

Postabortion Family Planning: A Glimpse of Global Evidence and its Impact with Country Implementation

April 14, 2016

Elizabeth Tully, Facilitator

Elizabeth Tully has worked on the knowledge management project, Knowledge for Health (K4Health) at JHU-CCP since 2009. She manages the development, maintenance, strategic planning, and training of K4Health's Toolkits. As the current Secretariat of the PAC Connection, Elizabeth assists in the coordination of meetings, communication efforts including announcements and newsletters, and manages the PAC Global Resource Package website.



The PAC Connection



- Interagency working group, established in 2008
- Open to USAID-funded organizations and USAID Missions – currently or interested in PAC programs
- **Semiannual meetings** to share technical knowledge and discuss plans for USAID/Washington-funded PAC activities
- **Mailing list** provides periodic updates on events, updates, and the semiannual newsletter

To become a member of The PAC Connection, please email elizabeth.tully@jhu.edu

The PAC Global Resource Package

The screenshot shows the homepage of the Postabortion Care website. At the top, there is a logo for Postabortion Care with the tagline "Up-to-date evidence and resource materials related to postabortion care". To the right of the logo is a "TRANSLATE" button and a search bar. Below the header is a navigation menu with links: Home, About Package, Research, Strategies, Policies & Standards, Training, Service Delivery, Communication Materials, Community Mobilization, and Tools. The main content area features a large image of four men in a meeting, with the text "The PAC Global Resources Guide provides comprehensive, standardized scientifically accurate, and evidence-based information on postabortion care. It serves as a repository of basic instruments intended for policymakers and program planners who are designing or revising their current postabortion care program." and a "Learn More" button. Below this is a section titled "2010 Postabortion Care Curriculum" with a description and a "Learn More" button. To the left of this section is a list of materials found on the site, including the USAID Postabortion Care Model, "What Works: A Policy and Program Guide to the Evidence on Postabortion Care", Recommended Policies, Service Delivery Guidelines, and Training Curricula, Assessment Tools, Client-Provider Communication Materials, PAC Community Mobilization Facilitator's Manual, and the "ALLOCATE" Model. To the right of the list is a diagram showing the flow from Emergency Treatment to FP Counseling, Prevention, and Selected RH (CTG, HIV), with a note about Community Engagement through Community Awareness and Mobilization. At the bottom right is a photo of a smiling woman and the text "the PAC Connection e-Newsletter".

Postabortion Care
Up-to-date evidence and resource materials related to postabortion care

TRANSLATE Search

Sitemap

Home About Package Research Strategies Policies & Standards Training Service Delivery Communication Materials Community Mobilization Tools

The PAC Global Resources Guide provides comprehensive, standardized scientifically accurate, and evidence-based information on postabortion care. It serves as a repository of basic instruments intended for policymakers and program planners who are designing or revising their current postabortion care program.

Learn More

2010 Postabortion Care Curriculum
The curriculum includes evidence from more than 15 years of research in postabortion care.

The materials found on this site include:

- [USAID Postabortion Care Model](#)
- ["What Works: A Policy and Program Guide to the Evidence on Postabortion Care"](#)
- [Recommended Policies, Service Delivery Guidelines, and Training Curricula](#)
- [Assessment Tools](#)
- [Client-Provider Communication Materials](#)
- [PAC Community Mobilization Facilitator's Manual](#)
- ["ALLOCATE" Model](#) to plan funding levels for reproductive health programs

French instructions for navigating the Global Resource Package can be found [here](#).

Emergency Treatment → FP Counseling, Prevention, Selected RH (CTG, HIV)
Community Engagement through Community Awareness and Mobilization

the PAC Connection e-Newsletter

Provides materials related to postabortion care across varying programmatic topics:

- Research
- Strategies
- Policies & Standards
- Training
- Service Delivery
- Communication
- Community Mobilization

www.postabortioncare.org

HIPFAMILY
PLANNING
HIGH IMPACT
PRACTICES**Postabortion Family Planning:**

Strengthening the family planning component of postabortion care

Postabortion Family Planning

Service Delivery HIP

What is the proven high-impact practice in family planning service delivery?

Provide family planning counseling and services at the same time and location where women receive services related to spontaneous or induced abortion.

Background

Postabortion clients are women and girls with a clear need for family planning. Even if a woman wants to have a child immediately, WHO guidelines recommend she wait at least six months after an abortion before getting pregnant again (WHO, 2006). Postabortion care (PAC) includes three components: (1) emergency treatment for complications of spontaneous or induced abortion; (2) family planning counseling and service provision and, where financial and human resources are available, evaluation and treatment for sexually transmitted infections (STIs) as well as HIV counseling and/or referral for testing of postabortion women; and (3) community empowerment through community awareness and mobilization (USAID, 2004). Strong evidence demonstrates the feasibility, acceptability, and effectiveness of providing family planning services at the same time and location as postabortion services. Despite this evidence, many postabortion clients leave facilities without providers offering them family planning counseling or services. This brief focuses on the importance of strengthening family planning as an integral component of postabortion services and shows how it can contribute to national programs.

Postabortion family planning is one of several high-impact practices in family planning (HIPs) identified by a technical advisory group of international experts. When scaled up and institutionalized, HIPs will maximize investments in a comprehensive family planning strategy (USAID, 2011). For more information about other HIPs, see <http://fphighimpactpractices.org/about-hips>.



