

Postpartum Family Planning Enables Mother of Four to Improve Life for Her Family

“I feel happy when I think about the contraceptive I got. I will not get pregnant again.”

Birkinesh Debebe, new postpartum intrauterine contraceptive device (PPIUCD) user, Debreberhan Hospital, Ethiopia



Birkinesh Debebe lives in Wuhameda, a rural village about 35 kilometers (22 miles) from Debreberhan Hospital in Northern Ethiopia. She married young and was pregnant almost immediately.

“I am unfortunate,” she says. “My parents were illiterate and they didn’t send me to school. Rather, they got me a husband to marry at 17.”

Last month, the now 30-year-old mother of three arrived at the labor and delivery ward of Debreberhan Hospital with intense labor pains. Soon after, her fourth baby was born. Normally an occasion for joy, the birth has also brought a sense of anxiety to Birkinesh. Her family relies on subsistence agriculture with a small plot of land, two oxen and a cow. She regularly struggles to feed her children, and she knows that life will be more difficult with the addition of a fourth child.

Unfortunately, she knew very little about family planning (FP) when she arrived at Debreberhan Hospital. However, the FP counseling she received after she gave birth opened her mind to a number of choices. “Before, I only knew the term ‘family planning,’” she says. “Now I know more about family planning, including the different methods.”

After receiving counseling on all FP methods, Birkinesh chose the PPIUCD and had it inserted right away after delivery. The PPIUCD is a highly-effective, reversible and long-acting FP method that can be initiated during the immediate postpartum period. Thankfully, two midwives and a physician at Debreberhan Hospital were trained by USAID’s flagship Maternal and Child Health Integrated Program (MCHIP) in postpartum family planning (PPFP) and

PPIUCD insertion skills. In addition, MCHIP provided the hospital with three sets of PPIUCD insertion kits, drapes, aprons, chlorine, soaps, gloves and infection prevention buckets. The trained service providers have performed 65 PPIUCD insertions since March 2013.

Birkinesh was pleased with her FP choice. “This is my first time using a contraceptive. I want no more pregnancy and chose [PP]IUCD because it serves for 12 years and I am happy to have it,” she says.

When she returns to her village, Birkinesh plans to educate her neighbors and relatives about the benefits of FP. She says that women should plan their pregnancies and use contraceptives to help them to do so. Moreover, Birkinesh wants her children to be well-educated and to have a better life than she does. She also hopes to provide her family with more support and care now that she is safe from future pregnancies, thanks to the PPIUCD.

“I want to see my children live better in the future. I think they can achieve this through education,” she says.

Birkinesh expressed deep gratitude to the midwives who provided her with PPFPP counseling and PPIUCD insertion. “I thank them very much. They helped me use a contraceptive of my choice,” she says.

MCHIP began its operations in Ethiopia in 2010 and its PPFPP/PPIUCD program in 2012. The PPFPP/PPIUCD program is currently implemented in 18 health facilities throughout the country.

Photo Caption: Birkinesh Debebe on her postnatal bed after she gave birth and received the PPIUCD

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health’s flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

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