



**USAID**  
FROM THE AMERICAN PEOPLE



Maternal and Child Health  
Integrated Program

# Postpartum Family Planning and Postpartum IUCD (PPIUCD) Services in India

Dr. Bulbul Sood

*State Level Postpartum Family Planning Review and Experience  
Sharing Meeting*

Lucknow, UP

September 25, 2013

# Presentation Outline

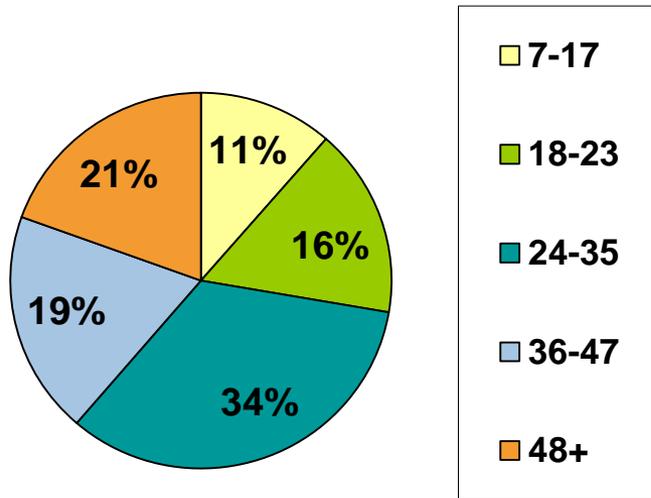
- India need and opportunity
- How PFP/PPIUCD services were initiated and scaled up
- Challenges and Opportunities



# India Most Populous Nation by 2030....

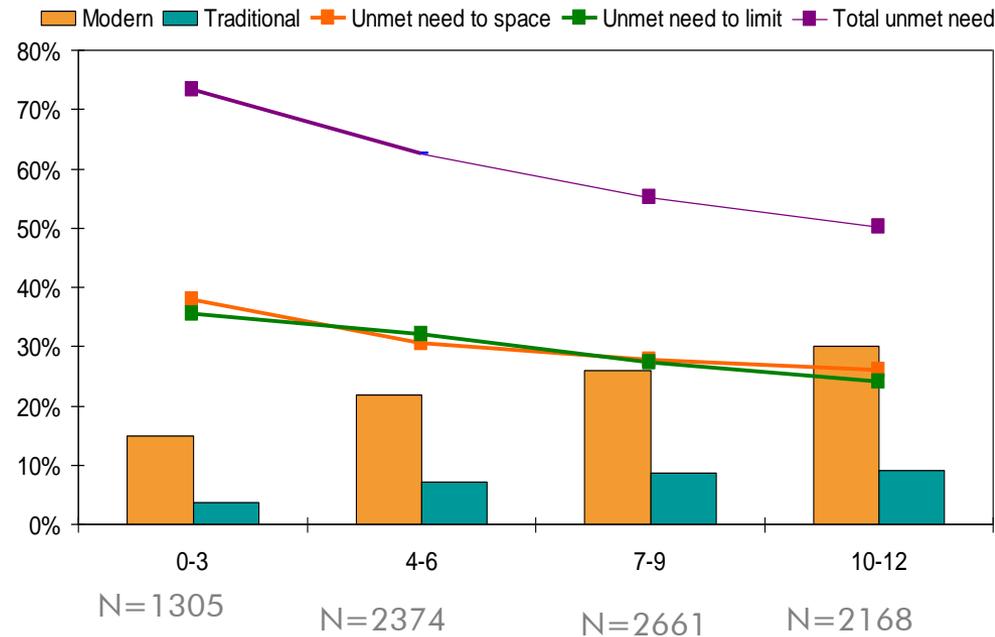
## High unmet need during Postpartum period

### Birth-to-birth Intervals for past five years



In months (NFHS 3: 2005-06)  
N = 39,215 births

### Unmet Need across Postpartum Period and FP use among Sexually Active Women



Source: NFHS 3: 2005-06

# Resurgence of Interest in PFP/PPIUCD Services

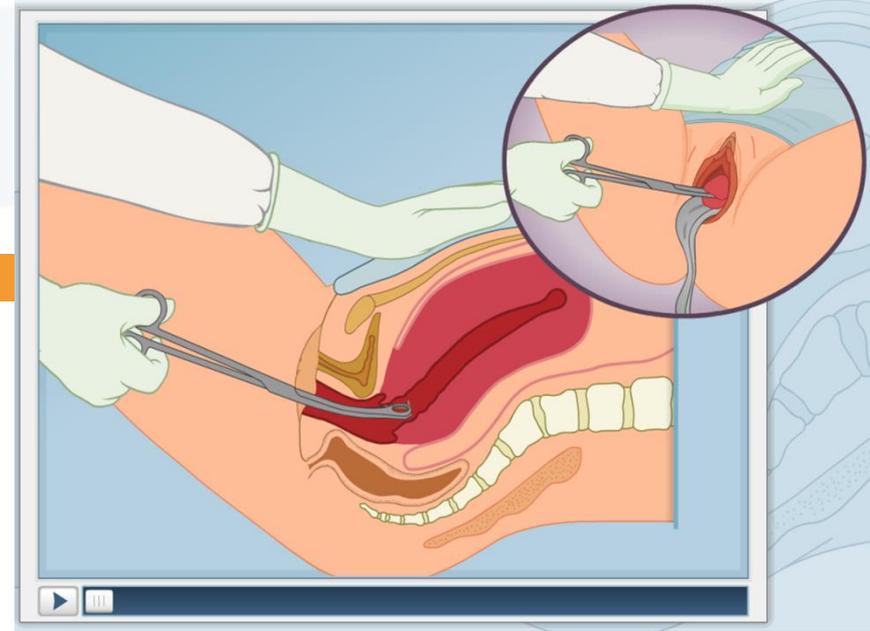
- JSY was bringing women to facility – Immediate postpartum insertion is convenient for women
- FP Policy a Paradigm shift - Promoted as MNCH initiative
- New advances and new understanding about PPIUCD – safe and effective
- IUCD as spacing and long-term reversible method –alternative to sterilization for many couples

