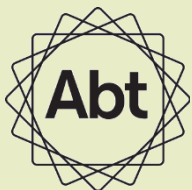


Opportunities for Postpartum Family Planning in the Private Sector

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Session Objectives

1. Describe the components of postpartum family planning
2. Discuss opportunities for introducing PPF in the private sector



Mortality: Maternal and Child

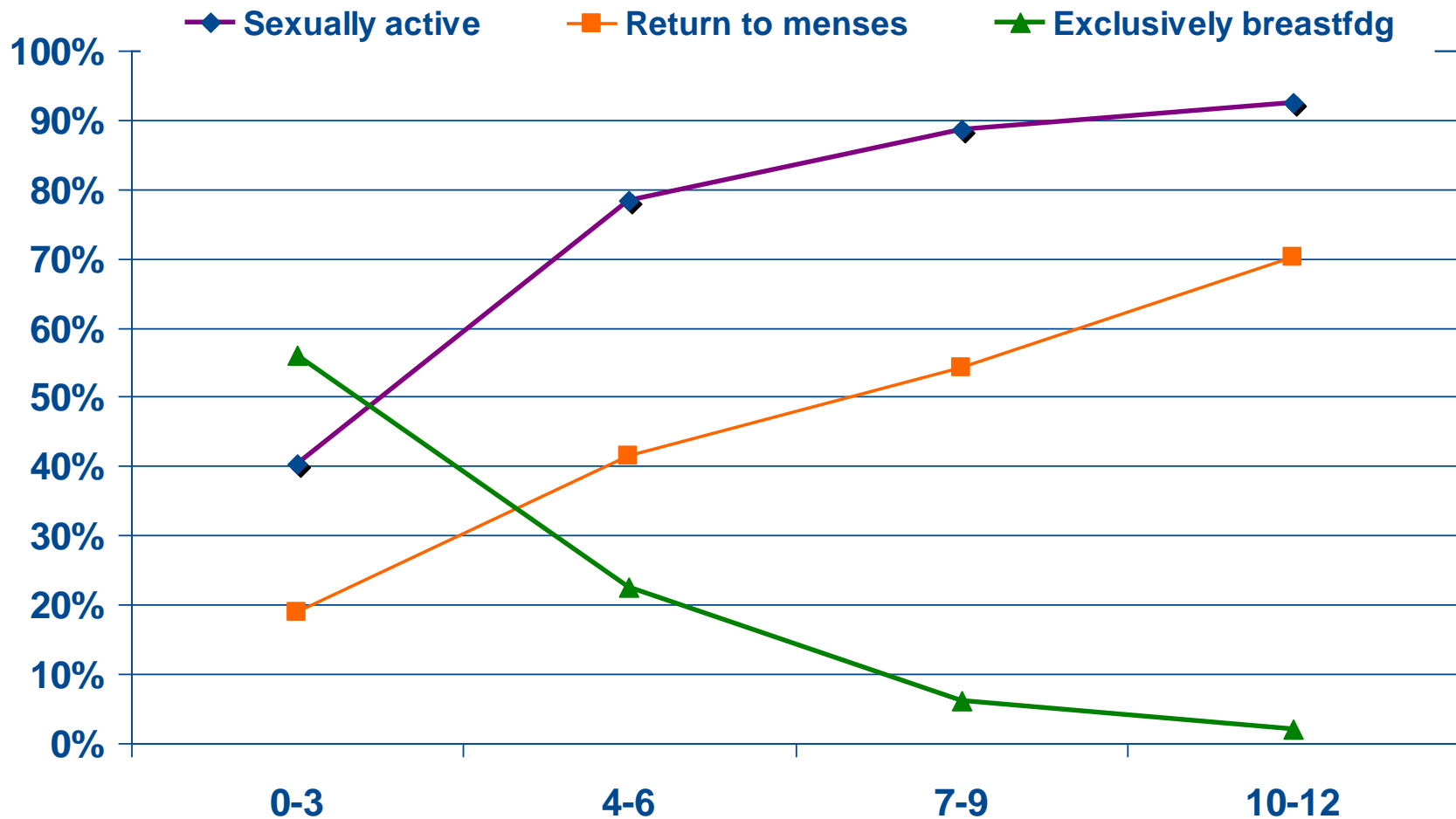
- **Maternal Mortality**

- In 2000, promotion of FP had potential to avert 32% of maternal mortality:
 - 90% of abortion related and
 - 20% of obstetric related mortality and morbidity

