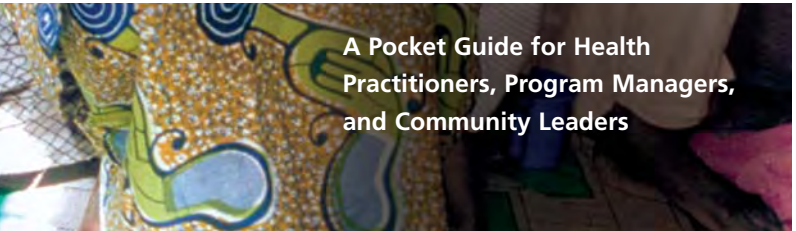
Healthy Timing and Spacing of Pregnancies



A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders

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Introduction to the Pocket Guide

This Pocket Guide provides an overview for health practitioners and program managers about healthy timing and spacing of pregnancies (HTSP). It discusses key findings from global research on the link between pregnancy spacing and maternal and newborn health outcomes. It also highlights the benefits of timing and spacing pregnancies, shares HTSP messages for educating women, men, and communities, and identifies windows of opportunity for HTSP counseling.

Evidence shows that HTSP has potential as an effective intervention that can help women achieve healthy pregnancies and deliveries. Becoming pregnant too soon after a previous birth, miscarriage, or abortion places mothers and newborns at a higher risk of health complications—or even death. When women younger than 18 years old become pregnant, the mothers and their newborns face increased risks of health complications compared to women 20-24 years old. In some populations, infants and children born after short birth intervals also face a relatively high risk of stunting and being underweight during the first five years of life.

In 2006, the World Health Organization (WHO) issued a policy brief recommending:

- After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal, and infant outcomes.
- After a miscarriage or induced abortion, the recommended interval to the next pregnancy should be at least six months in order to reduce risks of adverse maternal and perinatal outcomes.

HTSP and Health Outcomes

To assess the effects of pregnancy spacing on maternal and newborn health outcomes, the United States Agency for International Development (USAID) sponsored six global research studies. Key findings are summarized below.

When pregnancies are too close together:

Less than 24 months from the last live birth to the next pregnancy:

- Newborns can be born too soon, too small, or with a low birth weight.
- Infants and children may not grow well and are more likely to die before the age of five.

Less than six months from the last live birth to the next pregnancy:

- Mothers may die in childbirth.
- Newborns can be born too soon, too small, or with a low birth weight.
- Infants and children may not grow well and are more likely to die before the age of five.

When pregnancies are too far apart (more than five years):

- Mothers are at a higher risk of developing preeclampsia, a potentially life-threatening complication of pregnancy.
- Newborns can be born too soon, too small, or with a low birth weight.

When pregnancies occur too soon (less than six months) after a miscarriage or abortion:

- Mothers are at a higher risk of developing anemia or premature rupture of membranes.
- Newborns can be born too soon, too small, or with a low birth weight.

When first pregnancies occur to adolescents less than 18 years old:

- Adolescents are at a higher risk of developing pregnancy-induced hypertension, anemia, and prolonged or obstructed labor.
- Newborns may die, be born too soon, too small, or with a low birth weight.

Additionally, the potential health risks associated with short pregnancy spacing intervals and/or having a pregnancy too early in life are exacerbated for women who already have pre-existing health problems, such as HIV, anemia, malnutrition, malaria, tuberculosis, heart disease, and diabetes.

HTSP Messages to Achieve Healthy Pregnancy Outcomes

After a live birth:

- Couples can use an effective family planning (FP) method of their choice continuously for at least two years before trying to become pregnant again.
- Couples who choose to use an effective FP method continuously can plan to have their next pregnancy not more than five years after the last birth.

After a miscarriage or abortion:

- Couples can use an effective FP method of their choice continuously for at least six months after a miscarriage or abortion before trying to become pregnant again.

For adolescents:

- Adolescents need to use an effective FP method of their choice continuously until they are 18 years old before trying to become pregnant.

HTSP Benefits

HTSP Benefits Newborns, Infants, and Children under Five

HTSP is associated with reduced risk of:

- Pre-term births, low birth weight, small for gestational age, and, in some populations, stunting or underweight conditions
- Death for newborns, infants, and children under five
- Pre-term births and low birth weight for newborns, when mothers wait until age 18 to have their first pregnancy
- Pre-term births, small for gestational age, and low birth weight, when mothers wait at least six months from the time of a miscarriage or abortion before attempting a pregnancy again

Finally, HTSP allows young children to experience the substantial health benefits of breastfeeding for a full two years.

