

Healthy Fertility Study: Integrating Family Planning within a Community-Based Maternal and Neonatal Health Program in Rural Bangladesh

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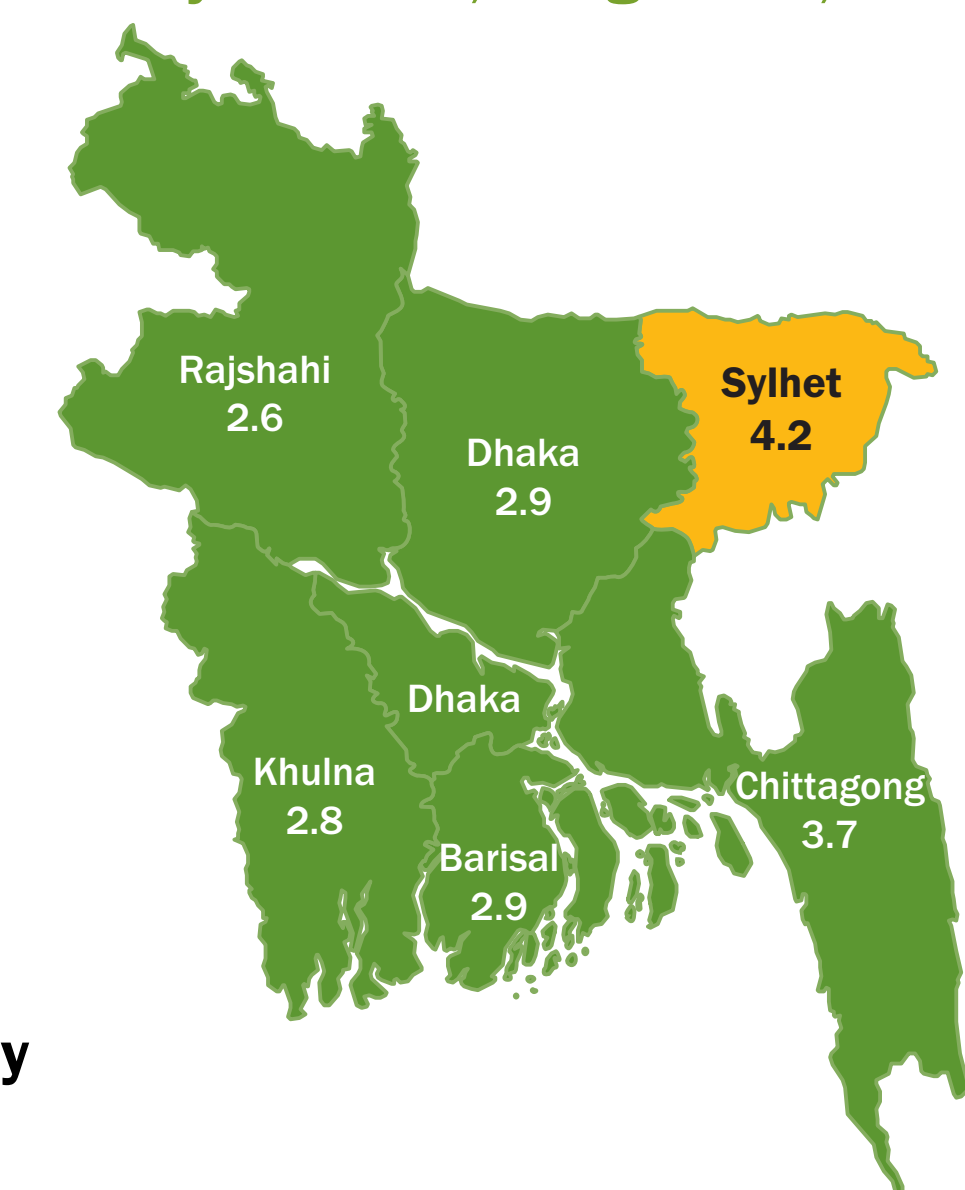
Evolution of MNH Packages in Sylhet: Projahnmo in Bangladesh

- Designed a community-based maternal and newborn care intervention package and evaluated the effectiveness of the package using a cluster randomized design
- A home care package, which involved community health worker (CHW) antenatal and postnatal home visits and management of the sick newborn, reduced NMR by 34% (Baqui et al., Lancet, 2008)

Integration Model Being Tested

The Healthy Fertility Study is taking the intervention model from the Projahnmo project that delivers a package of maternal and newborn health interventions through home visits and community meetings conducted by CHWs as a base. The Study then seeks to integrate communication about family planning (FP) including the lactational amenorrhea method, (LAM) and supply of contraceptives, into this system, to promote acceptance and use of FP methods in the postpartum (PP) period.

