

No More Missed Opportunities: Assuring postpartum women timely access to effective family planning

Ominde Japheth Achola, Harriet Stanley, and Roy Jacobstein
EngenderHealth

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Topics addressed in this presentation

- Why postpartum (PP) family planning (FP) is important
- Opportunities and challenges for PP FP
- The potential “payoff” in increasing PP FP?
- Focus on clinical FP methods, especially IUDs, as lead-in to three presentations that follow



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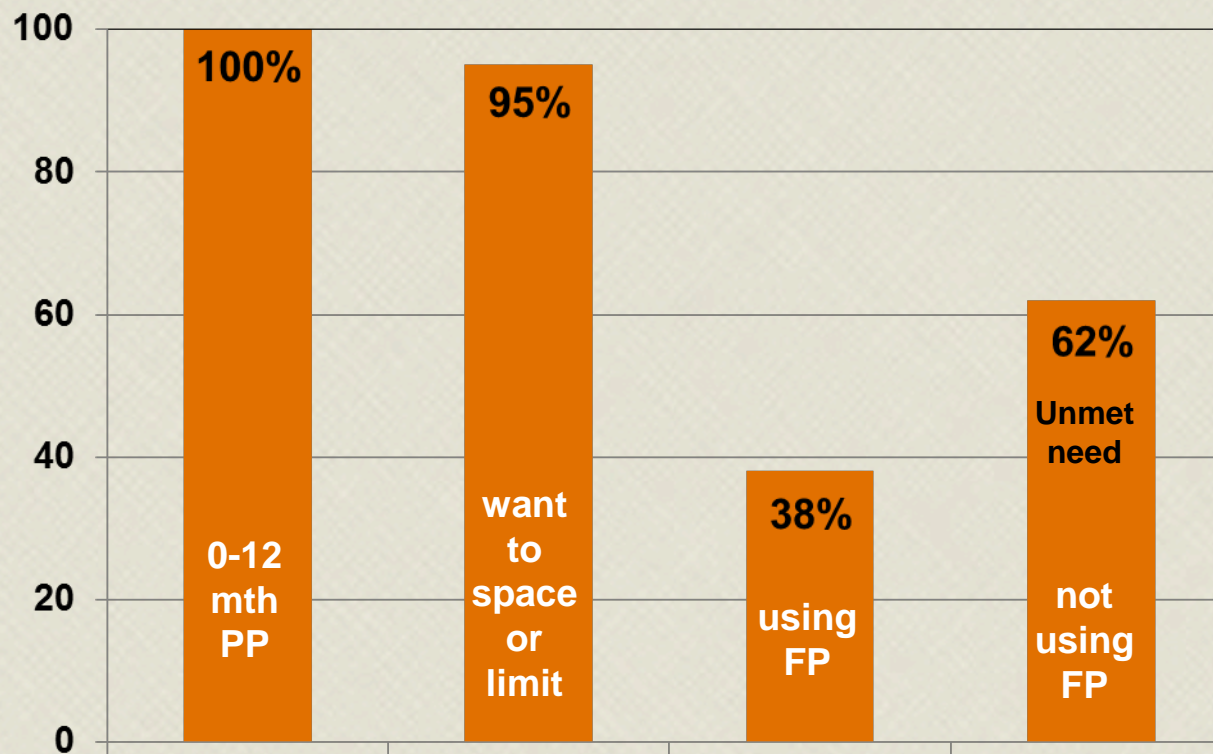
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Why Postpartum FP is important: Very high motivation to avoid next pregnancy, yet very high unmet need for FP

- MDG 5: FP among the most effective and cost-effective interventions for saving women's lives and protecting health
- Lifetime risk of maternal death in sub-Saharan Africa: 1 in 39
- For every instance of death, 20-30 instances of serious morbidity
- Unmet need for modern contraception is large:
 - > 220,000,000 women (26%) in low-resource countries have unmet need
 - In world's 69 poorest countries, unmet need is growing
 - 40% of this total unmet need is during 1st year postpartum
- 95% of postpartum women want to space or limit ...

