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Strengthening health system
response:
no opportunities missed

From Evidence to Policy: Expanding Access to Family Planning

Strengthening health system response: no opportunities missed

Key recommendations for policy and programme action

- Make family planning services an essential component of health care provided during the antenatal period, immediately after delivery or after abortion, and during the year postpartum or post abortion.
- Establish the responsibility of health-care providers and staff to not only counsel the woman about family planning, but provide at the point of care (time of birth, abortion, or during postabortion care) the contraceptive method she selects. To accomplish this, ensure availability of commodities, supplies, equipment, and trained personnel.
- Offer a variety of contraceptive methods at the point of care, including long-acting and permanent methods. Provide education regarding all methods of contraception across the continuum of care: during postabortion care, during the antenatal period, immediately after delivery and through the year after delivery or after an abortion.
- Budget and allocate funds for recruiting new staff, training existing staff, commodity procurement, and community-level interventions for postpartum and postabortion family planning services for all women, including vulnerable populations.

Background

Family planning averts maternal and child morbidity and mortality, if couples space their pregnancies at least two years apart (1). However, on average, two-thirds of women who have not yet completed one year since their last delivery, have an unmet need for contraception. Nearly 40% report they intend to use a method during the next 12 months, but are not currently doing so (2). Women presenting for abortion and postabortion care, as well as for emergency contraception, have a demonstrated unmet need for family planning. During such contact with the formal or informal health system (hospitals, clinics, pharmacies or lay providers) women are likely to be highly motivated to initiate contraception. It is paramount that these opportunities, whether part of routine or emergency care, are utilized to provide life-saving family planning services.

Methods

To evaluate the evidence on postpartum family planning programmatic interventions, a systematic review of the literature was conducted. A search of PubMed, Cochrane Central Register of Controlled Trials (CENTRAL) and the grey literature was performed, using search terms related to the postpartum period, family planning, programme interventions and comparative studies.

A total of 31 articles were identified that examined interventions in the antenatal period and during the first year postpartum. The findings were presented at a technical conference to an expert working group. Recommendations regarding the provision of family planning services after abortion were drawn from the United States Agency for International Development programme evaluation on postabortion care (3) and the *WHO safe abortion technical and policy guidance for health systems* (4). Strategies for improving “bridging” of long-term contraceptive methods at the point of emergency contraception access, were informed by the International Consortium on Emergency Contraception’s review of studies on this topic.

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World Health
Organization

Between 27 June and 29 June 2012, the World Health Organization convened a meeting of experts to review global strategies to increase access to modern methods of family planning for women. The technical consultation brought together 37 participants from 17 countries, with 16 agencies represented. The multidisciplinary group comprised experts in international family planning including clinicians, researchers, epidemiologists, programme managers, policy-makers and civil society constituents. Research and programme data were evaluated to identify optimal strategies for improving family planning care. Four areas of focus were determined: increasing access to long-term and permanent methods of contraception, reaching target populations, optimizing human resources, and addressing unmet needs of women who come into contact with the health system.

At the consultation, the technical and programme experts reviewed the scientific evidence and programme experience on interventions to improve access to family planning during the postpartum and postabortion periods, as well as at the point of emergency contraception access.

Conclusions

Women presenting for postpartum, abortion or postabortion care or for emergency contraception have a high unmet need for modern methods of family planning. Facilitating the delivery of high-quality family planning services to every user, regardless of their point of entry into the health system, is essential to ensure no opportunity is wasted in stimulating, identifying and comprehensively fulfilling the users' needs. By supporting programmes and policies that mobilize resources and staff during such contacts with the health system, the morbidity and mortality among women, girls and children can be significantly reduced.

