



Strengthening Post-Partum Family Planning (PPFP)



A health worker counseling postpartum mother about FP methods

BACKGROUND

Of the 182 million pregnancies that occur in developing countries, more than a third are unintended.¹ Two-thirds of unintended pregnancies occur among women who are not using a method of family planning, suggesting significant unmet need. Family planning use during the first year postpartum is low, and one in three women become pregnant again within 15 months after birth.²

In Nepal, unmet need of FP among postpartum (delivery to one year) mothers was 38% but increased to 47% between 10-12 months after delivery. In addition only 22% of postpartum mothers use modern contraceptive methods, with many placing too much confidence on breast feeding to prevent pregnancy - even when non-exclusive. Nepalese women abstain from sexual intercourse for a median of 2.1 months, and 81% of Nepalese women abstain in the first two months following birth.³ In India, it was found that the mean start of sexual activity after delivery was 2.8 months and 28% of women were sexually active within six weeks postpartum, rising to 93% by the end of 6 months.⁴ These results clearly show the importance of FP services during the postpartum period, which can benefit infant and maternal health through longer intervals between births.

Service providers in Nepal have inadequate knowledge about the FP needs of postpartum mothers and do not focus on FP counseling during the postpartum period. There is a lack of referral, coordination and communication among

FP clinics, maternal, neonatal and child health (MNCH) clinics, maternity wards, post abortion care (PAC), and safe abortion services (SAS) sites. There is therefore tremendous opportunity to provide family planning information and services to postpartum mothers when they visit health facilities for their MNCH services.

STRATEGIC APPROACHES

Strengthening postpartum family planning (PPFP) is a comprehensive maternal, newborn and child health service approach that has the potential to systematically reach a large number of women with critical, life-saving information and services.⁵ The main reason behind the integration of FP and MNCH services is to provide mothers, at every point of contact with the health system, with an opportunity to talk about their reproductive intentions, give mothers information about the benefits of family planning, and the range of available contraceptives.