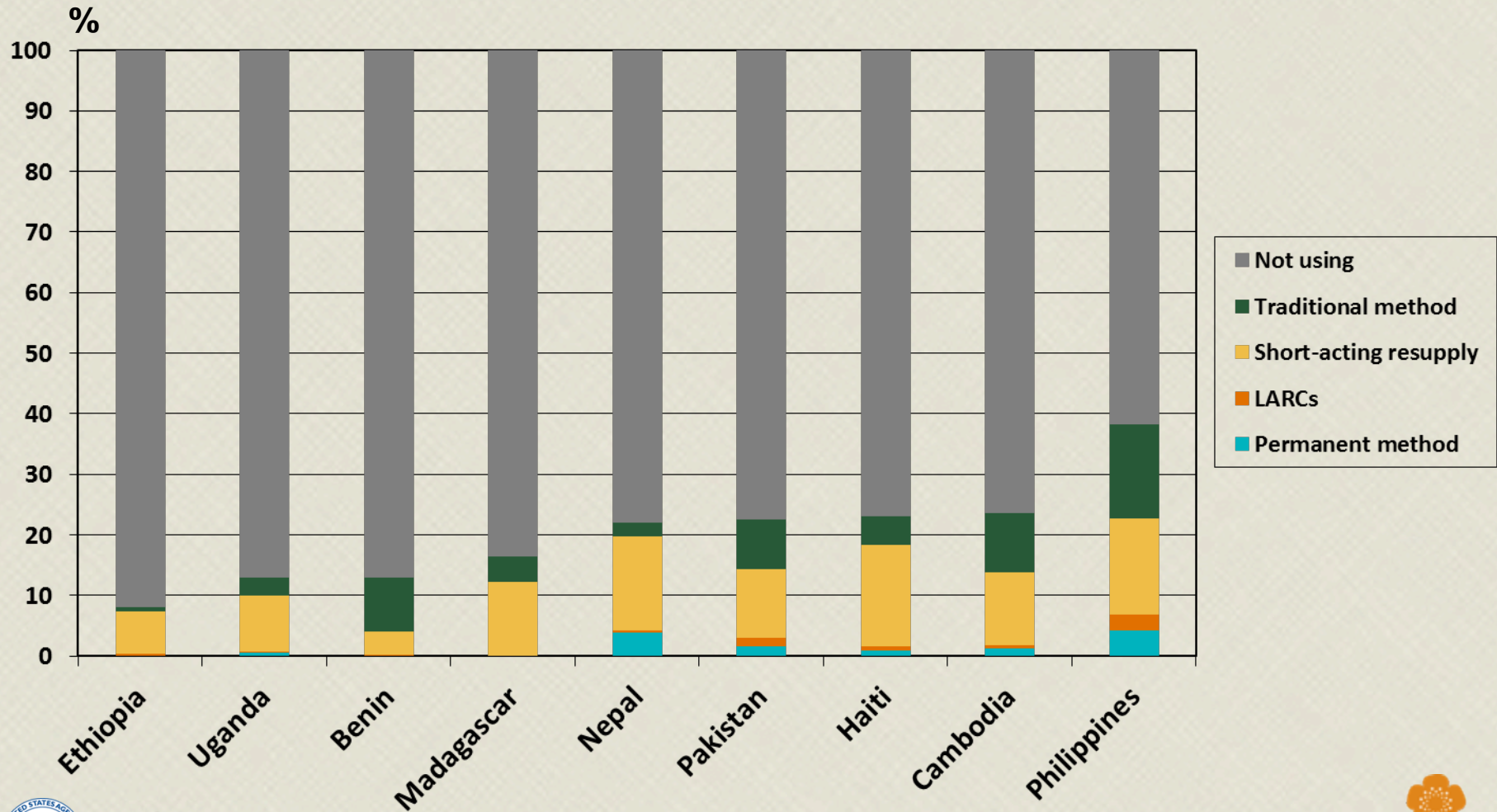
Sources: Singh and Darroch, Adding it Up: Costs and Benefits of Contraceptive Services: Estimates for 2012. Guttmacher Institute & UNFPA. Ross and Winfrey "Contraceptive use, intention to use, and unmet need during the extended postpartum period, *Intl FP Perspectives*, 2001.

