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PROMOTING UNIVERSAL
ACCESS TO MATERNAL
AND NEWBORN HEALTH

EDITORIAL TEAM

Morhason-Bello I.O., Aimakhu C.O., Adesina O.A., Olayemi O., Fasubaa O.B., Ladipo O.A. (OON)

PROMOTING UNIVERSAL ACCESS TO MATERNAL AND NEWBORN HEALTH

Proceedings of the
45th Scientific Conference and Annual
General Meeting of the Society of
Gynaecology and Obstetrics of Nigeria
(SOGON) "Èbà Ọdàn 2011"

PREMIER HOTEL, Mokoté, Ibadan, Oyo State,
Nov. 22nd - 25th, 2011



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THEME

Promoting Universal Access to Maternal & Newborn Health

SUB-THEMES

Training the Obstetrics and Gynaecology Resident in 21st Century
Ethical issues and litigation in Obstetrics and Gynaecology practice
The role of computers in Reproductive Health

PREMIER HOTEL, Mokola, Ibadan, Oyo State.
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Promoting Universal Access to Maternal & Newborn Health

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PL-93

POSTPARTUM CONTRACEPTIVE CHOICES MADE BY HIV- INFECTED WOMEN AT THE UNIVERSITY COLLEGE HOSPITAL, IBADAN

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BACKGROUND

In a bid to tackle the burden of mother-to-child transmission of HIV the government of Nigeria, in addition to providing ARV, needs to pay attention to the prevention of unintended pregnancy among HIV-positive women.

Objectives- To describe the pattern of contraceptive use by HIV positive women at the University College Hospital, Ibadan, (UCH) following delivery and to identify factors associated with uptake of a mode of contraception. The outcome measure was the mode of contraception being utilized at 6 months postpartum.

METHODS

HIV-positive Nigerian women presenting for care in the PMTCT unit of the ARV clinic of UCH were enrolled, over a 6-month period, prospectively in a cohort study. They were asked at gestational age 28-34 weeks if they desired an effective form of contraception after delivery and what method they desired. They were again interviewed 6 months postpartum as to what method they were using. Over an eighteen month period they were followed up. Family planning services are available in another clinic about 400 meters away in the hospital compound.

RESULTS

Starting from June 2009, 200 women were asked if they desired a method of contraception after delivery. Most of the women had between 6-10 years of education (98%), were married (72%) and were para 0-2 (83.0%). About half of the women were HAART experienced while mode of delivery was vaginal in 64% of cases. Of the 200 women, 75% declared a desire to use an effective form of contraception postpartum. The commonest methods mentioned were implants (30.0%), Injectables (18.7%) and barrier methods (13.3%). Six months after delivery, 112 of the women were available for follow-up. Seventy- eight (69.6%) of these confirmed they were on a method of contraception. Methods being used were male condoms (74.4%), Injectables (7.7%) and IUDs (7.7%). Of the 34 not on any contraception 61.8% expressed a desire to use an effective form of contraception.

The mean age of women who used a method of contraception and those who did not was similar (30.36 vs. 31.24, $p=0.78$). More of the HAART inexperienced women (76.6% vs. 62.3%, $p=0.112$), women who had caesarean delivery (77.2% vs. 65.9%, $p=0.691$) and women who expressed a prenatal desire to use contraception (70.3% vs. 50.0%, $p=0.131$) used a method after delivery.

CONCLUSIONS

Contrary to the antenatal desire of most of these women and the dual method encouraged for HIV positive individuals most women utilized only condoms and maybe at increased risk for repeat pregnancies. In addition, about 1/3 of these women were not on any form of contraception, including condoms, and are at risk of pregnancies and transmitting the virus to others or acquiring other infections. Possible suggestions to improve these outcomes include the integration of family planning services with HIV services and provision of free family planning services. The study was limited by the observational nature of the data and the potential for both measured and unmeasured confounding.