



Task-Shifting Postpartum Intrauterine Device Insertion to Midwives: Uptake at Six Weeks Postpartum in Lusaka, Zambia

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Abstract

Title: Task-Shifting Postpartum Intrauterine Device Insertion to Midwives: Uptake at Six Weeks Postpartum in Lusaka, Zambia Postpartum family planning is important for maternal and child health. However, the uptake of long-acting reversible contraceptives like the postpartum intrauterine device remains low in many sub-Saharan African contexts. A primary barrier is the shortage of trained providers for insertion. This brief report assessed the impact of task-shifting postpartum intrauterine device insertion to midwives on method acceptance among women attending six-week postpartum visits in Lusaka, Zambia. A cross-sectional analysis was conducted at public health facilities. Midwives received structured training on postpartum intrauterine device counselling and insertion. Data on the number of women accepting the device were extracted from routine service statistics at the six-week postnatal check. Following task-shifting implementation, the proportion of eligible women accepting a postpartum intrauterine device increased. Approximately 18% of women attending the six-week visit chose the method, a marked rise from pre-intervention levels. Task-shifting postpartum intrauterine device insertion to midwives is a feasible strategy associated with increased uptake of this long-acting method in the Zambian postpartum care setting. Programme managers and policymakers should consider integrating midwife-led postpartum intrauterine device services into routine postnatal care. Sustained training, supportive supervision, and reliable commodity supply are essential for success. task-shifting, postpartum intrauterine device, midwives, postpartum contraception, Zambia, uptake This report provides practical programme-level evidence supporting the role of midwives in expanding access to postpartum long-acting contraception.

Keywords: *Task-shifting, Postpartum intrauterine device, Postpartum family planning, Maternal health, Sub-Saharan Africa, Midwifery, Contraceptive uptake*

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