

# ACCELERATING ACCESS TO POSTPARTUM FAMILY PLANNING

CHIANG-MAI, THAILAND  
JUNE 8 -11

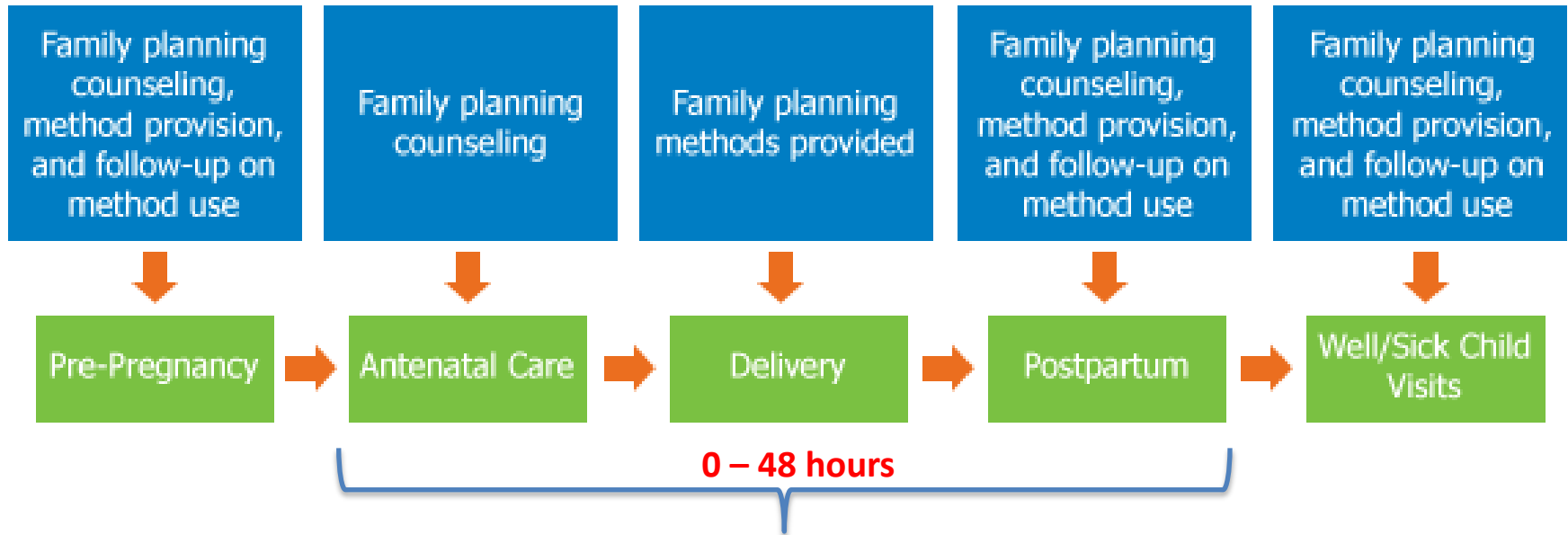
## BUNDLE OF LOVE PART 1: Integration on the Day of Birth (0-48 hours) Antenatal and Maternity Services



