

Providing FP Information and Services during Postnatal Care

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PPFP: A review of programmatic approaches through the first year postpartum

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Why postpartum contraceptive programs?

- High unmet need for contraception / many women exposed to unintended pregnancy
- Implications on M&C mortality of eliminating unplanned pregnancies
- Breastfeeding associated with lower IMRs
- Providing PP contraceptive services leads to higher CPR later on
- Many women want a method in the first PP year and between 6 wks and 1 yr in particular

The timing preference is influenced by knowledge about the return of fertility

- **Haiti:** Women who know that fertility can return in the first 3 months PP are more likely to want a method before the 4th month than women who do not know or who link it to breastfeeding and amenorrhea (53% vs. 31%)
- **Nicaragua:** (89% vs. 66%)
- Method wanted and number of children also influence choice

Objectives of contraceptive postpartum programs

- Information and services to help women achieve their fertility and birth spacing goals
- Information to help achieve exclusive breastfeeding for up to six months and introduce complementary foods at this time
- Information, counseling and services to help mothers protect their and their infants' health

What are the main problems for FP care in the extended PP?

- Few women attend PP health visits in outpatient services (even though many do attend health centers)
- Those who attend not offered FP
- Those who offered FP not offered long-term methods

Why do fewer women attend PP services than ANC or well baby care?

- Independent schedule of services for mother and children require many visits in a short period; given the costs involved, women prioritize the child's visits
- Perceived low content value: if they feel well, they do not see the need
- MIS PP visit definition usually focused only on 7 and/or 40 day visits

Opportunities for providing postnatal clinic services

- Postnatal care visits according to a set schedule of visits
- Using opportunities provided by other visits to outpatient services in the first year after delivery (well-baby care, immunizations, other)
- Can a postpartum schedule be anchored in immunization services?
- Need to separate EOC and preventive health care schedules

What works?

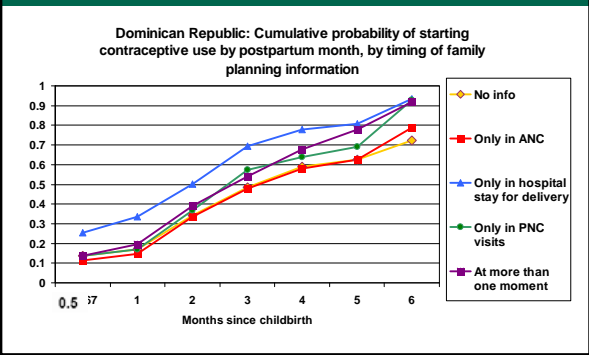
What do we think could work?

Provide key information through pregnancy and the extended postpartum continuum

Proportion of women receiving FP information in 5 LAC countries

- During prenatal care: around 50%
- At the hospital: 12 – 70%
- Outpatient clinics during
the first 6 months PP: 25 – 44%

FP Information during ANC has a lower effect on PP contraceptive use than information in PNC



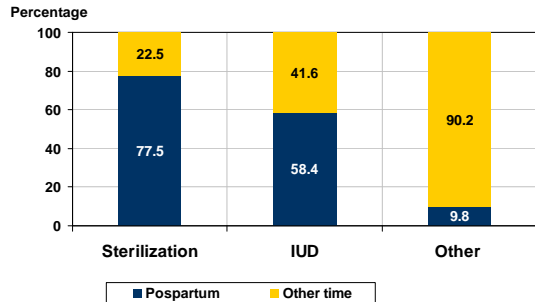
Establish systematic screening and offering procedures (Kenya, 2008)

<i>Client knows that following services are provided to mother and baby after childbirth</i>	Control Cohort (n=173)	Experimental Cohort (n=221)
Postnatal care	35%	39%
Treatment for illness	38%	45%
Advice for FP or FP methods**	37%	59%
Baby care (immunizations)**	71%	89%
Baby care and nutrition advice*	25%	36%

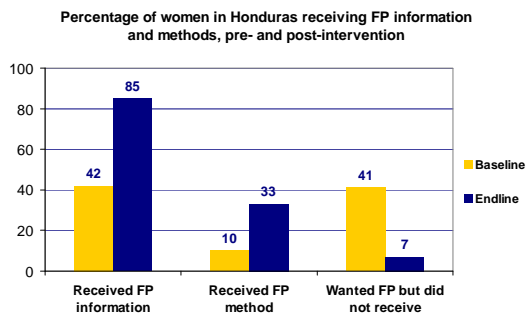
Offer a full range of contraceptive methods (methods providers would offer at 6 weeks in Kenya)

