

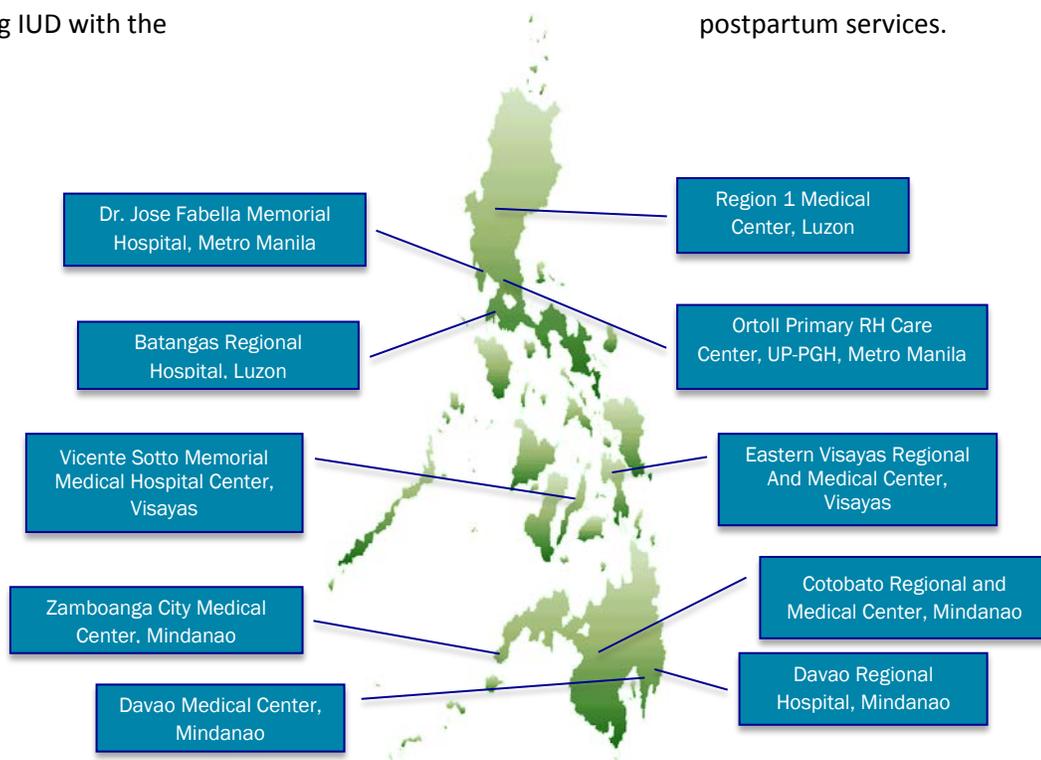
MCHIP Philippines

Quarterly Report: October – December 2012

Introduction

In Philippines, the 2011 Family Health Survey showed that maternal mortality increased from 162 to 221 between 2006 and 2011. A major factor that has contributed to the high maternal mortality in Philippines is the lack of access to effective family planning (FP) services. The Philippines has lagged behind the rest of Southeast Asia mainly because of challenges in national policy and support to service delivery for FP and reproductive health services. One of the gaps identified is the lack of availability of contraceptive choices immediately postpartum, especially long-acting and permanent family planning methods (LAPM). Use of immediate post-partum IUD and tubal ligation could be very attractive options for women who want to space or limit child bearing. MCHIP in the Philippines works with the Philippines Department of Health (DOH) to create an enabling policy environment for PPFPP/PPIUD, and to establish resources and capacity for service delivery and training for PPFPP/PPIUD adoption and scale-up.

MCHIP is working in 10 geographical areas in the Philippines. It is the objective of the program to develop Centers of Excellence throughout Philippines, which are model service delivery sites offering postpartum family planning programs, including PPIUD and also function as a technical/training resource for the CHD. The candidates for the 10 Centers of Excellence are noted on the map below. These sites were selected in collaboration with the DOH and are strategically placed to provide coverage to the three regions. All sites have high volume delivery hospitals, with interest, capacity, and commitment to integrating IUD with the postpartum services.



