Postpartum Family Planning:
Building a Global Movement
Meeting Report
14 September 2011, Washington, D.C.

Postpartum Family Planning Programming

Program experience in postpartum family planning (PPFP)—the provision of family planning information and services to women through the first year postpartum—has grown over the past six years. The *Postpartum Family Planning: Building a Global Movement* meeting provided an opportunity for program professionals to share field experiences in implementing PPFP strategies and tools to support program initiatives, and to initiate the process of developing practice recommendations for WHO/RHR.

Meeting Objectives and Methods

Drawing on the momentum from three previous technical meetings, the overall purpose of *Building a Global Movement* was to encourage the sharing of PPFP programmatic strategies to advance the state-of-the-art and to capture lessons learned for programming. Specific objectives were to:

- Exchange programmatic evidence and experience to further PPFP learning;
- Share existing tools and opportunities for learning; and
- Contribute to the development of PPFP Selected Practice Recommendations for WHO.

More than 60 experts and leaders in reproductive health and maternal, newborn and child health (MNCH) from 28 global health organizations and programs came together in Washington, D.C., to participate in the meeting. USAID colleagues moderated three panel presentations in which partner agencies discussed their experiences in providing PPFP services. The panel presentations were followed by a "speed dating" session that showcased the activities and findings of five PPFP-related working groups. The day concluded with USAID and MCHIP staff sharing their perspectives on the continuing evolution of PPFP. Participants received a flash drive of PPFP materials, including technical information on long-acting and permanent methods (LAPM), postnatal care (PNC), and preventing mother-to-child transmission (PMTCT), as well as programmatic descriptions. Materials also included an updated annotated bibliography of the PPFP literature. Presentations are summarized in the following sections.

Opening Session

Deborah Armbruster, Senior Maternal and Newborn Health Advisor, USAID, highlighted PPFP as an example of a truly integrated activity. PPFP is inherently integrated with other services such as ANC, well-child visits, and immunization. Dr. Catharine McKaig, MCHIP Family Planning (MCHIP FP) technical team leader, briefly discussed the unmet need for family planning among postpartum women. Dr. McKaig also spoke about lessons learned through program experience in the field and about the challenges and the collaborative efforts that will be needed in the future in order for PPFP to continue to evolve in the context of integrated programming.

Presentation Highlights and Key Recommendations

The day was organized into three panel sessions and an interactive session. The first panel presented findings related to postpartum women's family planning needs and services. The second panel presented information from PPFP interventions. The third focused on the process of developing practice recommendation for PPFP. The table below summarizes the presentations, lessons learned, and implications for PPFP programming. The agenda and presentations are posted in their entirety on the web at http://www.k4health.org/toolkits/ppfp.

PANEL/ PRESENTATION	HIGHLIGHTS AND LESSONS LEARNED	IMPLICATIONS FOR PPFP PROGRAMMING
Session I: Postpartum Women, Family Planning, and Service Delivery Considerations		
Expanding Contraceptive Use in Rwanda Presenter: Aurelie Brunie, FHI 360	**Approach:** Conduct a study for the Government of Rwanda to inform concrete actions for reaching 70% CPR target by 2012. The aim of the study was to understand non-use of modern family planning methods; examine barriers to modern contraception; and explore psychosocial factors influencing modern contraceptive use. **Sample:** Community-based study in 21 areas in five out of 30 districts in Rwanda. Data collected between November 2009 and February 2010. Enumeration and random selection of households. Sample size was 637 women, one woman per household. In-depth interviews were conducted with 54 women and 27 partners. **Selected Findings:** • Modern method use was at 50.4%; unmet need to limit births was at 21.7%; unmet need to space births was at 15.1%. • 58.4% of the women not currently using an FP method cited waiting for menses to return as the reason for non-use (73/120 women were more than six months PP); 15.3% cited a fear of side effects; and 14.9% cited breastfeeding (12/30 respondents were more than six months PP). • Factors that increased the likelihood of current use included having some education; higher parity; sexual activity; partner support; and attending an FP talk by a community health worker. • Factors that increased the likelihood of non-use included being older; being less than six months PP; wanting a child within 12 months; distrusting contraception; and acknowledging barriers to use.	**Program Implications:** Women in Rwanda need more information about postpartum return to fertility. Providers may benefit from instructions on postpartum women's FP needs and eligibility for contraception. **Limitations of Study:** • Findings may not adequately represent the entire country. • The study was not designed around PPFP. • The study adopted a demand-side perspective and does not permit the assessment of all aspects of service delivery. **Programs should consider:** • Emphasizing return to fertility for postpartum women • Training providers on return to fertility and appropriate method use for the postpartum period