JSY BENEFICIARIES: 2005-06 to 2011-12



# PPIUCD: Quick Facts

- **Insertion times:**
  - **Post placental:**
    - 10 minutes after delivery of placenta
  - **Immediate post partum**
    - within 48 hours after delivery
  - **Intracesarean**
    - During cesarean section
  - **Interval / Delayed post partum**
    - 6 or more weeks after delivery
- **Insertion Techniques:**
  - **Instrumental**



# Rapid Expansion of PFP/PPIUCD Services in India

## Start of PFP/PPIUCD program in U.P. in 2009

- Queen Mary Hospital, Lucknow
- District Women's Hospitals, Allahabad and Jhansi



## Now Scaled Up to >20 States

- UP
- Uttarakhand
- Jharkhand
- Delhi
- Haryana
- Punjab
- Rajasthan
- Bihar
- Madhya Pradesh
- Assam
- Meghalaya
- Chattisgarh
- Orissa
- West Bengal
- Gujarat
- Maharashtra
- Tamil Nadu
- Karnataka
- Andhra Pradesh

Support from national as well as state governments during the expansion, with a paradigm shift in Govt. of India focusing on spacing methods

> 1,33,000 PPIUCDs inserted

Donor support from USAID, Gates, Packard, NIPI

# Resource Material developed

- PFP/PPIUCD LRP (Reference Manual, Facilitators' Guide, PPIUCD service delivery video & Job-aids) reviewed and approved by Gol
- RMNCH counselor LRP (Reference manual and Facilitators Guide)
- BCC material approved by Gol, printed and distributed at the focus facilities
- Data Collection Tools printed and distributed to the facilities
- Provider Leaflet used for advocacy with FOGSI members and providers

