Revitalization of PPFP/PPIUCD Services in India

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India Most Populous Nation by 2030….
High unmet need during Postpartum period

Birth-to-birth Intervals for past five years

- 7-17: 16%
- 18-23: 11%
- 24-35: 34%
- 36-47: 19%
- 48+: 21%

Unmet Need across Postpartum Period and FP use among Sexually Active Women

- Unmet need to space
- Unmet need to limit
- Total unmet need

In months (NFHS 3: 2005-06)
N = 39,215 births

Source: NFHS 3: 2005-06
Resurgence of Interest in PPFP/PPIUCD Services

- JSY was bringing women to facility – Immediate postpartum insertion is convenient for women
- FP Policy a Paradigm shift - Promoted as MNCH initiative
- New advances and new understanding about PPIUCD – safe and effective
- IUCD as spacing and long-term reversible method – alternative to sterilization for many couples

JSY BENEFICIARIES: 2005-06 to 2011-12

(Jhpiego is an affiliate of Johns Hopkins University)
Rapid Expansion of PPIUCD Services in India

Start of PPIUCD services in U.P. in 2009
- Queen Mary Hospital, Lucknow
- District Women’s Hospitals, Allahabad and Jhansi

Services Scaled Up in 20 States
- UP
- Uttarakhand
- Jharkhand
- Delhi
- Haryana
- Punjab
- Rajasthan
- Bihar
- Madhya Pradesh
- Assam
- Meghalaya
- Chhattisgarh
- Orissa
- West Bengal
- Gujarat
- Maharashtra
- Tamil Nadu
- Karnataka
- A P
- Kerala

Support from national as well as state governments during the expansion, with a paradigm shift in Govt. of India focusing on spacing methods

> 91,000 PPIUCDs inserted

Donor support from USAID, Gates, NIPI, Packard
**Service Delivery Tools**

Training material, including an insertion animation video

<table>
<thead>
<tr>
<th>Training Material</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly’s Forceps &amp; Job Aids</td>
<td>An animation video featuring Kelly's Forceps is provided to aid in the training process.</td>
</tr>
</tbody>
</table>

**Pre-Insertion Screening**

Before inserting an IUCD, confirm the following:

- Pregnant or breastfeeding
  - Yes or No
- Past IUCD insertion
  - Yes or No
- Known or suspected uterine or cervical abnormality
  - Yes or No
- Endometrial polyp
  - Yes or No
- Uterine fibroids
  - Yes or No
- History of pelvic inflammatory disease
  - Yes or No
- History of PID or endometritis
  - Yes or No
- History of hypercoagulable state
  - Yes or No
- History of uterine perforation
  - Yes or No
- History of ectopic pregnancy
  - Yes or No

**Post-Partum IUCD**

- Most effective method for postpartum contraception
- 99.9% effective
- Use up to 9 weeks postpartum

**Post-Partum IUCD Limitation**

- Only for non-lactating women
- Use for max 12 months

**Ligation**

- Not recommended for postpartum women
- Effective for up to 5 years

**Counseling Guide: Post-Partum Family Planning**

<table>
<thead>
<tr>
<th>Method</th>
<th>Minutes</th>
<th>Instructions</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUCD</td>
<td></td>
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<tr>
<td>Ligation</td>
<td></td>
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<tr>
<td>Contraceptive Sponge</td>
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<tr>
<td>Contraceptive Gel</td>
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</tbody>
</table>

**Safe Times for Postpartum Initiation of Various Methods of Family Planning**

- Delivery: 48 hr, 5 weeks, 6 weeks, 12 months
- Breastfeeding Women: 6 weeks, 12 months
- Non-Breastfeeding Women: 6 weeks, 12 months

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*Contraceptive devices or IUCDs are not available, proceed with IUCD insertion if any became available within an appropriate time period.
Client Education Material & Data Collection Registers