HTSP Benefits Mothers

- Gives mothers two years to prepare physically, emotionally, and financially for their next pregnancy, if they choose to have one
- Helps young mothers avoid pregnancy-induced high blood pressure and associated complications, obstructed and prolonged labor, iron-deficiency anemia, and maternal death
- Provides mothers with two full years before becoming pregnant again to focus on their newborns, partners, and other children
- Is associated with reduced risk of pregnancy complications like preeclampsia
- Allows two years of breastfeeding, which is linked with reduced risk of breast and ovarian cancer

HTSP Benefits Men

- Helps men safeguard the health and wellbeing of their partners and children
- Allows men time to plan financially and emotionally for their next child, if they choose to have one

- Contributes to a man's sense of satisfaction from supporting his partner in making healthy decisions regarding HTSP and family planning use and raising a healthy family

HTSP Benefits Communities

- Benefits communities by helping to reduce deaths and illnesses among mothers, newborns, infants, and children
- Benefits communities by helping to reduce poverty and to improve the quality of life among community residents

Windows of Opportunity for HTSP Education and Counseling

To ensure the healthiest pregnancy outcomes for women and children, timing and spacing of pregnancies using an effective modern (including fertility awareness-based) family planning method of choice should be encouraged.

There are many times throughout women's lives when they will need health advice and support. These "windows of opportunity" allow health providers, outreach workers, community and religious leaders, and women and men's groups to educate and counsel couples and families about HTSP and the expanded mix of FP methods available to time and space pregnancies.

During a counseling session, remember to:

1. Explain the HTSP messages to clients clearly, in language that they understand
2. Explain that to time and space pregnancies, the couple can use an effective FP method of their choice
3. Mention the wide range of FP methods available to the couple, including fertility awareness-based methods
4. Explain how to obtain and use FP methods
5. Emphasize the health, social, and economic benefits of practicing HTSP
6. Remind the clients that HTSP benefits the whole family and the community
7. Encourage clients to ask questions and share the information with partners, family members, and friends

When is there a window of opportunity?

During Antenatal Care (checkups before delivery)

- Emphasize the importance of breastfeeding, which benefits both mothers and newborns
- Explain the benefits of healthy timing and spacing of pregnancy for expected newborns
- Discuss family planning methods, including LAM, for use after delivery

During Postpartum Care (checkups after delivery)

- Provide counseling about the benefits of delaying the next pregnancy for two years
- Discuss family planning methods
- Emphasize the benefits of breastfeeding, which can delay the next birth if the infant is exclusively breastfed
- Explain that Lactation Amenorrhea Method (LAM), the use of exclusive breastfeeding as a temporary family planning method, protects women from pregnancy for up to six months

During Well Baby Clinics and Services for Children Under Five (such as immunizations)

- Reinforce HTSP messages by reminding mothers and caregivers that practicing HTSP will help the development of the baby and that of any future children

During Family Planning Services

- Counsel women and men attending family planning services about the health and social benefits of practicing HTSP
- Groups that may be interested in spacing or delaying pregnancies include:
  - — Engaged couples
  - — HIV positive women who wish to become pregnant
  - — Newlyweds
  - — Young couples
  - — Married couples with children
  - — Single mothers
  - — Women who have experienced a miscarriage or abortion

During Postabortion Care

- Counsel women receiving postabortion care services on HTSP and FP methods and provide psychological support
- Counsel women on the quick return of fertility after abortion (induced or spontaneous) and encourage the use of an effective FP method of their choice for at least six months before trying to become pregnant again

During Sexually Transmitted Infections (STIs)/HIV/AIDS Services

- Include HTSP information when counseling on STIs and HIV
- Counsel HIV positive women who wish to become pregnant on the benefits of HTSP

During Youth Services

- Provide youth the opportunity to make informed decisions about the timing and pregnancy spacing they desire to help them better manage their lives
- Integrate HTSP messages into youth-focused health, education, and social services

During Men's Health Services

- Integrate discussions on HTSP into men's health activities
- Explain how HTSP benefits men, women, and children
- Educate men on how to support their partners in practicing HTSP and in using a modern (including fertility awareness-based) FP method

During Community Outreach

- Work with community outreach workers to deliver information and provide assistance directly to families and communities
- Provide HTSP messages in community outreach activities in both health and non-health settings
- HTSP messages can be integrated into the following activities and programs:
  - — immunization campaigns
  - — voluntary counseling and testing for HIV
  - — malaria and/or TB prevention
  - — non-health initiatives such as agriculture, literacy, environmental conservation, and micro-credit
  - — preventing mother-to-child transmission of HIV
  - — post-abortion care services
  - — maternal and neonatal care

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What is ESD?

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address the unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among undeserved populations, in order to improve health and socioeconomic development. ESD strengthens global learning and application of best practices; increases access to community-level RH/FP services; and improves capacity for supporting and sustaining RH/FP services. ESD works closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries.

A five-year Leader with Associates Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, International Centre for Migration and Health, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

Extending Service Delivery

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