All resource material adopted by Gol for use across the country

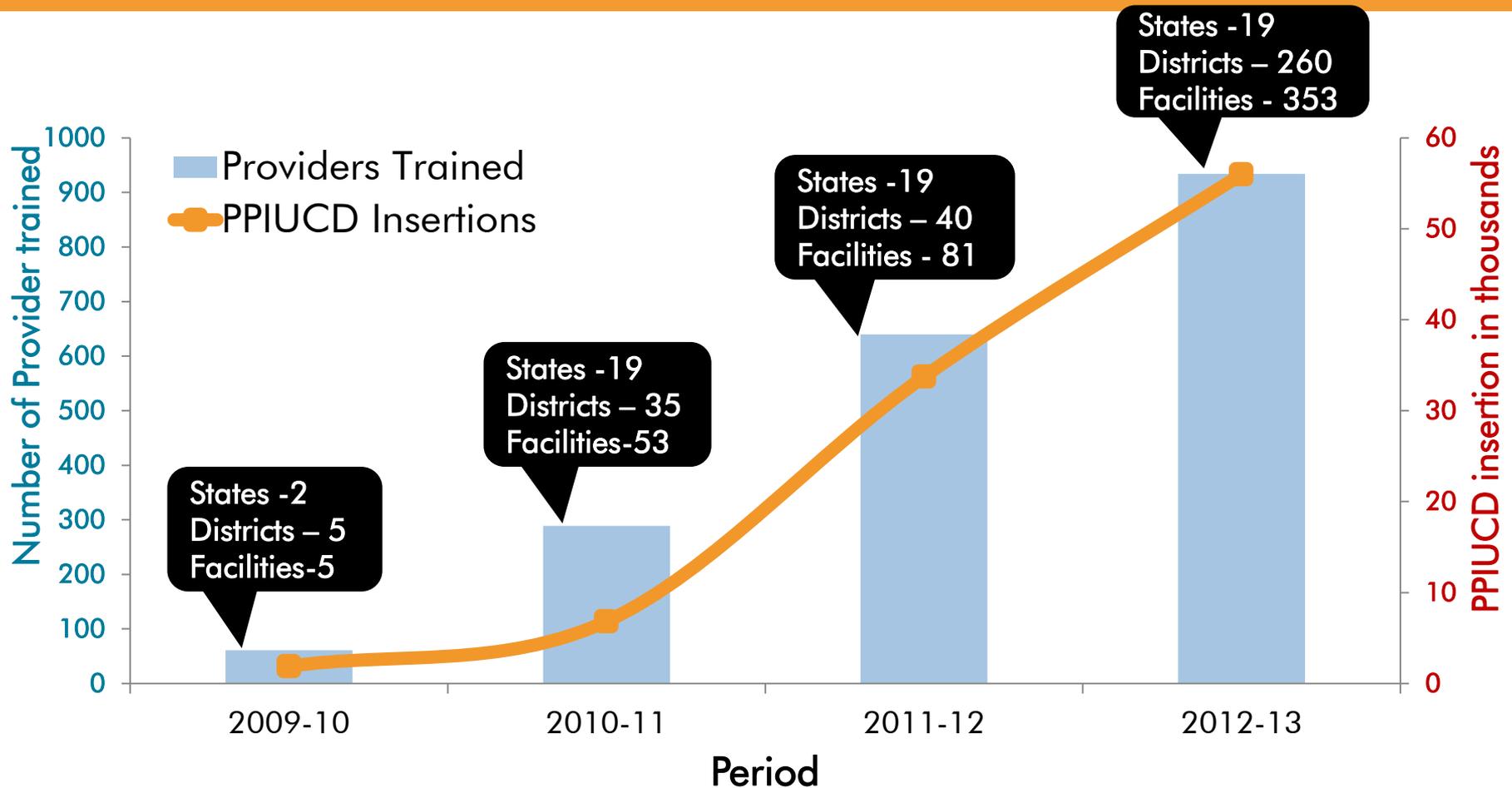


# Strengthening Counseling and giving Choices to women.....

- Counseling done on **ALL Methods** including LAM, Injectable, PPIUCD etc.
  - ANC
  - During early stages of labor (PPIUCD)
  - In the postpartum period while in the hospital
  - Pre-discharge counseling
- **> 1300 RMNCH Counselors hired/being hired through NRHM after their usefulness demonstration in 2010-12**
- Counseling corners developed in all facilities