IN TECHNICAL  
PARTNERSHIP  
WITH



# Integrating Family Planning Into the Continuum of Care for Maternal and Child Health



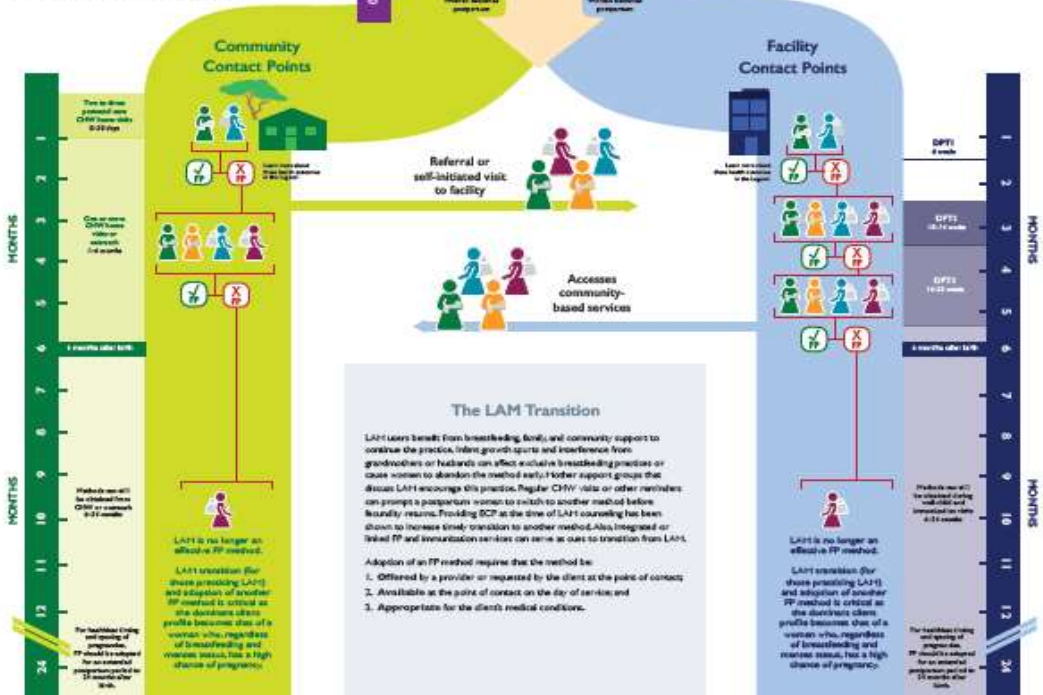
Source: <http://www.prb.org/Publications/Articles/2011/family-planning-maternal-child-health.aspx>

## Legend: Types of Postpartum Women



- A: Pregnant woman
- B: Exclusively breastfeeding with no intent (woman is not at risk of pregnancy)
- C: Exclusively breastfeeding and intent has returned
- D: Partial or no breastfeeding with no intent
- E: Partial or no breastfeeding and intent has returned

The timing of return to sexual activity sometimes occurs soon after birth, even where cultural practices suggest or assume a delay. For this reason, it should be assumed that all postpartum women, even early postpartum women, are potentially at risk of pregnancy in the postpartum period.



### Immediate Postpartum Options: Community

	48 hours	1 week	2 weeks	4 weeks	6 weeks
Exclusive breastfeeding					
Non-exclusive breastfeeding					
Contraception					
Family planning					
Health services					
Community health worker					
Health center					
Health worker					