Yet FP use is quite low in the postpartum period (0-12 months post-delivery) and unmet need is high (62%)



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

... and use of the highly effective clinical methods is very much lower



The four long-acting reversible and permanent methods (LARCs & PMs) : Characteristics and service requirements

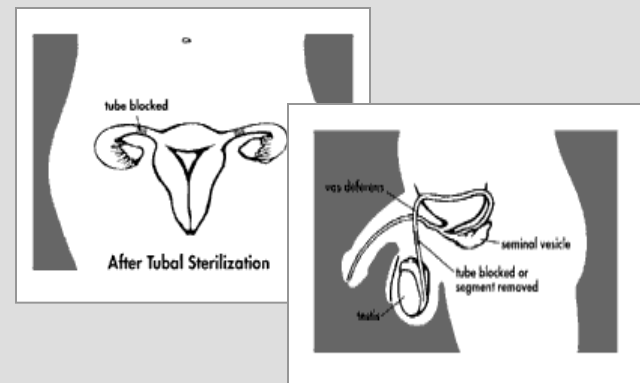
- Many positive characteristics:
 - Highly effective
 - Most cost-effective methods over time
 - Popular when available & accessible
 - *very convenient (one act, long action)*
 - *good fit with reproductive intentions*
- But clinical methods, and thus require:
 - Skilled, motivated, enabled providers
 - **“No provider, no program”**
 - Suitable service setting
 - Essential instruments and supplies
 - Training and supervision systems

Source: RESPOND Project, 2012.

Long-acting reversible (LARCS)



Permanent methods



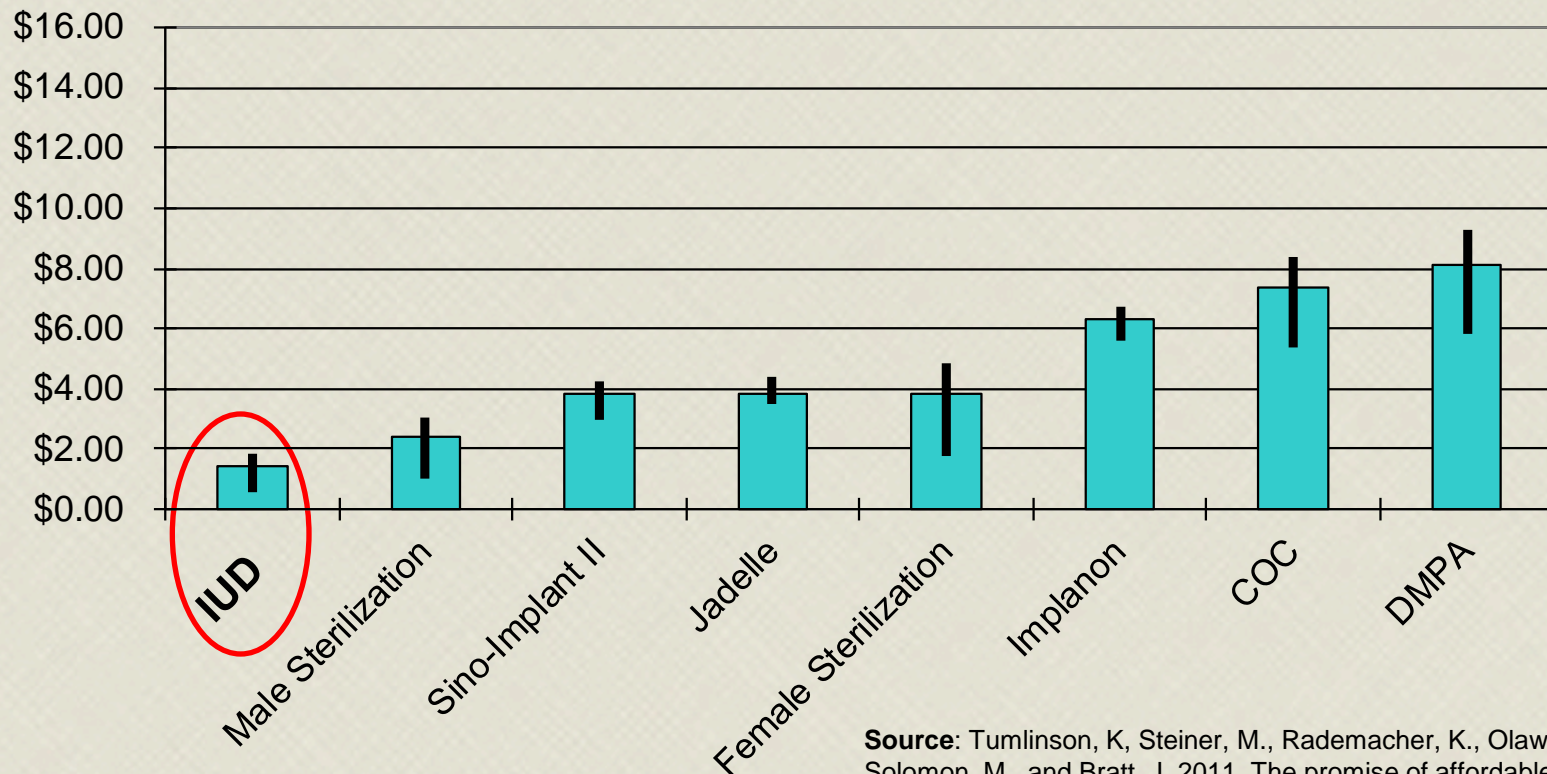
LARCs and PMs are many orders of magnitude more effective than other methods in typical use

