 70% and high in 38% and 30% in group I and II respectively. 42% in group I and 36% in group II were employed. Malwenna et al¹⁰ found that in PHMM, overall percentage mean knowledge score in IA at pre and post intervention were 29.9% and 65.7% respectively with a statistically significant difference ($p<0.001$) but with no such difference ($p=0.10$) in CA between pre (20%) and post (30%) scores. Median attitude scores were 37.5% and 86% in IA at pre and post intervention with a statistically significant difference ($p<0.001$). For CA respective figures were (40%) and (41%) with no significant difference ($p=0.09$). Regarding the target group, in IA had pre (37.6%) and post (70.6%) mean knowledge scores with a statistically significant difference ($p<0.001$); but with no significant difference ($p=0.06$) in CA between pre (39.0%) and post (40.2%) scores. Similarly, between groups comparison shows statistically significant difference ($p<0.001$) between IA and CA in post intervention, the scores being 70.6% and 40.2% respectively.

We found that contraceptive methods used before pregnancy was modern seen in 46% and 48%, traditional in 30% and 30% and no method in 24% and 22% in group I and II respectively. After pregnancy was modern seen in 49% and 63%, traditional in 42% and 35% and no method in 9% and 2% in group I and II respectively. Ali et al¹¹ investigated use and determinants of family planning methods may be instructive in the design of interventions to improve reproductive health services. The mean \pm SD of the age and parity of 613 enrolled women was 31.1 ± 7 years and 3.4 ± 1.9 , respectively. Only 44.0% of these women had previously or currently used one or more of the family planning methods. Combined pills (46.7%) and progesterone injection (17.8%) were the predominant

method used by the investigated women. While age, residence were not associated with the use of family planning, parity (> five), couple education (\geq secondary level) were significantly associated with the use of family planning. Husband objection and religious beliefs were the main reasons of non-use of family planning.

Hailemariam et al¹² found that age, age at marriage, number of living children, place of residence, respondent's education, knowledge of family planning, respondent's work status, being visited by a family planning worker and survey year emerged as significant factors affecting unmet need. On the other hand, number of living children, education, age and age at marriage were the only explanatory variables affecting unmet need for limiting. Number of living children, place of residence, age and age at marriage were also identified as factors affecting total unmet need for contraception.

The limitation of the study is small sample size.

CONCLUSION

Authors found that all pregnant women should get family planning information during prenatal care. Even after pregnancy, neither group's contraceptive techniques had changed.

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