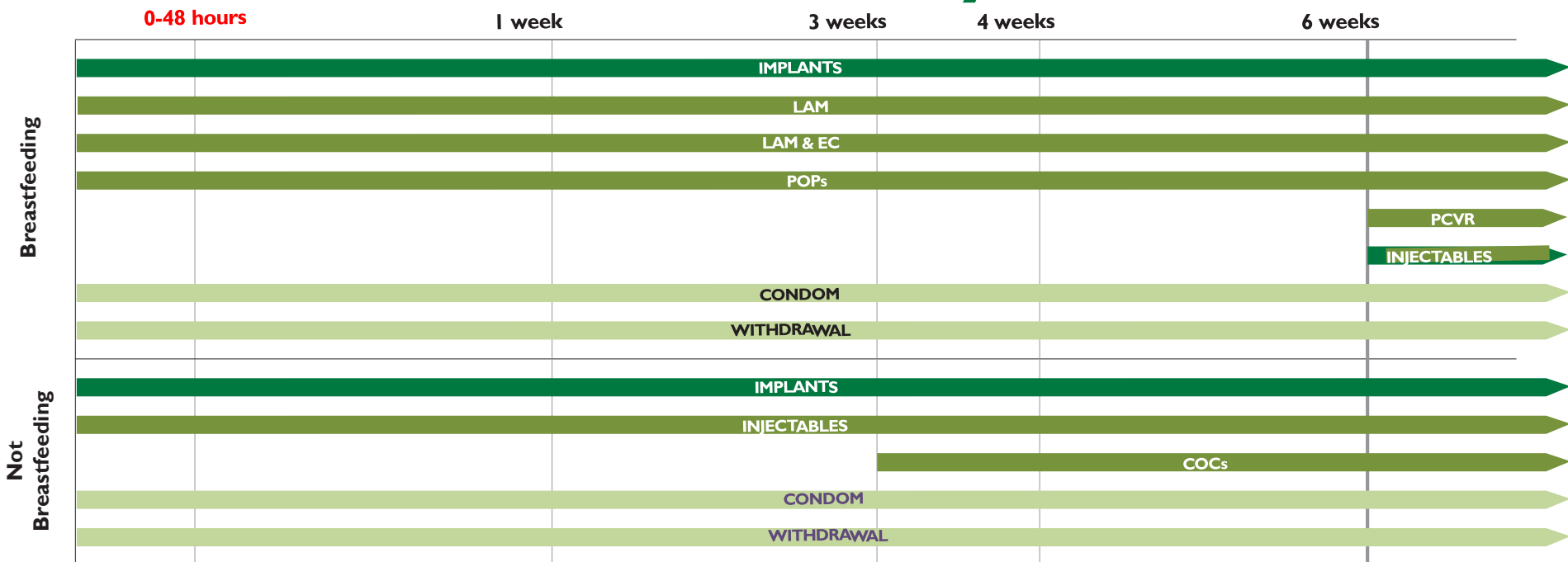
COG should not be initiated by breastfeeding women until at least 4 months postpartum. In addition, facility services methods, such as Intrauterine Device (IUD), require women to abstain from sex for one week before beginning the method, or being notified before one returns to the task.

### Immediate Postpartum Options: Facility

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Non-exclusive breastfeeding					
Contraception					
Family planning					
Health services					
Community health worker					
Health center					
Health worker					

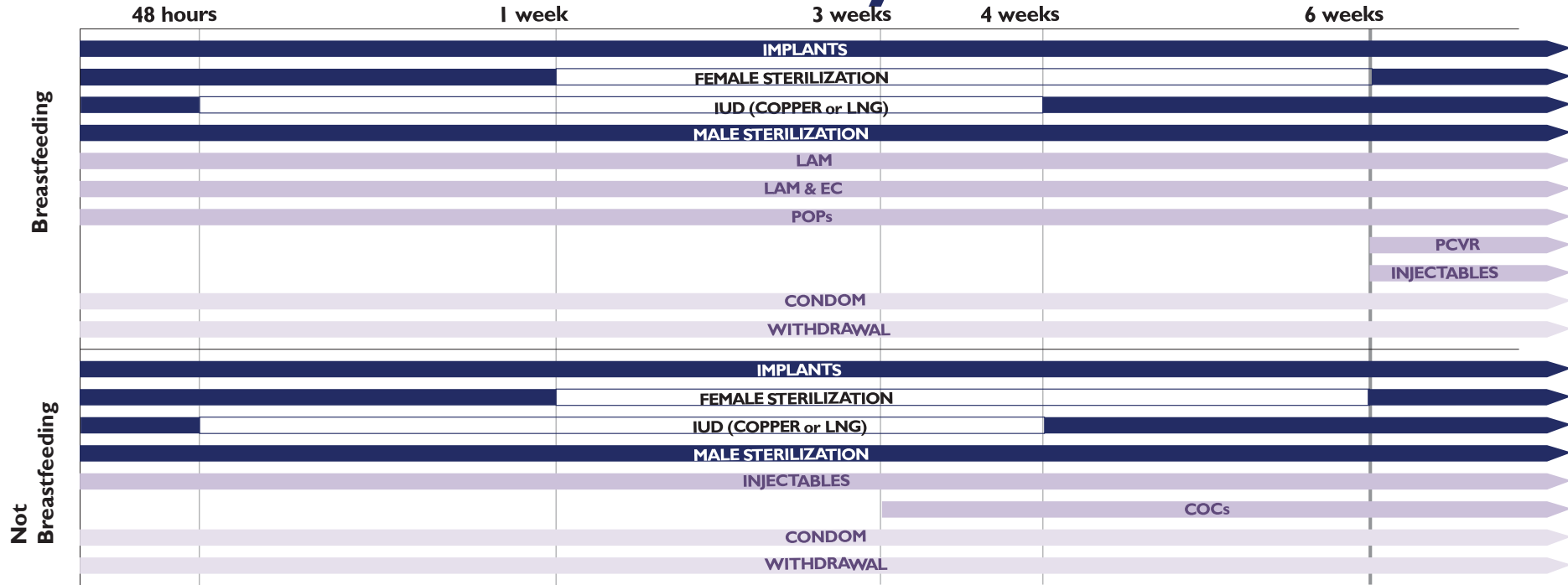
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# Immediate Postpartum Options: Community