TFR by Divisions, Bangladesh, 2004



Healthy Fertility Study in Bangladesh: Context

Selected Family Planning Indicators, Bangladesh and Sylhet, BDHS 2007

Indicators	BGD	Sylhet
Unmet FP need	17%	26%
CPR (any method)	56%	31%
TFR	2.7	3.7
Birth Intervals		
<24 months	15%	26%
<36 months	37%	57%

Healthy Fertility Study

Integrated Model of Postpartum Family Planning (PPFP) and MNH



Newborn Care



PPFP counseling and contraceptive distribution

Study Objectives

- To develop and test an integrated FP/MNH service delivery approach
- To assess the strengths and limitations of integrating FP with an ongoing, community-based MNH care program
- To assess the impact of the intervention package on contraceptive knowledge and practices, including the LAM during the extended postpartum period
- To assess the impact of the intervention package on pregnancy spacing

Study Sites

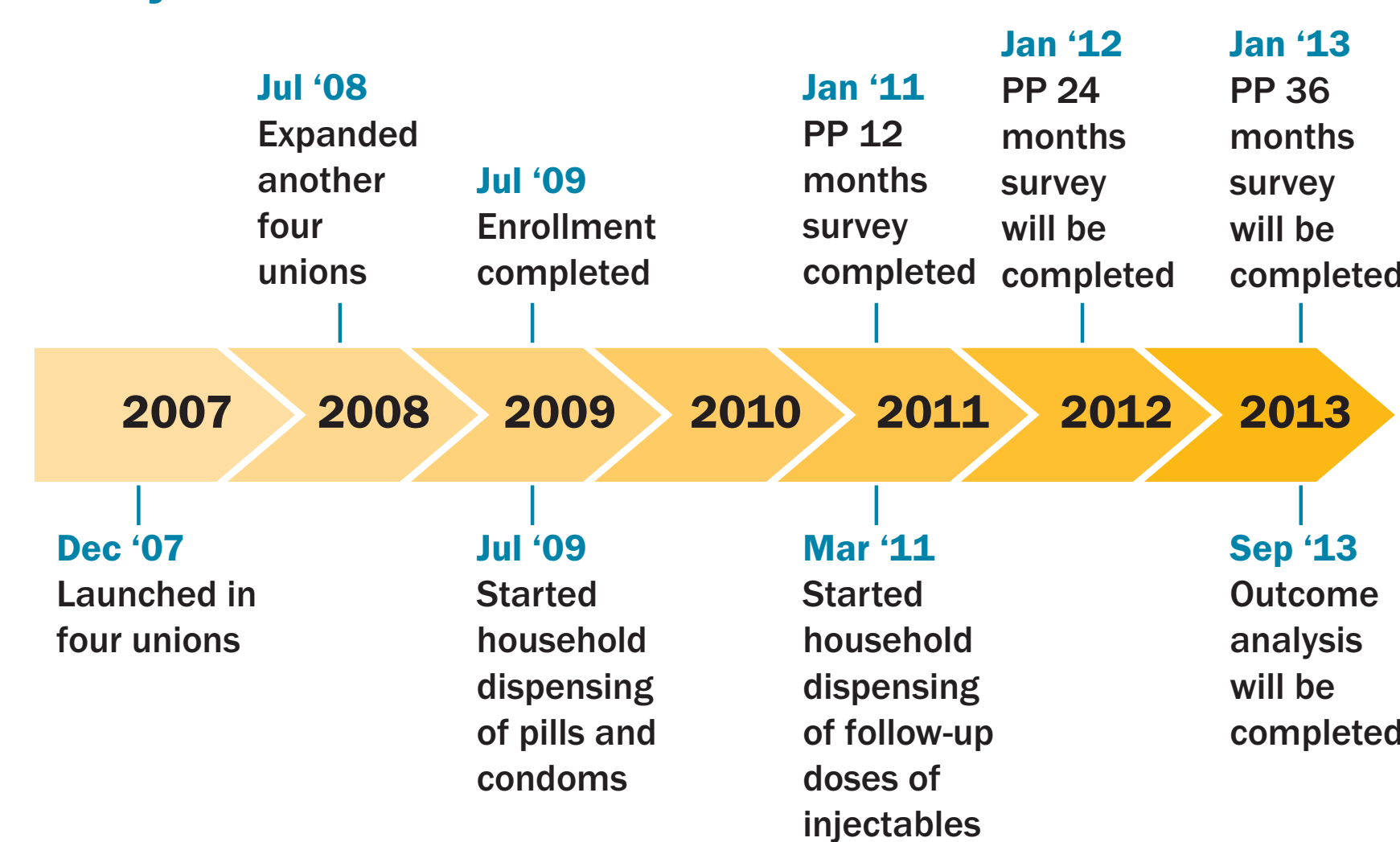
- Sylhet district
- Zakiganj and Kanaighat sub-district
- Intervention area (four unions): Manikpur, Kajalshar, Jhingabari and Dakshin Banigram
- Comparison area (four unions): Sultanpur, Kholachara, Purbo Dighirpar and Paschim Dighirpar