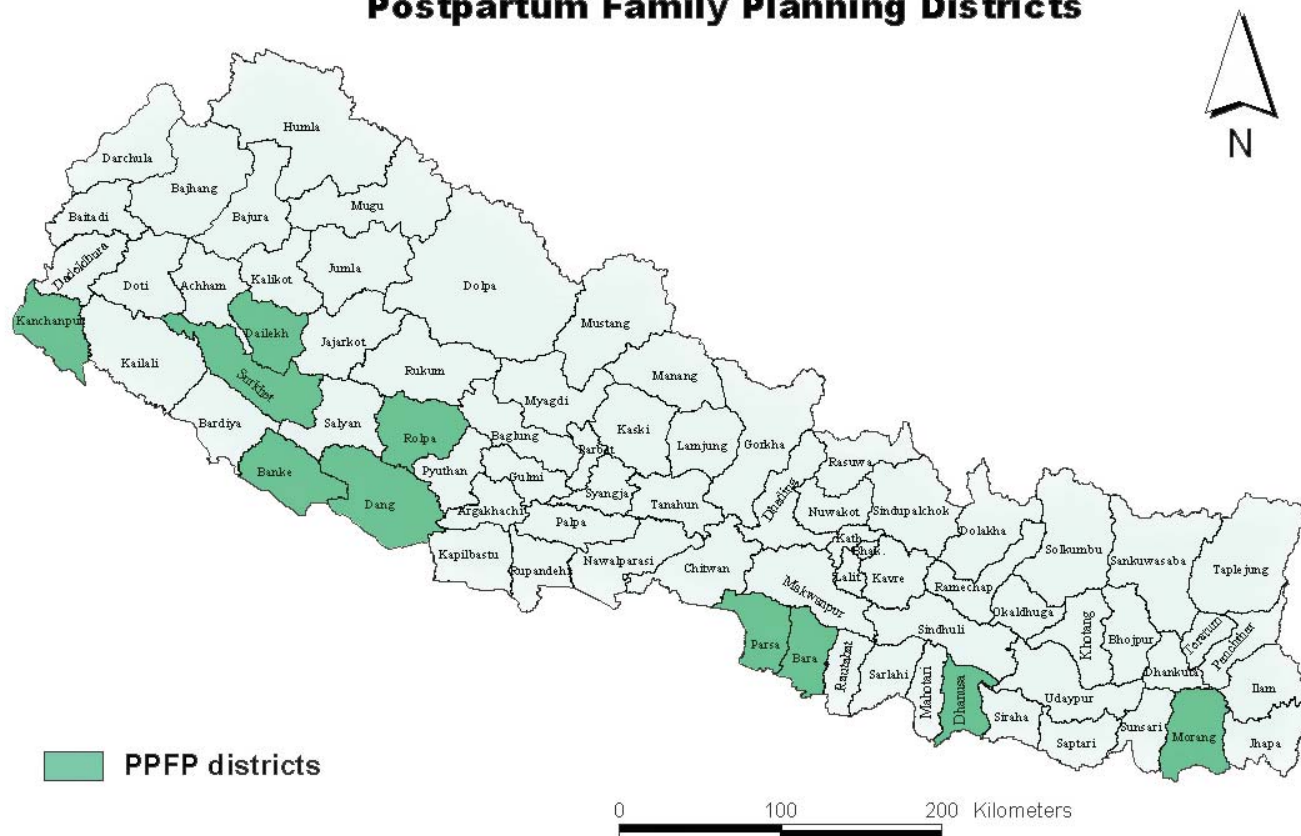
The Nepal Family Health Program II (NFHP) provides technical assistance to the national family planning program. To initiate PPFP services, NFHP helped the Family Health Division (FHD) develop the reference manual and educational materials for a three-day workshop, designed to enhance knowledge and skills of service providers, improve contraceptive choices, promote healthy timing and spacing of pregnancies (HTSP) and integrate FP/MCH services in intervention hospitals. NFHP assists the FHD:

- Design, develop and publish the national PPFP program guidelines, job aids and other educational materials
- Create an enabling environment for hospitals to receive family planning information and services to postpartum mothers
- Establish linkages and coordination mechanisms between the different wards and departments of hospitals
- Ensure effective monitoring of the PPFP program

INTERVENTION SITES

The Strengthening PPFP Program was initiated in two hospitals in Parsa and Banke in fiscal year 2008/09. Based on the lessons learned from these two districts, this approach

Postpartum Family Planning Districts



was gradually expanded to 8 additional hospitals (Koshi Zonal, Janakpur Zonal, Mahakali Zonal, Mid Western Regional, Rapti Sub-Regional, Dailekh district, Kalaiya district and Rolpa district hospitals).

KEY ACTIVITIES

- Conducted three-day PPFPP strengthening workshops for all service providers working in FP, maternity wards, MCH, PAC and SAS sites. The training includes and highlights the following:
 - Importance of FP and FP counseling in the postpartum period,
 - Concept and advantages of HTSP,
 - Availability of contraceptive methods for postpartum women,
 - Importance of coordination, collaboration and referrals among the different FP, MCH, maternity wards, PAC and SAS units in hospitals, and
 - Recording and the reporting of the services provided.
- Supported hospitals by providing job aids (pregnancy rule out aids, effectiveness charts), reproductive health counseling kits, PPFPP leaflets, and FP posters.

- Established PPFPP coordination committees in the hospitals for strengthening coordination and referrals between the different hospital units and wards through regular meetings.
- Conducted follow-up workshops every six months for review of progress and updates on family planning.
- NFHP staff visited hospitals and carried out technical support visits, preferably with district FP supervisor/public health nurse and provided on-site coaching where necessary.

RESULTS

A total of 240 nursing staff and medical officers received the three-day training on PPFPP over the two years of implementation of the Strengthening PPFPP program in ten districts.