COCs should not be initiated by breastfeeding women until at least 6 months postpartum. In addition, fertility awareness methods, such as Standard Days Method (CycleBeads), require women to chart 4 regular menstrual cycles before beginning this method, so timing varies from one woman to the next.

# Immediate Postpartum Options: Facility



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# PREGNANCY CONTINUUM OF CARE 0 – 48 hours : EDUCATION AND COUNSELING FOR PFP

POINT OF EDUCATION AND COUNSELING	NUMBER COUNSELED
ANC	106,610
EARLY LABOR (</ 4 cm NOT IN ACTIVE LABOR)	22, 754
POSTPARTUM (AFTER TRANSFER TO BED AND BEFORE DISCHARGE)	79, 984
<b>TOTAL (Counseled)</b>	<b>209, 348</b>
<b>TOTAL (Deliveries @ these facilities)</b>	<b>130, 417</b>
<ul style="list-style-type: none"> <li>• Data for the period of <b><u>08/2012 to 06/2014</u></b></li> <li>• Data points from 8 Regional COE + 1 National Maternity hospital</li> </ul>	

# PPIUD

## KEY TECHNICAL POINTS

- INSERTION
  - POSTPLACENTAL – 1<sup>ST</sup> 10 min
  - IMMEDIATE –NEXT 48 HOURS
  - INTRACESAREAN
- IMPROVED SAFETY, EFFECTIVENESS PROFILE
  - CLIENT SELECTION CRITERIA
  - TIMING
  - ELEVATING UTERUS
  - HIGH FUNDAL PLACEMENT

## KEY PROGRAM APPROACHES

- ENGAGING HEALTH AND FP STAKEHOLDERS
- HIGH CASE LOAD FACILITY
  - WHOLE SITE APPROACH LINKING CONTINUUM OF CARE FROM 0 - 48
  - EDUCATION, COUNSELING AND INSERTION SERVICES PROVIDED ACROSS SHIFT
  - COUNSELING SPACE
  - COMMODITY SUPPLY WHERE PROCEDURE IS DONE
  - DOCUMENTATION AND REPORTING
  - FOLLOWUP COUNSELING
- FRONTLINE BIRTHING FACILITY
  - TRAINED SBA AND STARTER KIT

# PPTL (Tubal Ligation)

## KEY TECHNICAL POINTS

- PROCEDURE
  - VAGINAL DELIVERY WITHIN 0 – 7 DAYS (MINILAP APPROACH/IDEALLY UNDER LOCAL)
  - INTRACESAREAN SECTION
- IMPROVED SAFETY, EFFECTIVENESS PROFILE
  - CLIENT SELECTION CRITERIA
  - TIMING – COUNSELING
  - APPROPRIATE PAIN MANAGEMENT
  - COMPETENT OPERATOR AND ASSIST WORKING AS A TEAM