- **Child Mortality**

- Conservatively “1 million of the 11 million deaths in children <5 could be averted by elimination of inter-birth intervals of less than 2 years. Effective use of postpartum family planning is the most obvious way in which progress should be achieved.”
 - Cleland et al. 2006 Lancet Series, Sexual and Reproductive Health, Volume 368, Number 9549, 18 November 2006

India: Factors influencing return to fertility

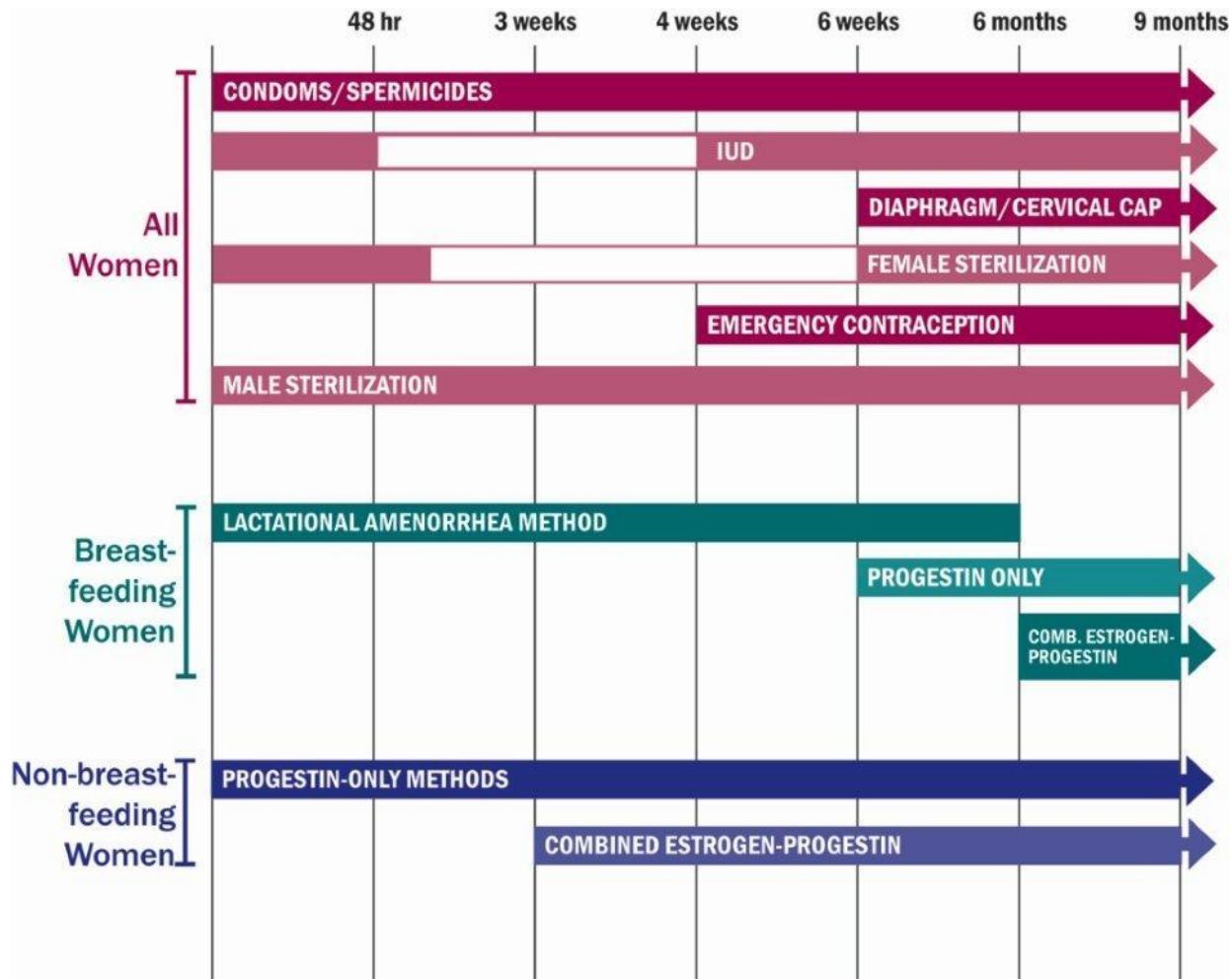


Source: ACCESS-FP Analysis of NFHS 2006

What is PFP?

- Through the first year postpartum:
 - Immediate, exclusive and continued breastfeeding
 - LAM and transition
 - Method considerations: timing and breastfeeding status
 - Healthy spacing of the next pregnancy
 - Integration – tailoring to fit with timing and service

Postpartum Contraceptive Options



Evidence for PFP



Contraception 76 (2007) 292–296

Contraception

Original research article

A pilot clinical trial of ultrasound-guided postpartum insertion of a levonorgestrel intrauterine device[☆]

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Abstract

Background: Postpartum intrauterine device (IUD) insertion is a safe, convenient and effective option for postpartum contraception. Few studies involve ultrasound-guided insertion, and none involve the levonorgestrel IUD or take place in the United States.

Study Design: The study was conducted to assess the safety and feasibility of ultrasound-guided postpartum insertion of the levonorgestrel IUD following vaginal delivery in a U.S. residency program. Levonorgestrel IUDs were inserted under ultrasound guidance within 10 min of placental delivery by hand or using ring forceps. Subjects were examined at 4 and 10 weeks postpartum for evidence of expulsion or infection.

Results: Thirty-four subjects were enrolled and 20 received an IUD. Follow-up data are available for 19 subjects over the 10-week follow-up period; 16 subjects returned for the 4-week follow-up, and 14 returned at 10 weeks. Two additional subjects could be contacted by telephone only. At 4 and 10 weeks postpartum, no subjects had evidence of infection. There were two expulsions (2/19, 10.5%) by 10 week postpartum. None of the subjects examined had a partial expulsion (intracervical location of the IUD).