1. MCHIP Objectives, Activities, and Approach

The program objective of MCHIP Philippines is to provide technical assistance to the DOH to increase access to LAPM of family planning in the postpartum period through advocacy, development and documentation of training sites and model service delivery sites for PFP/PPIUD. Planned activities:



Developing and Disseminating an advocacy paper on repositioning IUD and other LAPM as part of PFP options



Developing a service delivery guideline for PFP/PPIUD to supplement the current National Family Planning Guidelines (Green Book)



Establishing 10 Center of Excellence for PFP/PPIUD



Providing technical assistance to DOH and other agencies for PFP/PPIUD expansion in the Philippines



Documenting best practices to support replication at other sites



Conducting PFP/PPIUD follow-up assessment study

In addition to the activities on PFP/PPIUD, MCHIP will also support discrete activities on Maternal and Newborn health that includes 1) Building capacity of 300 newly hired midwives in the Autonomous Region in Muslim Mindanao (ARMM); and 2) consultancy from a newborn expert to identify set of activities that MCHIP can propose on Kangaroo Mother Care, and newborn resuscitation.

MCHIP's approach is to leverage support from existing organizations, programs, and agencies to increase the visibility and integration of PFP/PPIUD. DOH, Center for Health and Development (CHD), UNFPA, Health Policy and Development Program (HPDP 2), BEmONC training, Essential Intrapartum and Newborn Care training (EINC), Integrated Midwifery Association Program (IMAP), Philippines Obstetrics and Gynecology Society (POGs) and the upcoming Behavior Change communication Program (CHANGE), as well as USAID's three regional bilateral programs in Luzon, Visayas, and Mindanao are some of the anticipated partnerships that MCHIP plans to build upon.

3. Results for the Quarter (October- December 2012)

Advocacy and Guidelines

- MCHIP Senior Technical Advisor Dr. Bernabe Marinduque **facilitated the incorporation of postpartum family planning into the Clinical Practice Guidelines (CPG) on Family Planning** published by the Philippine Family Planning Society, Inc. and the Philippine Obstetric and Gynecological Society (POGs) in November 2012 (Annex 1). In Section 5 of the publication, it recommends proper IUD insertion during the postpartum period as a safe and effective contraceptive method. In addition, PPIUD is now included in the CPG for Cesarean sections- the technique of Transcervical IUD insertion was also included in the article, drafted by Dr. Marinduque in the Contraception section. Inclusion of PPIUD in the CPG was endorsed by the DOH.
- MCHIP provided **technical assistance to the DOH to prepare an advocacy and technical presentation on PFP for their Cluster Heads meeting**. Dr. Marinduque also presented updates on PFP/PPIUD at the POGs annual convention in November 2012. Over 60 OB-GYNs were present at the meeting and received information on PPIUD as a safe and effective family planning method. MCHIP's approach is to work with the DOH and health agencies to create a favorable environment for FP by creating resources advocating for PFP/PPIUD.

Development of Centers of Excellence

- MCHIP’s goal to develop 10 Centers of Excellence for PPF/PPIUD initiated with the competency-based training of service providers from the 10 candidate hospitals began in Aug 2012. The service providers acquired clinical skills on PPF/PPIUD insertion and counseling. The providers skills were observed and verified on a client or a model and the providers were qualified as PPF/PPIUD clinical service providers. The providers were tasked with practicing PPIUD insertions on clients who voluntarily choose the method, at their sites.
- By the end of December 2012, **a total of 407 postpartum IUD insertions were done by MCHIP trained providers** (see below), helping to fill the gap in unmet need for family planning by increasing access to trained providers. Some of the sites have received supportive supervision visits from the MCHIP team to reinforce the transfer of learning and facilitate the adoption of PPF/PPIUD services at the sites. Supportive supervision visits will be ongoing in the next quarter prioritizing sites that are not performing.

MCHIP defines a Center of Excellence as a site that fulfills the following criteria:

Has the training capacity or team of trainers for PPF/PPIUD and ability to conduct Supportive Supervision in collaboration with the Center for Health and Development (CHD).

Has all the components for PPF/PPIUD service delivery in place, including policy, counseling, services, and follow-up.

When feasible, the site is attached to a birthing unit that allows the trainees to get hands-on practicum experience.

