

Postpartum Family Planning Technical Consultation — Report Brief

14 November 2006, Washington, D.C.

Current Status of Postpartum Family Planning Programming

The benefits of family planning for both maternal and infant health have been well documented. According to a recent article published in *The Lancet*, an estimated 25 to 40 percent of maternal deaths could be averted if unplanned and unwanted pregnancies were prevented (Campbell and Graham 2006). Another recent *Lancet* study calculates a 10 percent reduction in child deaths (one million under-five deaths averted annually) by eliminating inter-birth intervals of less than two years (Cleland et al. 2006).

Despite this accumulation of evidence, the current status of postpartum care, including family planning, is distressingly poor. Postpartum family planning (PPFP), provided through the first year postpartum,¹ is a relatively straightforward service, yet it has not been systematically addressed by either maternal, neonatal or child health or reproductive health/family planning programs.

ACCESS-FP² conducted an extensive review of key articles and programmatic materials to assess the status of PPFP programming spanning the last 15 years. The results demonstrated a remarkable lack of consistency in programmatic approaches. While studies repeatedly demonstrated the unmet need for (and interest in) PPFP services among postpartum women, few interventions were found to include a comprehensive postpartum approach or to examine the possibility of extending services through the first year postpartum. Of 60 relevant journal articles and reviews published since 1993, only 13 described facility-level programmatic interventions aimed at increasing PPFP use. Even fewer (three) described approaches beyond facilities that included community-based delivery of PPFP services. A similar lack of consistency in approaching PPFP was demonstrated in maternal and newborn health curricula and training materials reviewed by ACCESS-FP. These materials frequently referred the reader to “other” resources for information on family planning. Discussion of return to fertility, the benefits of pregnancy spacing and the contraceptive benefits of exclusive breastfeeding was not consistently presented in these materials. Moreover, the concept of transition to other modern methods when the lactational amenorrhea method (LAM) is no longer appropriate was rarely addressed.

Efforts to document current programming efforts in the area of PPFP also indicate a lack of consistency in approach. In a review of 12 U.S. Agency for International Development (USAID)-supported bilateral projects in eight countries in Asia, conducted by the CATALYST Consortium, only one was found to include counseling specific to PPFP and information about birth spacing (Post 2005). These findings are consistent with another program review from 2004, which found that maternal and infant mortality reduction strategies do not include family planning and that policymakers are largely unaware of the role of family planning in mortality reduction (Jansen and Cobb 2004).

Postpartum family planning as a programmatic strategy presents an important opportunity to reach a large number of women with information and services. Several studies have demonstrated that women are interested in receiving family planning information and services during antenatal, postpartum/postnatal and child care visits.

¹ Throughout this document, the term postpartum family planning is used to indicate services provided during the extended postpartum period—that is, the first year postpartum. This period is of particular importance for family planning services because it is a time when women are particularly vulnerable to unintended pregnancy.

² See program description in box on back page.

Objectives and Methods of the Technical Consultation

In an effort to better understand and thus maximize the opportunity provided during the extended postpartum period, USAID and ACCESS-FP organized a technical consultation about postpartum family planning on 14 November 2006, in Washington, D.C. The overall purpose of the meeting was to examine the state of the art of PPFp service delivery—through an expert review of key literature complemented by collective programmatic experience to date—as a basis for further program development. Specific meeting objectives were to:

1. Develop key guidance with regard to PPFp service delivery;
2. Define gaps in knowledge and areas for future research; and
3. Identify and reinforce opportunities for integration to better address the needs of the mother and infant.

More than 40 experts and leaders in reproductive health and maternal, neonatal and child health from over 23 global health organizations and programs were brought together to participate in this intensive, all-day event. Prior to the technical consultation, participants were divided into four small groups—each focusing on a timeframe relevant to PPFp (the antenatal period, the immediate postpartum period, the later postpartum period and the extended postpartum period)—and asked to review and evaluate key PPFp articles, both general in nature and specific to their small-group timeframe. At the meeting, the small groups worked independently to identify gaps and opportunities and make recommendations for integration within the context of their respective timeframes, focusing on selected areas judged to be highest priorities. These were: integration with maternal and newborn/infant health and HIV/AIDS programs; LAM and the transition to other modern contraceptive methods; and long-acting and permanent methods. The small groups then reconvened in plenary for report-outs, followed by a lively, open-floor discussion.