Conclusions: In this pilot study, ultrasound-guided postpartum insertion of the levonorgestrel IUD was feasible and not associated with infection. The risk of expulsion was acceptable. Ultrasound-guided postpartum insertion of the levonorgestrel IUD may be an alternative to delayed insertion but warrants further study.

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Keywords: Intrauterine device; Contraception; Postpartum insertion

1. Introduction

In the United States, approximately half of all pregnancies are unintended, the highest rate of any developed country [1]. The unintended pregnancy rate is 10% in the first year postpartum [2]. Women who desire future pregnancies also benefit from family planning efforts; pregnancies spaced less than 18 months apart are at increased risk for adverse birth outcomes [3]. The postpartum period provides an opportu-

nity to positively impact future pregnancy planning and spacing through contraceptive use.

One of the most effective forms of reversible contraception is the intrauterine device (IUD), which has a failure rate of 0.1% to 0.8% in the first year of use [4]. During the immediate postpartum period, most women resume sexual function within 1 to 2 months [5,6] and have a mean return to ovulation of 45 days for non-breast-feeding women [7]. Thus, a woman returning for IUD insertion during the postpartum period (typically 4–8 weeks after delivery) is putting herself at risk for unintended pregnancy. In addition, a significant barrier to postpartum contraceptive use is missing the postpartum visit [8,9]. Inability to return due to logistical issues and loss of insurance coverage postpartum may be associated barriers. Inserting an IUD immediately postpartum is one way to overcome the barrier of having to return for the postpartum visit.