Facility	Total	Remarks
Batangas Regional Hospital	236	Residency Program; Commitment from the Chair who is also empowered to make decisions; Good counseling –using anecdotes of financial savings afforded by PPIUD use.
Davao Regional Center	15	1) Regional Hospital, 14 insertions, only one person doing the insertion. 2) Medical Center 1 insertion only - the Chair not confident in the trainee but commitment exists and the next clinical training will be held at the Davao Medical Center.
Region 1 Medical Center	16	Anecdotes of difficulty in convincing people to take IUDs. Need to support on innovative counseling methods.
Vicente Sotto Memorial Medical Center	40	Only two initially trained providers who have completed 40 insertions.

Cotabato Regional and Medical Center	76	Trained another Midwife to conduct PPIUD by the trained doctor.
Zamboanga City Medical Center	11	Busy with other trainings- need to revisit a plan to revitalize their interest and effort.
Eastern Visayas Regional Medical Center	1	Need further motivation
Ortoll Primary Reproductive Health Care Center	12	Limited Caseload- meeting with the authorities to target deliveries at the Philippines General hospital in addition to the birthing center.
Fabella General Hospital	0	Practicing but not reported citing concerns on the effect of oxytocin on the insertion. Need discussion with the Fabella authority.
Total	<u>407</u>	

Providing Technical Assistance to other agencies for PFP/PPIUD expansion

- MCHIP **provided technical assistance to the USAID-funded SHIELD Program by training an additional 44 health providers** on PFP/PPIUD. This is representative of the MCHIP Philippines objective to cooperate with other agencies and health organizations in order to expand PFP/PPIUD services as needed. As SHIELD has now ended without any plans for Supportive Supervision to these trained providers, MCHIP will plan on filling in the gaps, until the new regional award in Mindanao is in place.

Location	Date	No. of Pax trained	Fund Source
Metro Manila	August 6-10, 2012	18	MCHIP
Zamboanga City	October 16-18, 2012	14	SHIELD/ MCHIP-TA
Cotabato City	October 23-25, 2012	17	SHIELD/ MCHIP-TA
Zamboanga City	December 3-5, 2012	13	SHIELD/ MCHIP-TA
Total		62	

4. Challenges and Lessons Learned

- MCHIP has limited resources and time (1 million USD over a period of 21 months) for large geographic coverage – so prioritizing and leveraging support from partners is a key programmatic approach. Over the next quarter MCHIP will meet with all key stakeholders to introduce MCHIP’s scope of work, raise visibility of PFP/PPIUD, and identify areas of overlap and potential collaboration.
- MCHIP has a part time senior technical advisor serving as the technical resource for PFP/PPIUD; as the uptake of PFP/PPIUD has accelerated, the demand on his time has increased significantly. MCHIP plans to identify and develop a pool of consultants for PFP/PPIUD to address the growing needs.
- As the uptake of PFP/PPIUD is increasing at the 10 candidate sites, keeping track of their progress (numbers, best practices, and challenges) has become urgent and important especially because MCHIP plans to produce ‘how to’ guidelines to facilitate the replication of PFP/PPIUD at other sites. MCHIP plans to hire a documentation officer to initiate the documentation process from the beginning of the project.
- As the visibility of MCHIP and the momentum of PFP/PPIUD have increased, the demand on MCHIP to provide technical assistance for trainings has also increased. Given MCHIP’s limited resources and desire to avoid situations where trainings are completed without any planning for supportive supervision prior to the training, MCHIP plans to be selective in prioritizing technical assistance to the agencies or programs that have a sustainable supportive supervision plan in place.

5. The Way Forward

January 2013

- As part of developing sites to become centers of excellence, develop a pool of clinical trainers on PPF/PIUD.
- MCHIP team building
- Meeting with stakeholders to increase visibility and identify areas of collaboration

February 2013

- Newborn consultancy and recommendations on activities
- Identify Technical Working Group to develop service delivery guidelines on PPF, plan for workshop on supportive supervision, and other MCHIP related activities.
- Supportive supervision visits to the sites

March 2013

- Monitoring and Evaluation consultancy visit
- Workshop on supportive supervision for key personnel at the regional level of the DOH.
- Supportive supervision visits to the sites.

6. Annex A: Clinical Practice Guidelines, November 2012



Philippine Family Planning Society, Inc.
and
Philippine Obstetrical and Gynecological Society (Foundation), Inc.

