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Maternal and Child Survival Program

MCSP Madagascar Technical Brief
Postpartum Family Planning

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Project Overview

The United States Agency for International Development (USAID)-supported Maternal and Child Survival Program (MCSP) supported the Ministry of Public Health (MOH) in Madagascar to accelerate the reduction of maternal and newborn mortality over the course of its 5-year implementation period (2014–2019).

MCSP's interventions aligned with the Roadmap to Accelerate the Reduction of Maternal and Neonatal Mortality, especially strategy 3: "Providing essential integrated and quality services around pregnancy and childbirth focusing on teenagers and youth health."

The program intervened in the 16 USAID priority regions to:

1. Provide the MOH with technical support at the national level in maternal and newborn health (MNH) and immunization.
2. Provide technical assistance to improve the quality of MNH and immunization services in the USAID priority areas.
3. Strengthen providers' capacity to offer long-term family planning (FP) methods.
4. Improve prevention and management of malaria in pregnancy.
5. Strengthen pre-service training institutions' capacity (IFIRPs) to educate midwives according to international standards and competencies.
6. Initiate a process to increase the number of nonspecialist doctors capable of providing essential surgery services.

Introduction

According to the National Millennium Development Goals Monitoring Survey carried out in Madagascar in 2012–2013, approximately 35% of births occur less than 24 months after the previous birth. Less than 24-month inter-reproductive intervals increase maternal and newborn morbidity and mortality risk. According to the same survey, unmet need for FP is 18% for married women, with a rate of 81% for women who are 0–5 months postpartum.

As an actor in the implementation of the Roadmap for the Campaign on Accelerated Reduction of Maternal Mortality in Africa, MCSP supported the MOH to revitalize postpartum FP (PPFP). The aim was to contribute to the achievement of Madagascar's Family Planning 2020 commitment to increase contraceptive prevalence to 50% and reduce unmet need for FP by 9% through updating strategic and technical reference documents, quality improvement, and availability of PPFP services.

Approaches and Interventions

At a Strategic Level

MCSP provided technical support to the MOH and conducted advocacy for a favorable FP environment through development and revisions of key strategic documents.

- Supported the development of action plans to achieve Family Planning 2020 targets.
- Supported validation of the national postpartum long-acting reversible contraceptives (LARCs) training documents (including job aids).
- Supported development and adoption of the reproductive health norms and procedures.
- Supported updated to the national integrated FP curriculum, including PPFP and postabortion FP.
- Contributed to the development of a national FP costed implementation plan.
- Supported the organization of the national FP conference in 2016.
- Contributed to the revisions of strategic reference documents and legislative texts, incorporating PPFP as an innovative approach.
- Supported development and passing of reproductive health/FP law to improve universal access to FP, especially for youth.
- Supported the integration of FP and sexual and reproductive health into the national strategic plan to improve commodity security.

At an Operational Level

MCSP supported improvements to the supply of services and strengthened technical capacity of health facilities for services by:

- Built capacity of national and regional pools of trainers.
- Conducted clinical training at health facility level in 16 regions and 76 districts using an integrated approach.
- Conducted supportive follow-up and supervision.
- Provided training materials and equipment for immediate postpartum implant and intrauterine device services.
- Promoted the provision of FP counseling during antenatal care, delivery, and postpartum period.
- Supported adaptation of Balanced Counseling Strategy Plus counseling cards for providers to improve FP counseling.