"If the woman we treat for postabortion complications is there because she could not get contraception, we have failed her. If she leaves without family planning, we have failed her twice."
— Verme, 1994

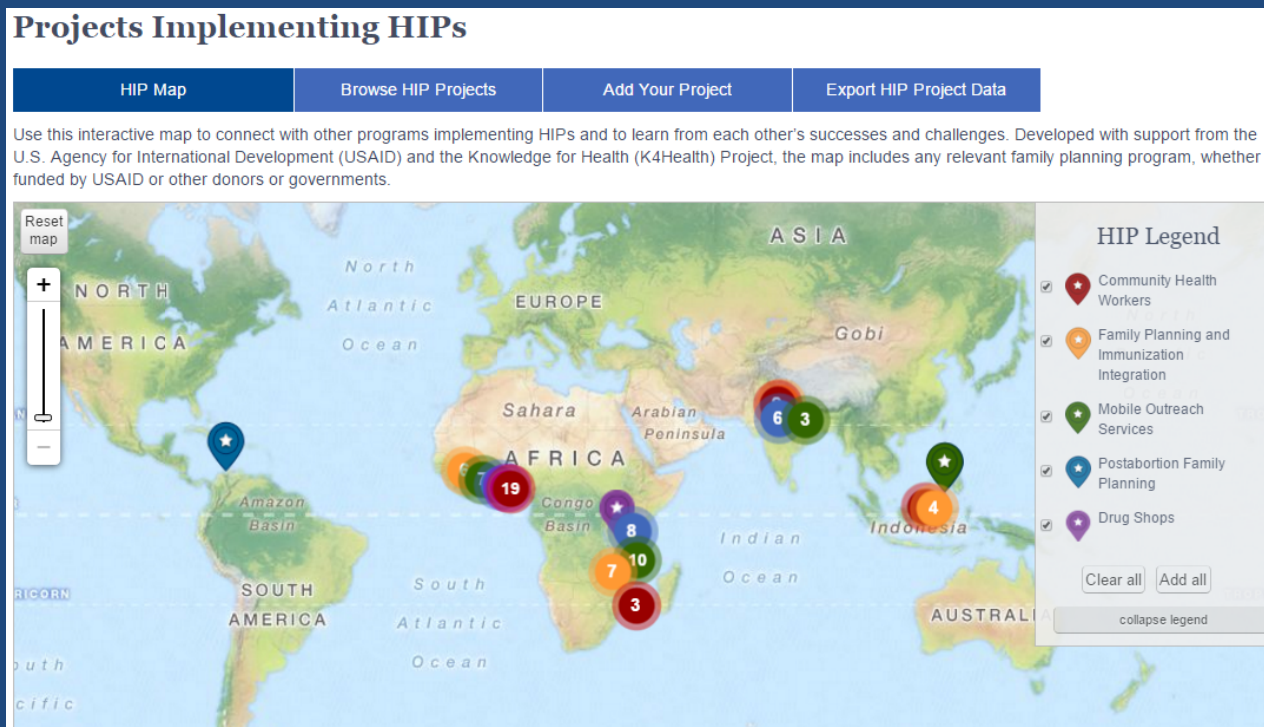
Proven Practice

Postabortion Family Planning: Strengthening the family planning component of postabortion care

What is the proven high-impact practice?

Provide family planning counseling and services at the same time and location where women receive services related to spontaneous or induced abortion.

Is Your Project Implementing a High Impact Practice?



Add it to the HIP Map at
www.fphighimpactpractices.org/hips/map

Carolyn Curtis, Panelist

Since 2002, Carolyn has worked in the areas of FP, MCH and Postabortion care in the Office of Population and Reproductive Health at USAID. Prior to USAID, Carolyn was the Director of Midwifery Services at the DC Health and Hospital Public Benefit Corporation, managing the expansion of midwifery services to eight community health centers in DC. She has co-authored a number peer-reviewed articles and joint consensus statements on FP that have been endorsed by FIGO, ICM, ICN and the Alliance for Reproductive, Maternal and Newborn Health.



Erin Mielke, Panelist

Erin Mielke, has served as a Senior Technical Advisor for Reproductive Health in USAID's Office of Population and Reproductive Health since 2007. She manages global fistula and family planning service delivery projects, and is a co-champion for Postabortion Care. Prior to her work at USAID, she served for over 10 years at EngenderHealth and UMATI, the Tanzanian IPPF affiliate.





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Postabortion Family Planning: A Proven Investment to Meet Global Goals

**Carolyn Curtis, CNM, MSN, FACNM and
Erin Mielke, MPH**

**Postabortion Care Co-Champions
Office of Population & Reproductive Health
US Agency for International Development**

IBP/HIPs Webinar: Postabortion Family Planning

April 14, 2016



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Overview of Presentation

- **Global Initiatives**
 - Sustainable Development Goals (SDGs)
 - Family Planning 2020 (FP2020)
- **Addressing Priorities**
 - Maternal Mortality
 - Newborn Deaths
 - Universal Access to Sexual and Reproductive Health
- **Postabortion Family Planning**
 - Who are the women seeking care
 - What is the intervention
 - What are elements of success
- **Resources for PAC programs**





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SDG 3 - Ensure healthy lives and promote well being for all at all ages

By 2030...

Reduce maternal mortality ratio to <70 per 100,000 live births

End preventable deaths of newborns and children under 5:

- neonatal mortality to 12 per 1,000 live births
- under five mortality to 25 per 1,000 live births

Ensure universal access to sexual and reproductive health-care services, including FP, information and education, and the integration of reproductive health into national strategies and programs

SDG 5 – Achieve gender equality and empower all women and girls



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FP 2020 Goal

Enable 120 million more women and girls to use contraceptives by 2020 while ensuring rights of women and girls to freely choose the when, how and the number of children they wish to have

- **Scaling up FP** and preventing unintended pregnancies in 74 countries from 2013-35 will **avert 78 million** of the 147 million **child deaths** that could be prevented
- Data from 172 countries found that **in one year, FP prevented an estimated 272,000 maternal deaths (40% reduction)**