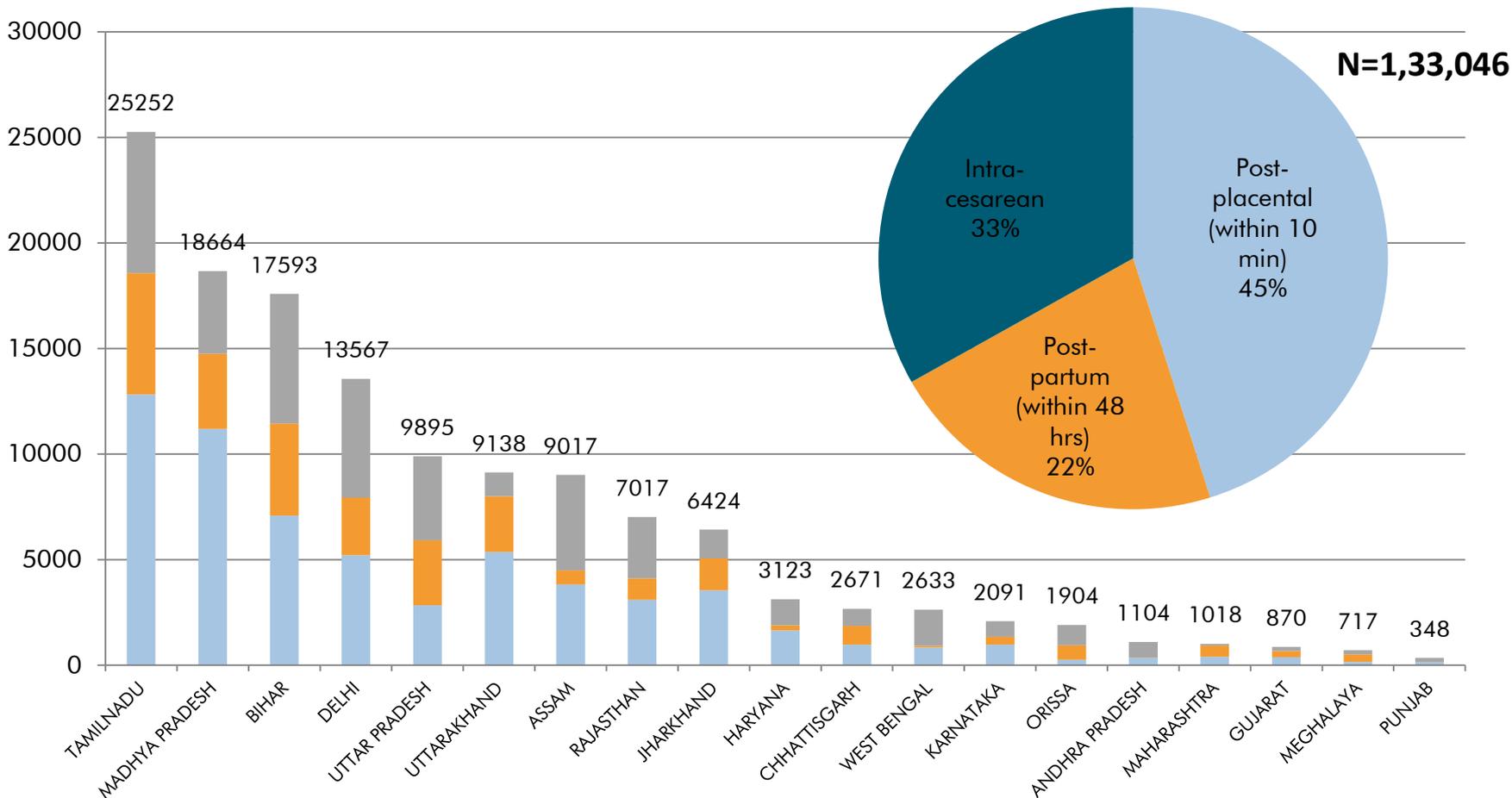


# Rapid scale up of services: 2009 to 2013\*



# PPIUCD Experience In India

## Total Reported PPIUCD Insertions Feb-10 to Aug-13

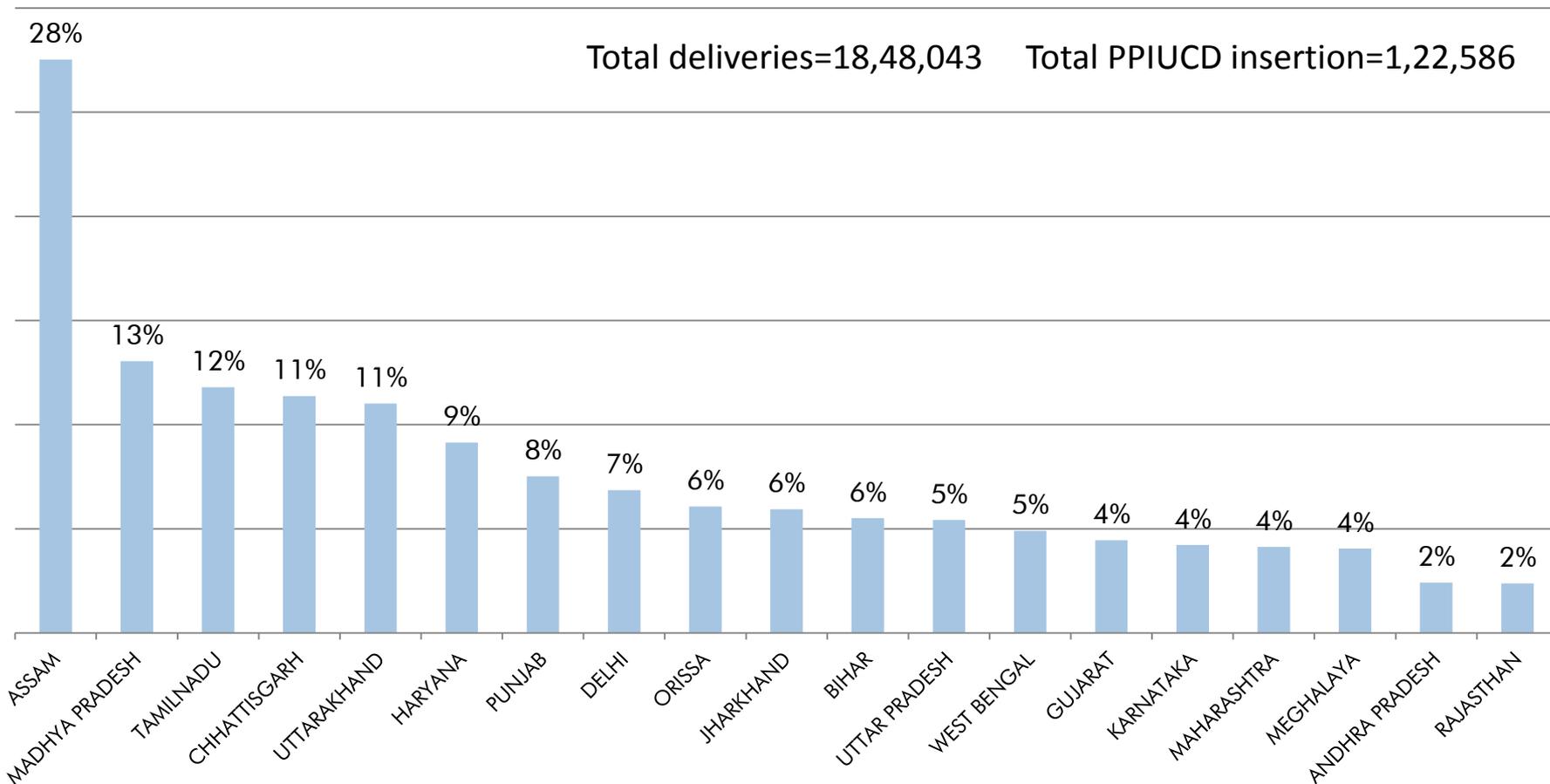


Data as on 18/09/2013

Source: PPIUCD Monthly reports

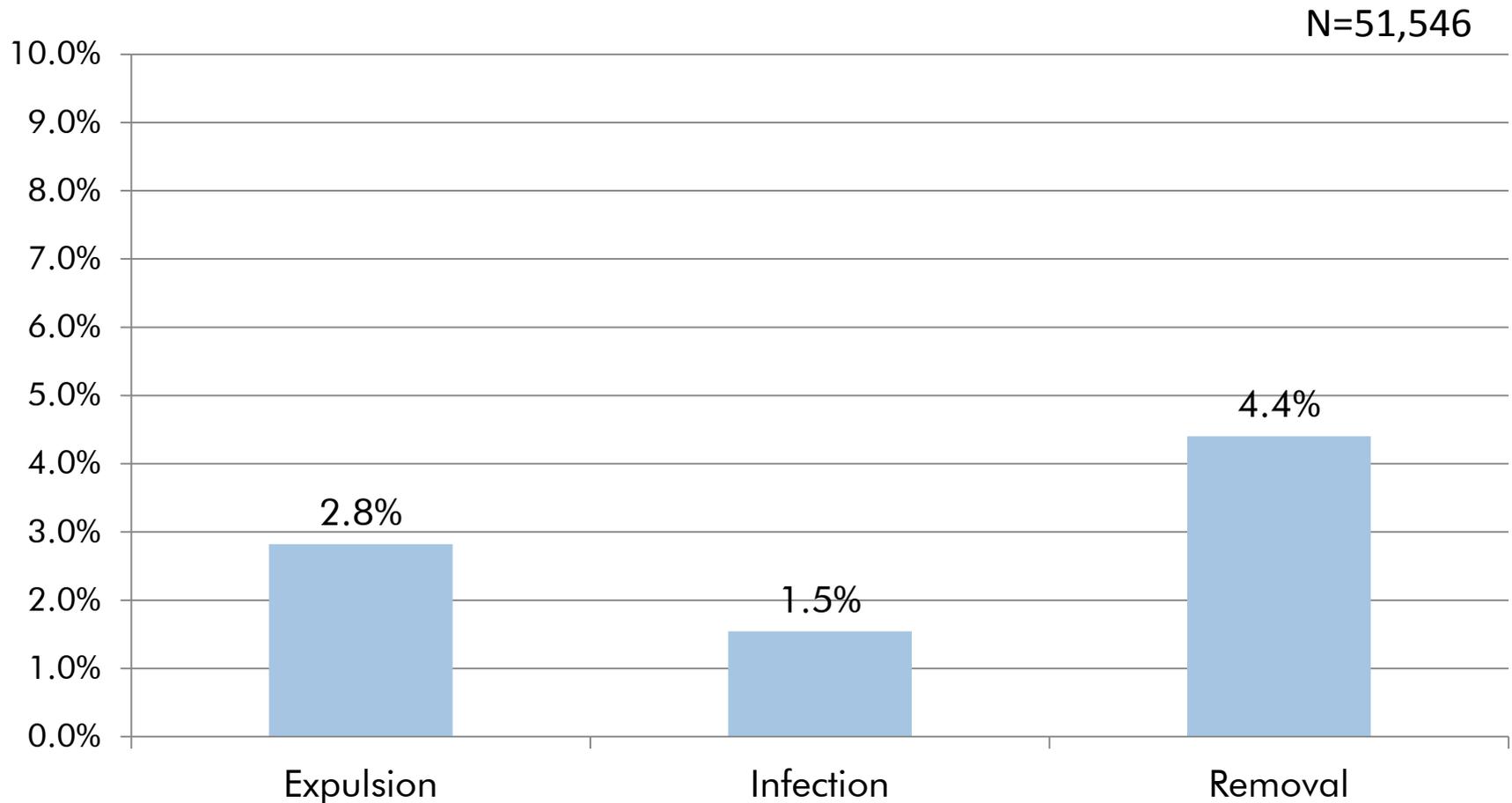
# Proportion of PPIUCD Acceptors Among Institutional Deliveries

(Based on Jan 11- Aug 13 Data)



# Follow-up Findings

(Based on Jan-11 to Aug-13 Data)



# Implications for Practice

- **Expulsion:**  
Competency-based training minimizes risk of expulsion
- **Infection:**  
Using eligibility criteria for PPIUCD insertion reduces risk of infection; no need for prophylactic antibiotics
- **Removal:**  
Good counseling is critical to reduce premature removal

