Call to Action

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We look forward to working together toward reinvigorating PPFPP and realizing the vision articulated at the technical consultation—that of integrated maternal, neonatal and child health services to meet the multiple needs of women and infants during the first year postpartum.

References


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Objectives and Methods of the Technical Consultation

In an effort to better understand and thus maximize the opportunity provided during the extended postpartum period, USAID and ACCESS-FP organized a technical consultation about postpartum family planning on 14 November 2006, in Washington, D.C. The overall purpose of the meeting was to examine the state of the art of PPFP service delivery—through an expert review of key literature complemented by collective programmatic experience to date—as a basis for further program development. Specific meeting objectives were to:

1. Develop key guidance with regard to PPFP service delivery;
2. Define gaps in knowledge and areas for future research; and
3. Identify and reinforce opportunities for integration to better address the needs of the mother and infant.

More than 40 experts and leaders in reproductive health and maternal, neonatal and child health from over 23 global health organizations and programs were brought together to participate in this intensive, all-day event. Prior to the technical consultation, participants were divided into four small groups—each focusing on a timeframe relevant to PPFP (the antenatal period, the immediate postpartum period, the later postpartum period and the extended postpartum period)—and asked to review and evaluate key PPFP articles, both general in nature and specific to their small-group timeframe. At the meeting, the small groups worked independently to identify gaps and opportunities and make recommendations for integration within the context of their respective timeframes, focusing on selected areas judged to be highest priorities. These were: integration with maternal and newborn/infant health and HIV/AIDS programs; LAM and the transition to other modern contraceptive methods; and long-acting and permanent methods. The small groups then reconvened in plenary for report-outs, followed by a lively, open-floor discussion.

Purpose of This Document

This document will share highlights from the technical consultation, focusing mainly on eight major themes that emerged in the course of the day. It is our hope that these initial findings and areas of agreement will serve as the basis for a broader, comprehensive effort to systematically include PPFP activities in services reaching mothers and infants during the first year postpartum. A full report of the technical consultation is also under way and should be available in early 2007. The longer report will provide a more in-depth review of the literature and programmatic experience that helped inform the day’s activities, as well as of the discussions that helped shape its outcomes.

Discussion Highlights and Key Recommendations

This summary articulates gaps and issues commonly identified by the meeting participants, as well their recommendations for action. It is important to note that the participants represented a cross-section of maternal, neonatal, and child health and family planning professionals.

LAM and Transition to Modern Methods

The field is struggling with the implementation of LAM. To date, there is only one study that demonstrates increased adoption of other modern methods for LAM uses. Among meeting participants, opinions were divided as to whether LAM—including transition to other modern methods—has been systematically, fully implemented. There is overwhelming evidence for supporting exclusive breastfeeding as a natural link with PPFP. However, implementation of exclusive breastfeeding has also faced significant challenges.

Ensuring a Method Mix

Findings from studies are clear that women in the postpartum period have a need for contraceptive methods for pregnancy spacing and limiting. In addition to LAM, other methods to be considered during the postpartum period include emergency contraception, intrauterine contraceptive devices (IUDs), postpartum tubectomies, vasectomies, progestin-only methods and, after six months postpartum, combined oral contraceptives.

Recommendation 1: LAM needs to be de-emphasized and the transition to other modern methods reinforced. Experience suggests that emphasizing the link with exclusive breastfeeding is overwhelming evidence for supporting exclusive breastfeeding as a natural link with PPFP. However, implementation of exclusive breastfeeding has also faced significant challenges.

There was interest in a possible working group on this topic.

Recommendation 2: An array of contraceptive options should be made available to all postpartum women; the appropriateness of available options to each woman’s contraceptive goals, breastfeeding status and need for protection against sexually transmitted infections should be ensured.

Service Integration

Service integration presents both challenges and opportunities. Antenatal care, immediate postpartum care, immunizations and well-baby care all provide opportunities for contact with postpartum mothers and infants, yet services and program activities are not organized for maximum efficiency. It was noted that these service contacts are relatively rare, even in the best programs, which underscores the importance of maximizing each opportunity.

The vertical nature of many programs compels them to demonstrate their effectiveness through the achievement of specific targets, which may preclude a more holistic/integrated approach.

Recommendation 3: Participants agreed that the addition of PPFP to an existing service or program activity should be made as simple as possible for the provider, and supported with job aids and information, education and communication materials.

Addressing Service Provision Gaps

Participants emphasized that the shortage in human resources cannot be overestimated. In addition to integrating PPFP with existing services, other opportunities for reaching women and families during the extended postpartum period deserve exploration. It is unrealistic to expect existing services to extend to all postpartum women; thus, it will be necessary to expand service provision beyond traditional service providers.

Recommendation 4: The benefits of integrating PPFP need to be clearly articulated within the context of the index program, and integration should be measured by a performance indicator and change in job description for providers.

Pre-Service Education

Findings demonstrate, and participants acknowledged, that PPFP is not systematically integrated with pre-service curricula, nor is it always addressed as a specific part of family planning training (aside from noting which methods are appropriate for breastfeeding women). Family planning clinical skills are often taught separately from maternal and newborn health skills.

Recommendation 5: To expand coverage, private sector partnerships should be explored, particularly private practice run by midwives and nurses.

Focused Postpartum Care

Building on advances in service provision achieved through promoting the concept of focused antenatal care, a similar effort should be undertaken for the postpartum period. Focused postpartum care should explicitly address women’s postpartum needs—including the concept of fertility planning—and, at the same time, provide continuity among antenatal, postpartum/postnatal and child care. Services have traditionally separated maternal and infant health during this continuum, and many programs still follow separate tracks for mother and infant care during the postpartum/postnatal period.

Recommendation 6: More emphasis should be placed on incorporating PPFP systematically in pre-service education, including curricula, skills development and clinical practice.

Community-Based PPFP

Despite considerable experience in providing community-based distribution of family planning, there is little documentation of postpartum services. Participants felt that this was a major constraint and allowed only a superficial discussion of the potential for PPFP. It was also noted that, in contrast with the emphasis on skilled birth attendants, PPFP activities occur in a different cadre of community worker to provide a different type of life-saving service.

Recommendation 7: A model of focused postpartum service should be developed to ensure that essential maternal and newborn care, including family planning, is systematically provided.

Advocacy for PPFP

Despite compelling evidence of the health benefits of family planning, services often are not meaningfully included in antenatal, postpartum/postnatal and child care. Evidence of the benefits of birth spacing and of addressing unmet need in preventing maternal mortality presents an opportunity for advocacy related to PPFP and for appropriate policy action. Similar opportunities exist within HIV/AIDS programming.

Recommendation 8: Community-based efforts in PPFP need to be more systematically addressed and evaluated, and lessons learned shared.

There was interest in a possible working group on this topic.

Recommendation 9: Policy champions for PPFP need to be identified within institutions and supported with evidence-based information for policy/advocacy efforts.
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**LAM Needs to be Systematically Integrated**

Experience suggests that emphasizing the link with exclusive breastfeeding is the most logical way to ensure that LAM is well understood.

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