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

Provides materials related to postabortion care across varying programmatic topics:

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

www.postabortioncare.org
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.
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**
The Global Goals for Sustainable Development
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
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*
35% of Newborn Deaths Are Due to Preterm Birth

Some maternal risk factors for preterm birth include:

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


Postabortion family planning addresses these factors.
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)
- Africa: 8,190
- Asia: 10,780
- Europe: 360
- Latin America & Caribbean: 4,230
- Oceania: 18

WHO 2011
Postabortion Family Planning:

One response to SDGs 3, 5 and FP2020
USAID’s Postabortion Care Model
Three Core Components

Emergency Treatment

Immediately do...

FP Counseling, Provision; Selected RH (STI,HIV)

Community Empowerment through Community Awareness and Mobilization
Demographics of PAC Clients

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

---

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

Percent of PAC Clients Receiving FP Method

- Lowest % Among All Sites: 1
- Highest % Among All Sites: 98
- Median % Among All Sites: 65

Post-intervention: (9,822 Clients)
Pre-intervention: (13,413 Clients)

Postabortion Care Resources

- [www.postabortioncare.org](http://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, MOHSHW 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

- Buy in by MOHSW

2005 - Pilot test in one district (Geita), 11 Facilities –
  Seed funds from USAID/Washington

2007/09 - Scale up 16 districts of Mwanza and Shinyanga (207 facilities)
  Mission Funding

2013/15 - Scaled up in 239 facilities
  Mission Funding
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
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
Achievements of Decentralization

Policy change
- Nurse midwives to provide MVA
- MVA kits included in the essential drugs/supplies list

Developed national documents
- 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
PAC Clients at Hospitals and Lower level facilities - 2005 to 2014

Hospital | Lower Level
---|---
2005 | 234 | 99
2006 | 253 | 131
2007 | 430 | 206
2008 | 672 | 458
2009 | 1340 | 1270
2010 | 1593 | 1644
2011 | 1419 | 1755
2012 | 1216 | 1350
2013 | 1083 | 1267
2014 | 854 | 1413
Total Clients served, Total Counseled and Total Accepted FP Method – 2005 to 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Client Load</th>
<th>Total Counseled on Fp</th>
<th>Total accepted a Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>333</td>
<td>333</td>
<td>242</td>
</tr>
<tr>
<td>2006</td>
<td>384</td>
<td>384</td>
<td>258</td>
</tr>
<tr>
<td>2007</td>
<td>636</td>
<td>636</td>
<td>473</td>
</tr>
<tr>
<td>2008</td>
<td>1130</td>
<td>1117</td>
<td>930</td>
</tr>
<tr>
<td>2009</td>
<td>2610</td>
<td>2569</td>
<td>2350</td>
</tr>
<tr>
<td>2010</td>
<td>3237</td>
<td>3188</td>
<td>2897</td>
</tr>
<tr>
<td>2011</td>
<td>3174</td>
<td>3120</td>
<td>2885</td>
</tr>
<tr>
<td>2012</td>
<td>2566</td>
<td>2536</td>
<td>2197</td>
</tr>
<tr>
<td>2013</td>
<td>2350</td>
<td>2311</td>
<td>2054</td>
</tr>
<tr>
<td>2014</td>
<td>2267</td>
<td>2206</td>
<td>1903</td>
</tr>
</tbody>
</table>
Method Mix For Clients – 2005 to 2014

- Pills: 6465
- Injectables: 5206
- Condom: 3248
- Implant: 441
- Minilap: 440
- IUCD: 303
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 complement 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