## KEY PROGRAM APPROACHES

- ENGAGING HEALTH AND FP STAKEHOLDERS
- DESIGNATED FACILITY
  - CAPACITY - MEET MINIMUM SURGICAL STANDARDS
  - SERVICES PROVIDED TO IN-HOUSE AND REFERRALS
  - COUNSELING SERVICES IN ANC AND POSTPARTUM SERVICES
  - DEDICATED COUNSELING SPACE AND PROTECTED OT TIME
  - CONSUMABLES
  - DOCUMENTATION AND REPORTING



# LAM

## KEY TECHNICAL POINTS

- LAM CRITERIA
  - Menstrual bleeding has not returned; AND
  - Only/exclusively breastfeeds baby; AND
  - Baby is less than six months old
- EFFECTIVENESS CONSIDERATIONS
  - MERGING EBF AND LAM
  - 6 MOS CONTRACEPTIVE PROTECTION (+ PVR UP TO 12 MOS)
  - ECP AS BACKUP METHOD
  - CONCERNS FOR MOTHERS WITH HIV
    - REPLACEMENT FEEDING NOT AFASS
    - OPTION B/OPTION B+/NB NVP

## KEY PROGRAM APPROACHES

- ENGAGING HEALTH AND FP STAKEHOLDERS
- COMMUNITY AND FACILITY
  - SBA TRAINED TO EDUCATE AND COUNSEL ON EBF AND LAM
  - JOB AIDS AND TOOLS FOR COUNSELING
  - LAM AS A GATEWAY TO OTHER MODERN METHODS INCLUDE MESSAGE AT START OF LAM
  - FOLLOWUP:
    - ANYTIME FOR CONCERNS
    - IMMEDIATELY WHEN ANY ONE CRITERIA NOT MET
    - BEFORE 6 MOS FOR TRANSITION

# PPI (POSTPARTUM IMPLANTS)

## KEY TECHNICAL POINTS

- INSERTION
  - 1 ROD (3YRS) AND 2 RODS (4 / 5 YRS)
  - ABDOMINAL AND VAGINAL DELIVERIES
  - ANYTIME AFTER DELIVERY/BEFORE FERTILITY RETURNS
- IMPROVED SAFETY, EFFECTIVENESS PROFILE
  - CLIENT SELECTION CRITERIA
  - BEFORE FERTILITY RETURNS

## KEY PROGRAM APPROACHES

- ENGAGING HEALTH AND FP STAKEHOLDERS
- FACILITY
  - WHOLE SITE APPROACH LINKING CONTINUUM OF CARE FROM 0 – 48 BUNDLED WITH OTHER LARC
  - EDUCATION, COUNSELING AND INSERTION SERVICES PROVIDED PRIOR TO DISCHARGE
  - COUNSELING SPACE
  - COMMODITY SUPPLY WHERE PROCEDURE IS DONE
  - DOCUMENTATION AND REPORTING
  - FOLLOWUP COUNSELING
  - REMOVAL SERVICES
- COMMUNITY
  - TRAINED SBA AND STARTER KITS

# OPPORTUNITIES



- UNMET NEED FOR SPACING AND LIMITING PREGNANCY
  - In SEA and SCA – 2 of 3 women have completed family sizes
  - In sSA – 2 of every 3 women wants to space pregnancy
- ANTENATAL CARE VISITS
  - 2007-2014 : **8 out of 10** pregnant women had at least 1 visit and **6 of every 10** have 4 or > FANC visits (WHO, 2013)
- DELIVERIES BY SKILLED BIRTH ATTENDANTS
  - 1` in 2 births in sub-Saharan Africa and South Asia are attended by a skilled provider (UNICEF, 2013)
- TASK SHIFTING/TASK SHARING INITIATIVES
  - Midlevel providers and other cadres as frontline providers for both contraceptive methods
- Expanded Contraceptive Choice and Supply
  - LARCs: Cu and LNG IUDs, Implants more affordable
  - MEC extending application of LARC into 0-48 hours post-partum

