

3<sup>rd</sup> International Conference on

# Reproductive Health and Medicine

May 21-22, 2018 | Vienna, Austria

## Integration of maternal postpartum services in maternal and child health services in Kaya health district (Burkina Faso): an intervention time trend analysis

Danielle Yugbaré Belemsaga<sup>1,2</sup>, Anne Goujon<sup>2</sup>, Halima Tougri<sup>1</sup>, Abou Coulibaly<sup>1</sup>, Olivier Degomme<sup>3</sup>, Els Duysburgh<sup>3</sup>, Marleen Temmerman<sup>3,4</sup> and Seni Kouanda<sup>1</sup><sup>1</sup>IRSS, Ouagadougou, Burkina Faso<sup>2</sup>Wittgenstein Centre for Demography and Global Human Capital, Austria<sup>3</sup>ICRH - Ghent University, Belgium<sup>4</sup>Aga Khan University, Kenya

**Background:** The Missed Opportunities in Maternal and Infant Health (MOMI) project aimed at reducing maternal and newborn mortality and morbidity within the year after childbirth in four sub-Saharan African countries. MOMI interventions including the integration of maternal and infant services in the postpartum (PP) period at day 6 10, week 6 8, and month 9 were implemented from September 2013 to December 2015.

**Aim:** We hereby assess the effect of integrating maternal postpartum care (PPC) in infant immunization services in Kaya health district in Burkina Faso.

**Methodology:** We apply a longitudinal mixed method on monthly monitoring data collected from 12 months before the project start to the end. Outcome indicators were: attendance of PPC at day 6 10 and week 6 8, provision of PP family planning counselling, and management of PP morbidity in mother and infant. We tested the significance level of changes in the different indicators by performing an interrupted time series analysis with Newey–West standard errors and one lag. Additional data were extracted at the individual level which allowed to link infant immunization with maternal PPC from September 2013 to August 2014 in the health facilities' (HF) PP and immunization registers. We also conducted a review of documents that allowed for a qualitative evaluation of the effects.

**Results:** The results show an increasing trend of all monitored indicators during the interventions, particularly at day 6 10 when PPC increased from 61% in 2013 to 81% in 2015 and especially in rural areas ( $p < 0.05$ ). We found large improvements in the detection and management of PP maternal haemorrhage, sepsis and newborn fever or low temperature. However, the intervention was less successful in raising PPC at week 6 8 and later due to the existence of structural barriers, caused for instance by the lack of collaboration among health workers and high turnover in the staff of HF.

**Conclusions:** The overall package of community and facility interventions contributed to improve integrated PPC at day 6 10, particularly the role of community health workers. While the integration of maternal and child health services seems to be a valid concept, it needs to be rethought within the primary health care system. Planning and Management of Reproductive Health Programmes from Institute of Tropical Medicine, Antwerp, Belgium. She has experiences in Public Health, Economic Evaluation and Reproductive Health. Her research focuses on "Effects of integration of maternal and infant postpartum services in Kaya health district, Burkina Faso". She is a Guest Researcher at Wittgenstein Centre for Demography and Global Human Capital, Vienna, Austria.