

POSTPARTUM FAMILY PLANNING:

A review of programmatic approaches through the first year of postpartum—report

Postpartum Family Planning Programming

Postpartum family planning (PPFP) provides an important intersection between maternal, newborn and child health (MNCH) and family planning programming. A variety of programmatic approaches and interventions in the provision of PPFP have been implemented and some are well documented. There is a need for systematic programmatic exchange and learning in order to maximize the opportunities afforded by integration. The meeting described here provided the opportunity to review and discuss current strategies as well as identify topics for future research and learning.

Objectives and Methods of the Programmatic Review

The programmatic review was designed to build on several earlier events including the ACCESS-FP November 2006 technical consultation, the April 2008 meeting, “Strengthening Postpartum Family Planning: Current Knowledge and Future Directions” organized by ACCESS-FP and FRONTIERS, and the recent USAID efforts in identifying FP and MNCH integration as a technical priority. The overall purpose of this meeting was to encourage sharing of programmatic strategies to advance the state-of-the-art and capture lessons learned. Specific meeting objectives were to:

- Systematically exchange experiences and lessons learned on PPFP programming;
- Share pre-tested tools to support the PPFP programming and avoid duplication; and
- Prioritize programmatic topics for research and learning.

More than 48 experts and leaders in reproductive health and maternal, neonatal and child health from over 20 global health organizations and programs were brought together to participate in the intensive, all-day event. Participants received a folder of materials, including recent PPFP DHS analyses from five countries, selected literature, including FRONTIERS research findings, short technical briefs, and an annotated bibliography of the postpartum family planning literature produced by ACCESS-FP.

Representatives from USAID and a variety of collaborating agencies presented their experience on topics including PPFP integration in postnatal care (PNC), well-baby care, messaging on return to fertility, Lactational Amenorrhea Method (LAM) and transition to other modern methods, male involvement in PPPF and community-based PPFP. The day concluded with a small group discussion, followed by a plenary to define a future research agenda. Presentations are summarized in the following section.



Opening Session—“Postpartum Family Planning: Building on What We’ve Learned”

Patricia Macdonald, USAID, Senior Technical Advisor, summarized the background and rationale for the meeting. Key points included:

- Rationale for focus on the first year postpartum. The rationale includes varied patterns of fertility return in the first year due to breastfeeding practices and postpartum abstinence practices, pregnancies in the first year are more likely to have adverse outcomes for mother and baby, these pregnancies are generally unintended, and the high unmet need for family planning.
- Opportunities for integration: There are multiple opportunities for integration particularly with MNCH services.
- Aspects of PPFp distinguish it from standard family planning services. These include: return to fertility, return to sexual activity, breastfeeding, LAM and the transition, special considerations for PPFp method choice (timing and BF status), and integration with MNCH services.
- PPFp addresses all reproductive health desires. While many postpartum couples desire to space their next pregnancy, there are also a significant number of postpartum couples who have reached their desired family size. PPFp addresses the needs of couples for spacing and also for avoiding pregnancies in the future.

Discussion Highlights and Key Recommendations

The following table summarizes the presentations, lessons learned and implications for PPFp programming. The agenda and the presentations are posted on the ACCESS website (www.accesstohealth.org/about/pgmnews/20080500d.htm).

PANEL/ PRESENTATION	HIGHLIGHTS AND LESSONS LEARNED	IMPLICATIONS FOR PPFp PROGRAMMING
Antenatal and Postnatal Care		
Pre-Discharge Care, Holly Blanchard, ACCESS-FP	<p>Approach: Provide PPFp within the first 48 hours post-delivery prior to discharge from the facility. Useful particularly in settings where facility deliveries are promoted such as Kenya.</p> <p>Little evidence of systematic provision of PPFp in these settings. Many women are discharged without any counseling or information.</p> <p>PPFP training for MCH providers links well with exclusive breastfeeding (EBF), LAM and fertility return, including PPFp messages.</p> <p>Things that worked:</p> <ul style="list-style-type: none"> • Providers counseling on PPFp improved • Systematically requiring PPFp counseling for all • Use baseline surveys and DHS data in training • Job aids • PPFp pre-discharge brochures • Return visit dates 	<p>For women delivering in facilities, pre-discharge counseling, which includes danger signs for mother and infant, exclusive breastfeeding, fertility return and postpartum family planning, including LAM, is an effective means of providing key information and services.</p> <p>Pre-discharge counseling is often already included in country guidelines and standards for MNH care. With modest resources, a program can ensure that this service is provided in a meaningful way.</p> <p>For women not delivering in facilities, counseling can be modified to be delivered by community health workers.</p>
Providing FP Information and Services during	<p>Approach: PPFp is provided as a routine part of PNC care. PPFp can be organized at different points of contact with women during antenatal and postnatal care.</p>	<p>PPFP can be provided as a routine part of PNC and well baby care.</p>