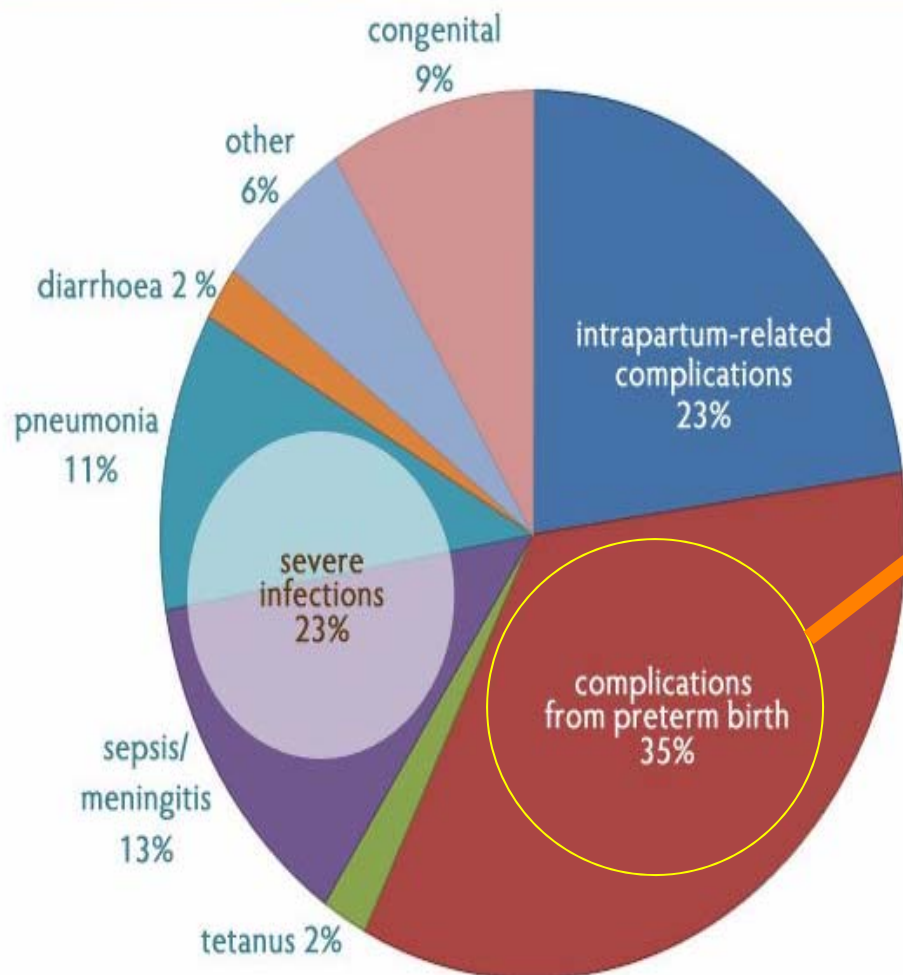
USAID, 2014. *Acting on the Call: Ending preventable maternal and child deaths*



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35% of Newborn Deaths Are Due to Preterm Birth

Causes of newborn deaths, global data



Some maternal risk factors for preterm birth include:

- *low and high maternal ages*
- *interpregnancy interval of less than six months*
- *maternal depletion/nutritional status*

Goldberg et al, 2008. Epidemiology and causes of preterm birth. *The Lancet*.

Postabortion family planning addresses these factors.



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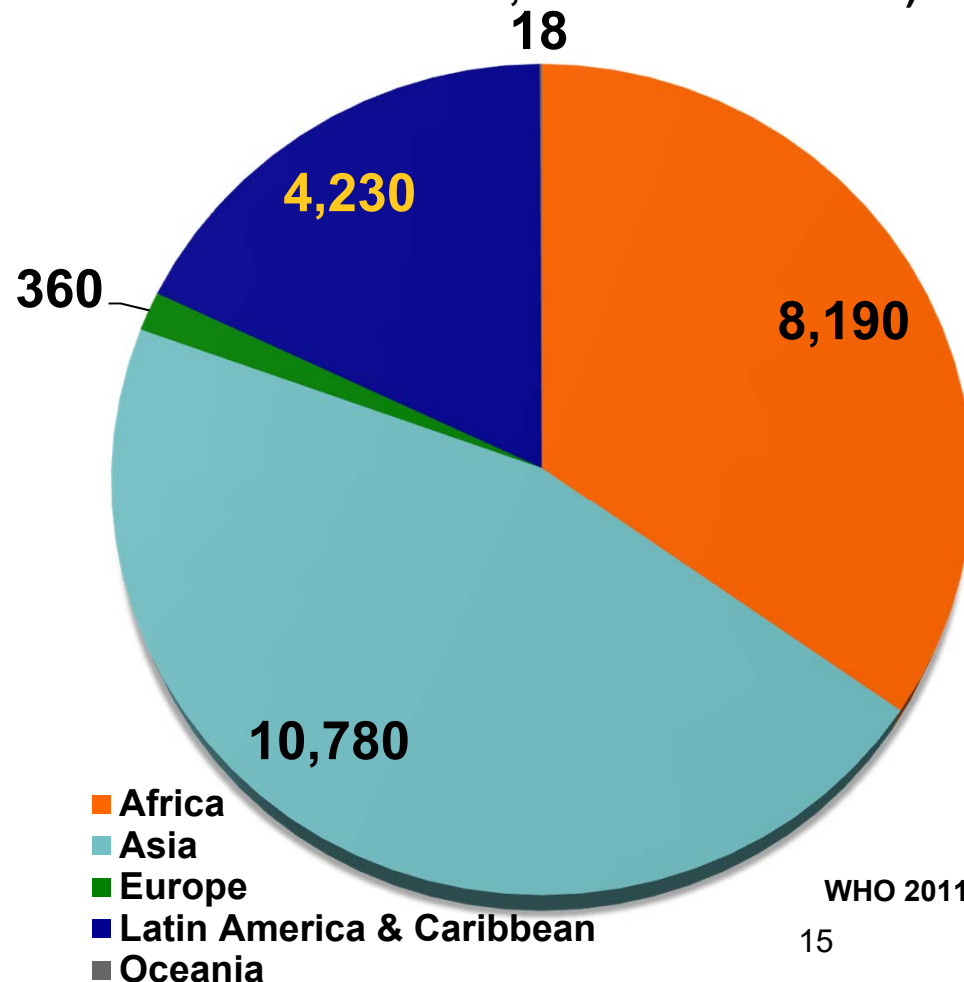
How big is the problem?

