


**PPFP—A Review of Programmatic Approaches through the First Year Pre-Discharge Care**



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Jhpiego in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health

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**What did we try**

- PPFP training focusing on women who deliver at facilities in countries as diverse as Albania to Kenya

⇒ First 48 hours

- First 2 weeks
- 6 weeks
- 4-6 months




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**Why did we try it? PPFP is lifesaving**

- Opportunity to provide PPFP within 48 hours after delivery
- Little evidence of systematic PPFP at facilities
- Little evidence of linking EBF with LAM


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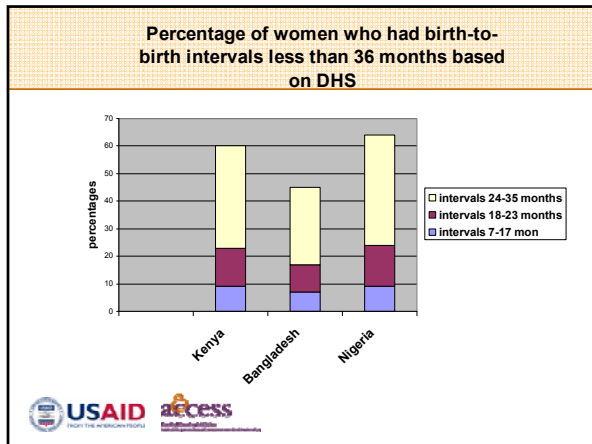
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- ### How did we do it
- **PPFP training package for MCH providers**
    - LAM
    - Benefits of pregnancy spacing
    - Return to fertility and possible unintended pregnancy
    - Contraception compatible with breastfeeding (CTU)
    - Increase contraceptive choice (PPIUCD and LAM)
    - For couples interested in LAPM:
      - PPIUCD
      - Tubal ligation or vasectomy
  - **Supportive supervision visits to MCH providers at facilities**
  - **MCH providers advise women to return for postnatal visit**
  - **EBF → LAM → PPFP messages**
- USAID access

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### Kenya- Focused Postpartum/Postnatal Care



- **No missed opportunities**
  - Pre-discharge counseling
  - Women return 1-2 weeks; 6 weeks
  - Immunization referrals
  - Sick baby referrals
- **Service content**
  - Infant exam and counseling (and immunization)
  - Mother exam and counseling
  - Danger signs for mother and infant
  - LAM, HTSP, return to fertility and FP counseling

USAID access

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## What worked

- **Kenya:**
  - Midwives providing counseling on contraception (LAM, PPIUCD, condoms and sterilization) significantly improved during first 48 hours
  - PPIUCD
  - 100% intervention cohort received Polio O and BCG immunizations within 48 hours
- **Albania:**
  - Rewrote job description so that midwives could provide PFP counseling at discharge
  - Written PFP Client brochures were acceptable by providers
  - Providers (Pediatricians) very enthusiastic about LAM




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## Operations Research on Kenya

- **FRONTIERS Population Council analyzing the data**
- **FP use not statistically different**
- **Experimental group more effectively used PFP**

Cohorts responses 6 months post-delivery	Experimental N=221	Control N=173
FP use	77%	74%
Sexually active & using FP	71%	64%
Sexually active without FP	9%	14%
♀ pregnant at 6 months	NO ♀ were pregnant p<0.01	6 ♀ pregnant




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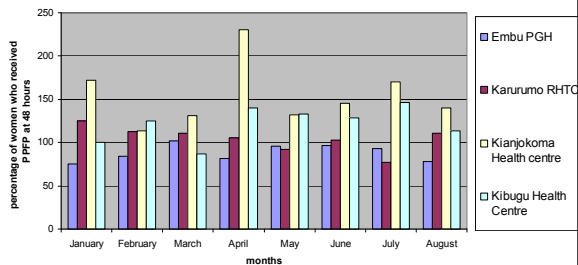
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## Comparison of PFP at 48 hours with deliveries at Facilities in Embu District, Kenya




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### What worked in Albania

- Data from baseline survey N=100
- Midwives were 'empowered' to start discharge counseling
- Job responsibilities now include PFP discharge counseling
- Interactive training
- Counseling checklists



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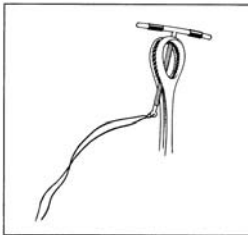
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### PPIUCD within the first 48 hours



- In last 6 months 68 PPIUCDs have been inserted
- 1 removal
- No expulsions reported
- Training covers
  - Counseling
  - IP
  - AMTSL
  - ↑awareness of IUCD



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### What didn't work

- Trained staff reassignment –ineffective OJT
- In busy referral hospitals where high risk patients deliver, the focus is not on postpartum care
- Specialized instruments for PPIUCDs, Jadelle and interval IUCDs are difficult to obtain



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## Suggestions for others

- **Involve stakeholders from the beginning to include MOH and supervisory staff**
  - PFPF is a lifesaving measure
  - Participate in training and supportive supervision
- **Pre-discharge PFPF care takes time initially**
- **Job aids help**
- **Discharge PFPF counseling! (and brochures)**
- **Incorporate baseline surveys and DHS data into training materials**
- **Create demand in the community at same time as improving PFPF services at facilities**




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April 2008

### Comprehensive Postpartum Family Planning Care - available in June 2008

ACCESS FP is pleased to announce the May 2008 publication of a global package on postpartum family planning. The extended postpartum period is a vulnerable time for mother and baby. Health workers need to make adaptations to their family planning services to help women transition from lactational amenorrhea method to methods that are compatible with breastfeeding. In addition, they should help clients understand the health benefits of waiting at least two years after the birth of their last baby before they try to conceive again.

The package is a 5-day training to orient providers on the provision of quality postpartum care, including family planning. Designed to be complementary to other MCH packages, the package contains counseling checklists, case studies, and case studies for interactive training sessions. The global package will be available in electronic format on the website and on CD.

**Topics Include:**

- Overview of postpartum/postnatal care
- Unmet need for postpartum family planning
- FP counseling for postpartum women
- Returns to fertility
- PMTCT
- Medical Eligibility Criteria
- Lactational Amenorrhea Method
- Hormonal methods
- Non-hormonal methods
- Emergency contraception
- Managing side effects
- Infection prevention
- USAID policies on family planning

ACCESS Program Web site:  
[www.accessfp.org](http://www.accessfp.org)

For more information on ACCESS FP, please contact Apple Tech Services, Program Officer, at [apple@accessfp.org](mailto:apple@accessfp.org)

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