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<p>Postnatal Care, Ricardo Vernon, FRONTIERS</p>	<p>Studies demonstrate the value of different approaches but service organization remains the major challenge. Timing of contraceptive use appears influenced by knowledge of fertility return.</p> <p>FP information only during ANC has a lower effect on FP use than information in PNC, yet it is better than no information. Home visits can increase attendance at PNC clinics.</p> <p>Issue: Does LAM prolong the period of contraceptive protection? This has not yet been demonstrated through research.</p> <p>Things that worked:</p> <ul style="list-style-type: none"> • Providing information and counseling • Establishing process and outcome indicators • Providing a variety of contraceptive options • Offering information and services through the PP continuum • Integrating PFP with mother and child care • Focusing on the 40th day PP visit (6 week) 	<p>PFP information needs to be proactively provided to all women during all PNC contacts. Systematic screening can be tailored to address PFP needs.</p> <p>Strengthen providers in PFP service provision, particularly offering wide method mix.</p> <p>Consider home visits to increase attendance at PNC clinic-and PFP use.</p> <p>The value of LAM in extending contraceptive protection in the first year postpartum has yet to be demonstrated and is a possible area for exploration.</p>
<p>LAM, Annette Bongiovanni, QED Group, LLC</p>	<p>Approach: LAM counseling integrated into antenatal care in Jordan and documented through an operational research study of transition to other modern methods implemented by Linkages.</p> <p>Findings: "LAM users" as identified in the study spontaneously reported the three LAM criteria.</p> <p>LAM users were more likely than women using breastfeeding as a FP method to have been: Counseled on LAM</p> <p>Told about the need to transition to another modern method</p> <p>Told to exclusively breastfeed</p> <p>Taught the LAM criteria by an RN, MD, and/or print</p> <ul style="list-style-type: none"> • LAM users had similar characteristics to users of other modern contraceptive methods. • LAM users were twice as likely as BF users to use a modern method at 12 months • Key factors for LAM users who transitioned: <ul style="list-style-type: none"> • Duration of amenorrhea • Number of living children • Previous history of use of modern contraception • At 12 months LAM users had a higher rate of contraception use than women who reported using abstinence, BF, withdrawal or non-users at six months • LAM users are no more likely to get pregnant than other modern method users with the exception of IUD users • LAM attracted some new modern method users 	<p>LAM counseling can help providers and clients make a distinction between breastfeeding and contraception afforded by LAM.</p> <p>Integration with MCH services is necessary to reach postpartum clients with LAM counseling.</p> <p>LAM can make a contribution to PFP method mix both through the immediate protection it confers and the emphasis on transition to another modern method.</p> <p>It is important to distinguish between different kinds of LAM users (those who know all 3 criteria, those who breastfeed for FP purposes, and passive users) to understand outcomes.</p>

PANEL/ PRESENTATION	HIGHLIGHTS AND LESSONS LEARNED	IMPLICATIONS FOR PFP PROGRAMMING
LAM, Annette Bongiovanni, QED Group, LLC (cont.)	LAM is NOT synonymous with BF. LAM users can be reached through MCH services Promoting LAM does not lead to a missed opportunity for contraception	
Immunization and Well-baby Care		
Programmatic Approaches for the Integration of Healthy Timing and Spacing (HTSP) of Pregnancy into Child Health Programs, Gloria Ekpo, BASICS	<p>Approach: Child and maternal health platforms used for HTSP integration include:</p> <ul style="list-style-type: none"> • Integrated Management of Childhood Infections-sick baby clinics • Immunization and well baby clinics • Essential newborn and postnatal care • PMTCT programs • Pediatric HIV care and support services • Pre-service and In-service training curriculum. <p>Strategies for HTSP integration include:</p> <ul style="list-style-type: none"> • Advocacy: encourage governments and partners to adopt integration strategies, guidelines and policies. • Integration: Development of guidelines, tools, etc. for HTSP • Implementation: Training on integration of HTSP in child health <p>Supervision, mentorship and monitoring: supportive supervision and monitoring of HTSP service providers.</p> <p>Expansion and scale-up: to improve coverage Partnership and collaboration: involve multiple stakeholders.</p>	<p>HTSP in child health services contributes to expand the access and use of family planning services by reducing the missed opportunities to educate women/couples in contraception for pregnancy spacing.</p> <p>Messages also reached fathers, and grandparents to help create a supportive environment for HTSP.</p>
Assessment of Immunization Services to Reach Postpartum Women with Family Planning, Lisa Dulli, Family Health International	<p>Approach: A study in Madagascar was undertaken to assess immunization services as opportunities to reach postpartum women with FP messages, services and/or referrals. The presentation was a summary of the initial assessment carried out to inform the intervention design.</p> <p>Rationale: Many women don't seek healthcare for themselves but do seek routine care for their infants.</p> <p>Assessment findings:</p> <ul style="list-style-type: none"> • Average travel time to clinic 1 ½ hour; 35% said travel was difficult • Clients arrive early; most leave by noon • 17% of clients reported using FP; 82% of non-users intend future use • Immunization services provided in large room without privacy • 88% of women interested in receiving FP services at same time as immunization services. 90% would like individual FP counseling • 73% of providers believe services should be integrated and most are willing to provide (82%) 	<p>Initial assessment demonstrates the unmet need and interest in FP services for women attending immunization services. Providers also recognize value of integration and most willing to provide services. FP service delivery requires reorganization of services with different configurations dependent on setting and provider.</p>