1 in 4 women in developing countries have an unmet need for FP = 222 MILLION women with unmet need!

Each year:

- 210 million pregnancies
- 80 million unintended pregnancies
- 44 million abortions
- 30 million miscarriages
- 67,000 women die from unsafe abortion: 9% of all pregnancy-related deaths; most occurring in Southeast Asia

Global and Regional Estimates of Unsafe Abortions (reported in thousands; total = 21.6 million)





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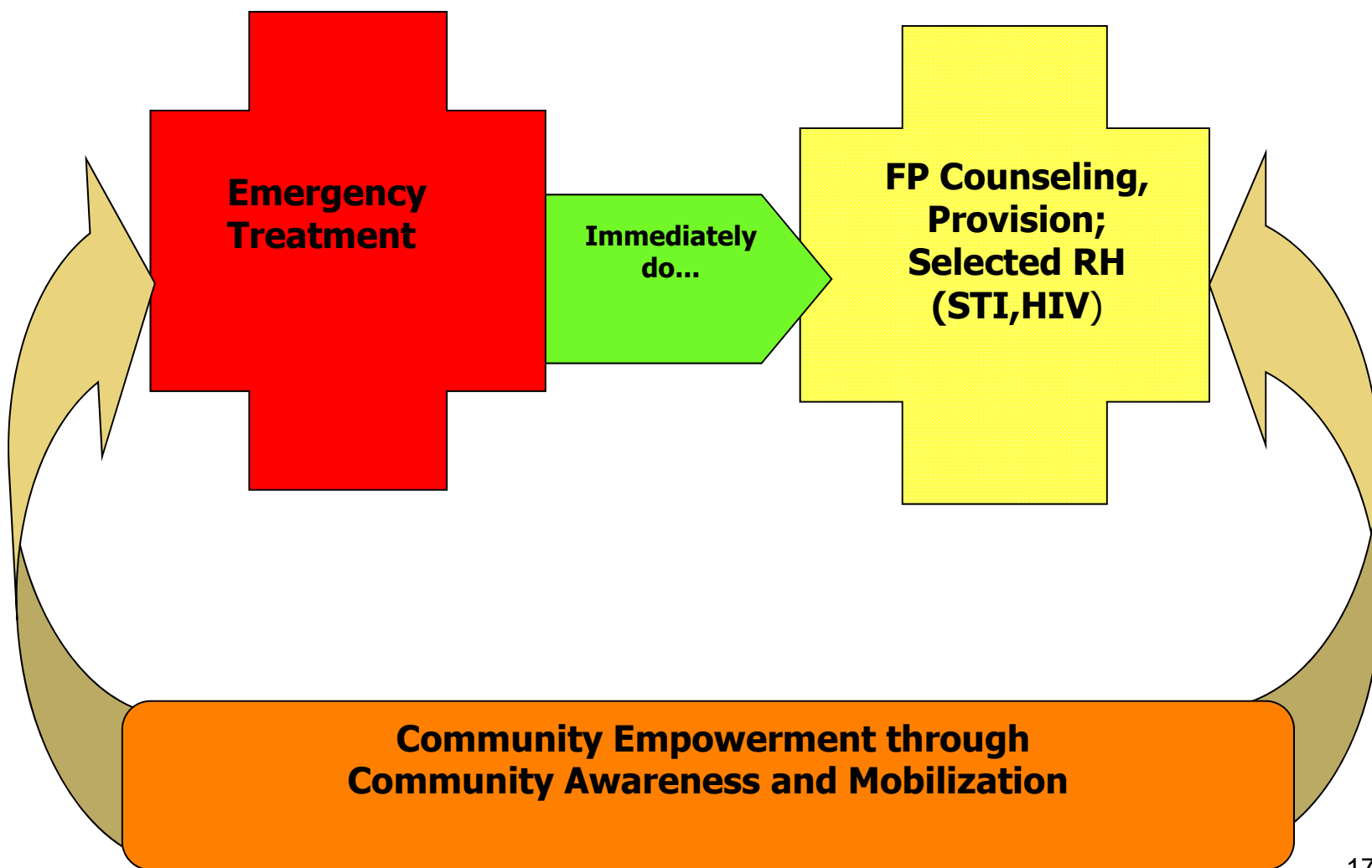
Postabortion Family Planning:

**One response to
SDGs 3, 5 and FP2020**



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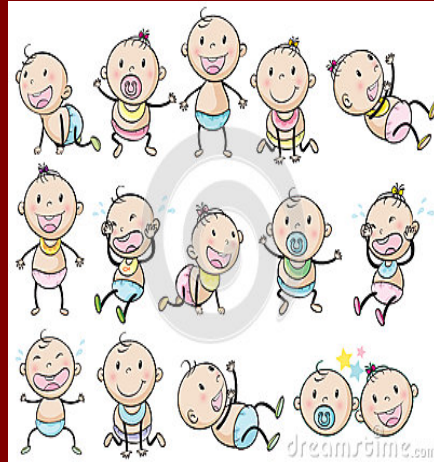
USAID's Postabortion Care Model Three Core Components





**Married,
cohabitating
or in union**

65%



Parity

3 or more

abortion

**Repeat
aborters**

35%



**Interested in
using a
contraceptive**

50%

Demographics of PAC Clients

Kidder, Sonneveldt, and Hardee. 2004. *Who Receives PAC Services? Evidence from 14 Countries* 18



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Provide family planning counseling and services at the same time and location where women receive services related to spontaneous or induced abortion.