## To reduce expulsion

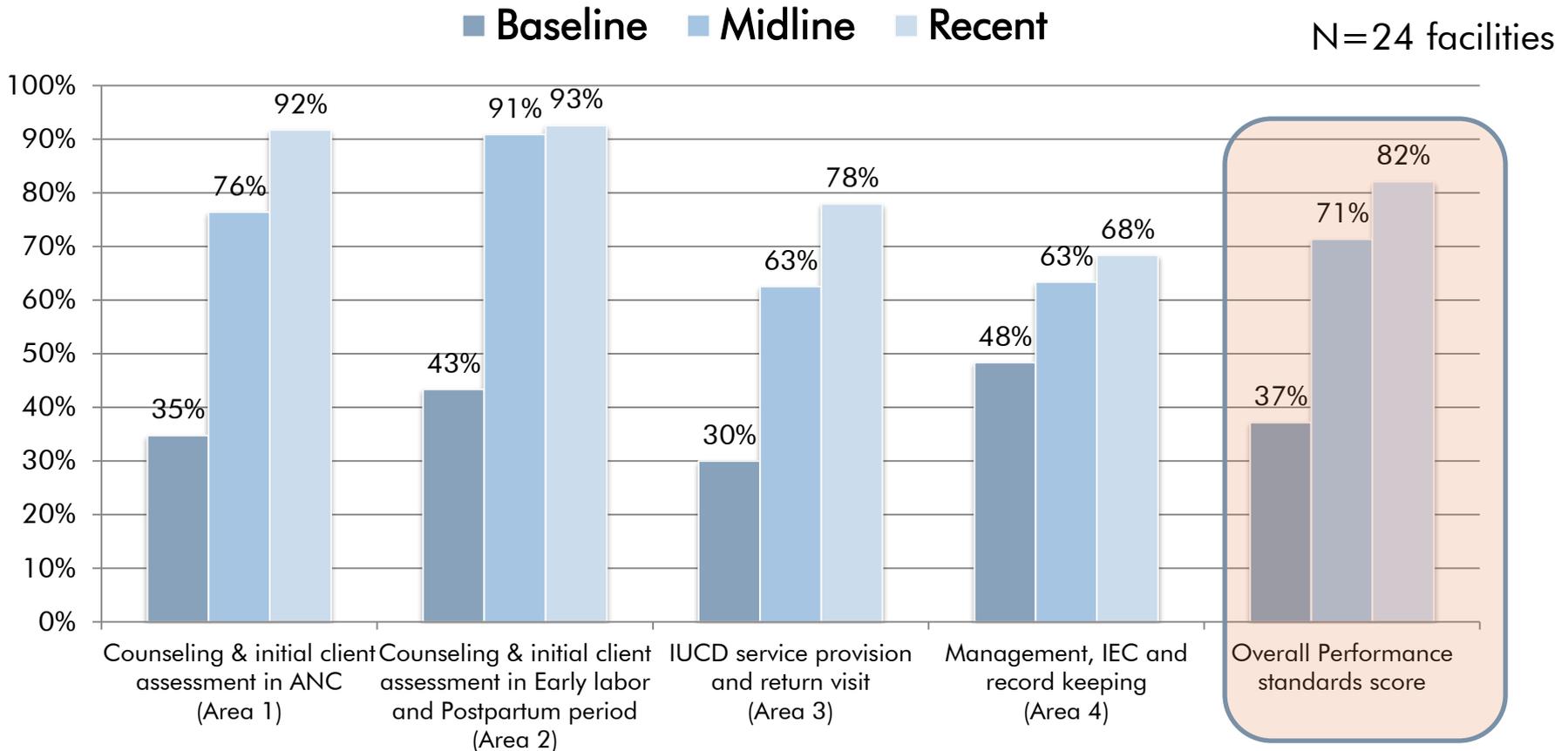
### Use correct technique:

- Straighten cervico-uterine angle
- Position the IUCD at the fundus before release
- Release the IUCD by sweeping to the side
- Withdraw the instrument in open position

### Use correct instrument:

- Long Kelly placental forceps

# Using Standards to Improve Quality of Services - Results of Performance Assessments



All Three Assessments have been conducted on an average 6-8 months apart.

# Government of India's Strategy to scale-up

STATE	No. of Districts
Bihar	38
Rajasthan	34
Jharkhand	24
Madhya Pradesh	50
Chhattisgarh	27
Uttar Pradesh	75



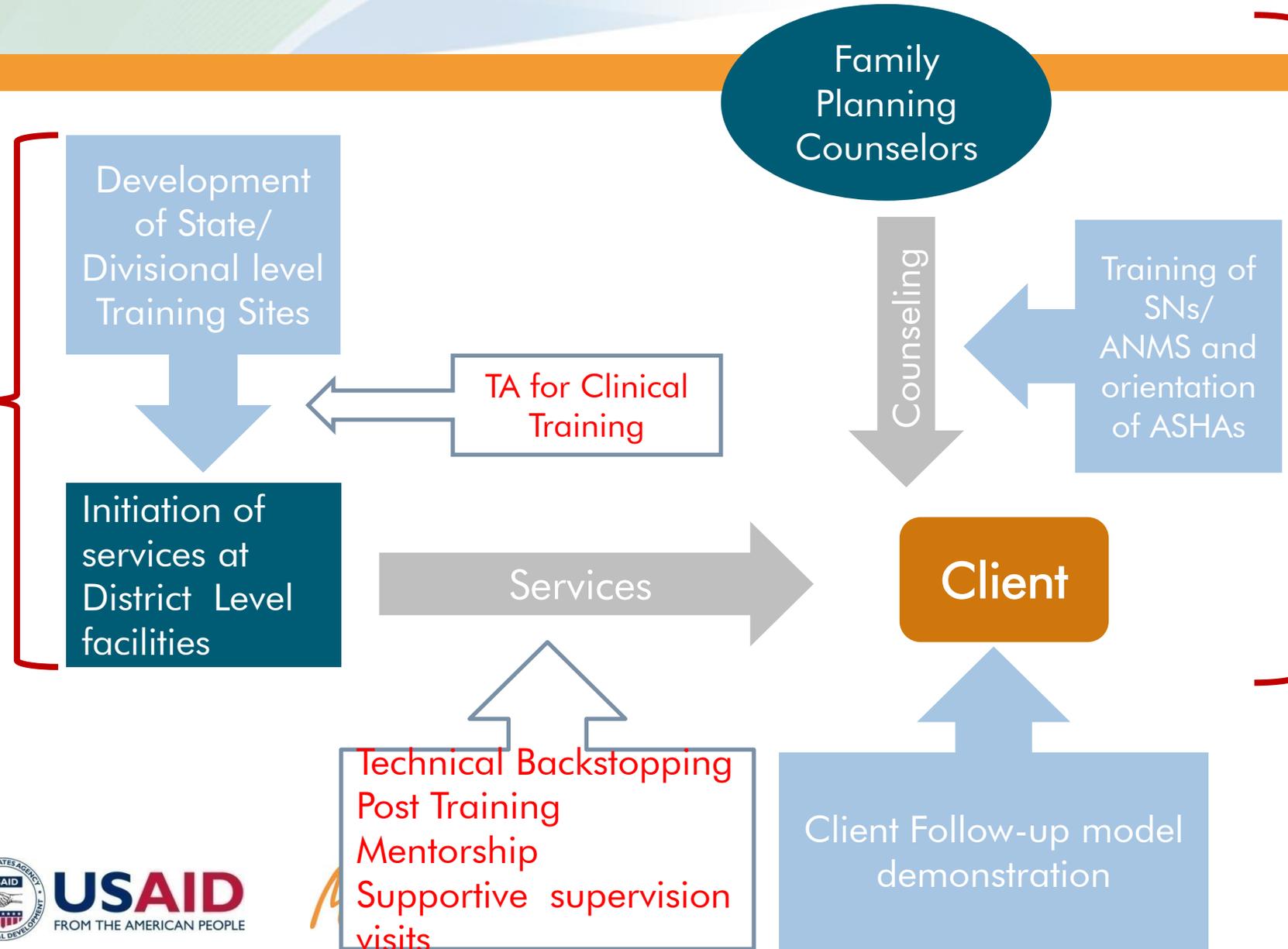
- Strengthening Training
- Post training supervision
- Quality improvement
- Demand generation
- Process of including in Routine HMIS initiated