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The Need for Postpartum Family Planning among PMTCT Clients: Findings from Kenya, Rwanda, and South Africa Presenter: Theresa Hoke, FHI 360	**Approach:** Conduct a descriptive, cross-sectional study of antenatal care (ANC), postnatal care (PNC), and child health services (CHS) in Kenya, Rwanda, and South Africa. Objectives were to document the need for FP among women living with HIV who were receiving PMTCT services and determine whether women could be reached with FP services during ANC, PNC, and CHS. **Tools and Study Sample:** Structured interviews were conducted with HIV+ female clients and service providers and managers. The sample included 10 sites, 179 clients, and 55 providers in Kenya; 30 sites, 204 clients, and 34 providers in Rwanda; and 6 sites, 206 clients, and 47 providers in South Africa. **Selected Country Findings:** **Kenya** • 50% of clients reported their most recent pregnancy was unintended. • Only 16% of child health services clients were actually using family planning. • During counseling sessions (PNC/CHS), 24% of clients reported receiving counseling on the desire for children in the future; 29% discussed the desire to use an FP method in the future; 20% discussed advantages and disadvantages of different FP methods; and 15% received a referral for FP. **Rwanda** • 50-60% of clients reported that their most recent pregnancy was unintended. • 68% of child health services clients reported that they were using an FP method. • During counseling sessions (PNC/CHS), 18% of clients reported receiving counseling on the desire for children in the future; 28% discussed the desire to use an FP method in the future; 23% discussed advantages and disadvantages of different FP methods; and 12% received a referral for FP. **South Africa** • 69% of clients reported that their most recent pregnancy was unintended. • 50% of child health services clients reported that they were using an FP method. • During counseling sessions (ANC/PNC/CHS), 34% of clients reported receiving counseling on the desire for children in the future; 54% discussed FP methods respondents could use; 73% received counseling on the importance of condom use even during pregnancy; and 55% received counseling on ways to prevent both STIs and pregnancy. **Selected Provider Findings:** PMTCT "prong 2" not readily articulated; little FP training; misconceptions about contraception for HIV+ women; bias toward condom promotion for pregnancy prevention to HIV+ clients; limited promotion of LAPMs	**Future Programming Recommendations:** In order to better serve the postpartum family planning needs of PMTCT clients, programs need to: • Increase understanding of the PMTCT benefits of FP • Build and expand capacity to routinely screen clients for unmet need for FP • Build and expand capacity to counsel on the full range of safe and effective contraceptive options • Provide contraceptive method of choice either on site or through referral **The Way Forward:** • There is growing policy support for integrating FP and PMTCT. • A recent Cochran review on MNCH/HIV Integration reported that integration was feasible across a variety of integration models, settings, and target populations. Most studies reported positive effects on health outcomes, especially on contraceptive use. • Emerging evidence has been found of the effectiveness of integrated FP/HIV service delivery models. • Programmatic expansion needs to be accompanied by more rigorous evaluations.

