

Postpartum Family Planning: Amenorrhea, Exclusive Breastfeeding, and the Timing of Family Planning Uptake in Rwanda—Secondary Analysis of Demographic Health Survey 2014-15

Felix Sayinzoga,¹ Joel Serucaca,¹ Victor Ndaruhutse,¹ William Winfrey,² and Anne Pfitzer²

¹Rwanda Ministry of Health/Maternal Child and Community Health, ²USAID's Maternal and Child Survival Program

Postpartum Family Planning as a Key Element of the FP/ASRH Plan

- Rwanda is nearing the end of a planning process for a new FP/ASRH strategic plan.
- Via an intensive prioritization process, postpartum family planning (PPFP) will be emphasized over the next 7 years.
- The planning team conducted an in-depth analysis of postpartum FP using 2014–2015 Rwanda Demographic and Health Survey data, including the reproductive calendar.
- The full analysis of PPFP covered many topics beyond the contents of this poster; here we address these questions:
 - What is the evolution of mCPR in the postpartum period?
 - What methods of family planning do postpartum women use?
 - How is the uptake of postpartum FP linked to amenorrhea and breastfeeding?
- Figure 1 shows the evolution of FP use in the 12 months following a birth.
- Relative to overall use among married women, use is low, especially in the first 6 months postpartum.