“Postpartum” refers to insertion within 10 min of placental delivery, after a vaginal or cesarean delivery. The

[☆] This article, in abstract form, was presented as a poster at the American College of Obstetricians and Gynecologists Annual Meeting in Washington, DC, May 2006.

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Improved access increases postpartum uptake of contraceptive implants among HIV-positive women in Rwanda

Pfister¹, Aicabeth Nshakimpf¹,

Glenn, Belgium, ¹Projet Ushirima, Kigali, Development, Rwanda, ²Ministry of Health, Kigali

Contraceptive (LARC) and sterilisation are the most rarely used in sub-Saharan Africa partly due to attending two urban clinics in Rwanda were a randomised control study. Women attending one (PF) services for all contraceptive methods (Site B) were offered implant and intrauterine

women reported an intention to use a LARC of implants was significantly higher at Site B than extremely low at both sites (2%). Twenty tended to start using a LARC actually did so as avoided, a substantial number of HIV-positive not IUDs, in the postpartum period. HIV and (one) to implants to reduce the number of

2). Sterilisation, HIV infection, Postpartum, 4).

have itself abortions and maternal and child care. The current need for contraception among positive women is not known but there is some to that it is higher than for women in general. The survey in Rwanda among HIV-positive

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Immediate postabortal insertion of intrauterine devices (Review)

Grimes DA, Lopez LM, Schulz KE, Stanwood NL



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<http://www.thecochranelibrary.com>



Immediate postabortal insertion of intrauterine devices (Review)
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Opportunities for Private Sector

- Most of the private providers do not know that option for postpartum IUDs and implants exists
- Reframing family planning message in the postpartum period allows a new interface for a proactive provider
- The client is relatively more ready to relate with the concept of spacing or limiting with recent pregnancy experience

Private Sector Providers

- How to engage private sector providers?
 - Providers face trade offs
 - The cost of something is what providers give up to get it
 - Providers respond to incentives

Building Capacity of Providers

- What we know about Provider Training:
 - Financial Incentives
 - Linking training with increased income
 - Professional development
 - Training methodologies
 - Minimize time away from practice
 - Use public sector or NGOs for caseloads
 - Use associations, NGOs, or HMOs to follow up with providers

Blended Learning

- Integrates many approaches (blends approaches), including: formal and informal, face-to-face and online, directed paths or self-direction, digital references and virtual communities in order to achieve learning goals. (Rosetta and Frazee, 2006)
- “the provision or use of resources which combine e-learning (electronic) or m-learning (mobile) with other educational resources.”
 - Face to face
 - Virtual collaboration
 - Self paced learning
 - Performance support

Blended Learning



Modified Computer Assisted Learning (ModCal)



Practice on Simulation Models

Blended Learning



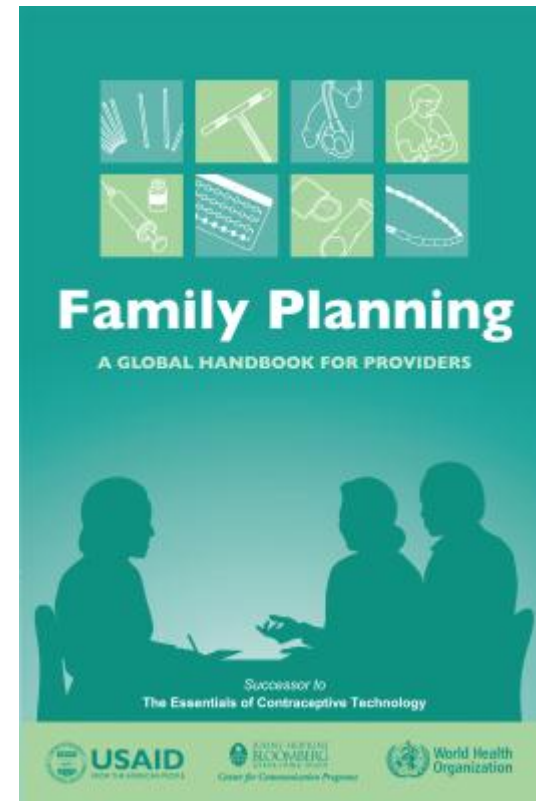
Working with actual clients under supervision

