Promoting birth spacing in Antsirabe, Madagascar

University of Washington School of Medicine, IHOP III-3

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Purpose

The purpose of this project was to promote 3-5 year birth intervals at a hospital in Antsirabe and in the community.

Background

With over half its population living on less than \$1 a day, Madagascar's weak economy is reflected in poor health indicators.1 Low contraceptive use and high fertility paired with short birth intervals contribute to high maternal and infant mortality rates. Birth intervals of less than 2 years are associated with increased morbidity and mortality.2-4

Madagascar 550/100.000 79/1.000 31 months 18%

Adverse outcomes associated with short birth intervals (<2 years)

- Maternal mortality Low birth weight
- Infant mortality Anemia
- Under 5 mortality 3rd trimester bleeding
- Preterm labor

To increase birth intervals, institutional approaches must be combined with community level interventions.5 On an institutional level, prenatal and postpartum consultations are effective opportunities for educating women about the benefits of birth spacing and about family planning methods to achieve optimal birth intervals.^{6,7} On a community level, public health campaigns promoting the health, social, and economic benefits of increased birth spacing have also been successful.²

Hopitaly Loterona Andranomadio (HLA), a 130 bed hospital, and the surrounding community in Antsirabe, Madagascar provide a perfect environment for such a public health campaign. At HLA, 74 deliveries take place each month, 14% of which are classified as "at risk." Maternal mortality (540/100,000) reflects the national rate.8 Family planning resources are available at HLA, although they are separate from maternity care, which includes prenatal consultations and newborn vaccinations clinics.



Methods

Inputs from HLA's medical director, midwives, and family planning clinic director were gathered and used to create an educational flyer promoting the health and social benefits of 3-5 year birth intervals. The flyer was translated into Malagasy by a Malagasy medical student.



On the hospital level, the flyer was distributed to women during prenatal consultations, postpartum counseling, and newborn vaccination clinics in conjunction with birth spacing counseling provided by midwives. On a community level, the flyer was distributed at a regional women's church conference and presentations were given about the benefits of birth

Results

Birth spacing promotion via flyer		
distribution and presentations		
	Flyer	Presentation
	distribution	attendance
Hospital	46	44
Conference	845	223
TOTAL	891	267



At HLA, midwives, maternity nurses, and nursing students distributed the flyers. Midwives included counseling on the benefits of and how to achieve birth intervals of 3-5 years during their normal postpartum discharge counseling. An additional 1475 flyers were left with the HLA maternity staff to continue to distribute.

At the conference, flyers were distributed over a two day period. Short presentations about the benefits of birth spacing were given to small groups of 3-10 women, interpreted from French to Malagasy.

Overall, the intervention was well-received and supported by the HLA family planning director, midwives, and other hospital staff. Postpartum, pregnant, and community women displayed interest in learning about birth spacing and family planning methods.

Discussion

Overall, the intervention was successful in reaching a large number of women in the community and in becoming a sustainable program at the hospital.

The intervention is not without weaknesses. With Madagascar's high illiteracy rates, the educational flyer may not reach its target audience. Second, cultural beliefs and the role of Malagasy men in controlling women's fertility may prevent interested women. from using family planning methods. Future projects must determine how to incorporate men into the family planning discussion while promoting women's control over their fertility.

The combination of hospital support and community interest will hopefully lead to continued promotion of 3-5 year birth intervals and family planning at HLA. In the long-term, this trend should decrease maternal and infant mortality rates in the community.



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