HIP FAMILY PLANNING
HIGH IMPACT PRACTICES

Postabortion Family Planning: Strengthening the family planning component of postabortion care

Postabortion Family Planning

Service Delivery HIP

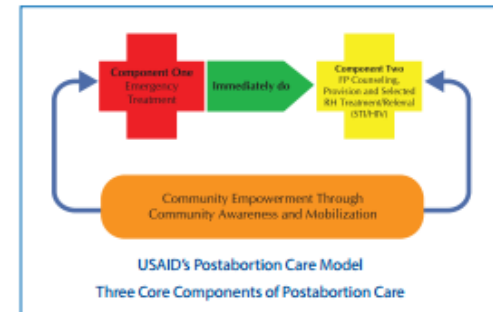
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Background

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Postabortion family planning is one of several high-impact practices in family planning (HIPs) identified by a technical advisory group of international experts. When scaled up and institutionalized, HIPs will maximize investments in a comprehensive family planning strategy (USAID, 2011). For more information about other HIPs, see <http://www.fphighimpactpractices.org/about>.



"If the woman we treat for postabortion complications is there because she could not get contraception, we have failed her. If she leaves without family planning, we have failed her twice."
— Verme, 1994

Proven Practice



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Postabortion FP Theory of Change



Barriers

- Organizational barriers within facilities
- Provider attitudes, social norms
- Limited understanding of return to fertility after abortion
- Cost of accessing services



High Impact Practice

- Provide FP counseling and services at the same time and place where clients receive services related to spontaneous or induced abortion



Service Delivery Changes

- Provide FP counseling and services, regardless of uterine evacuation method
- Protect women's dignity
- Offer wide range and continuous supply of contraceptives
- Promote service provision by mid-level providers
- Address cultural and organizational barriers to FP use



Benefits for Clients

- Understanding return to fertility
- Understanding healthy timing for any desired subsequent pregnancies
- Improved access to contraceptive services



Outcomes

- Increased contraceptive use
- Reduced unintended pregnancy
- Reduced repeat abortion



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Key Messages for PAC Clients in Voluntary FP Counseling and Services

- Fertility can return within 11 days after an abortion.
- Women wanting a pregnancy should wait at least six months after abortion/miscarriage to reduce maternal and newborn health risks*
- In the immediate postabortion period **ALL** FP methods can be safely used including EC pills and long acting and permanent methods (implants, IUDs* and male and female sterilization)

*if no uterine infection present



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Advocacy for Postabortion FP



BILL & MELINDA
GATES foundation

POST ABORTION FAMILY PLANNING: A KEY COMPONENT OF POST ABORTION CARE

**Consensus Statement: International Federation of Gynecology and Obstetrics (FIGO),
International Confederation of Midwives (ICM), International Council of Nurses (ICN),
United States Agency for International Development (USAID),
White Ribbon Alliance (WRA), Department for International Development (DFID),
and Bill and Melinda Gates Foundation**

1 November 2013

We commit ourselves and call upon all programs serving post abortion women of all ages to:

- Ensure that voluntary family planning counseling and services are included as an essential component of post abortion care in all settings
- Empower and serve post abortion women of all ages to prevent unintended pregnancies and further abortions
- Provide information on optimal pregnancy spacing for those women who want a pregnancy in order to realize critical health benefits, such as reduced maternal, neonatal, and childhood deaths, and prevention of HIV transmission from mother to child

We recognize that post abortion family planning is a cost-effective strategy for helping countries meet their commitments under Millennium Development Goal 5; FP2020; A Promise Renewed and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

The International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM), and the International Council of Nurses (ICN) have committed to fully collaborate across their professions to optimize the provision of post abortion family planning, and through this statement, they are joined by collaborating partners to achieve universal access to voluntary post abortion family planning.

What is post abortion family planning and why is it important?



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Elements of Successful Postabortion FP Programs

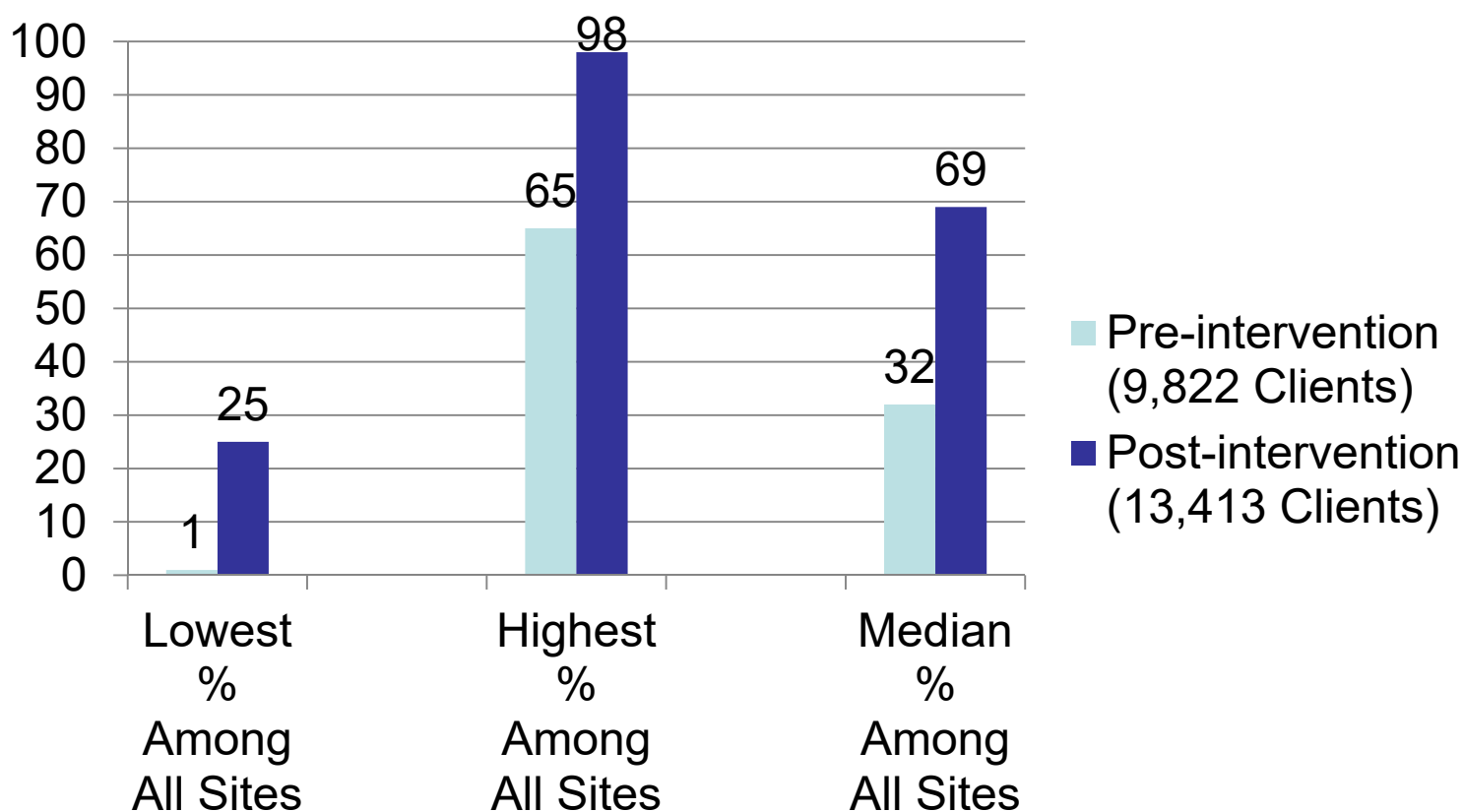
- Champions lead changes in services
- Facility staff sensitized
- Services reorganized and engage male partners with clients' consent
- Job descriptions modified (task-sharing)
- Service delivery protocols updated
- Info systems created or updated (client registers, etc)



