Reinvigorating the Postpartum IUD Using a Low-Cost Simulation Model

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The Problem and the Opportunity

- Each year, 95,000 maternal deaths could have been prevented if women who desired to postpone or avoid childbearing had used effective family planning (FP).
- Despite rises in contraceptive use, we still have large unmet need for FP—in Pakistan, unmet need for FP in the postpartum period is 64%.
- IUDs are one of the most effective, safe and reversible long-acting FP methods, and can be safely inserted immediately after delivery of the placenta.

Sources: Cleland et al. 2006. Lancet Series, Sexual and Reproductive Health Volume 368, Number 9549, 18 November 2006; Reconvening Bangkok: 2007–2010, Progress made and lessons learned in scaling up FP/MNCH best practices in the Asia and Middle East Region, sponsored by USAID via the ESD Project.
The Challenge: Underutilization of PPIUDs

So why are PPIUDs not utilized for healthy timing and spacing of pregnancy?

- Providers’ lack of confidence in PPIUD insertion skills
- Myths and misconceptions (related to IUD eligibility criteria and side effects) among clients and providers
- Lack of realistic, low-cost training simulators

Current Model Cost (including PP Attachments): $815
Challenges with Current PPIUD Simulation Models

- Expensive, heavy and not designed to withstand wear and tear of repeated use
- Not realistic.
- Providers cannot bring models back to their site for on-the-job practice or client counseling,
The Solution: A New, Low-Cost, Lightweight and Realistic PPIUD Simulation Model
Feature: Cost-Effective

Current Model (including PP Attachments): $815

New Jhpiego and Laerdal Global Health Model (Projected cost, including PP Attachments): $100/150
Sustainability and Rapid Scale-Up: Leveraging Jhpiego’s PPFP Program Platforms in Pakistan

Through our existing PPFP programs and partnerships with host-country governments, local partners, donors and manufacturers, Jhpiego has the ability to rapidly disseminate project results and initiate scale-up.

During Seed Project Period:

Model will be tested at 13 facilities in Pakistan currently involved in PPFP program with Jhpiego funded by David and Lucile Packard Foundation and local partners supporting the project: Greenstar Social Marketing, National Committee for Maternal Newborn and Child Health, Pakistan Institute of Medical Sciences, and Population Welfare Department-Punjab.

After Seed Project (1 year)

Broader adoption of this innovative training model at potentially 100 Community Midwife schools and 21 Public Health Nursing schools in Pakistan.

Long-term Scale-up

As seen with MamaNatalie and NeoNatalie, Laerdal Global Health has the capability to manufacture the PPIUD simulation model in large quantities and sell at low cost to developing countries. Beyond Pakistan, Jhpiego could rapidly scale-up the new model under its existing PPFP project platforms in 21 states of India, Bangladesh, Guinea, Nepal and in other PPFP programs around the world.
The Laerdal-Jhpiego postpartum IUD (PPIUD) simulation model is designed to be a low-cost, portable and realistic training tool and job aid that will improve the capacity, competence and confidence of frontline health workers in providing immediate postpartum IUD services, ensuring women have reliable contraception.
End Goal

- More women have access to a wider variety of FP choices in order to meet their specific needs.
- Maternal and newborn morbidity and mortality are reduced due to increased spacing between births.