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Assessment of Immunization Services to Reach Postpartum Women with Family Planning, Lisa Dulli, Family Health International (cont.)	<p>Issues to consider:</p> <ul style="list-style-type: none"> Existing immunization schedule doesn't correlate with return to fertility and FP need for many women Provider training needed Integration will require service delivery reorganization What to integrate—education, counseling/screening, referral or FP service provision? Need to be flexible depending on setting 	
Discussions on Special Topics		
Messaging on Return to Fertility Barbara Deller, Jhpiego & Robin Anthony Kouyate, ACCESS-FP	<p>Important factors to address in messages related to return to fertility and prevention of unplanned pregnancy after birth: breastfeeding patterns, BF vs. LAM, return of menses and fertility, postpartum abstinence/sexual activity.</p> <p>BF and LAM: Mothers and providers often do not distinguish between BF and LAM for pregnancy prevention; nor do they know that fertility can return prior to menses returning.</p> <p>Postpartum abstinence: There is an assumption that women practice postpartum abstinence up to 40 days or longer during the postpartum period and are not at risk for an unplanned pregnancy. However, postpartum abstinence practices have shifted.</p>	<p>PPFP counseling should address breastfeeding and LAM, clarifying the relationship.</p> <p>PPFP should include information on return to fertility prior to return of menses. PPFP counseling should also take into account shifts in postpartum abstinence practices.</p>
Black Box of LAM Transition Marcos Arevalo, Institute for Reproductive Health	<p>LAM as a gateway method: Focus on LAM as a gateway method to introduce women to FP, and thus emphasizing the transition.</p> <p>Timely transition from LAM: It is considered a timely transition if a women starts using the other method</p> <ul style="list-style-type: none"> Whenever she wants to switch When one of the three LAM is no longer applicable (this is the last possible moment for the transition to be considered timely) <p>Opportunities to counsel on the transition: For a timely transition to occur, postpartum woman should receive the transition message early on and at every contact with the provider to give her time to choose a method.</p> <p>Programmatic strategies that have helped ensure a timely transition:</p> <ul style="list-style-type: none"> Emphasize the LAM transition Incorporate LAM transition message into all trainings & materials Measure the transition so programs and workers pay attention to it Empower everybody involved (make commodities available, train workers in PFP, integrate LAM into MCH and other services) 	<p>LAM is a gateway method that can introduce women to FP and facilitate PFP use. Emphasize the transition, not only the three LAM criteria in messages and trainings. Counsel women on the transition during early counseling contacts and frequently.</p>