**CLINICAL PRACTICE GUIDELINES
ON
FAMILY PLANNING**

First Edition
November 2012

Summary of Evidence

Follow-up is recommended after the first insertion or 2-6 weeks after insertion to exclude infection, perforation or expulsion. A woman should be clinically assessed, insertion of a IUD is free of infection, discharge problems, absence of malodorous discharge, and have the IUDs left in place or replaced.^{13,14}

Non-Contraceptive Benefits

RECOMMENDATION PPIUD is effective in patients with heavy menstrual bleeding and dysmenorrhea associated with endometriosis.	Level Grade A
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Summary of Evidence

LASQUE is proven to be superior to the treatment of heavy menstrual bleeding by hormonal or other forms of medical treatment.¹⁵ In a 14-week RCT testing LASQUE as a means of treating heavy bleeding in 36 women aged 30-48 years who had diagnosed uterine fibroids, 64% women using LASQUE were free of bleeding, 44% women using Mirena IUD were free of bleeding, 21% women using Mirena IUD were free of bleeding, and 10% women using Mirena IUD were free of bleeding.¹⁶

In a meta-analysis involving 20-34 patients with endometriosis, 14% were free of symptoms, 14% were free of symptoms, 14% were free of symptoms, and 14% were free of symptoms.¹⁷

Postpartum IUD Insertion

Family planning could avert a substantial number of maternal and child deaths. Spacing of pregnancies two years or more apart could potentially avert 1.52% of maternal deaths and 1.5% of child mortality.¹⁸ The 2011 Family Health Survey reported that 14% of women had used a postpartum IUD. The use of a postpartum IUD is an important intervention that could avert a significant number of deaths because the majority of postpartum women are highly motivated not to get pregnant within a year of their last delivery.

RECOMMENDATION Copper IUD inserted during the postpartum period (immediately, delayed or 4-6 weeks) is a safe and effective contraceptive method. ¹⁹	Level Grade A
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Summary of Evidence

Postpartum insertion of IUDs is a safe and effective method of birth control²⁰ and should be considered in women who, after counseling, opt to use long-term contraception.

The advantages of inserting an IUD at various times during the postpartum period include the high motivation of the postpartum woman, easy effectiveness, convenience, assurance that the woman is not pregnant and cost-effectiveness.²¹

A copper IUD (TCu380A) can be inserted either within 30 minutes after placental expulsion (post placental insertion) or within 48 hours postpartum (postplacental discharge insertion) in women who had normal vaginal deliveries. Women who are undergoing cesarean delivery may have an IUD inserted through the cesarean scar tissue incision after placenta delivery.

When compared with the immediate postpartum IUD, women who had a cesarean delivery had a higher rate of immediate postpartum IUD insertion.²² Comparing postpartum insertion with immediate postpartum IUD insertion, various studies found a greater rate of insertion with the immediate insertion.²³ Complications such as infection and perforation were shown to be low when the IUD was inserted through the cesarean scar tissue incision and through IUD insertion.²⁴

IUD insertion through the incision during a cesarean delivery does not increase the rate of postoperative complications.²⁵ The experience with IUDs inserted with immediate postpartum IUD insertion in women with normal vaginal delivery.²⁶

IUD insertion in the postpartum period, whether post-placental, immediate or postplacental, have been found to provide adequate pregnancy protection among populations which generally have low fertility but frequent abortions. Few complications have been seen with immediate IUD insertion.²⁷

Factors that decrease the efficacy rates include correct high-level placement of the device, right instrumentation and correct technique. Provider competence therefore is necessary for a successful postpartum IUD insertion.

References

1. The WHO, Contraceptive Group. Intrauterine devices and sterilization methods. *Hum Fertil (Oxford)* 2000; 14: 1-22.
2. Kiserud C, Lunde M, Gulhaug M, Skjerve H. Immediate postpartum insertion of intrauterine devices. *Contraception* 2008; 78: 200-207.
3. Kiserud C, et al. Postpartum insertion of intrauterine devices versus other forms of immediate contraception for breastfeeding. *Contraception* 2008; 78: 200-207.

Pages 71 - 73 of the Clinical Practice Guidelines, including the incorporation of PPF/PPIUD

7. Annex B: Photos from PPIUD Skills Trainings Held in Collaboration with SHIELD in November 2012. MCHIP provided Technical Assistance.

