

# Postpartum Family Planning Indicators for Routine Monitoring in National Health Management Information Systems

## Background

Postpartum family planning (PPFP) is a key investment to fulfill FP2020 commitments and Sustainable Development Goals, but there is little data to track progress at the country or global level. To address the gap, countries have committed to adding PPFP indicators to their national health management information systems (HMISs) (<http://www.familyplanning2020.org/countries>).

A Measurement Committee<sup>i</sup> was convened under the PPFP Community of Practice (CoP) to recommend PPFP indicators that are appropriate for routinely collecting in a national HMIS. The committee first met in December 2017 to share learning on PPFP measurement and review PPFP indicators that had been adopted in a small number of countries. The group reconvened in May 2018 to develop recommendations, which were shared with the PPFP Steering Committee and PPFP CoP to elicit feedback: 39 comments were received from 17 organizations and 11 countries. The Committee reconvened in December 2018 to review comments and finalize indicator recommendations.

Recommendations are made under the following assumptions:

- Indicators should measure coverage or utilization (not service readiness or availability)
- Indicators must be feasible to collect by modifying existing, cross-sectional registers (recognizing that stand-alone, longitudinal, or electronic tools are not used at scale in most countries)
- Indicators should be appropriate for aggregating at district, national, or global level (however, additional data may be collected to prompt providers to a particular action or to assess quality of care at facility level)

## Recommendation 1: All HMISs include an indicator for PPFP prior to discharge after a birth

It is highly recommended to collect and aggregate the percent of women who deliver in a facility and initiate or leave with modern contraception before discharge for two reasons:

**Feasibility:** Requires minimal change to existing registers<sup>ii</sup> and proven feasible to aggregate and report to national level

**Usefulness:** Gives a snapshot of PPFP program performance, even if limited to women who deliver in facilities. In many countries, facility delivery rates are rising while few women return for postnatal care, so improving coverage of pre-discharge uptake is an opportunity to reduce extremely short and risky inter-pregnancy intervals.

	Indicator	Explanation	Denominator	Source	Disaggregation
1	Percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge	This indicator combines women who receive a method inserted by a provider (IUD, implant) or tubal ligation, women who start using the lactational amenorrhea method, and women who leave with a method (pills, condoms).	Facility deliveries	Delivery Register or Postnatal Care Register for pre-discharge care	Critical: <ul style="list-style-type: none"> <li>• Method (including LAM)</li> </ul> Context-specific: <ul style="list-style-type: none"> <li>• Age (&lt;20 &amp; 20+)</li> </ul>

The complete definition can be found in MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database:

[https://www.measureevaluation.org/prh/rh\\_indicators/family-planning/family-planning-and-maternal-and-child-health/number-percent-of-women-who-delivered-in-a-facility-and-initiated-a-modern-contraceptive-method-prior-to-discharge](https://www.measureevaluation.org/prh/rh_indicators/family-planning/family-planning-and-maternal-and-child-health/number-percent-of-women-who-delivered-in-a-facility-and-initiated-a-modern-contraceptive-method-prior-to-discharge).

Countries should not aim for 100% coverage of pre-discharge PPFP, rather monitor for improved coverage.

The committee recognized that indicator disaggregation should be minimized, as it creates data collection and reporting burden. Contraceptive method was determined to be a "critical" disaggregation because it provides information vital to interpreting the indicator. Percent of women who deliver in a facility and initiate or leave with [method] should be calculated for each method to ensure there is not excessive skewing towards one method. Age is an "context-specific" disaggregation because it provides additional information that is useful in contexts with high adolescent birth rates. Percent of women <20 years old who delivered in a facility and initiated or left with a modern contraceptive method prior to discharge can be compared to the same data for women 20+ years old to ensure adolescents have equal access to FP.