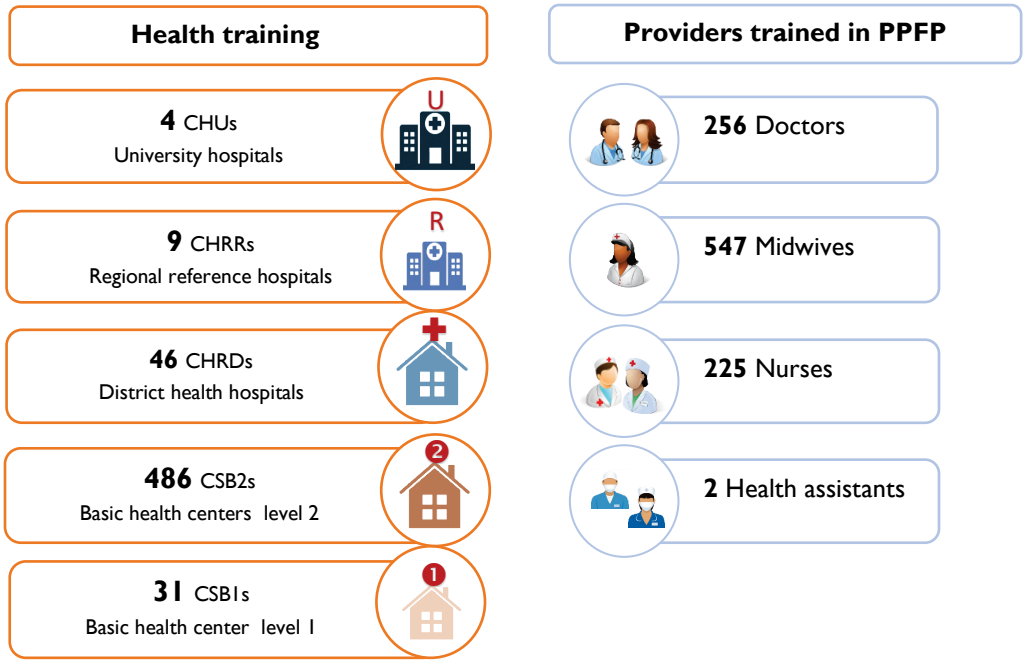
Results

Increased Coverage of PPFP Services

More than 1,000 providers in 576 health facilities were trained in counseling and provision of PPFP services, more specifically implants and intrauterine device (IUD) insertion in the immediate postpartum period. The training was cascaded with the establishment of pools of national, regional, and district trainers, who upgraded providers' PPFP competencies. All providers trained in MNH were also trained in PPFP as part of the day-of-birth training, enabling those providers working in delivery services to counsel and immediately provide FP services to postpartum women instead of referring them. This resulted in better integration of MNH and FP services, and contributed to improved quality of services.

After the training, health facilities received a starter kit with PPFP equipment (kit for implant removal and kit for IUD insertion) and a starter stock of contraceptive products (10 implants and 10 IUDs) that would allow them to provide services immediately upon completing their training. The starter stock of contraceptives was made possible with the collaboration of the MOH at central level, and resupply was completed at the district level.

Figure 1. Distribution of Health Facilities and Providers Trained in Postpartum Family Planning



Improved PPFP Counseling

Providers were trained to provide counseling during antenatal care, early labor, and postnatal care. The introduction of FP counseling around pregnancy and childbirth raised awareness among women about the importance of postpartum pregnancy spacing and FP. Figure 2 shows that among women who delivered at facilities, 76% of women received PPFP counseling during antenatal care, 73% received it during labor and delivery, and 79% received it during the postpartum period. Introduction of counseling cards in selected facilities also helped providers in this activity.

Figure 2. Percentage of Women who Gave Birth and Received Postpartum Family Planning Counseling

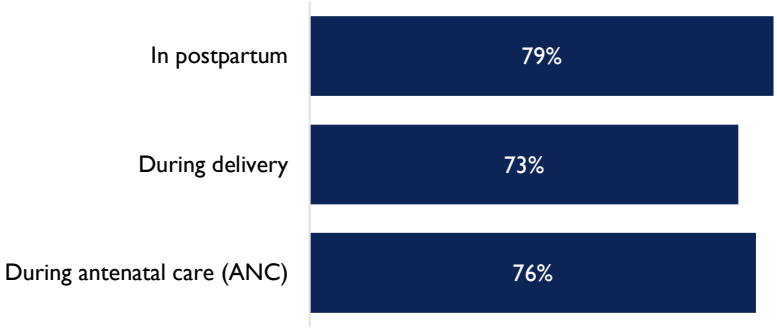


Photo by Karen Kasmauski, Jhpiego.

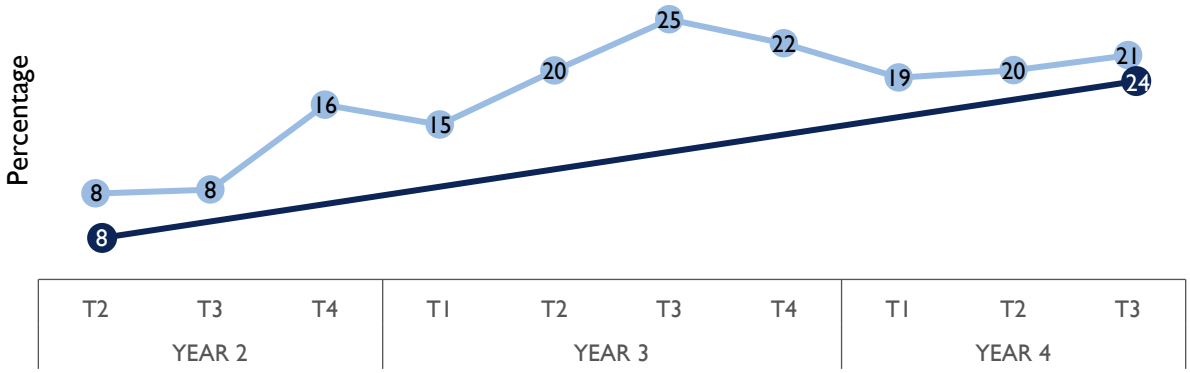
"The use of counseling cards has helped me a lot in the transmission of messages and understanding of clients.

I can use them any time if time allows because they are easy to carry and easy to handle."