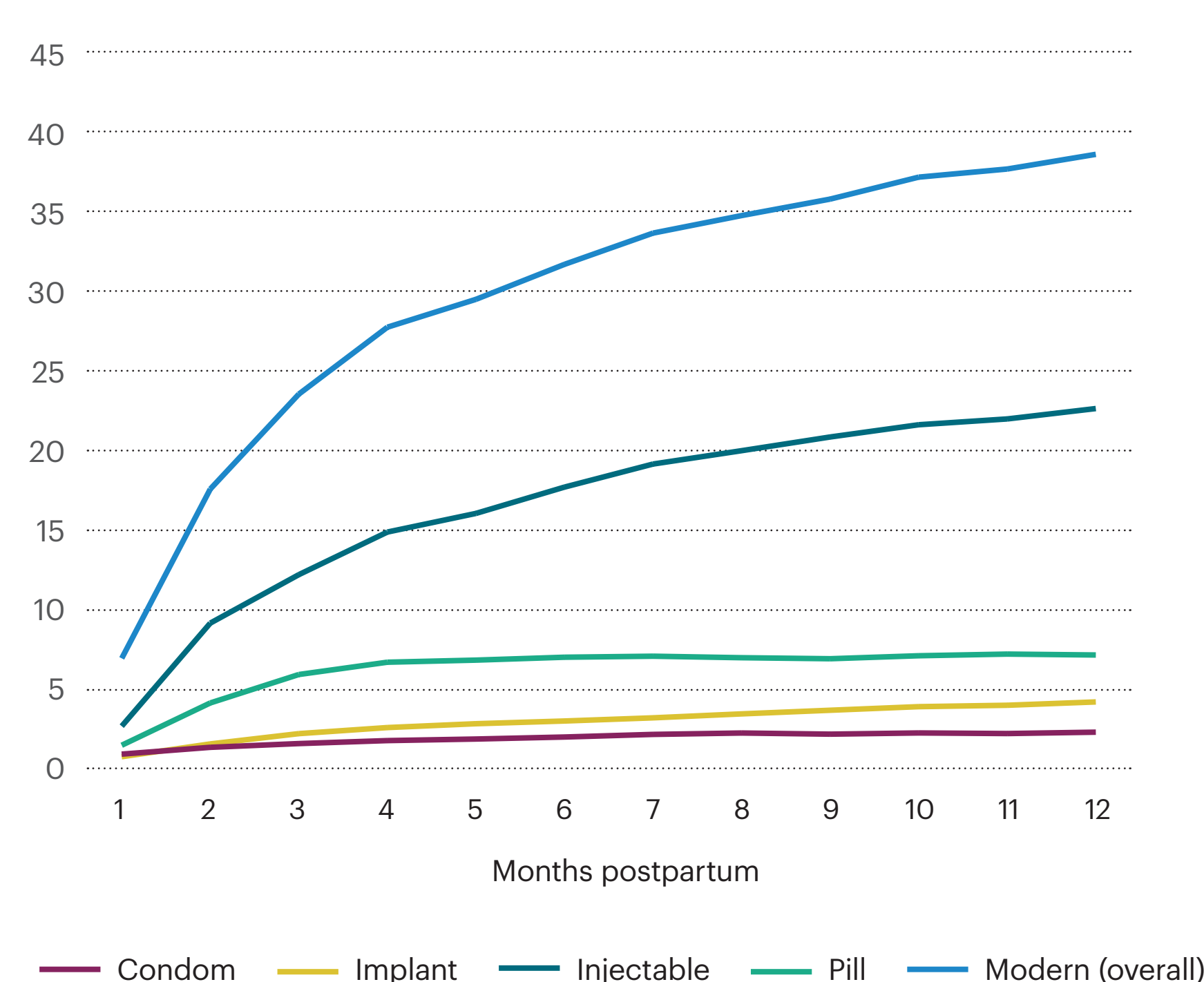
Breastfeeding and Amenorrhea

- Breastfeeding practices and the return of menses are linked to return to fecundity and important to consider in relation to postpartum FP use.
- Figure 2 shows Rwanda's high levels of exclusive breastfeeding until 6 months postpartum. Rates of amenorrhea remain above 50% even at 9–11 months postpartum.
- The rate at which menses returns is not controlled completely by rates of exclusive breastfeeding i.e., the proportion of women who are amenorrhoeic falls at a constant rate even after breastfeeding drops off sharply.

Family Planning and Amenorrhea

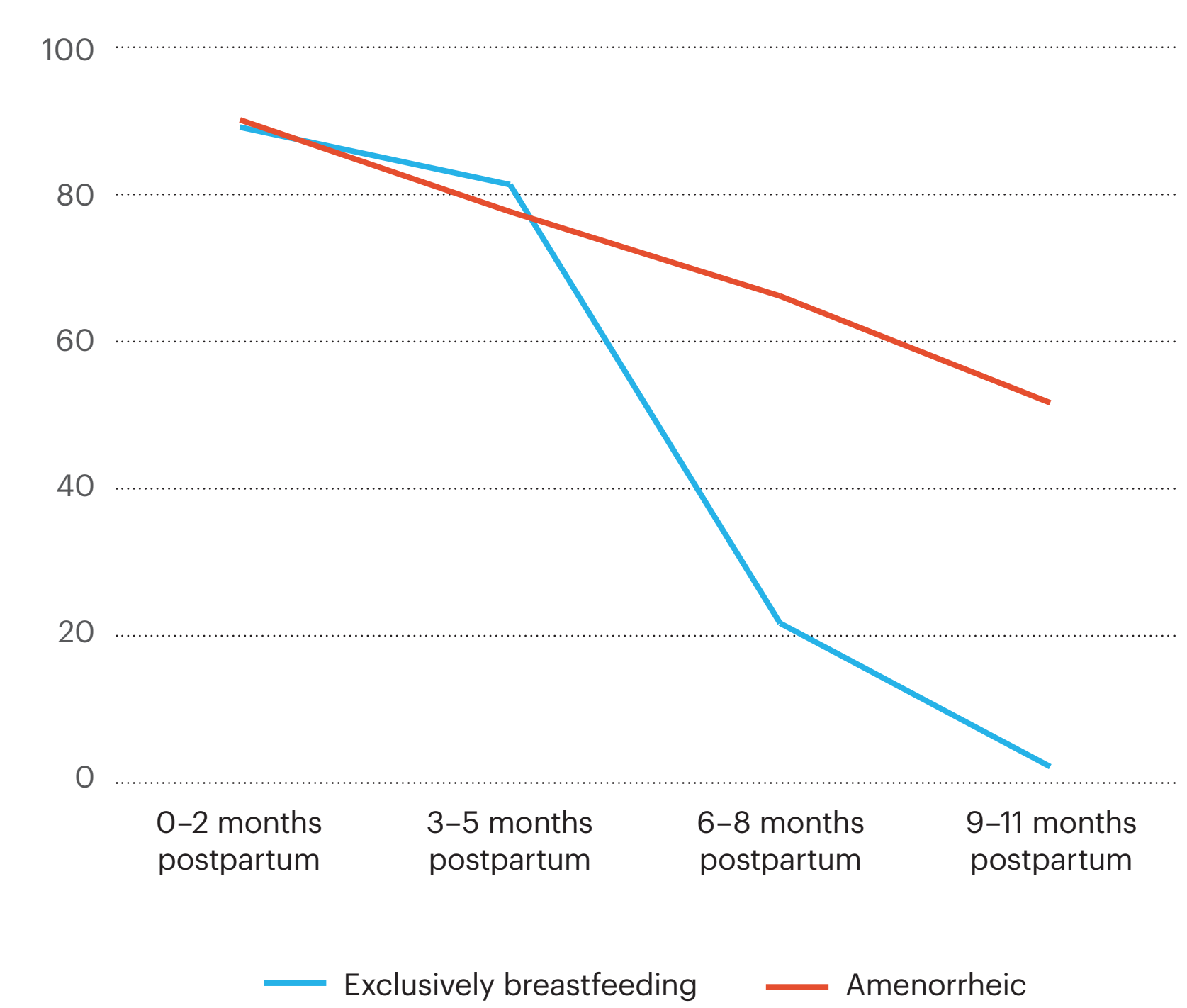
- To investigate a potential link between FP use and the return of menses, we divided postpartum women into two groups—amenorrhoeic women and non-amenorrhoeic women—and then assessed whether each group was using FP at various points postpartum
- Figure 3 presents a comparison between the two groups of women. In the first 15 months, postpartum women whose menses have returned are twice as likely to be using FP as those whose menses have not returned. As far out as 24 months, the difference between the two groups is statistically significant.