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15 Studies in 13 Countries Show More PAC Clients Receive FP Method

Percent of PAC Clients Receiving FP Method



Postabortion Family Planning HIP brief, 2012.



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Postabortion Care Resources

- https://www.fphighimpactpractices.org/sites/fphips/files/hip_pac_brief.pdf
- http://www.figo.org/sites/default/files/uploads/project-publications/PAC-FP-Joint-Statement-November2013-final_printquality.pdf
- www.postabortioncare.org

Juliana Bantambya, Panelist

Juliana Bantambya has worked for EngenderHealth since 2004 as a Field Manager in Tanzania coordinating a RH/FP and PAC program. She is a champion in reducing maternal death through a decentralized PAC program in 239 health facilities reaching many rural women. She also has 14 years of experience as a General Practitioner in Tanzania. Juliana has previous experience working for World Vision and Care International managing RCH programs in rural areas.



Reaching more clients with decentralized PAC services in Tanzania

High Impact Practices-Post Abortion
Family planning

Webinar series 4: 14th April 2016



Tanzania Context

Incomplete abortion is

- Among the top 10 causes of hospital admission
- the main reasons for women seeking emergency care.

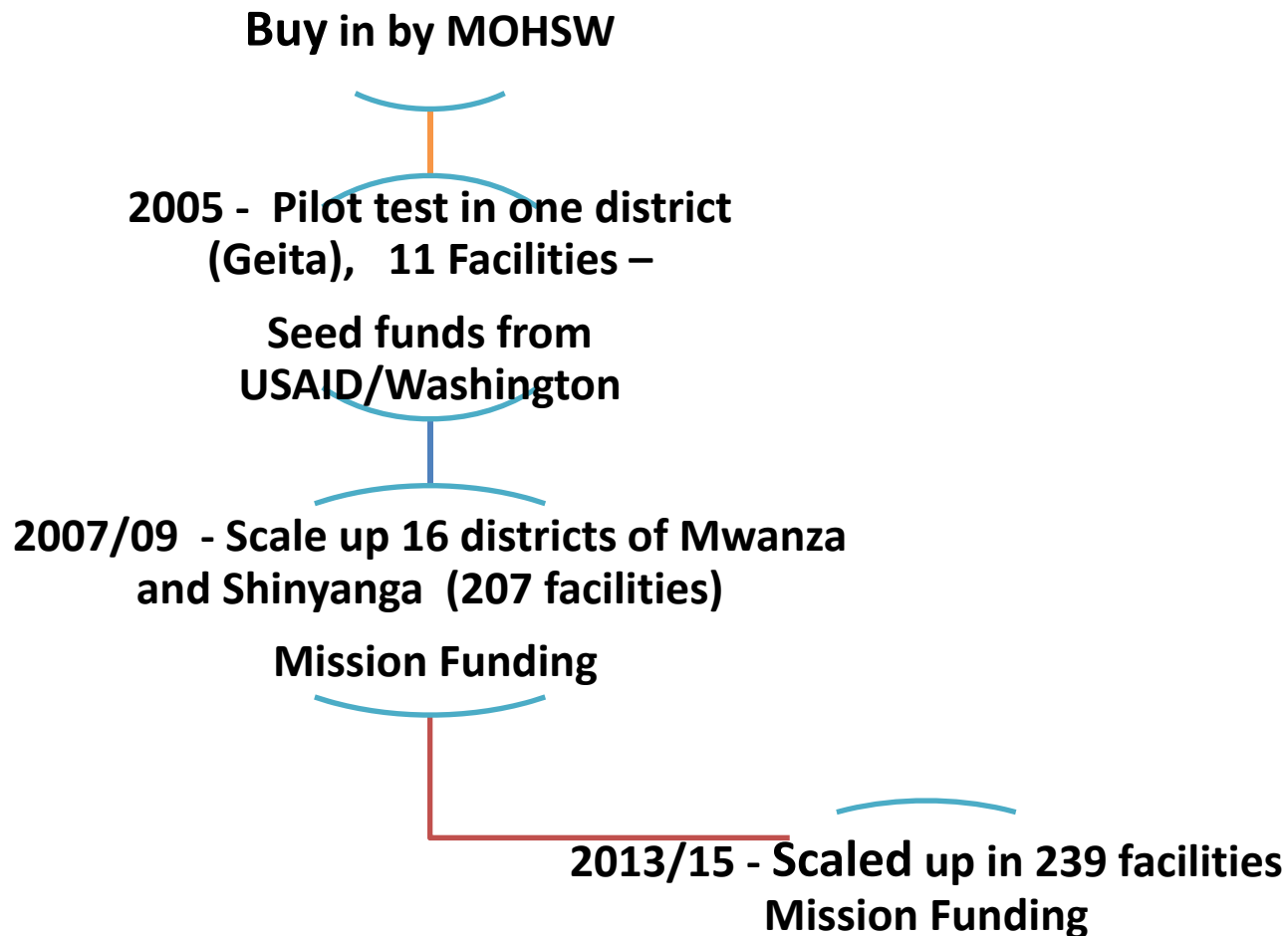
Unsafe abortion

- one of the leading causes of maternal deaths
- causes 19% (DHS 2010) of all maternal deaths in Tanzania

In 2005, MOHSW and EngenderHealth Tanzania, began to decentralize PAC services to lower-level health facilities to increase the availability of PAC services throughout the country.



The Decentralization Process



Program Interventions to decentralize PAC services

Facility:

- Pilot district -Assessed to establish facility preparedness in 15 HFs to provide PAC
- Minor renovations to address infrastructure gaps
- Trained 32 TOTs and 952 service providers on PAC and the use of manual vacuum aspiration (MVA) to treat incomplete abortion
- Conducted whole-site orientation to involve all staff in the introduction of PAC services

District Health Management Teams:

- Oriented on PAC approach
- Identification of HFs/SPs for training
- Trained on-the-job follow-up and supervision for PAC
- Lobbied them to plan/support the purchase and distribution of MVA kits



Cont'd

Community:

- Created community partnerships and fostered local “champions” to create community awareness and acceptance of services with emphasis on 3 Delays;
- Recognizing a problem
- Deciding to seek care at the appropriate time
- Receiving care at the HF

Community Emergency Transport



COMMUNITY CONTRIBUTIONS FOR RENOVATIONS



Achievements of Decentralization



Policy change

**Developed
national
documents**

**Nurse
midwives to
provide MVA**

**MVA kits
included in the
essential
drugs/supplies
list**

PAC guidelines

**PAC curriculum
and training
materials**

Achievements of Decentralization, cont'd

Introduced PAC in 239 sites;

- 15 of hospitals
- 67 health centers
- 157 dispensaries

Increased access for PAC services at lower level facilities;