# Program Approach

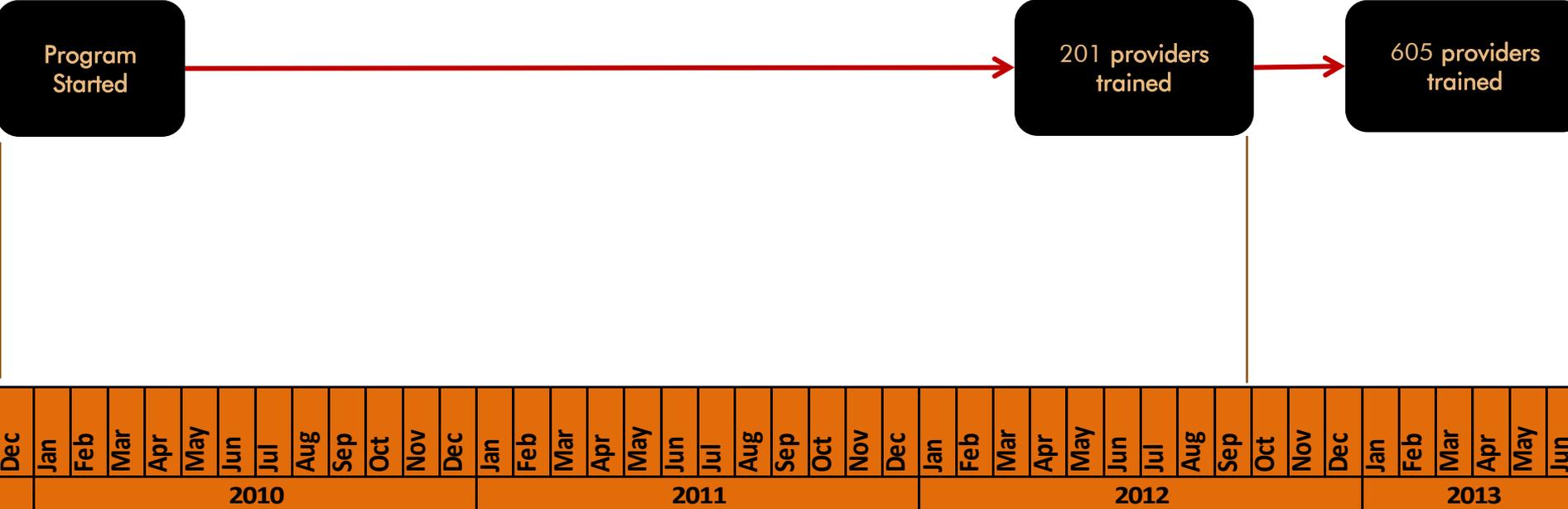
S  
E  
R  
V  
I  
C  
E  
  
P  
R  
O  
V  
I  
S  
I  
O  
N

D  
E  
M  
A  
N  
D  
  
A  
N  
D  
  
G  
E  
N  
E  
R  
A  
T  
I  
O  
N



# ACCELRETARED SCALE UP in 2012-13: EXAMPLE FROM UP

## Status of Training of Providers in PFP Services

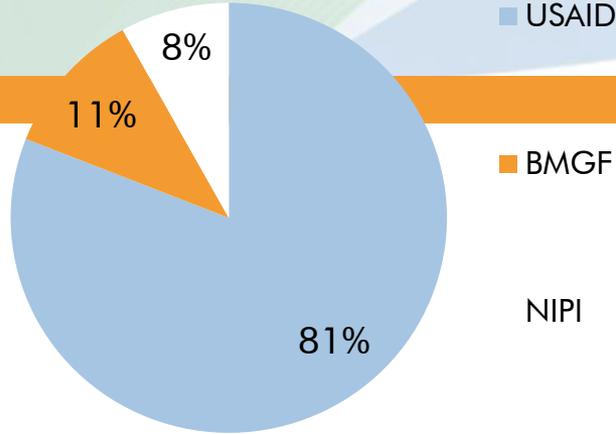


# PPFP/PPIUCD services: Accomplishments till date

- PPIUCD services are presently being offered in 371 district and sub-district level facilities in 19 states
- 212 of the 256 district level facilities in the 6 high focus states are providing PPFP/PPIUCD services
- In-house PPFP/PPIUCD training capacity established in the 19 states with establishment of 31 state level training sites
- Divisional level training capacity for PPFP/PPIUCD services being established in the six high focus states with 17 of the 27 proposed training sites already functional.
- A total of >2700 providers have been trained in PPFP/PPIUCD services of which about 1200 are staff nurses
- A total of >1, 330,000 insertions have been done with an average of 7% acceptance rate

