Improving the quality of sexual and reproductive health and rights (SRHR) through pre-service training, research, and evidence-based clinical care delivery in Sub-Saharan Africa



Contribution ID: 95

Type: Poster Presentation Only

## Enhancing Family Planning Uptake through an Integrated Maternal and Newborn Care One-Stop Center: Experience from a Tertiary Hospital in Northern Uganda

Friday, September 19, 2025 3:33 PM (3 minutes)

Enhancing Family Planning Uptake through an Integrated Maternal and Newborn Care One-Stop Center: Experience from a Tertiary Hospital in Northern Uganda

Grace Lanyero1, Jimmyy Opee2

1Gulu regional referral hospital, P.O.BOX 1, Gulu-Uganda, 2Department of Obstetrics and Gynecology, Faculty of Medicine, Gulu University, P.O.BOX 166, Gulu-Uganda

Background: Family planning (FP) contributes to reductions in infant, child, and maternal morbidity and mortality, while also enhancing the socio-economic status of women and their families. Despite existing interventions, Uganda continues to experience high rates of unintended pregnancies, highlighting persistent gaps in the delivery and uptake of FP services. This study seeks to address these gaps by strengthening integration of FP within maternal and newborn care (MNC) services at a tertiary hospital, with the goal of enhancing uptake and improving overall reproductive health outcomes.

Objective: To improve the uptake of FP services through the integration of FP into maternal and newborn care at a tertiary hospital in Northern Uganda.

Methods: A quality improvement (QI) study was conducted among women who attended FP care at the (MNC) one-stop center of a tertiary hospital in Northern Uganda between September 2024 to March 2025. An integrated service delivery model was introduced, incorporating FP counseling and method provision into routine MNC services. A QI approach using the Plan-Do-Study-Act (PDSA) model was employed to identify gaps, implement interventions, and monitor changes in FP uptake over time. Routine data were then collected monthly during the intervention period. Quantitative data were analyzed using descriptive statistics to assess changes in uptake of FP methods before and after the intervention

Results: The median number of FP uptake following integration into the one-stop MNC center was 156, with an interquartile range (IQR) of 130-210. A consistent upward trend in FP uptake was observed throughout the implementation period, with the exception of a decline noted in December, likely attributable to seasonal service disruptions.

Conclusion: Integration of FP services into the one-stop MNC center significantly enhanced uptake. These findings support the incorporation of FP services into routine MNC as an effective strategy to improve accessibility, utilization, and continuity of reproductive health services.

Authors: Ms LANYERO, GRACE (GULU REGIONAL REFERRAL HOSPITAL); Mr OPEE, JIMMY (GULU UNI-

VERVISTY)

**Presenter:** Ms LANYERO, GRACE (GULU REGIONAL REFERRAL HOSPITAL)

**Session Classification:** Poster SRHR

Track Classification: Sexual and Reproductive Health and Rights