HFS in Bangladesh: Study Site, Design, Data

- Two sub-districts of Sylhet district: Zakiganj and Kanaighat
- Quasi-experimental with four control unions (MNH only) and four intervention unions (FP/MNH)
- Study cohort: 2,247 pregnant women enrolled from intervention unions and 2,257 pregnant women from controls clusters
- Cohort will be followed up—up to 36 months postpartum
- Evaluation: Data collected at baseline, 3, 6, 12, 18, 24, 30 and 36 months postpartum by workers independent of intervention
- Completed 12 months of data collection



Study Timeline



Intervention Components and Delivery Strategy

Interventions

- Promotion of MNH interventions in both areas
- FP interventions in intervention areas only
 - Counseling on return to fertility, healthy timing and spacing of pregnancy (HTSP), LAM, exclusive breastfeeding (EBF) and use of contraceptives
- Community-based distribution of pills and condoms and referrals to facility for other methods

Delivery Strategies

- Antenatal and postnatal home visits by CHWs
- Community mobilization and advocacy by community mobilizers

Community Health Workers

Young woman with grade 10 education from the local community

Training received:

- MNH: 21 days
- HTSP, PPFP and LAM: 3 days
- FP: 4½ days
- Injectables: 1½ days theoretical and practical in field



CHW Counseling Topics and Timing

	FP integrated with MNH Program			Additional
Messages	During pregnancy	Day 6 postpartum	Days 29–35 postpartum	Months 2–3 and 4–5 PP
Antenatal Care	✓			
Newborn care, EBF	✓		✓	
Return to fertility		✓	✓	✓
EBF, LAM and transition	✓	✓	✓	✓
HTSP	✓	✓	✓	✓
FP methods			✓	✓
Visit to facility	✓	✓	✓	✓