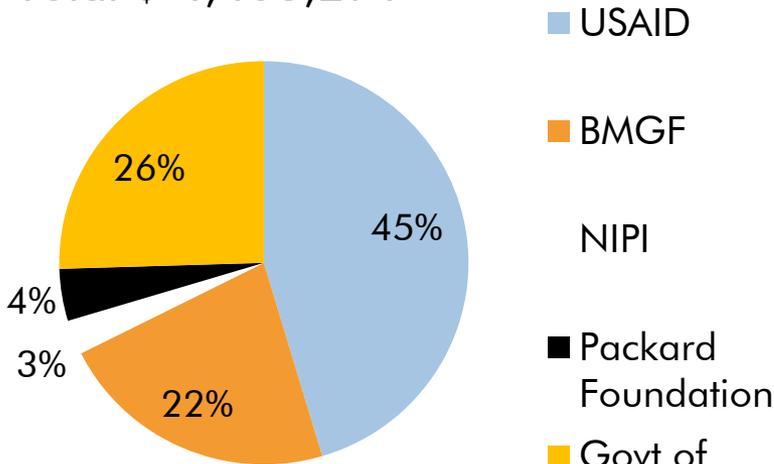
# Leveraging Resources from Gov and other Donors

2010-11  
Total \$3,316,3

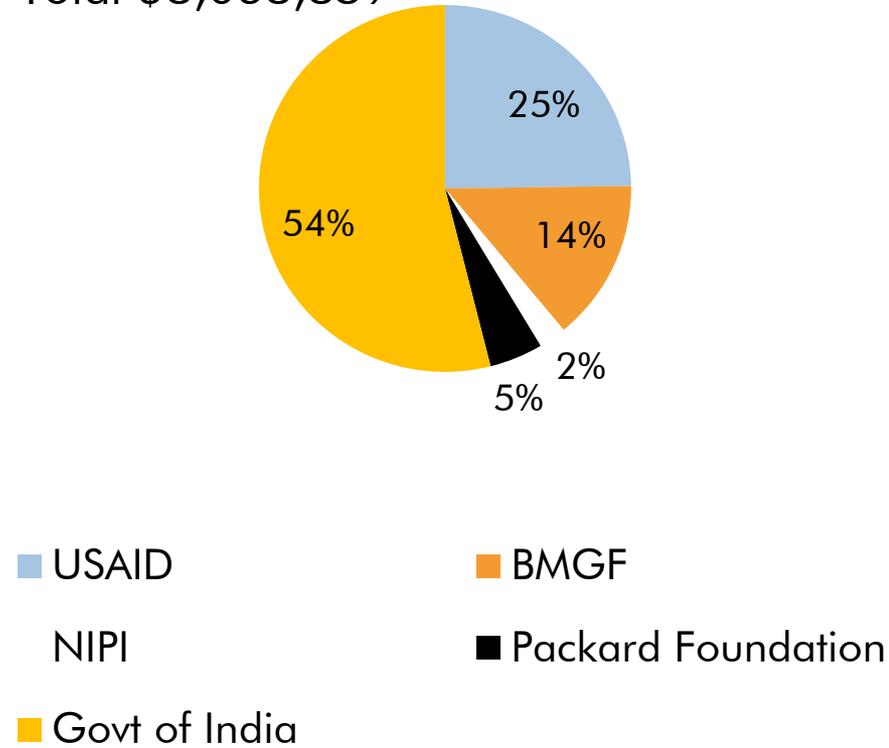


2011-12

Total \$ 4,406,291



2012-13  
Total \$8,068,859



# Challenges and Opportunities

- Need to further strengthen PFP services
- Several myths and misconceptions around IUCDs
- Quality of Care needs to be further strengthened
- System for post training follow to be strengthened
- Need to increase accessibility of PPTL services
- Post-abortion family needs impetus- 95% unmet need for PA-FP



# Conclusion

- FP is being promoted as **MNCH** initiative
- Paradigm shift in promoting **spacing methods**
- Introduction of PPIUCD services in the public and private sector is feasible and effective
- GoI is supporting the scale-up PPIUCD services in all 276 districts in 6 high-focus states.
- Trained doctors and nurses can safely and effectively provide PPIUCD services.
- Key program component for success are RMNCH Counselors and supportive supervision.