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MCHIP Mali: Results from a Facility-Level Assessment in Two Districts in Kayes Presenter: Holly Blanchard, MCHIP	**Approach:** Develop a questionnaire to test perceptions of MNH/FP services among mothers with children ≤ 24 months and to evaluate health workers' knowledge of active management of the third stage of labor (AMTSL), essential newborn care (ENC), and PPFP. **Sample:** Facilities in two districts (Kita and Diema) in the Kayes region were surveyed. Interviews were conducted with 67 health workers from two regional hospitals and 20 health centers, and with 140 mothers, 10 from each hospital and six from each health center **Findings from Mothers:** • 62% reported receiving no PPFP information in immediate postpartum period. • 60% reported no PPFP during infant care visits. • 83% had not used FP since the birth. • 14% reported currently using a method of FP. • 84% reported being counseled on exclusive breastfeeding. **Findings from the Health Workers:** • 33% knew the three LAM criteria. • Only 9% knew about healthy timing and spacing of pregnancy (HTSP), but 72% knew that a birth to pregnancy interval (BTPI) of 24 months affords the healthiest outcomes. • 33% knew to tell clients to wait six months after a miscarriage or abortion. • 61% knew that HTSP reduces risk for malnutrition.	**Program Considerations:** There are many missed opportunities for PPFP while strengthening ANC, AMTSL, and ENC integrated programs in Kita and Diema, Mali. Only 9% of women reported using LAM; yet the majority were counseled on exclusive breastfeeding. Knowledge about contraception for postpartum women was limited, supporting the need for provider updates on PPFP.

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Application of the PPFP Message Guide in Liberia Presenter: Chelsea Cooper, MCHIP	**Approach:** Conduct an assessment of key immunization and FP behaviors to inform the message and materials development process for an FP/immunization integrated activity involving the use of routine immunization contacts at fixed facilities for vaccinators to provide one-on-one family planning messages and referrals. The message and materials design process was also guided by the ACCESS-FP publication, A Guide for Developing Family Planning Messages for Women in the First Year Postpartum. **Methodology:** • Four health facilities in two counties were visited. • Interviews were conducted at each site with FP providers, vaccinators, and facility in-charges; and focus group discussions were held with mothers with children less than one child. **Assessment Findings:** • Perceived benefits of FP uptake cited by respondents included improved health for the mother and infant, economic stability, and allowing mothers to finish school (for adolescents). • Perceived barriers to FP uptake included norms around sex and FP use before the baby walks, partner opposition, side effects, cost, stock-outs, and lack of knowledge about family planning. **Selected Messages Developed:** • "Sister/Ma, since you are already here at the clinic, maybe you also want to go for family planning." • "Family planning can help you put space between your children, and it is good to use even before the baby starts walking."	The PPFP message guide can serve as a helpful starting point to inform PPFP message development. Once barriers are identified, key messages can be created to address them. **Program Considerations**: • Ensure that FP messages include promotion of immunization (importance of bolstering immunization and FP). • Field testing of materials revealed opportunities to simplify and clarify messages. • Integrated programming allows opportunities for messages to reinforce and strengthen both FP and immunization services.
Session II: Effective Service Delivery Strategies		
Healthy Fertility Study: 12 Month Postpartum Findings Presenter: Jaime Mungia, MCHIP/Jhpiego	**Study Objectives:** The healthy fertility study (HFS) objectives are to develop and test an integrated FP/MNH service delivery approach, to assess the strengths and limitations of integrating FP into an ongoing community-based MNH program, **to assess the impact of the intervention package on contraceptive knowledge and practices**, and to assess the impact of the intervention package on pregnancy spacing. **Study Design:** • The study began in December 2007 and is following 2,247 enrolled women in four intervention areas and 2,257 women in four control areas. Previous FP use was 18% in the intervention arm and 22% in control arm. • The intervention areas receive an integrated FP and MNH package, and the control areas receive the MNH package only. • The enrolled women are followed from pregnancy until 36 months postpartum and are interviewed at eight points during that time.	**Lessons Learned and Future Programming Implications:** • The intervention led to a significant increase in contraceptive use among the intervention group, supporting many new users. • Promotion of LAM had a positive effect on optimal breastfeeding practices: duration of exclusive breastfeeding was 25% higher at six months. • LAM has an important role in contraceptive mix at three and six months postpartum. • Contraceptive distribution by MNH field workers during pregnancy surveillance visits was effective.

