Breaking the Cycle of Unintended Pregnancy in Postpartum and Postabortion Women

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Overview

- Barriers
- How to conceptualize FP Programs
  - Who, what, where, when, how
- Postpartum Women
- Postabortion Women
- How to overcome “missed opportunities”
Many barriers to access, quality, and use of postpartum and PAC FP services

Barriers to postpartum and postabortion FP services

- Structure of MCH and FP services
- Myths and misperceptions
- Exaggerated provider concerns (re: STI, PID, infertility, expulsion)
- Provider bias
- Norms where births occur
- Lack of knowledge
- Lack of skills
- Poor CPI
- Training factors
- Inappropriate eligibility criteria

Outcomes when barriers are overcome:

- ↑ ↑ Access
- ↑ ↑ Quality of services
- ↑ ↑ Choice and use
- ↓ ↓ Rapid repeat pregnancy
- ↓ ↓ Abortion

### Ten Essential Elements of Successful FP Programs

1. Supportive Policies
2. Evidence Based Programming
3. Strong Leadership and Good Management
4. Effective Communication Strategies
5. Contraceptive Security
6. High Performing Staff
7. Client-Centered Care
8. Easy Access To Services
9. Affordable Services
10. Appropriate Integration of Services

### Selected, High-Impact Practices (HIPs)

- Community-based services & task-shifting/task-sharing
- Drug Shops and Pharmacies
- Postpartum FP
- Postabortion FP (PAC)
- Mobile outreach services

**Source:** Population Reports 2008, JHU.
Who are the women?

Unlike Princess Kate...

1 in 4 women in developing countries have an unmet need for FP = 222 MILLION women with unmet need!!!!

Each year:

- 210 million pregnancies
- 80 million unintended pregnancies
- 44 million abortions
- 31 million stillbirths
- Approximately 130 million births = 130 million postpartum women
Unmet Need, Contraceptive Use and Reproductive Intention – 12 months postpartum

62% of postpartum women have unmet need for FP; 40% of all unmet need is 1st year PP

Source: Ross and Winfrey “Contraceptive use, Intention to use, and unmet need during the extended postpartum period, Intl FP Perspectives, 2001. Analysis of DHS data from 27 countries
Postpartum FP use and method mix among women giving birth in previous 12 months

FP/Immunization Integration - Togo, 1992
FP New Acceptors and Vaccines Administered

USAID’s Postabortion Care Model
Three Core Components of Postabortion Care

Emergency Treatment

Immediately do...

FP Counseling, Provision; Selected RH (STI, HIV)

Community Empowerment through Community Awareness and Mobilization
Using FP before pregnancy (method failure) - 32%
Desire to space or limit next pregnancy - 77%
Desired a FP method before leaving facility - 60%
Left facility with FP method - 20%

Tanzania’s introduction of decentralized PAC services, with strengthened FP

PAC clients discharged with FP methods

- Total cPAC
- FP Counselling PAC
- Received FP

<table>
<thead>
<tr>
<th>Year</th>
<th>Total cPAC</th>
<th>FP Counselling PAC</th>
<th>Received FP</th>
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<tbody>
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<td>2008</td>
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Joint Statements to advance Postpartum and Postabortion FP

POST ABORTION FAMILY PLANNING: A KEY COMPONENT OF POST ABORTION CARE

Consensus Statement: International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), International Council of Nurses (ICN), United States Agency for International Development (USAID), White Ribbon Alliance (WRA), Department for International Development (DFID), and Bill and Melinda Gates Foundation

1 November 2013

We commit ourselves and call upon all programs serving post abortion women of all ages to:

- Ensure that voluntary family planning counseling and services are included as an essential component of post abortion care in all settings
- Empower and serve post abortion women of all ages to prevent unintended pregnancies and further abortions
- Provide information on optimal pregnancy spacing for those women who want a pregnancy in order to realize critical health benefits, such as reduced maternal, neonatal, and childhood deaths, and

Statement for Collective Action for Postpartum Family Planning

This statement for collective action is for all programs that reach postpartum women during the first year following a birth to integrate PPFP counseling and services into their programs.

Programs should prioritize reaching postpartum women, the group of women with the greatest unmet need for FP, in their strategic and operational plans and budgets, including updating the knowledge and skills of a range of providers, offering integrated PPFP services in facilities and communities, and ensuring that a broad range of contraceptive options are available to women, men and couples.
What is needed to ensure “No missed opportunity”?

National Level

- Ensure contraceptive supply.
- Make FP & LA/PMs available and at reduced cost or free.
- Support proven policy changes for mid-level providers, including midwives.
- Include FP in pre-service curricula & certifying exams.
- Follow any changes in WHO Medical Eligibility Criteria for postpartum women.
Facility Level

- Ensure the latest WHO FP service delivery guidelines are in place and model following them in practice.

- Reorganize services to ensure FP services at same location (PP, PAC, EMOC).

- Decentralize services and use mobile outreach.

- Become a visible “champion” at your facility for increasing FP availability and access.
If contraception were provided to the 137 million women who lack access...

maternal mortality would decline by 25% to 35%.

(Lule, Singh and Chowdhury, 2007)

54 million unintended pregnancies could be averted...

Help prevent 12 million new HIV infections...

Would assist in reducing under five child mortality by 35% across countries.
Thank You!!!