



# A Replication Study: Measuring Uptake and Continuation of Postpartum Contraceptive Implants in Nigerian Health Centres

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## Abstract

Postpartum contraceptive implant integration is a strategy to reduce short-interval pregnancies. An original study in Kinshasa, Democratic Republic of the Congo, reported high uptake and continuation. This replication assesses the generalisability of those findings in a different setting. The purpose was to replicate the measurement of uptake and continuation rates of subcutaneous contraceptive implants offered through postpartum integration within Nigerian primary healthcare. The objective was to determine if the high rates observed in the original study could be reproduced in selected Nigerian health centres. A prospective cohort study was conducted across multiple primary health centres. Women were offered a subcutaneous implant immediately postpartum or during postnatal check-ups. Uptake was measured as the proportion of eligible women accepting the implant. Continuation was assessed via follow-up interviews at a standardised interval post-insertion. Data were analysed descriptively. Uptake of the postpartum implant was moderate, with 58% of eligible women accepting the method. Continuation rates at follow-up were high, with 92% of users reporting continued use. Reported reasons for discontinuation included side effects and desire for a different method. The replication found a different pattern from the original study, with moderate uptake but high continuation in the Nigerian setting. This suggests that while the service is sustainable for those who initiate it, initial acceptance may be context-specific. Programmes should focus on counselling strategies to improve initial uptake, while maintaining supportive services for ongoing users. Further research should investigate determinants of uptake within the Nigerian socio-cultural context. contraception, postpartum, implant, replication, Nigeria, family planning This study provides evidence on the transferability of a family planning service model, highlighting that programme outcomes may vary significantly across different implementation contexts.

**Keywords:** *Replication study, Postpartum contraception, Contraceptive implants, Sub-Saharan Africa, Implementation research, Family planning services, Longitudinal study*

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