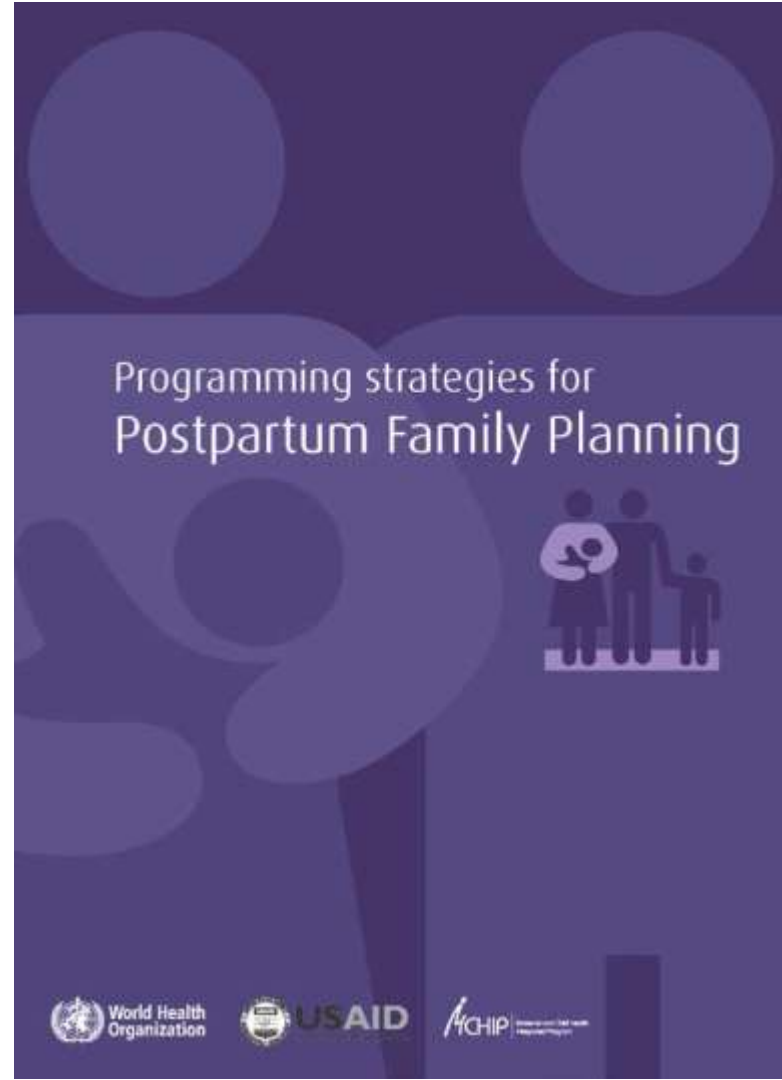
# CHALLENGES



- Sociocultural norms eg. postpartum abstinence, home births
- Stakeholders concerns regarding dilution of effort and impact on outcomes of their programs
  - EMONC intervention priority over FP
- FP and MNCH administered and operates separately even within the same facility
  - Affects integrated service delivery model
- Providers concerns and reluctance to take on additional burden
- Investment to prepare human resources, facilities and management systems to integrate services
  - Training alone is not sufficient
- Reaching women who do not use facility-based services
  - Issue of access and/or socio-economic barriers

# RESOURCES AND ACTIONS

- **Learn** more about PFPF at
  - [http://www.who.int/reproductivehealth/publications/family\\_planning/ppfp\\_strategies/en/](http://www.who.int/reproductivehealth/publications/family_planning/ppfp_strategies/en/)
- **Use Toolkits** on K4Health
  - PFPF
  - MIYCN-FP
  - FP-Immunization
- **Engage** with the PFPF Communities of practice
  - <https://knowledge-gateway.org/ppfp>
- **Commit** to the **Statement for Collective Action!**
  - <http://www.mcsprogram.org/actionppfp/>



# THANK YOU



## PARTNERS

BILL & MELINDA  
GATES foundation



Maternal and Child  
Survival Program



IN TECHNICAL  
PARTNERSHIP  
WITH

Innovating to save lives  
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