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	• In both arms of the ongoing MNH program, community health workers (CHWs) conduct home visits. Pregnancy surveillance is completed every two months; new married women of reproductive age and pregnant women are identified and registered. • Behavior change communication messages on PPFP are also integrated into the antenatal and postpartum period visits. • Government health providers use Family Welfare Assistants to conduct pregnancy surveillance visits. As such, the intervention model was designed with an eye toward the potential for and ease of scale-up. • In addition to the home visits conducted by CHWs, community mobilization is done through meetings with gatekeepers and people of influence to raise awareness about messages and garner support. **Selected Findings:** • Modern contraceptive use in the intervention group was 37% at three and six months postpartum, compared to 11% at three months and 18% at six months in the comparison group. Overall use in the intervention group stayed the same between three and six months, but the method mix changed from LAM to other modern methods. • At 12 months postpartum, 41% of women in the intervention arm used a modern method, compared to 25% in the comparison arm. • At 12 months postpartum, the predominant methods in the intervention arm were pills (20.3%) and condoms (9.7%), both of which are distributed by CHWs. In the comparison group, pills and injections were the predominant methods, accounting for 10.6% and 9.1%.	• PPFP messages can feasibly be integrated into existing visits with mothers, but additional visits may be needed to support continued use and, particularly, the use of LAM.
Postpartum IUD in Paraguay: Review of 3000+ Cases Presenter: Vicente Bataglia, MCHIP/ Paraguay	**Study Design:** • Retrospective case series (N=3,029) • Review of delivery room registers • Hospital family planning clinic register was searched for women who had PPIUD insertion • Chart review and data abstraction **Selected Outcomes:** • Perforation, 0% • Infection, 0.1% • Removal (any reason), 3.4% • Spontaneous expulsion,1.4% • Experienced providers had a lower expulsion rate. • The age of the client had no effect on infection or expulsion rates. • The parity of the client had no effect on infection or expulsion rates.	**Lessons Learned and Recommendations:** • Systematically offer PPFP (including PPIUD) • Perforation is not a valid concern about trained PPIUD providers • Infection: No need for prophylactic antibiotics if clients are carefully screened • Expulsion: Applying upward pressure on uterus (abdominal hand) reduces lower uterine angle and ensures high fundal placement at time of PPIUD insertion. • New PPIUD providers need careful supervision and follow-up.

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	Reasons for Findings: • Careful selection of ANC and PNC clients • Counseling on all PPFP methods; for those who choose PPIUD, review of all aspects of method • Careful client screening: no insertions for clients who have spontaneous rupture of members (> 18 hours), chorioamnionitis, or postpartum hemorrhage • Integration of PPFP services into routine maternal health program • Attention to insertion technique to ensure fundal placement	• Good counseling is critical to reduction of premature removal.
Postpartum Contraception in Uttar Pradesh: Pilot to Scale-up Presenter: Saumya Ramarao, Population Council	**Approach:** Phase I: Operations research Phase II: Creating conditions for scale-up Phase III: Scale-up • Integrates different community-based programs • Data and documentation available for every phase • Intervention was training of CHWs on HTSP; it was supported by two ministries; district-level staff were oriented • CHW outreach to families through home visits, community women's meetings, and community leaders **Results:** • Among those using PPFP (N=807), 65% were using modern PPFP; of these, 13% were using LAM and 35% were using condoms. • In the control group (N= 560), 53% were not using PPFP at 9-10 months and 15.5 % were currently pregnant. • In the intervention group (N=570), 27% were not using PPFP at 9-10 months and 10.3% were currently pregnant. **Scaling Up:** Expanding pilot to four blocks; then expanding to include seven more	**Lessons Learned:** • Phased approach from model, building proof for concept to hand over essential services • Integrity of model can be maintained. • Identification of key partners and existing programs and services are keys to sustainability. • Synergies of different ministries can be exploited. • Capacity-building of doctors and community workers through short training is feasible and effective.