- Decongested hospitals
- Increased FP counseling and uptake for PAC clients



Saving Lives and Reducing Unsafe Abortion

PAC client Resuscitation



Family Planning counseling before discharge



Demographic Profile of PAC Clients – 2005 to 2014



60% between ages of
25 and 49

Over 80% are married
or in union

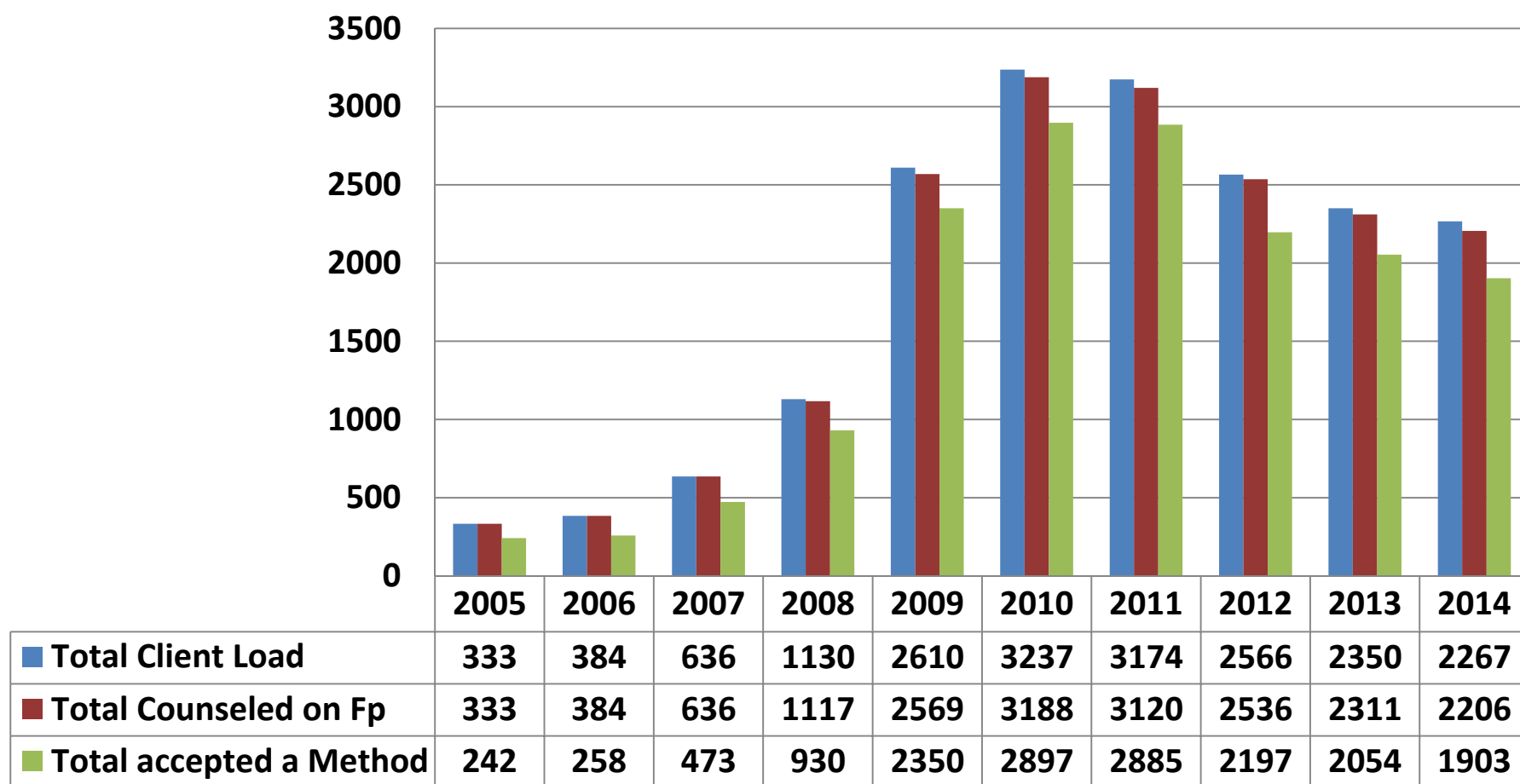
59% are parity 3 and
higher

56 % of clients have
up to 12 weeks
gestation age

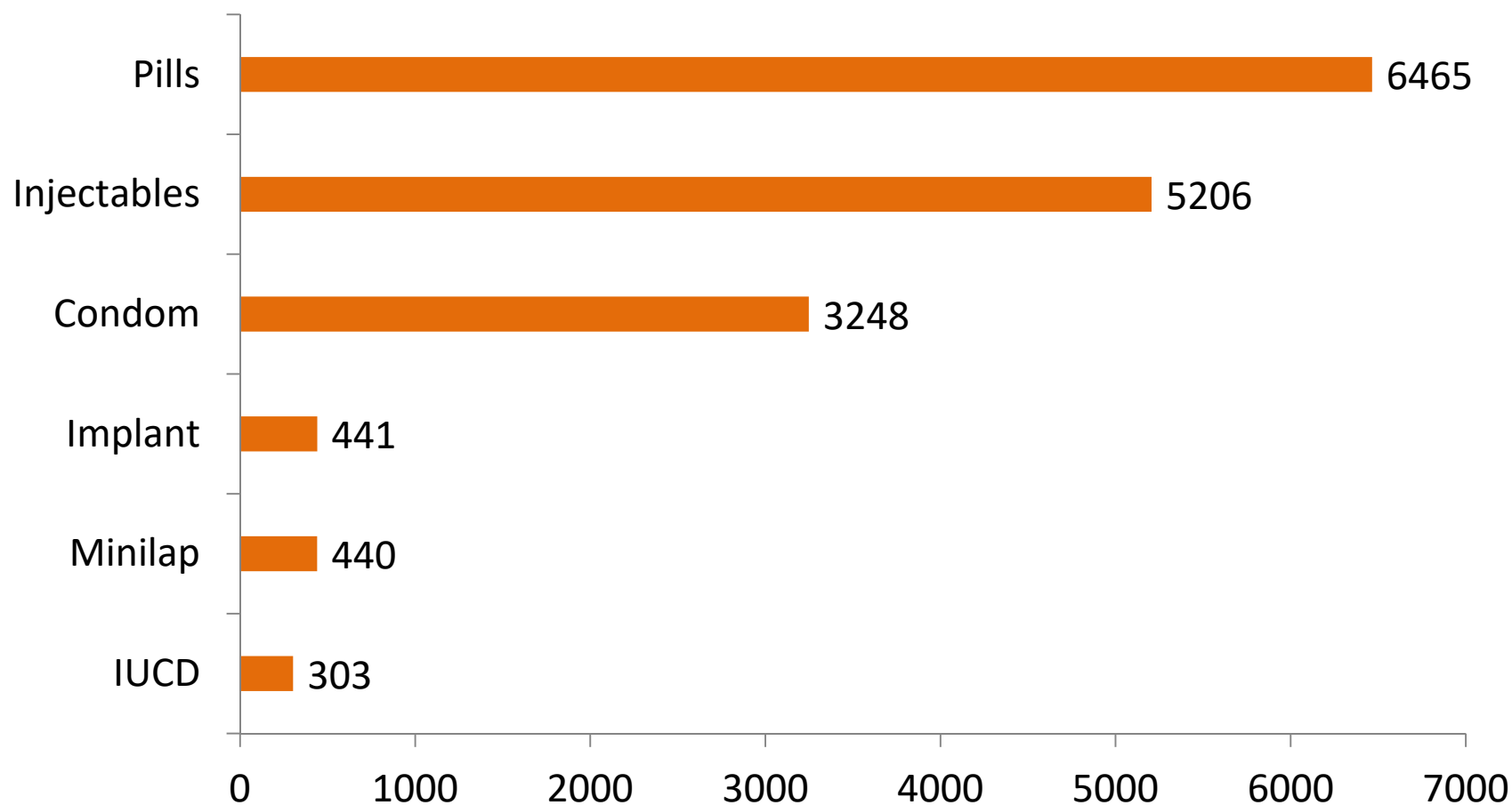




Total Clients served, Total Counseled and Total Accepted FP Method – 2005 to 2014



Method Mix For Clients – 2005 to 2014



Lessons and Challenges

Lessons Learned

Government ownership-national coordinator,equipments,solicit more funds-PAC data in MTUHA/supervision checklist

Knowledge sharing and awareness about PAC with the community need to be continuous

Low cadre Service provider training has a direct impact on FP service uptake for PAC clients in rural areas

Multiple programs implementation at community level can compliment each other e.g. FP outreach services-remote areas

Challenges

Stock-outs of contraceptives as a result of Forecasting and ordering

Referrals

Inadequate integration with other reproductive health services (HIV/AIDS, STI etc)

Slow process of scaling up to other/new areas



A PLANNED PREGNANCY IS A PLEASURE IN THE FAMILY.



Postabortion Family Planning: A Glimpse of Global Evidence and its Impact with Country Implementation

Q & A and Discussion

For more information:

www.fphighimpactpractices.org

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU