

# ACCELERATING ACCESS TO POSTPARTUM FAMILY PLANNING

CHIANG-MAI, THAILAND  
JUNE 8 -11

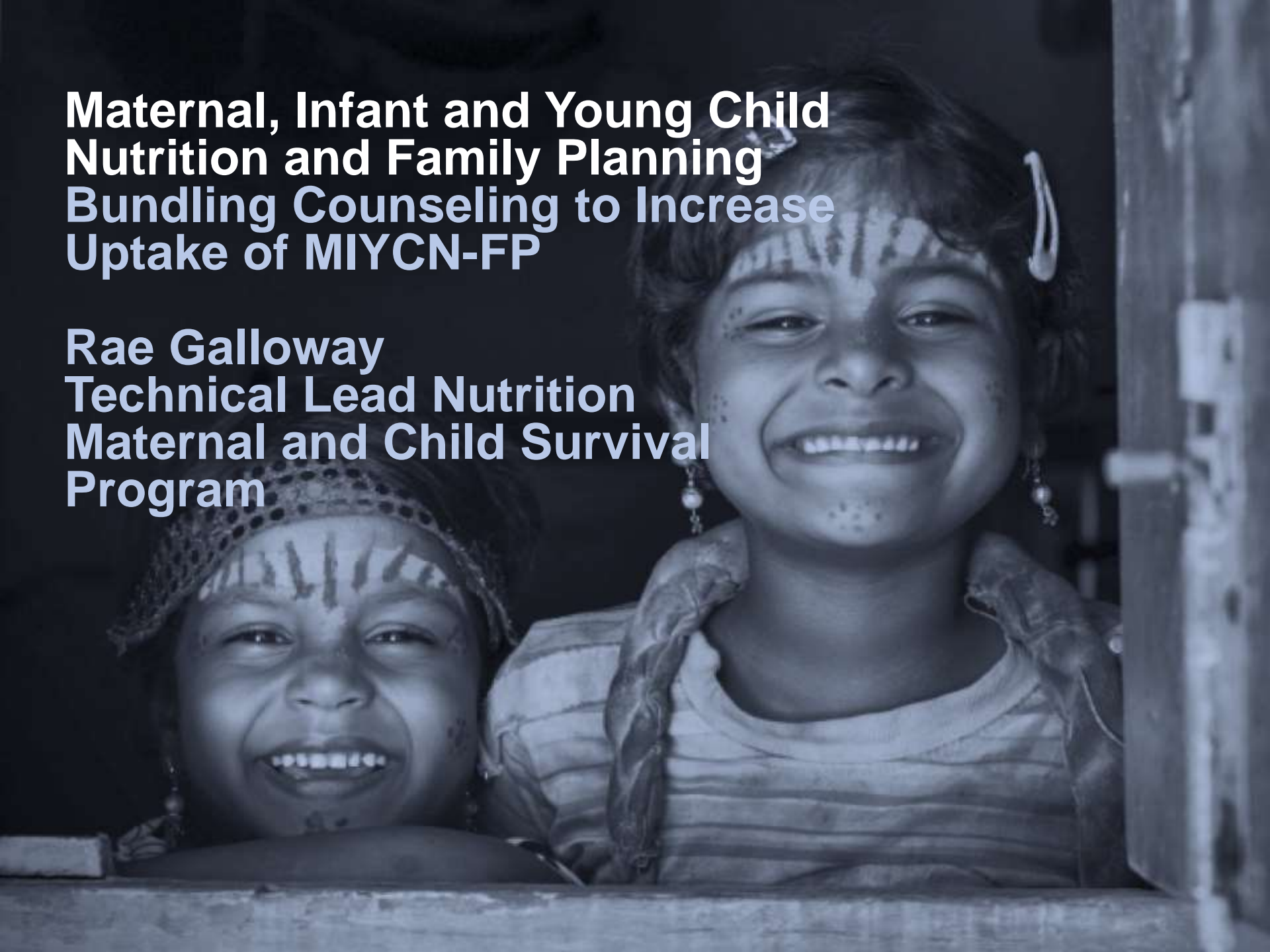


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WITH



an affiliate of Johns Hopkins University

innovating to save lives



**Maternal, Infant and Young Child  
Nutrition and Family Planning  
Bundling Counseling to Increase  
Uptake of MIYCN-FP**

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# NUTRITION HAS RECEIVED INCREASED FUNDING IN RECENT YEARS TO DECREASE STUNTING IN CHILDREN

USAID FUNDS \$1 B ON NUTRITION 2012-14,  
The WORLD BANK INCREASED ITS COMMITMENT TO US\$1 B. &  
THE GATES FOUNDATION IS DOUBLING ITS FUNDING TO  
NUTRITION TO A TOTAL OF US\$750 M.

INCREASING FP USE AND BIRTH SPACING HAS A PROFOUND  
EFFECT ON STUNTING AND OTHER HEALTH & NUTRITION  
INDICATORS WHICH SUPPORTS MIYCN-FP INTEGRATION

INTEGRATING FAMILY PLANNING INTO NUTRITION PROGRAMS  
CAN INCREASE COUNSELING POINTS OF CONTACT FOR  
FAMILY PLANNING

## PARTNERS

BILL & MELINDA  
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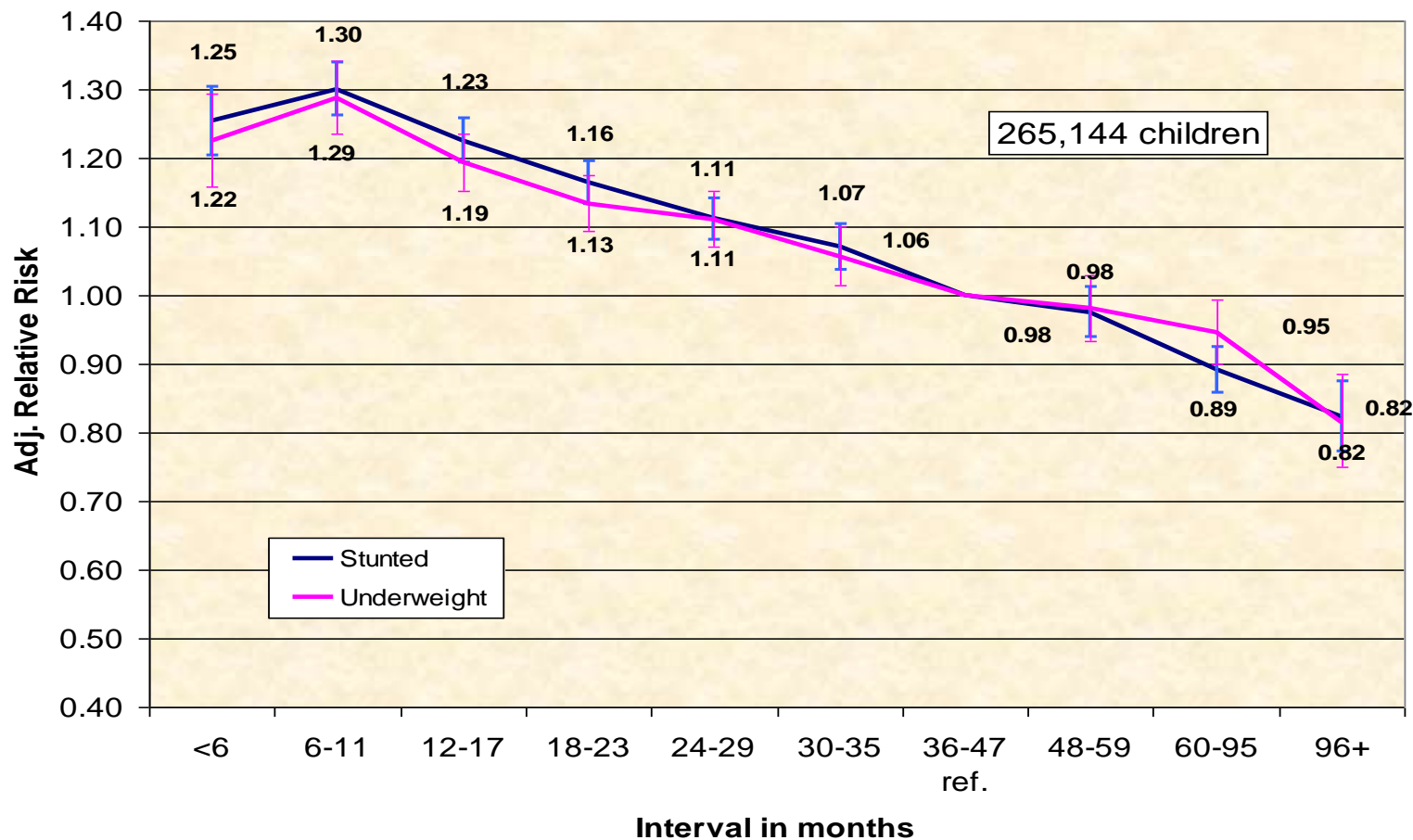


# Optimal birth spacing improves maternal and child health

1. Lowers risk of maternal, newborn, and child death
2. Reduces small for gestational age and low birthweight
3. Reduces maternal depletion, giving mothers more time to recover physically and nutritionally (ex: building iron stores)
4. Reduces malnutrition in children—the direct link between birth spacing and the nutritional status of children

# Every nutrition program should include messages about PFP because of its profound impact on child nutrition

## Child Malnutrition by Birth to Conception Interval

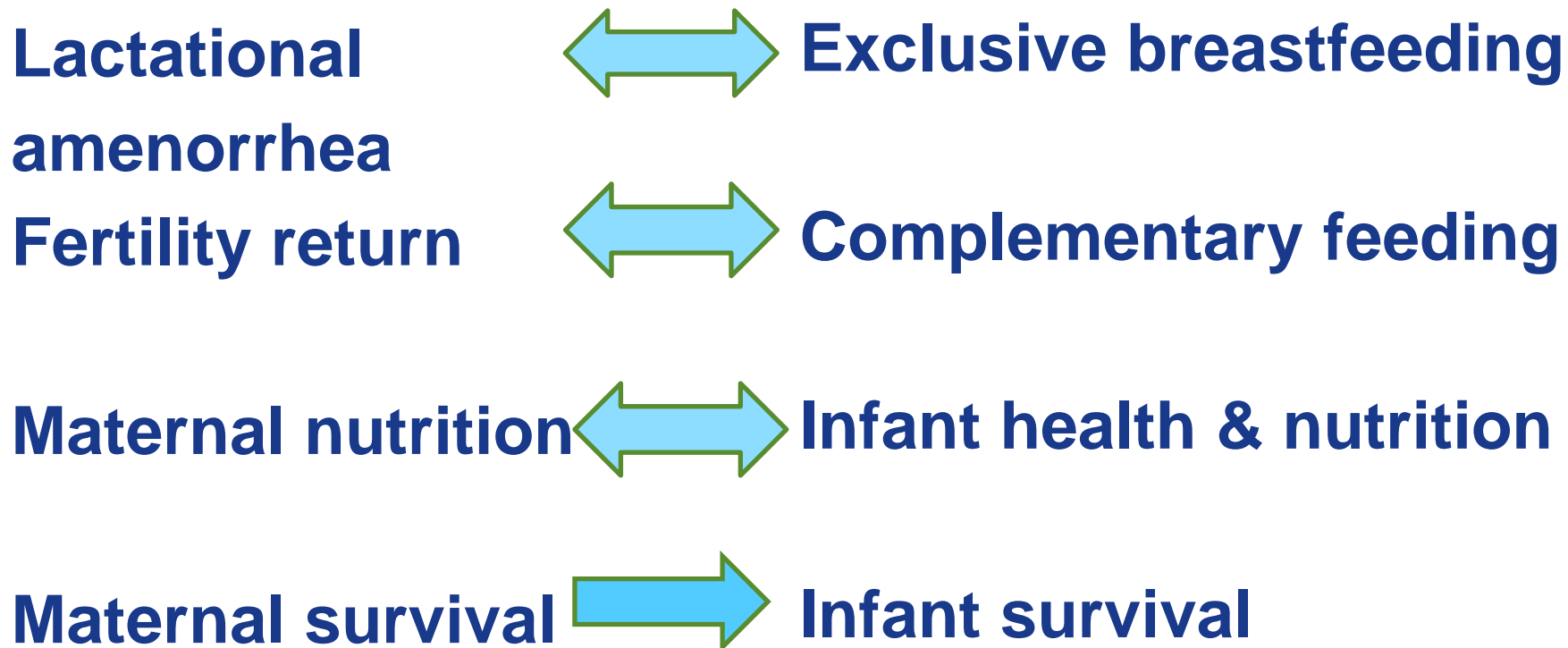


## FOR SERVICE DELIVERY BUNDLING MIYCN-FP ALSO MAKES SENSE!

- **Better outputs for similar inputs:** Improves efficiency at point of delivery for the provider & avoids missed opportunities
- **More bang for your buck:** Improves efficiency at point of delivery for the user, greater service accessibility, more user-friendly
- **MIYCN and FP interventions have similar points of time for introduction**
- **Optimal MIYCN-FP behaviors create synergies in outcomes & increase demand** for each other when delivered together



**MIYCN-FP integrate well because  
of mutually beneficial messages  
and timing of messages**



## MIYCN-FP Formative Research from Yemen—Poor Feeding Practices in the First Six Months Increased Risk of Another Pregnancy

- Only 1 of 32 infants <6 months were exclusively breastfed
- Food/liquid was introduced too early because half of mothers thought their breast milk was “insufficient”
- Breastfeeding practices were not ideal—mothers did not know how to increase breast milk production, to breastfeed from both breasts and how long to breastfeed each time

Photo credit: A.M. Assabri





## MIYCN-FP Formative Research from Yemen

- Only 8/16 couples were using a family planning method
- Breastfeeding was valued as a way to prevent another pregnancy up to two years; no one knew the LAM criteria
- Half of mothers knew someone who became pregnant while breastfeeding



Photo Credit: A.M. Assabria

## MIYCN-FP Formative Research from Yemen

- Mothers with babies < 2 months were able to return to EBF but mothers with older babies were not
- When asked to talk to each other about FP, all couples were able to do so
- When asked to go to the health center to seek FP counseling, the majority of couples were able to do so
- Satisfied users talked to their peers about FP
- Problems with obtaining a FP method included lack of female health staff and commodities in the public sector & the cost of methods in the private sector



Photo Credit: A.M. Assabri

# MIYCN-FP Integration Pilot in Kenya July '12 to March '13

- Nearly half (45%) of women received nutrition and FP services during their visit (comparison area 9%)
- 96% of Community Health Volunteers discussed benefits of MIYCN; 58% discussed the benefits of birth spacing
- Increased number of children exclusively breastfeeding from 60% to 80%
- Increased the number of women receiving FP injections and commodities (through December '12)



# Recommendations & Next Steps



**The results are positive that MIYCN-FP integration works for timing & similar messages—more information is needed about the impact of integration on increasing exposure and uptake**

Next steps include:

- Monitor integrated approaches for:
  - increased contacts & uptake of behaviors for FP-PPFP & MIYCN
  - barriers to discussing FP during MIYCN counseling
- Identify and address barriers:
  - FP supplies
  - the availability of female providers, privacy, etc.
- Support all the optimal practices that ensure EBF, particularly the perception that breast milk is not sufficient
- Investigate integrating advocacy & messages about FP into other sectors where it makes sense

**And, when you return to work, invite your friendly nutritionists to coffee or tea and show them this presentation!**



# THANK YOU!

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