PANEL/ PRESENTATION	HIGHLIGHTS AND LESSONS LEARNED	IMPLICATIONS FOR PFP PROGRAMMING
Black Box of LAM Transition Marcos Arevalo, Institute for Reproductive Health (cont.)	<p>Lessons learned: When transition is supported and promoted, women do transition to other modern methods.</p>	
Community PFP Panel		
Community Health Workers Robin Anthony Kouyate, ACCESS-FP	<p>Approach: Use of maternal and newborn care community health workers (CHWs) to reach postpartum women in their households with PFP messages and referrals for PNC & PFP services.</p> <p>Rationale for approach: Low use of antenatal care, delivery and PNC services; critical to reach women before menses return; need multiple contacts with mothers, particularly to facilitate LAM and the transition.</p> <p>Opportunity: Existing cadre of MNH CHWs who conduct household visits during antenatal and PP period; household visits are an alternative way to reach women with PFP messages; MNH and PFP messages are complementary.</p> <p>BCC Channels: Interpersonal counseling at the household level, community advocacy activities.</p> <p>Messages: Healthy spacing, return to fertility, immediate and exclusive breastfeeding, LAM and the transition, methods for breastfeeding mothers, referral for 40th day postpartum visit.</p> <p>Things that worked:</p> <ul style="list-style-type: none"> • Integrating PFP content into MNH household visits by capitalizing on natural linkages related to BF, EBF and LAM • Adapting and simplifying messages on return to fertility to the country context • Focusing on health benefits of spacing to facilitate acceptance of PFP in religious contexts • Developing a counseling schedule to integrate content and timing of PFP into existing MNH counseling sessions 	<p>Working through community MNH workers can be a viable approach to reaching postpartum women who may not have access to the facility for postpartum and family planning services.</p> <p>Integration did not have a negative impact on MNH counseling.</p> <p>When integrating messages into an existing MNH program consider workload of CHWs, and timing of message delivery. May need to add additional visits to ensure LAM and the transition.</p> <p>Core PFP messages should be adapted to the country context.</p>
The Mabrouk Initiative Amrita Gill-Bailey, Center for Communication Programs	<p>Approach: Life stage approach to reach postpartum women and couples—<i>Marriage is the entry point.</i></p> <p>BCC Channels: TV media; outreach activities; training for media, religious leaders, HWs; distribution of IEC print materials—“Mabrouk Book;” integrated with antenatal and postpartum care programs.</p> <p>Community-based Interventions: Home visits during antenatal and postpartum period, referrals for postpartum care.</p>	<p>Marriage can be a critical opportunity to reach couples prior to the first pregnancy as they begin planning their families.</p> <p>Consider opportunities to train and work through religious leaders who can reach young couples with messages.</p> <p>Identify what the key PFP messages for young couples are at the marriage entry point.</p>

PANEL/ PRESENTATION	HIGHLIGHTS AND LESSONS LEARNED	IMPLICATIONS FOR PFP PROGRAMMING
The Mabrouk Initiative Amrita Gill-Bailey, Center for Communication Programs (cont.)	<p>Facility-based interventions: Postpartum care and family planning offered in the same location.</p> <p>Messages through TV and IEC Materials: Family health, spacing, BF, FP initiation, 40th day postpartum visit.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Modern family planning practices increased from 48% to 97% in one year. • Increase in first use of contraception from 26% to 50% by low parity women after their first birth (1995-2005) • Improved timing of PFP use within 2 months after delivery from 62% to 80% (1995-2005) 	<p>Use of a personalized IEC material such as the Mabrouk Book right after delivery with messages regarding PFP.</p>
Improving Men's Roles in PPC & FP Leah Freij, Extending Service Delivery	<p>Potential application of Healthy Images of Manhood (HIM) Model to PFP. HIM encourages involved partners and husbands and responsible sexual behaviors.</p> <p>Approach: gender analysis, identify male champions, develop materials and conduct training.</p>	<p>Use of HIM to identify men's and women's knowledge attitudes & practices related to PFP.</p> <p>Use of HIM to identify women's attitudes toward men's involvement in PFP.</p> <p>Translate analysis into action: create a supportive environment for PFP.</p>

Defining a Research Agenda

This session was facilitated by Ricardo Vernon, FRONTIERS, and Patricia Stephenson, USAID. Using a participatory process, the meeting participants were asked to identify and prioritize topics for future research and the topics were clustered according to theme. The following broad areas were identified:

- LAM
 - Strategies and models to support transition to modern methods
 - Increasing linkages with exclusive breastfeeding
 - FP continuation for LAM users
- Providers
 - PFP training of providers
 - Counseling on fertility return
 - Package services to make them manageable for providers
 - Schedule of services/timing for counseling
- Integration of PFP with other services
 - Immunization and PFP counseling
 - PNC package and scalability
 - Systematic screening for PFP
 - PMTCT services
 - What are the (pre)conditions that facilitate success and barriers to integration with various types of services?

- Clients with Special Needs
 - Very young mothers
 - Women dealing with stillbirth or early neonatal death
- Cultural contexts
 - Adapting messages
 - HIM approach/role of men
 - Couples counseling for PPF
- Cost Effectiveness/Benefit Analysis

Consensus and Next Steps

Maureen Norton, USAID CTO, summarized highlights from the meeting and highlighted next steps which include:

- The combination of exclusive breastfeeding and LAM presents a unique opportunity for collaboration between MNCH and FP. As rates of both practices are low, there may be areas of learning for PPF integration.
- Consider the providers so that information is packaged in a way that doesn't overwhelm providers.

Finally, more needs to be done to make a concerted effort to increase awareness about postpartum family planning overall. Program experiences and packages should continue to be systematically shared and disseminated and research priorities addressed.

Selected References

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