Purpose of This Document

This document will share highlights from the technical consultation, focusing mainly on eight major themes that emerged in the course of the day. It is our hope that these initial findings and areas of agreement will serve as the basis for a broader, comprehensive effort to systematically include PPFp activities in services reaching mothers and infants during the first year postpartum. A full report of the technical consultation is also under way and should be available in early 2007. The longer report will provide a more in-depth review of the literature and programmatic experience that helped inform the day's activities, as well as of the discussions that helped shape its outcomes.

Discussion Highlights and Key Recommendations

This summary articulates gaps and issues commonly identified by the meeting participants, as well their recommendations for action. It is important to note that the participants represented a cross-section of maternal, neonatal, and child health and family planning professionals.

LAM and Transition to Modern Methods

The field is struggling with the implementation of LAM. To date, there is only one study that demonstrates increased adoption of other modern methods for LAM users. Among meeting participants, opinions were divided as to whether LAM—including transition to other modern methods—has been systematically, fully implemented. Yet, there is overwhelming evidence for supporting exclusive breastfeeding as a natural link with PPFp. However, implementation of exclusive breastfeeding has also faced significant challenges.

Recommendation 1: LAM needs to be demystified and the transition to other modern methods reinforced. Experience suggests that emphasizing the link with exclusive breastfeeding is the most logical way to ensure that LAM is well understood.

There was interest in a possible working group on this topic.

Ensuring a Method Mix

Findings from studies are clear that women in the postpartum period have a need for contraceptive methods for pregnancy spacing and limiting. In addition to LAM, other methods to be considered during the postpartum period include emergency contraception, intrauterine contraceptive devices (IUDs), postpartum tubectomies, vasectomies, progestin-only methods and, after six months postpartum, combined oral contraceptives.

Recommendation 2: An array of contraceptive options should be made available to all postpartum women; the appropriateness of available options to each woman's contraceptive goals, breastfeeding status and need for protection against sexually transmitted infections should be ensured.