Figure 1: Evolution of family planning use in the postpartum period



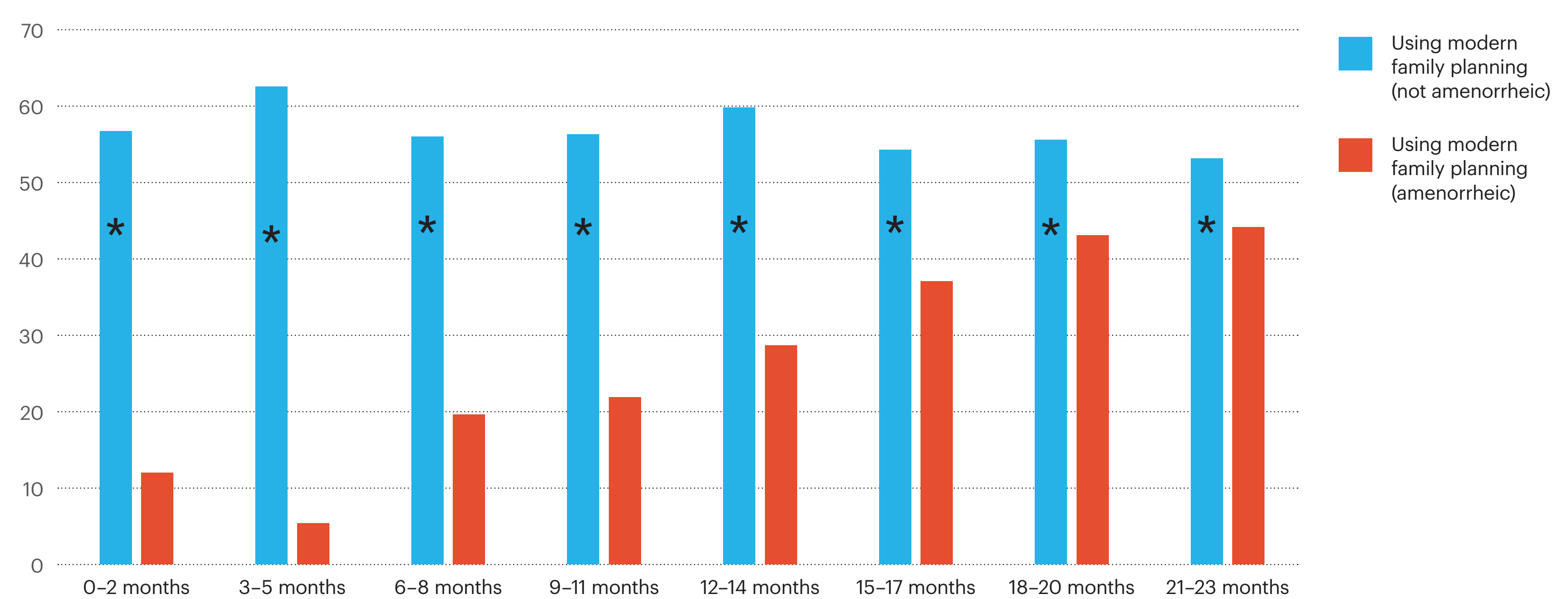
Relative to overall use of family planning in Rwanda (48% among married women in 2014–15), the use in the postpartum period lags. Furthermore, the uptake is very low even at 6 months postpartum.

Figure 2: Percent of postpartum women who are breastfeeding or amenorrhoeic



At 0–5 months postpartum, the proportion of women exclusively breastfeeding and who are amenorrhoeic are almost exactly the same. At 6 months, the two curves diverge rapidly.

Figure 3: Percent of women using modern FP in the postpartum period (amenorrhoeic vs non-amenorrhoeic)



The sample sizes of women in each of the 3-month intervals can be small; therefore statistical significance tests were run. The asterisks in the blue bars indicate that the use among non-amenorrhoeic women is statistically significantly greater ($p < 0.05$).

Policy and Program Implications

- The return of menses is clearly linked to an uptake of family planning in the postpartum period. Community programs encouraging women to use postpartum FP need to address the tendency to wait for the return of menses before using FP because pregnancy may occur even before the appearance of menses return.
- In the last 2 years (after the RDHS was implemented), a strong facility-based immediate postpartum FP intervention has been implemented. It has had great success. In some districts, more than 50% of women leave facilities post-delivery with a family planning method. A potentially interesting research question to strengthen community programs is how cultural norms around delaying contraception until menses returned were overcome.