Posters & Films

Leaflet and Follow Up Card

Strengthening Counseling and hiring MNCH Counselors
PPIUCD Experience In India
Total Reported PPIUCD Insertions since Feb-2010

N=91,436

Post-placental (within 10 min) 44%
Post-partum (within 48 hrs) 22%
Intra-cesarean 34%

Data as on 08/05/2013
Proportion of PPIUCD Acceptors Among Institutional Deliveries (Based on Jan 11- Mar 13 Data)

Total deliveries = 13,53,188  Total PPIUCD insertion = 85,014

Source: PPIUCD Monthly reports

Date as on 29/04/2013
### State-wise Follow-up Rates at 6 Weeks (%) (Based on Jan 11- Mar 13 Data)

<table>
<thead>
<tr>
<th>State</th>
<th>Rate (%)</th>
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<tbody>
<tr>
<td>Punjab</td>
<td>117%</td>
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<tr>
<td>Meghalaya</td>
<td>103%</td>
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<tr>
<td>Delhi</td>
<td>77%</td>
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<tr>
<td>Orissa</td>
<td>73%</td>
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<tr>
<td>Gujarat</td>
<td>66%</td>
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<tr>
<td>Uttarakhand</td>
<td>66%</td>
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<tr>
<td>Andhra Pradesh</td>
<td>66%</td>
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<tr>
<td>Bihar</td>
<td>57%</td>
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<tr>
<td>Maharashtra</td>
<td>51%</td>
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<td>Uttar Pradesh</td>
<td>48%</td>
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Source: PPIUCD Monthly reports
Data as on 29/04/2013
Follow-up Findings
(Based on Jan-11 to Jan-13 Data)

N=35,309

Expulsion: 2.57%
Infection: 0.95%
Removal: 4.30%

Source: PPIUCD Monthly reports

Data as on 29/04/2013
Implications for Practice

- **Expulsion:**
  Competency-based training minimizes risk of expulsion

- **Infection:**
  Using eligibility criteria for PPIUCD insertion reduces risk of infection; no need for prophylactic antibiotics

- **Removal:**
  Good counseling is critical to reduce premature removal

To reduce expulsion

**Use correct technique:**
- Straighten cervico-uterine angle
- Position the IUCD at the fundus before release
- Release the IUCD by sweeping to the side
- Withdraw the instrument in open position

**Use correct instrument:**
- Long Kelly placental forceps
Using Standards to Improve Quality of Services - Results of Performance Assessments

All Three Assessments have been conducted on an average 6-8 months apart.

- Counseling & initial client assessment in ANC (Area 1)
  - Baseline: 35%
  - Midline: 76%
  - Recent: 92%

- Counseling & initial client assessment in Early labor and Postpartum period (Area 2)
  - Baseline: 43%
  - Midline: 91%
  - Recent: 93%

- IUCD service provision and return visit (Area 3)
  - Baseline: 30%
  - Midline: 63%
  - Recent: 78%

- Management, IEC and record keeping (Area 4)
  - Baseline: 48%
  - Midline: 63%
  - Recent: 68%

- Overall Performance standards score
  - Baseline: 37%
  - Midline: 71%
  - Recent: 82%

N=24 facilities
Challenges and Opportunities

- Need to further strengthen PPFP services
- Several myths and misconceptions around IUCDs
- Quality of Care needs to be further strengthened
- System for post training follow to be created
- Need to increase accessibility of PPTL services
- Post-abortion family needs impetus- 95% unmet need for PA-FP
Conclusion

- FP is being promoted as **MNCH initiative**
- Paradigm shift in promoting **spacing methods**
- Introduction of PPIUCD services in the public and private sector is **feasible and effective**
- GoI is supporting the scale-up PPIUCD services in all 276 districts in **6 high-focus states**.
- **Trained doctors and nurses** can safely and effectively provide PPIUCD services.
- Key program component for success are **RMNCH Counselors** and **supportive supervision**.