<p>Service Integration Service integration presents both challenges and opportunities. Antenatal care, immediate postpartum care, immunizations and well-baby care all provide opportunities for contact with postpartum mothers and infants, yet services and program activities are not organized for maximum efficiency. It was noted that these service contacts are relatively rare, even in the best programs, which underscores the importance of maximizing each opportunity.</p>	<p><i>Recommendation 3:</i> Participants agreed that the addition of PPF to an existing service or program activity should be made as simple as possible for the provider, and supported with job aids and information, education and communication materials.</p>
<p>The vertical nature of many programs compels them to demonstrate their effectiveness through the achievement of specific targets, which may preclude a more holistic/integrated approach.</p>	<p><i>Recommendation 4:</i> The benefits of integrating PPF need to be clearly articulated within the context of the index program, and integration should be measured by a performance indicator and change in job description for providers.</p>
<p>Addressing Service Provision Gaps Participants emphasized that the shortage in human resources cannot be overestimated. In addition to integrating PPF with existing services, other opportunities for reaching women and families during the extended postpartum period deserve exploration. It is unrealistic to expect existing services to extend to all postpartum women; thus, it will be necessary to expand service provision beyond traditional service providers.</p>	<p><i>Recommendation 5:</i> To expand coverage, private sector partnerships should be explored, particularly private practices run by midwives and nurses.</p>
<p>Pre-Service Education Findings demonstrate, and participants acknowledged, that PPF is not systematically integrated with pre-service curricula, nor is it always addressed as a specific part of family planning training (aside from noting which methods are appropriate for breastfeeding women). Family planning clinical skills are often taught separately from maternal and newborn health skills.</p>	<p><i>Recommendation 6:</i> More emphasis should be placed on incorporating PPF systematically in pre-service education, including curricula, skills development and clinical practice.</p>
<p>Focused Postpartum Care Building on advances in service provision achieved through promoting the concept of <i>focused</i> antenatal care, a similar effort should be undertaken for the postpartum period. Focused postpartum care should explicitly address women’s postpartum needs—including the concept of fertility planning—and, at the same time, provide continuity among antenatal, postpartum/postnatal and child care. Services have traditionally separated maternal and infant health during this continuum, and many programs still follow separate tracks for mother and infant care during the postpartum/natal period.</p>	<p><i>Recommendation 7:</i> A model of focused postpartum care should be developed to ensure that essential maternal and newborn care, including family planning, is systematically provided.</p>
<p>Community-Based PPF Despite considerable experience in providing community-based distribution of family planning, there is little documentation of postpartum services. Participants felt that this was a major constraint and allowed only a superficial discussion of the potential for PPF. It was also noted that, in contrast with the emphasis on skilled birth attendants, PPF allows for a different cadre of community worker to provide a different type of life-saving service.</p>	<p><i>Recommendation 8:</i> Community-based efforts in PPF need to be more systematically addressed and evaluated, and lessons learned shared.</p> <p><i>There was interest in a possible working group on this topic.</i></p>
<p>Advocacy for PPF Despite compelling evidence of the health benefits of family planning, services often are not meaningfully included in antenatal, postpartum/postnatal and child care. Evidence of the benefits of birth spacing and of addressing unmet need in preventing maternal mortality presents an opportunity for advocacy related to PPF and for appropriate policy action. Similar opportunities exist within HIV/AIDS programming.</p>	<p><i>Recommendation 9:</i> Policy champions for PPF need to be identified within institutions and supported with evidence-based information for policy/advocacy efforts.</p>

Call to Action

The PPFPP technical consultation was part of a process aimed at reinvigorating the discussion around this important health issue, and also served to identify a group of individuals and institutions committed to PPFPP. Follow-up actions include:

- Becoming a member of the Implementing Best Practices (IBP) Initiative: This Initiative was developed by the World Health Organization and USAID to provide a forum through which key stakeholders within the global reproductive health community can share evidence-based practices for use in low-resource settings. Visit www.ibpinitiative.org to learn more.
- Joining the Postpartum Family Planning Community of Practice: When joining IBP, please request membership in the PPFPP Community of Practice. As a member of the PPFPP Community of Practice, you will receive notification about events and activities related to PPFPP and be able to participate in virtual discussions and presentations. You can also share any information or tools related to PPFPP by posting or linking to them on the Web site (<http://my.ibpinitiative.org/public/ppfp/>).
- Sharing information about PPFPP activities that your organization is implementing: ACCESS-FP will serve as the point agency for collecting and sharing information about PPFPP activities. Please let us know of any publications or tools that you may have available to share with other organizations. ACCESS-FP will maintain a listserv and forward such information to others interested in PPFPP.

We look forward to working together toward reinvigorating PPFPP and realizing the vision articulated at the technical consultation—that of integrated maternal, neonatal and child health services to meet the multiple needs of women and infants during the first year postpartum.

References

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ACCESS-FP, a five-year, USAID-sponsored global program, is an associate award under the ACCESS Program. ACCESS-FP focuses on meeting the family planning and reproductive health needs of women in the postpartum period. Interventions are designed to complement those of the ACCESS Program in the promotion and scale-up of postpartum family planning through community and clinical interventions. ACCESS-FP will reposition family planning through integration with maternal, newborn and child health programs, including the prevention of mother-to-child transmission of HIV. For more information about ACCESS-FP, please visit www.accesstohealth.org/about/assoc_fp.htm, or contact Catharine McKaig, ACCESS-FP Program Director, at cmckaig@jhpiego.net.

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