Ralalanirina Lantosoa, CSB2 Anosiala

Increased Uptake of FP Services and LARCs

Figure 3. Percentage of Women Adopting a Modern Method After Delivery – Adoption of PFPP Tripled over the Course of the Intervention

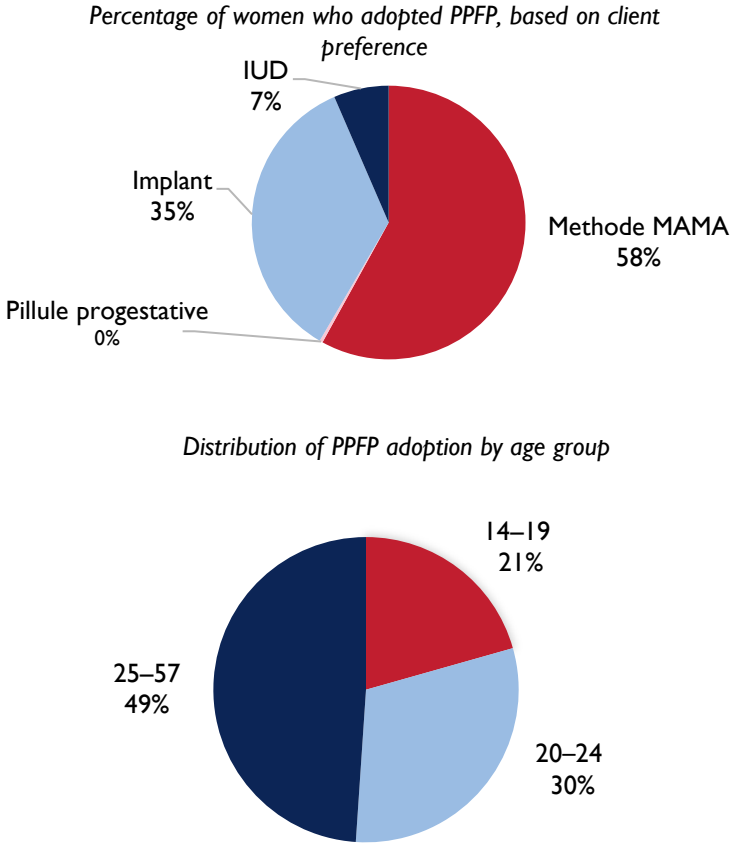


MCSP-supported health facilities saw a significant increase in adoption of FP methods. The rate of postpartum women adopting an FP method before leaving the maternity ward rose from 8% in 2016 to 24% in June 2018, representing 28,204 women (Figure 3). This indicator, collected from facility data dashboards, only applies to the long-acting methods of IUDs and implants.

Women who chose the lactational amenorrhea method (LAM) were encouraged to return to the health facility to initiate another FP method before stopping exclusive breastfeeding after 6 months or once their menses returned.
These significant gains in PPFP uptake contributed to the achievement of the national goals of increasing contraceptive prevalence and reducing unmet need.

MCSP also contributed to increase uptake of LARCs at scale. Based on data from facilities, disaggregation by methods (Figure 4) shows that 35% women chose implants and 7% of women chose IUDs, rates that are higher than national averages (2% for implants and 0.5% for IUDs based on 2013 Millennium Development Goals survey). Nonetheless, LAM remains the most popular method.

Figure 4. Percentage of Women Using Postpartum Family Planning (PPFP) Disaggregated by Methods and Age Group (N = 1,077)



The same data show that women over 25 had the highest use rate of PPFP, at 49%, yet there is a good proportion of young mothers who adopt contraception after delivery. The rate is 21% among adolescents age 14–19 and 30% among young mothers age 20–24 (compared to 13% and 28%, respectively, based on the 2013 Millennium Development Goals survey). This shows that PPFP provides a platform to reach all age groups, particularly adolescent mothers, who are the most fertile and at risk of complications if pregnancies are too closely spaced.

In Her Arms: A Newborn and a New Implant

Mamy understood the benefits of healthy pregnancy spacing but was concerned that adopting an FP method immediately after giving birth would affect breast milk and harm her baby. Midwives at Ambohidroa Hospital (Analamanga Region), supported by MCSP, reassured the new mother that her method of choice was safe.

Today, Mamy takes full care of her child without fear of an unplanned pregnancy. She joins another 20,000 women who started an FP method immediately after birth through MCSP in the past 2 years.

Mamy is happy—she and her son are in good health, and she can concentrate on caring for him without worrying about getting pregnant again too soon.

Photo : Jhpiego/ Charles Wanga

Lessons Learned and Challenges

- Integrating FP counseling into the continuum of care, from ANC to the time of childbirth to early postpartum, improves women's and families' access to information on PPFP and facilitates adoption of an FP method before leaving the maternity hospital. Early adoption of FP after childbirth reduces unwanted pregnancy and increases healthy pregnancy spacing.

- MCSP's technical approach integrating PPFP into MNH interventions enabled providers to gain an understanding of the need to integrate PPFP messages with other counseling delivered to pregnant women during ANC and around childbirth.

- Finding time for FP counseling remains a challenge for providers. However, provision of tools, such as counseling cards, facilitated the work of providers. Scaling up the use of PPFP counseling cards is necessary to allow all providers to improve their counseling and deliver relevant messages in a timely manner.

- Availability of commodities, particularly the implant, which is a popular method, was a challenge for providers. Improving contraceptive commodity supply chains will prevent low stock or stock-outs of key FP commodities.

- Continuous improvement in service quality requires the systematic transfer of skills from regional and district trainers to new recruits and providers newly deployed in the intervention regions.

Photo: MCSP/Karen Kasmauski

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