Indicator	Baseline (n=40)	Endline (n=25)
Combined pill	3	36**
Progestin only pill	75	80
IUCD	55	88**
Condom	28	64**
Injectables	58	88**
Implants	48	80**
F. Sterilization	13	56**
Vasectomy	5	24*
LAM	20	52**

Mexico 2006: current contraceptive users according to the timing when they started method use method (CONAPO)



Focus on process (providing info) and outcome (giving method) indicators



Offer FP services to all women attending child immunization and well-baby care services

Intervention in **Togo**: Brief FP message plus referral to mothers bringing children to immunization services

Results:

- 18% increase in awareness of FP services
- 58% increase in mean number of monthly clients

Focus on strengthening key provider behaviors - Repeat training across time

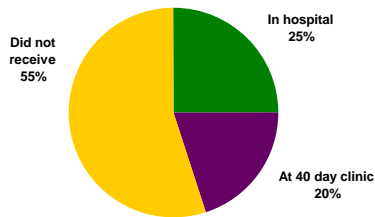
Indicator	Baseline % (n=86)	Endline % (n=70)
Discuss return to sexual activity**	16	45
Counsel and advising on FP**	12	40
Discuss two or more methods**	36	67
Provider asks method preferred**	40	82
Client receives preferred method**	39	81
Total indices (0 -5)	1.29	3.01**

Source: Mwangi, Warren, Koskei, and Blanchard 2008

Emphasize the 40th day (six-week) postpartum visit for both mother and child care

Implication: need to increase rate of return to 40 day visit

Honduras: percent of women who accepted a method after delivery



Conduct home visits to increase attendance at clinic PP services

Egypt: strengthening birth spacing contents in 3 home visits by the *Raeda Rfiya* (RR) to women in the PP and of 40th day clinic services

Results:

- Increased return to PP visit at clinic
- 48% FP use at 10-11 months vs. 31% in control

West Bank/Gaza: add 2nd home visit at 33-38 days

Results:

- Increased rate of return to 40 day visit (49% vs. 36% in control)
- No difference in FP use at six months

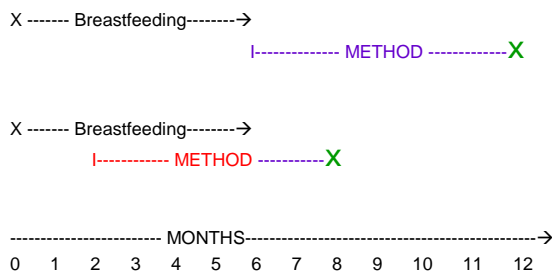
Other important considerations

Promote breast-feeding education, use of LAM and transition to method

Research shows mixed results in the use of LAM and transition to other methods:

- No difference in LAM use at 6 months among women receiving counseling (Kazakhstan)
- Few women who rely on breastfeeding to avoid a pregnancy are aware of the three conditions of LAM (Jordan)
- Few providers understand the connection among breastfeeding, the return of menses and fertility (LAC, Swazi, Lesotho)
- Other studies show need for further testing and fine-tuning

LAM and the hypothesis of the double protection



Remember needs of adolescent mothers

- Age, knowledge and past use influence use of method
- Adolescent mothers need additional counseling and support (for example, CORA in Mexico)
- Little attention in recent years to this

Men's participation in family planning

- Male involvement in ANC has a positive impact in health and FP outcomes and in contraceptive use
- But only between 25 and 50% attend if invited
- Alternative: sending printed materials through women. Other?
- Relevant in the extended PP?

Conclusions

- PP FP has positive public health outcomes
- PP FP is cost effective
- Women want contraception in the PP
- PP FP care can be organized at different contact points of women with services
- Things that work are:
 - Giving information and counseling
 - Establishing process and outcome indicators
 - Providing a variety of contraceptive options
 - Offering info and services through the PP continuum
 - Integrating mother and child care
 - Focusing on the 40th day PP visit (6 month?)