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A Second Look at PPTL: Opportunities for Expanding Choice in PPFP
 	
Presenter: Blami Dao, Jhpiego
	Rationale for PPTL: Postpartum tubal ligation (PPTL) is another choice for postpartum family planning; it offers potential for task shifting from physicians to mid-levels such as nurse-midwives or paramedics (Thailand case study, Bangladesh).
	
	Advantages of PPTL:
	• Convenience: woman and family already at the facility
	• Technically easier: minilap easier to perform in postpartum period vs. interval
	  • Thinner abdominal wall
	  • Enlarged uterus
	  • Fallopian tubes easier to identify (vs. the round ligament)
	• Highly effective: PP partial tubal excision is 99.3% effective (vs. 98.5% for all tubal ligation methods)
	• Has no effect on breastfeeding
	• Can reach women who otherwise might not have access to tubal ligation services
	• Addresses unmet need for FP
	• Technically practical and safe
	• Cost-effective
	• When linking with ANC services, provides an opportunity for counseling, pre-op screening, and informed decision making
	
	Challenges:
	• Potential for regret, particularly among women < 30 years old, but majority have no regret
	• Difficult to integrate FP and maternity services
	• Lack of trained provider ready to provide service
		Summary:
		• Tubal ligation is safe and highly effective
		• Approximately one-half of bilateral tubal ligations in the United States are PPTLs.
		• Tubal ligation in the postpartum period using the minilap under local anesthesia is convenient, practical, and easy to perform.
		• Examples from the United States and developing countries demonstrate feasibility of offering PPTL.
		• To increase access to high-quality PPTL in developing countries, trained nurse-midwives and clinical officers could provide the procedure.
		• PPTL offers an opportunity for integration with increasing trend toward facility deliveries.
		• PPTL offers an opportunity to meet unmet need for couples who want to limit future pregnancies.

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Session III: WHO Selected Practice Recommendations		

Promoting PPFP: SPR Development Process
 	
Presenter: Mary Lyn Gaffield, WHO
	Process for Development of PPFP SPRs:
	The outcome of the development process is a PPFP addendum to the existing Special Practice Recommendations (SPRs) Guidelines.
	
	Background:
	• Brainstorming meeting, March 2010 (WHO, Geneva), with draft concept note prepared
	• Panel presentation, First Global Forum for Health Services Research (Montreux, Switzerland)
	• Follow-up meeting of panelists and partners (WHO, Geneva)
	• Guideline Development Group meeting, April 2011 (MCHIP, Washington, DC)
	  • Review of activities
	  • Finalize plan of work and products
	
	Recommended Activities and Products:
	• Programmatic guidance for policymakers and program managers
	• Include new questions within the SPR
	• "Map" guidance on the topic to identify gaps
	• Interview public health officials from selected countries for contextual input
	• Systematic review of published evidence
	• Call to Action advocacy document
		Next Steps:
		• Receive programmatic input from meeting participants
		• International Family Planning Conference, late November (Dakar, Senegal)
		  • Pre-formed panel presenting proposal
		  • Evening auxiliary session for country case studies
		• Complete review of background evidence
		• Guideline Development Group to draft guidance for expert review
		• WHO technical consultation to finalize recommendations (June 2012)

PPFP Country Interview Findings Presenter: Shauna Gunaratne, WHO	**Study Design:** Interviewed key informants from 17 countries with high unmet need for PPFP (from DHS data) • Observational, cross-sectional study • Each informant interviewed by three people • Collated response emailed back to interviewee • Data analysis • Key phrases examined for analysis • Reviewed by team of three people **Selected Findings:** • 8% of respondents defined the postpartum period as immediately after delivery. • 31% of respondents defined the postpartum period as six weeks postpartum. • 23% of respondents defined the postpartum period as six months postpartum. • 38% of respondents defined the postpartum period as one year postpartum.	**Conclusions:** • Full results will be presented at Dakar conference in December 2011 **Take-away points:** • Policy in these countries is often supportive of family planning. • Funding for postpartum family planning is often an issue. • Monitoring and evaluation systems do not exist. • Other opportunities exist for delivering these services.