## Recommendation 2: HMISs may also include additional indicator on FP counseling prior to discharge

An additional indicator on pre-discharge counseling can also be collected. It should not be used in isolation, but can be a useful complement to indicator 1. For example, a large gap between PFPF counseling and uptake suggests the quality of counseling needs improvement and/or demand creation activities are needed in and outside the facility. Low counseling levels with high uptake is a red flag that women may not fully informed of their contraceptive options. A composite indicator for pre-discharge postpartum care that includes FP counseling may be used in lieu of this indicator.

Indicator	Explanation	Denominator	Source	Disaggregation
2 Percent of women who delivered in a facility and received counseling on FP prior to discharge	Counseling should consist of information on benefits of healthy timing and spacing of pregnancy, return to fertility after birth, return to sexual activity, safe modern contraceptive options for postpartum women including those breastfeeding (based on WHO's medical eligibility criteria (MEC) for contraceptive use); lactational amenorrhea method (LAM), and transition from LAM to a modern method.	Facility deliveries	Same as #1	-

## Recommendation 3: Document PFPF counseling during pregnancy and method choice

It is **NOT** recommended to aggregate indicators on PFPF counseling during pregnancy and method choice in HMISs, but documenting this information at the point of service gives useful cues to action for providers. Documenting if PFPF counseling is done during antenatal care reminds providers to start counseling early. Documenting if a woman has made a decision and her preferred contraceptive method can improve efficiency of counseling during subsequent visits and help providers ensure clients receive preferred methods as soon as possible after delivery.

This information can be documented in various tools:

Tool	Record PFPF Counseling	Record method chosen*
ANC visit register	yes	no
Longitudinal ANC register	yes	yes
ANC card kept at facility	yes	yes
Women's held card	yes	yes

\*Also document if woman does not intend to use contraception. Cue to provider to not re-counsel, though still appropriate to discuss fertility intentions at subsequent visits in case woman changes her mind. For privacy, document method choice inside the card.

## Recommendation 4: Develop an indicator for PFPF uptake during an extended postpartum period

The committee also agreed on the need for an indicator measuring PFPF uptake beyond the immediate pre-discharge to capture FP methods provided by facilities to women after discharge and women who delivered at home as well as FP methods provided in the community (where a community health information system exists). In many countries, the largest increase in modern contraceptive prevalence is after the immediate postpartum, occurring between 1 and 2 months after birth.<sup>iii</sup> Integration with child immunization services is a promising practice,<sup>iv</sup> with many opportunities to reach mothers in the extended postpartum period. In addition, women who adopt the lactational amenorrhea method (LAM) need to switch to a modern contraceptive method by 6 months postpartum since LAM's effectiveness drops.

The committee found few examples of countries attempting to routinely capture PFPF uptake in the extended postpartum. With less global experience on measuring an indicator for PFPF uptake during the extended postpartum period, the committee decided to hold future consultations to determine:

- The time period after birth to capture to make this indicator most useful
- If and how to capture women transitioning from LAM to another method
- If there is a measurable denominator

<sup>i</sup> Organizations and programs that participated in the Measurement Committee: US Agency for International Development, Bill & Melinda Gates Foundation, Clinton Health Access Initiative, FP2020, Avenir Health/Track20, Unicef, World Health Organization, MEASURE Evaluation, Maternal Child Survival Program, Jhpiego, Pathfinder, FHI360, Countdown to 2030, Johns Hopkins University/Advance Family Planning, PMA2020, Save the Children. PFPF CoP website: <https://www.k4health.org/toolkits/ppfp/ppfp-community-practice>

<sup>ii</sup> Learn about the Maternal and Child Survival Program's experience collecting PFPF: <https://www.mcsprogram.org/resource/monitoring-postpartum-family-planning-challenge-routine-information-systems/>

<sup>iii</sup> Track 20 website: [http://www.track20.org/pages/data\\_analysis/in\\_depth/PPFP/trends.php](http://www.track20.org/pages/data_analysis/in_depth/PPFP/trends.php)

<sup>iv</sup> Family planning and immunization integration HIP brief: <https://www.fphighimpactpractices.org/briefs/family-planning-and-immunization-integration/>