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 PPFP/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

- 7-17: 21%
- 18-23: 11%
- 24-35: 16%
- 36-47: 19%
- 48+: 34%

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

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

- Modern
- Traditional
- Unmet need to space
- Unmet need to limit
- Total unmet need

Source: NFHS 3: 2005-06
Resurgence of Interest in PPFP/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
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 PPFP/PPIUCD Services in India

Start of PPFP/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

- **PPFP/PPIUCD LRPs** (Reference Manual, Facilitators' Guide, PPIUCD service delivery video & Job-aids) reviewed and approved by GoI
- **RMNCH counselor LRPs** (Reference manual and Facilitators Guide)
- **BCC material** approved by GoI, 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 GoI 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*

<table>
<thead>
<tr>
<th>Period</th>
<th>Providers Trained</th>
<th>PPIUCD Insertions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>States -2</td>
<td>Districts – 5</td>
</tr>
<tr>
<td></td>
<td>Facilities -5</td>
<td></td>
</tr>
<tr>
<td>2010-11</td>
<td>States -19</td>
<td>Districts – 35</td>
</tr>
<tr>
<td></td>
<td>Facilities -53</td>
<td></td>
</tr>
<tr>
<td>2011-12</td>
<td>States -19</td>
<td>Districts – 40</td>
</tr>
<tr>
<td></td>
<td>Facilities -81</td>
<td></td>
</tr>
<tr>
<td>2012-13</td>
<td>States -19</td>
<td>Districts – 260</td>
</tr>
<tr>
<td></td>
<td>Facilities -353</td>
<td></td>
</tr>
</tbody>
</table>

*Updated till Jul-2013
PPIUCD Experience In India
Total Reported PPIUCD Insertions Feb-10 to Aug-13

Intra-cesarean 33%
Post-placental (within 10 min) 45%
Post-partum (within 48 hrs) 22%

N=1,33,046

Data as on 18/09/2013

Source: PPIUCD Monthly reports
Proportion of PPIUCD Acceptors Among Institutional Deliveries
(Based on Jan 11 - Aug 13 Data)

Total deliveries=18,48,043  Total PPIUCD insertion=1,22,586

Source: PPIUCD Monthly reports

Data as on 18/09/2013
Follow-up Findings
(Based on Jan-11 to Aug-13 Data)

Expulsion: 2.8%
Infection: 1.5%
Removal: 4.4%

N=51,546

Source: PPIUCD Monthly reports

Data as on 18/09/2013
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

<table>
<thead>
<tr>
<th>STATE</th>
<th>No. of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bihar</td>
<td>38</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>34</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>24</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>50</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>27</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>75</td>
</tr>
</tbody>
</table>

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

HMIS initiated
Program Approach

Initiation of services at District Level facilities

Development of State/Divisional level Training Sites

Family Planning Counselors

Training of SNs/ANMS and orientation of ASHAs

Technical Backstopping
Post Training
Mentorship
Supportive supervision visits

Client Follow-up model demonstration

Client

Services

Counseling

TA for Clinical Training

DEMAND GENERATION
ACCELRETARED SCALE UP in 2012-13: EXAMPLE FROM UP
Status of Training of Providers in PPFP Services

Program Started

201 providers trained

605 providers trained

<table>
<thead>
<tr>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2011 |

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2012 |

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2013 |
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 GoI and other Donors

2010-11

Total $3,316,345

- USAID: 81%
- BMGF: 8%
- NIPI: 11%

2011-12

Total $4,406,291

- USAID: 45%
- BMGF: 26%
- NIPI: 22%
- Packard Foundation: 4%
- Govt of India: 3%

2012-13

Total $8,068,859

- USAID: 54%
- BMGF: 25%
- NIPI: 14%
- Packard Foundation: 5%
- Govt of India: 2%
Challenges and Opportunities

- Need to further strengthen PPFP 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.