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	• Policy, budget, and monitoring systems:
	  • Interviewees mentioned a need for advocacy for PPFP
	  • None of the countries have specific PPFP budgets
	  • Funding for PPFP falls under general categories (e.g., FP, maternal health)
	Monitoring and evaluation systems are non-existent	

PPFP Call to Action
 	
Presenter: Barb Deller, Jhpiego
	Rationale for a Call to Action:
	• Recommendation from First Global Forum on Health Systems Research (November 2010)
	• Recommendation from various working groups, including Guideline Development Group meeting in April 2011
	• Need expressed in recent survey
	
	Rationale for PPFP:
	• Great unmet need for FP in the PP period
	• Lack of awareness of return to fertility and pregnancy risk during the PP period
	• Prevalence of pregnancies within first year PP
	• Health benefits of PPFP for mother and infant/child
	
	Strategies for Increasing PPFP:
	• Raise awareness of the need for FP among PP women
	• Broaden the program context for PPFP
	• No missed opportunities across the continuum from facility care to community-based care
	• Expanding range of contraceptive options
	
	Essential Actions:
	• Prioritizing PP women for FP
	• Ensure effective services in facility and community
	• Commit sufficient financial resources
	• Prepare human resources
	• Observe WHO Selected Practice Recommendations
		Next Steps:
		1. Receive feedback from:
		  • Participants in this meeting
		  • PPFP Community of Practice
		  • Other colleagues working in the PPFP field
		2. Incorporate feedback into revised draft
		3. Collaborate with WHO in the finalization of the PPFP Call to Action

WHO Selected Practice Recommendations

At the conclusion of the panel presentations, participants divided into four groups to address different facets of the selected practice recommendations for postpartum contraceptive use. Group 1 discussed how PPFP can be integrated into infant and child health care services. Group 2 focused on PPFP during antenatal care. Group 3 addressed uptake of immediate postpartum permanent and long-acting reversible contraception. Group 4 discussed how to maximize and promote the use of PPFP by women who do not deliver in the hospital. Input from the groups will be used in the development of the selected practice recommendations.

Interactive Session: Working Group "Speed Dating"

Group leaders from five different PPFP-related working groups held roundtable discussions with meeting participants. The five working groups focused on postpartum IUD (PPIUD); maternal, infant, and young child nutrition (MIYCN)/FP; long-acting methods (LAM); healthy timing and spacing of pregnancy (HTSP); and FP/immunizations. Participants learned about the work of each group and were invited to join and/or suggest possible activities.

Building a Global Movement

At the end of the day, representatives from USAID and MCHIP shared final thoughts and remarks. Patricia MacDonald, Senior Technical Advisor for MCHIP FP, USAID, thanked the MCHIP FP team for all of their work on mainstreaming the integration of PPFP with other MNCH and nutrition activities, building on the work of ACCESS-FP that brought a programming focus back to PPFP. She summarized highlights and key points from the meeting, including women's perceptions of their own risk of pregnancy and how these perceptions and norms influence women's behaviors and contraceptive use. She also emphasized the need to continue documenting and publishing lessons learned about integrated service delivery models in order to effectively scale up these interventions. Anita Gibson, Deputy Director of MCHIP, described how the family planning team explores ways to integrate PPFP with other areas of MCHIP on a regular basis. Postpartum women are a unique group of women who reside at the intersection of MNCH and FP, which makes them vulnerable. Not only were programmatic experiences on PPFP shared, but the participants were also able to provide input into WHO's special practice recommendation.

Selected Resources

- MCHIP Web site: www.mchip.net
- PPFP Community of Practice: www.my.ibpinitiative.org/public/ppfp/
- K4Health: www.k4health.org/toolkits/ppfp

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