Method	# of unintended pregnancies among 1,000 women in 1 st year of typical use
Implant	0.5
Vasectomy	1.5
Female sterilization	5
IUD	8 / 2 (Cu-T / LNG-IUS)
Injectable	60
Pill	90
Male condom	180
Withdrawal	220
No method	850

Source: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; (83).

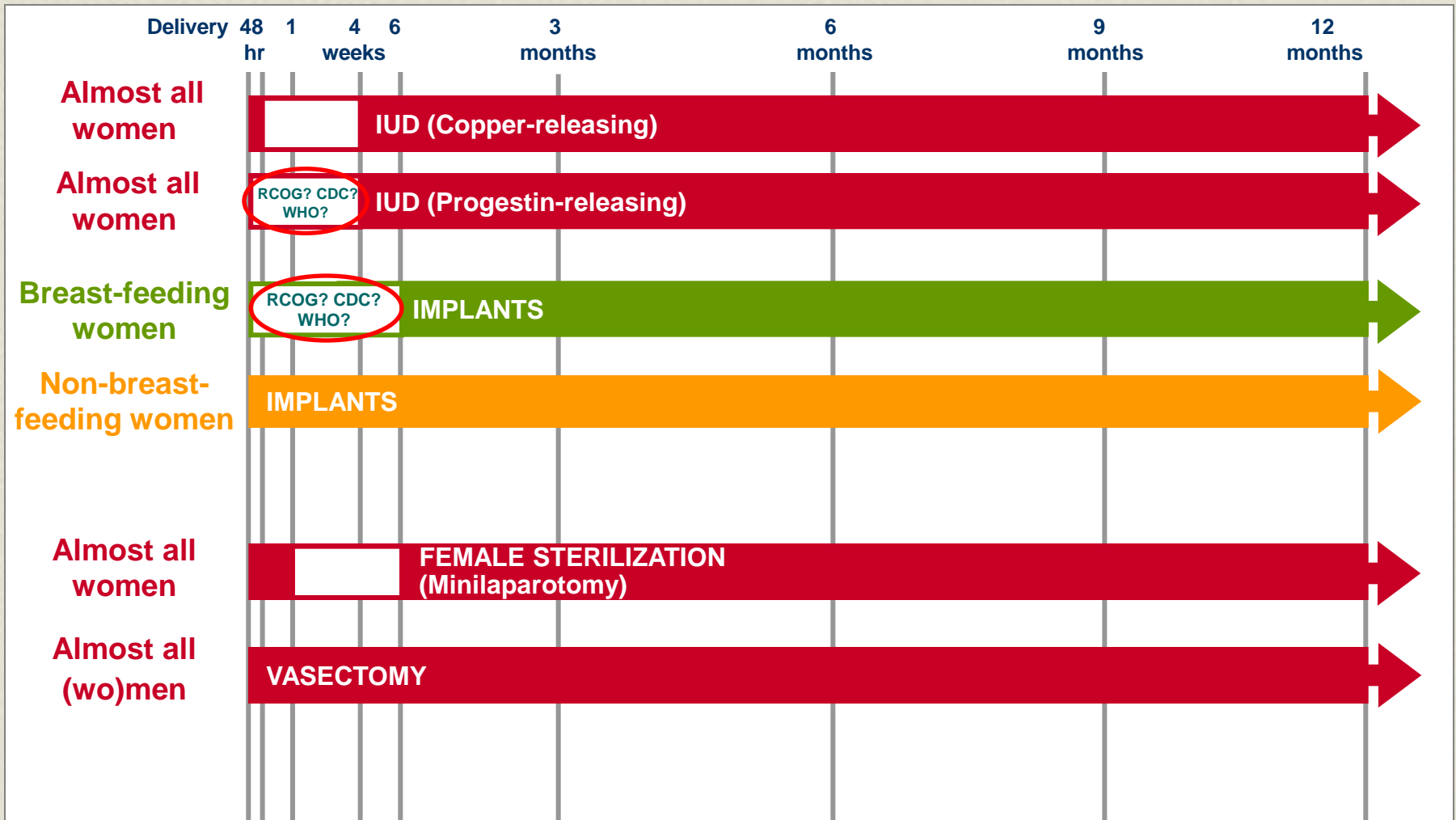
LARCs and PMs have the highest cost-effectiveness per couple-year of protection

Service Delivery Cost/CYP



Source: Tumlinson, K, Steiner, M., Rademacher, K., Olawo, A., Solomon, M., and Bratt, J. 2011. The promise of affordable implants: is cost recovery possible in Kenya? *Contraception* Jan; 83(1):88-93.

Almost all women are eligible to use LARCs and PMs throughout the postpartum period (0-1yr)



IUD: Most widely used reversible method -- but much regional variation in use, and many barriers