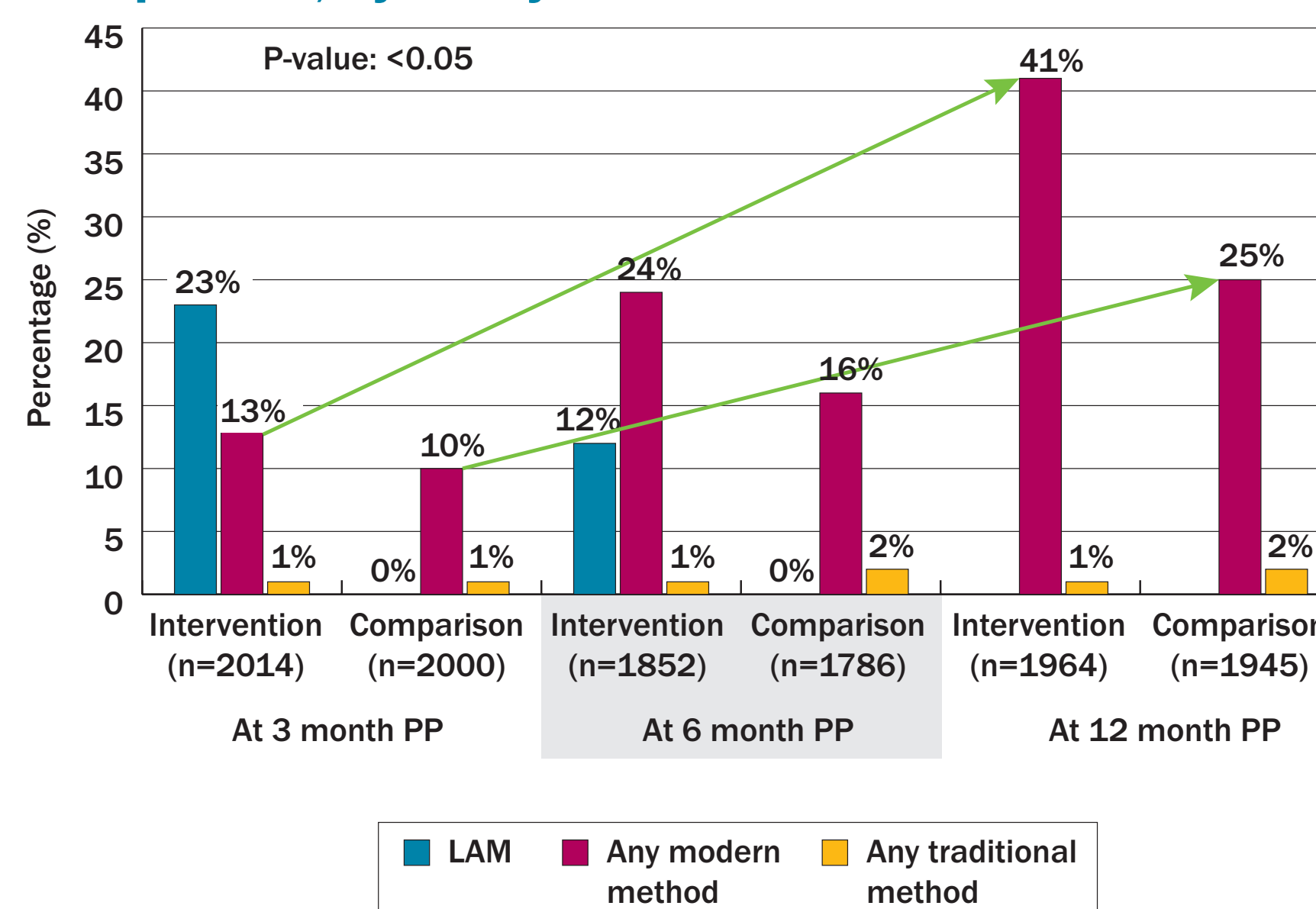
RESULTS

Exposure to Communications Materials and Community Activities

	Intervention		Comparison	
	3 Months Postpartum	6 Months Postpartum	3 Months Postpartum	6 Months Postpartum
Exposure to program communication materials:				
Birth spacing pamphlet	90.6	94.2	1.0	0.3
Leaflet on postpartum care	90.2	94.4	0.2	0.2
Leaflet on LAM	90.5	94.5	0.1	0.2
Community mobilization meeting attendance:				
By study participant (mother)	78.2	86.5	0.1	0.1
By her husband	21.0	25.8	0.0	0.1
By her mother-in-law	23.3	29.0	0.1	0.0