Trainee follow up through on-job coaching and reinforcing key messages through SMS



Learning Resources

- Learning Resource Packages (PPIUD, LAM, Implants)
 - Reference Manuals, trainer's guides, participant handbooks
- Job Aids
- PPIUD insertion and removal video
- Training simulation models



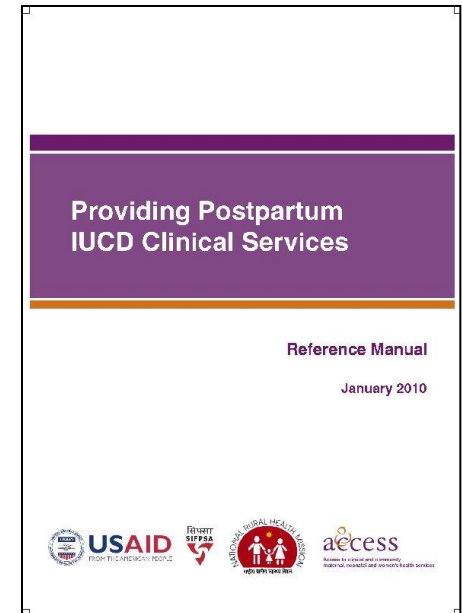
Learning Resources



PPIUD Educational Video



FP e-Learning Modules



Kelly's Placental Forceps

Immediate Post-partum Insertion of IUCD: A Safe and Effective Contraceptive Option

Advantages of Copper-T 380A for Post-partum Women

- Highly available for women who deliver at health care facilities and wish to either space or limit additional pregnancies.
- IUCD can be inserted immediately postpartum.
- IUCD is an effective and stable option to providing contraception postpartum. Postpartum IUCD may be as effective as necessary for some people.
- It is effective for 10 years, but if the woman wants, she can get a removal anytime.
- Insertion after delivery avoids the insertion required to insert normally, and most of the post-partum side effects are avoided by normal postpartum events (e.g., postpartum bleeding and cramps).

Safe Time for Insertion of Post-Partum IUCD

- Postpartum insertion within 10 minutes after separation of the placenta following a vaginal delivery on the same delivery table.
- Insertion can take place during a cesarean delivery after removal of the placenta and before closure of the incision.
- Within 48 hours after delivery insertion within 48 hours of delivery and prior to discharge from the postpartum ward.
- Insertion is possible following an abortion, if there is no infection, bleeding or any other contraindications.
- Insertion is possible following a cesarean delivery.

Who is eligible for immediate postpartum IUCD?

It is recommended to ensure that a woman who has had a normal postpartum delivery is fit for PPIUCD, if she does not report previous conditions in the first trimester of pregnancy.

Clinical conditions, in which the insertion is not advised, are:

- Chromosomal
- Reproductive
- Genital
- Insertion after delivery avoids the insertion required to insert normally, and most of the post-partum side effects are avoided by normal postpartum events (e.g., postpartum bleeding and cramps).

Instruments and supplies required for PPIUCD

- Only items required for PPIUCD insertion are:
 - Copper T 380A, in its sterile packaging
 - Sheath or IUD removal forceps (one or other optional method)
 - Sheath or IUD long removal forceps or sponge holding forceps
 - Sheath or IUD long removal forceps (20 cm long)
 - Sheath and cotton swabs
 - Preparation solution (Chlorhexidine)
 - Sheath or IUD gloves

Preventing Complications Related to PPIUCD

Selection:

- Good client selection reduces the risk of infection.
- No need for prophylactic antibiotics.