Major changes observed after the implementation of the program were regular availability of IEC/BCC materials, focused counseling of mothers and husbands on FP and HTSP principles in maternity wards, availability of family planning services in MCH clinics, immunization sites, PAC and comprehensive abortion care (CAC) service sites and coordination between different wards and service outlets.

Following implementation of the program, service providers reported increased knowledge on family planning for postpartum mothers. Comparing the service statistics on family planning before and after the intervention, the results reveal the following improvements in 10 hospitals:

- The number of mothers who received FP counseling immediately after child birth in maternity wards increased significantly from 4% to nearly 44% (Table 1). The results from two districts revealed that it was 73% after two years of implementation.

Table 1. Comparing PFP indicators before and after the intervention in ten hospitals

Indicators (as percentage)									
PP mothers who received FP counseling among total deliveries		PPT among total deliveries		PAC clients who received FP services		CAC clients who received FP services		PP mothers who received FP services after counseling	
Before PFP	One year after PFP	Before PFP	One year after PFP	Before PFP	One year after PFP	Before PFP	One year after PFP	Before PFP	One year after PFP
4.19	43.65	0.73	1.07	60.74	73.51	72.26	80.3	19.84	31.01

- Postpartum tubal ligation (PPT) among the total number of deliveries in 10 hospitals increased from an average of 0.7% to 1.2%. It would have been more if there had been regular availability of trained doctors.
- Clients receiving FP services in PAC and CAC sites increased from 60% to 73% and 72% to 80% respectively. The FP method mix also changed after the program - more long acting FP methods were used after clients were counseled at CAC and PAC sites. There was also a slight increase in minilaparotomy, use of IUCD, implants and injectables and a decrease in vasectomies, use of condoms and pills. The service provider said that more people would have obtained implants had the government supplied adequate numbers of implant on time.
- The results revealed that nearly 32% of mothers accepted FP methods after counseling at IFPSC/ MCH clinics. In Parsa and Banke, the acceptors of FP methods after counseling increased to more than 40% after the second year of program implementation.

LESSONS LEARNED

- Service providers have inadequate knowledge about the family planning needs of postpartum mothers. Continuous orientation and updates on PFP helps service providers internalize the importance of PFP.

- Formation of the PFP coordination committee at the intervention hospitals has been helpful not only in strengthening coordination, but also in identifying the problems and possible solutions.
- Although PFP is an important approach in fulfilling family planning needs of postpartum mothers, it takes time to get significant results.

CHALLENGES

- The existing health management information system (HMIS) does not record the number of FP counseling and services provided to postpartum mothers, therefore it is difficult to ensure uniformity and continuous monitoring of services at the hospitals.
- Service providers working in MCH clinics are busy with their regular activities – providing FP information and services in addition to MCH services takes additional effort and time they often do not have. A strategy should be developed at the central level to inform managers and service providers at all levels about the integration of FP with MCH services.
- It has been difficult to sustain regular meetings of the PFP committee as there is no formal system to bring together providers from different units.
- A majority of women do not receive FP services immediately after the delivery. Moreover, it is difficult to track the status of use of FP methods as most do not come back to the hospital for FP services.

RECOMMENDATIONS

- This approach should be expanded to other hospitals in Nepal to fulfill the reproductive health need of postpartum mothers and her family.
- It would be beneficial to develop a simple and effective registration system by modifying the current HMIS tool so that service providers feel comfortable recording and reporting use of FP services and referral services.
- Information regarding HTSP should be expanded to the community level through FCHVs, mother's group, HFOMCs and other mediums.
- It is necessary to incorporate the importance of FP during the postpartum period in MCH related technical standards, guidelines, and protocols. This will provide service providers a sense of ownership over the integration of FP in MCH services.

- PFP services should be expanded to the community level through health institutions, immunization clinics and primary health care outreach clinics, thus raising awareness and promoting the use of FP services for postpartum mothers.
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