Note: Among women with a surviving infant

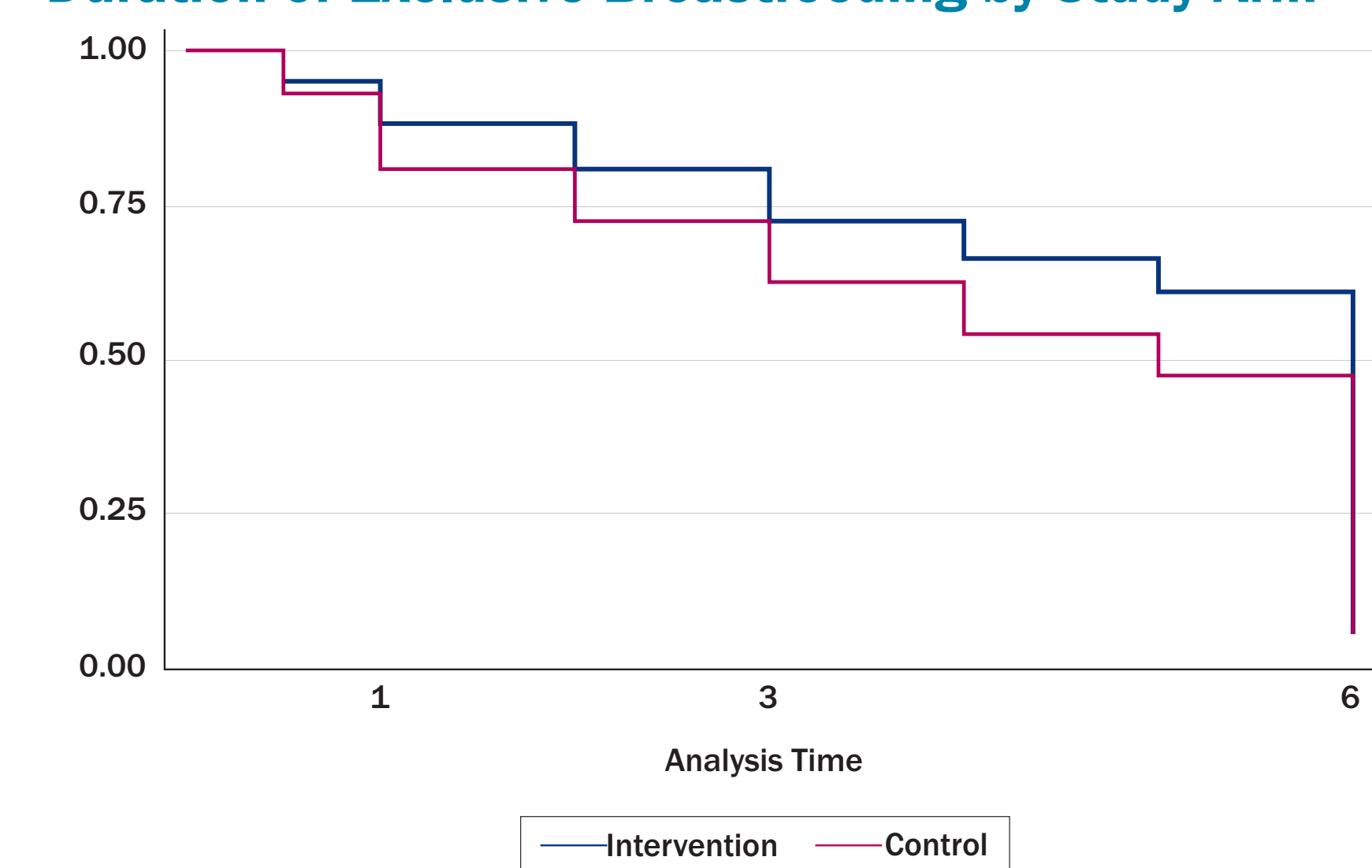
Contraceptive Use Rate at 3, 6 and 12 Months Postpartum, by Study Arm



Contraceptive Use at 12 Months Postpartum among Women with a Surviving Infant, by Study Arm

	Intervention (%)	Comparison (%)
Pill	20.3	10.6
Condom	9.7	3.3
Injectables	7.8	9.1
IUD/Implants	1.2	1.4
Sterilization	1.9	0.9
Withdrawal/Abstinence	1.2	1.8
Any modern method user	40.9	25.3
Any method user	42.1	27.1

Duration of Exclusive Breastfeeding by Study Arm



Delivery Care of Index Pregnancy, by Study Arm

	Intervention (%)	Comparison (%)
Home delivery	89.5	91.3
Assistance during delivery		
Traditional Birth Assistance	79.0	79.3
Nurse/Midwife/Paramedic/FWV	8.6	9.4
MBBS doctor	9.6	6.2

Effect of Integration on MNH Care: Selected Newborn Care Practices, by Study Arm

	Intervention (%)	Comparison (%)
Drying and wrapping of newborn within 10 minutes of delivery	50.4	44.1
Initiation of breastfeeding within 30 minutes	56.6	46.8

Lessons Learned

The HFS demonstrates that:

- Integrating FP within a community-based MNH program is feasible
- The model is effective for increasing modern method use
- There was no notable negative effect on the delivery of MNH services
- The promotion of LAM had a positive effect on the duration of exclusive breastfeeding

Study Successes to Date

- Demonstrated integrated FP/MNH community-based model
- Demonstrated increased use of contraception during first 12 months of postpartum period—the highest risk for mother and newborn
- Drew attention to PPFP and influenced government and NGO programs in Bangladesh, e.g. Mayer Hashi and MaMoni