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RATIONALE FOR NATIONAL PPIUD INITIATIVES

BENEFITS OF PREGNANCY SPACING
Birth to pregnancy interval:

time period between a live birth and the start of the next pregnancy

Birth to birth interval:

time period between a live birth and the next live birth
Birth interval less than 18 months (Ref 24-<60

From: Kozuki et al., BMC Public Health, 2013 13(Suppl 3):S3
Birth to Pregnancy Intervals and Relative Risk of Adverse Maternal, Perinatal and Pregnancy Outcomes

Risk (odds ratio) vs. Pregnancy Interval (months)
Figure 1  Small Size at Birth and Low Birth Weight by Preceding Birth to Conception Interval

Rutstein SO, 2008, Macro International - Pooled data from ALL DHS surveys conducted in 52 countries, from 2000 – 2005
Figure 9 Adjusted Relative Risks of Under-Five Mortality by Preceding Birth to Conception Interval, According to Level of Mortality

- Lowest 13 surveys U5MR=42
- Middle 26 surveys U5MR=105
- Highest 13 surveys U5MR=187
Figure 11  Child Malnutrition by Birth to Conception Interval

- Stunted
- Underweight
- Wasted
Figure 15 Percent of Children Alive and Not Undernourished by Duration of Preceding Birth to Conception Interval
Reducing Maternal and Child Mortality

• Maternal Mortality
  – Optimal use of Family Planning could avert 32% of maternal deaths
  – “In the year 2000, family planning could have averted
    • 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.”

Up to 50% of maternal deaths could be prevented by 7 medical levers
FP & Safe abortion care (43% reduction)

1 For 2010, the total figures by cause were not available. However, total maternal deaths have reduced to 287,000 in 2010.
2 Medical interventions have been prioritised and chosen on the basis of their link with key causes of death and high impact potential to save lives, and have been validated through literature review and expert opinion.
3 HIV data is estimated. Various sources state the total burden to be 3-17%. The 7% estimate is based on Spectrum modelling data.
4 Examples of treatment include uterotonics, uterine massage, balloon tamponade, uterine compression sutures, hysterectomy.
After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.
**Millennium Development Goal 5** outlines 2 global objectives in maternal health, measured by 6 key performance indicators

<table>
<thead>
<tr>
<th>Target goal:</th>
<th>MDG 5: Improve maternal health</th>
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<tbody>
<tr>
<td>5A Reduce maternal mortality by 75%, between 1990 and 2015</td>
<td></td>
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<tr>
<td>5B Achieve universal access to reproductive health by 2015</td>
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### Performance Indicator:

<table>
<thead>
<tr>
<th>5.1 Maternal mortality ratio</th>
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<tr>
<td>Deaths per 100,000 live births</td>
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| Target 2015: 299 1990: 202 Current status: 75  
-63% |

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<tr>
<th>5.2 Births attended by skilled health personnel</th>
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<tbody>
<tr>
<td>Births attended by skilled health personnel, %</td>
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| Target 2015: 58 1990: 66 Current status: 100  
+52% |

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<tr>
<th>5.3 Contraceptive prevalence rate</th>
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<tbody>
<tr>
<td>Usage among women (15-49), %</td>
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</table>
| Target: 55  Current status: 63  
+59% |

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<tr>
<th>5.4 Adolescent birth rate</th>
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<tbody>
<tr>
<td>Births to women aged 15-19, Per 1,000 women</td>
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| Target: 60  Current status: 48  
-80% |

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<tr>
<th>5.5 Antenatal care coverage</th>
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<tbody>
<tr>
<td>Women (15-49) receiving antenatal care, %</td>
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</table>
| Target: 64  Current status: 80  
+25% |

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<tr>
<th>5.6 Unmet need for family planning</th>
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<tbody>
<tr>
<td>Women (15-49), married or in union with unmet need for family planning, %</td>
</tr>
</tbody>
</table>
| Target: 13  Current status: 11  
-85% |

1 Current status based on most recent available data (2008-2011)

**SOURCE:** UN; MDG Monitor, Team analysis
MDG 5b – Unmet need of FAMILY PLANNING

Voluntary Family Spacing with Post Partum FP programs
LARCs - PPIUD
Ensuring a rights-based approach

- Family Planning should be approached as a rights issue, like many other aspects of healthcare
- Some women are denied PPIUD on the basis of the stand of the Consultants
- This represents a waste of resources and a loss of an opportunity for a potentially life-saving intervention for the woman
“Myth-busting” – Counselling is essential

- The most common problem we came across is that of the ‘missing thread’. The method will be as effective so long as the DEVICE is in place
- Women are anxious about complete or partial expulsion, irregular bleeding, heavy menses
- Exaggerated fear regarding transmigration of the device features prominently
- Many believe that the thread will come out of the vagina/ may cause dyspareunia
- Best counselling is based on the country experience