Explanation:

- Explanation can be reinforced by:
 - Inserting IUCD within 10 minutes after delivery of the placenta
 - Placing IUCD sufficiently high at the uterine fundus with the help of long placement forceps
 - Insertion done by a provider specifically trained on PPIUCD insertion technique

Removal:

- Good counseling, which should begin during the antenatal period, is critical to reduce postpartum removal.
- Postpartum: Have a solid consent during PPIUCD insertion. The postpartum consent needs to be very clear and no performance is reported in the literature.

Evidence Based Reports

- Compared with normal insertion, postpartum insertion does not increase the risk of infection, bleeding, uterine perforation or embolisms, nor do they affect the return of the uterus to its normal size.
- Postpartum IUCD in Bangladesh (DASH-SICOP) Review of 2003 Cases

Complication	Number of Cases	Rate
Perforation	0	0.0%
Infection	4	0.2%
Removal (any reason)	302	3.4%
Spontaneous expulsions	43	1.4%

Cochrane Database Review, 2003

- Insertion of an IUCD immediately after delivery is convenient for both the woman and clinician.
- The evidence suggests that immediate post-partum insertion of IUCD is generally safe and effective.
- Expulsion rates appear to be slightly higher and are highly variable. The skilled clinicians were associated with lower expulsion rates of copper IUCDs than were unskilled clinicians.
- Advantages of immediate post-partum insertion include high client motivation and assurance that the woman is not pregnant.
- The popularity of immediate post-partum IUCD insertion in countries as diverse as China, Mexico, and Egypt suggest the feasibility of the approach in other countries.
- Early follow up may be important in identifying spontaneous expulsions.

A simple but special training on the insertion technique, counseling and infection prevention is critical for gynecologists and obstetricians, doctors and nurses.

Make every pregnancy an intended pregnancy

Simulation Models



Handheld
Uterus



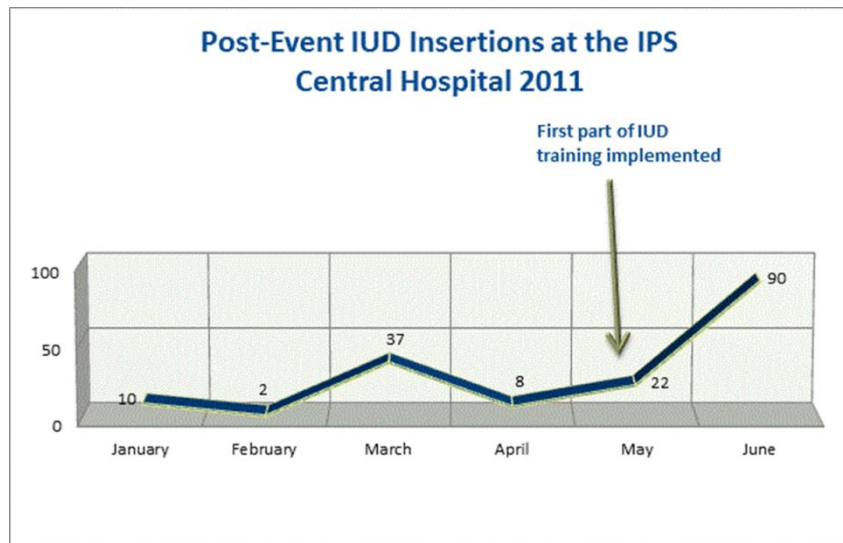
Zoe Model



Simulation Model for PPIUD

Increase in PPIUD after Clinical Training

Paraguay



• India

- Sathiya Network
- 51 providers trained on PPIUD initiated services and 284 postpartum insertions have been recorded in a span of 2-3 months since training

Final Word

- Private sector providers should be introduced with the opportunities for family planning in the postpartum period
- There is tremendous potential for family planning uptake in the postpartum period by involving private sector providers
- Range of PFP learning resources are available that can easily be adapted to the needs of private sector providers