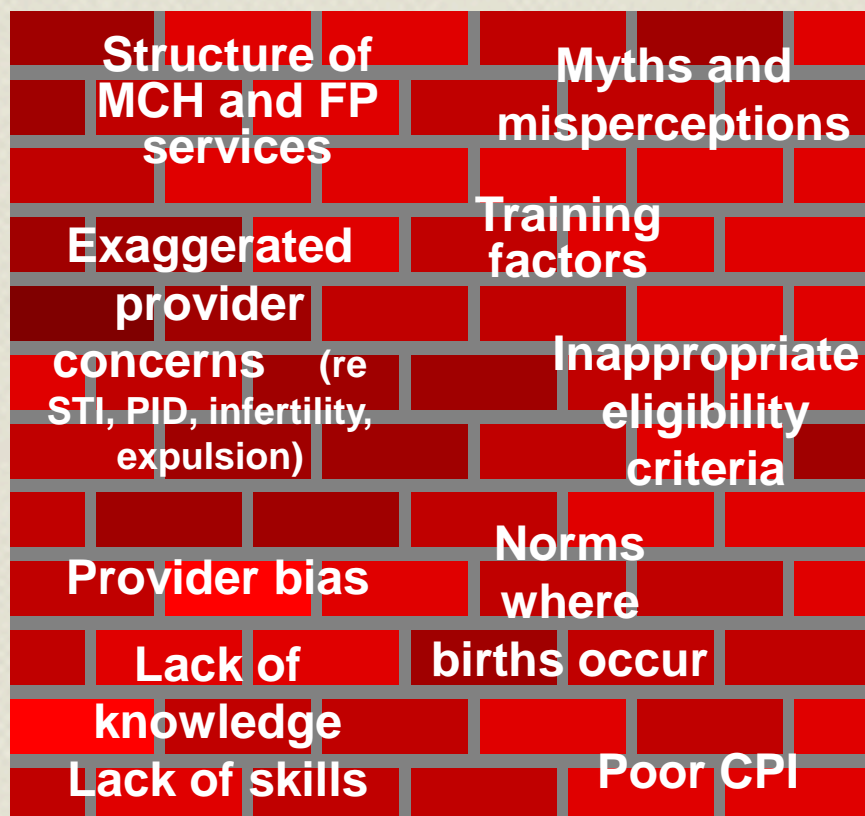
- The IUD is the most commonly used reversible method in the world:
 - 169 million women rely on the IUD (14% CPR)
- Wide regional and country differences in IUD CPR, however:
 - 38% Eastern Asia (Vietnam, 44%, China, 41%)
 - 11-12% in Northern and Western Europe (France, 23%)
 - 5% in Northern America (3.5% CPR in U.S., and rising)
- “Underutilized” in Southern Asia (2%) and Sub-Saharan Africa (0.5%)
 - India, 1.7% (3.7 million women)
 - Kenya, 1.6%
 - Nigeria, 1.0%
 - Ethiopia, 0.2%
 - Bangladesh, 0.7%
 - South Africa, 1.0%
 - Rwanda, 0.5%
 - DRC, 0.2%



Data source: *World Contraceptive Use 2011*, UN Population Division, 2011.
Latest available UN data as of October 2013, data for women married or in union.
For Southern Asian and Sub-Saharan African countries, most recent DHS.

Many barriers to access, quality & use of postpartum IUD and other clinical methods ...

Barriers to PP IUD and other FP services



Outcomes when barriers are overcome:

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

But program opportunities for postpartum FP are increasing

- Increasing opportunities to provide / receive postpartum FP:
 - 88% of women delivering in previous 5 years received antenatal care*
 - 59% delivered in a health facility (50% in sub-Saharan Africa)*
- Task-shifting / task-sharing to midlevel providers: long-proven and widely-accepted
- Convenient for women (and programs?)
- Cost-effective for FP programs, e.g., for IUD:

– Immediate post-placental IUD	\$2.14-\$3.37
– Before discharge	\$2.79-\$3.97
– Interval	\$3.75-\$4.70



*Source: StatCompiler Macro. 2012, 50 countries with a Demographic and Health Survey (DHS) in past 5 years.



The “payoff” if choice of / access to PP FP is increased and unmet need for FP is met

- 222 million women in low-resource countries have unmet need, mainly in South Asia and sub-Saharan Africa
- Meeting this unmet need would prevent
 - 54,000,000 unintended pregnancies
 - 26,000,000 fewer abortions
 - ~ 80,000 fewer maternal deaths
 - ~ 2,000,000 fewer serious morbidities
 - 1,100,000 fewer infant deaths
 - >300,000 fewer children losing their mothers
- 40% of all unmet need for modern FP is in the first year postpartum
- Postpartum FP is wanted and feasible

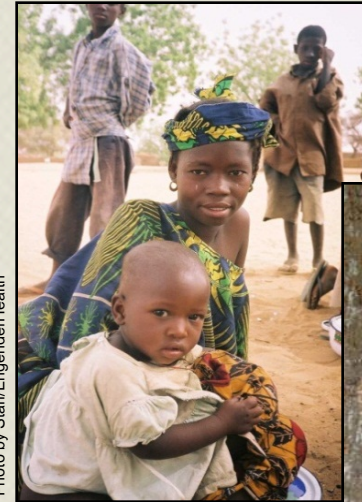


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