Recommended policy actions

- Make family planning services an essential component of the services provided during the antenatal period, immediately after delivery or after abortion, during the year postpartum or post abortion.
- Promote national postpartum, postabortion care and safe abortion guidelines that include delivery of family planning services.
- Establish the responsibility of health-care providers and staff to not only counsel the woman about family planning, but also provide at the point of care (time of birth, abortion, or during postabortion care) the contraceptive method she selects. To accomplish this, ensure availability of commodities, supplies, equipment, and trained personnel.
- Budget and allocate funds for recruiting new staff, training existing staff, commodity procurement, and community-level interventions for postpartum and postabortion family planning services for all women, and girls, including vulnerable populations.

Recommended programme actions

- Support infrastructure for the provision of family planning services, including insertion of intrauterine devices (IUDs) and performance of sterilizations at the point of care (at delivery, at time of an abortion, or during postabortion care).
- Offer a variety of contraceptive methods at the point of care, including long-acting and permanent methods. Provide education regarding all methods of contraception across the continuum of care: during postabortion care, during the antenatal period, immediately after delivery and through the year after delivery or after an abortion.
- Develop protocols for flow of care in the provision of postpartum and postabortion contraception, and for promoting counselling that is sensitive to the unique needs of women postpartum and postabortion.
- Update pre-service and in-service health-care provider training curricula to include the following skills training in family planning [in line with the *WHO medical eligibility criteria for contraceptive use (5)*]:
 - implant placement and removal
 - IUD placement at the time of delivery, abortion, or during postabortion care
 - IUD removal
 - postpartum and postabortion sterilization.

- Promote emergency contraception as a backup method to aid in bridging opportunities for spacing or limiting pregnancy, or when women have not made a decision about a long-term method.
- Engage with pharmacies and the commercial sector to make over-the-counter contraceptives—including condoms, emergency contraceptives, and in some settings, oral contraceptives—more accessible.

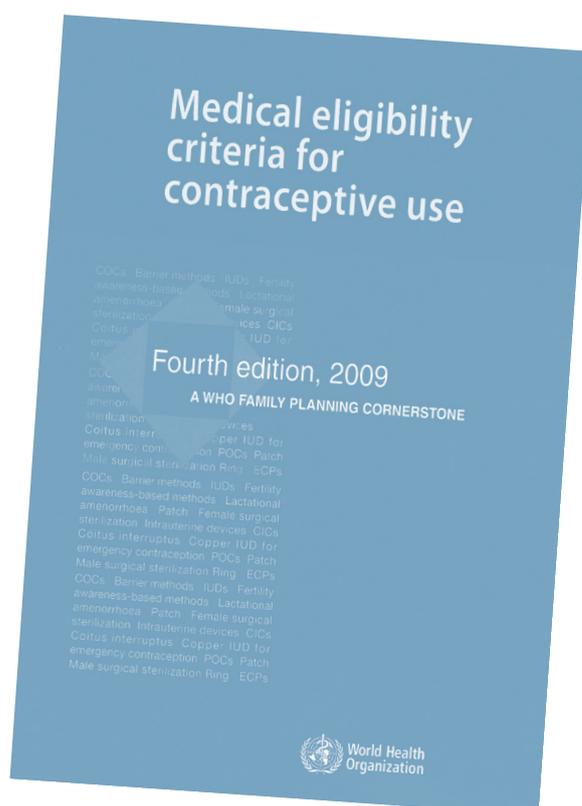
Recommended research actions

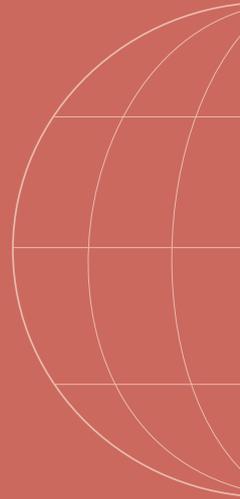
- Identify and evaluate strategies for providing family planning services to women and girls who do not access the health system, including those who do not deliver at health-care facilities, who obtain emergency contraceptives or medical abortion pills through pharmacies, and who undergo abortion in legally restricted settings.
- Establish feasibility and effectiveness of outreach strategies for postpartum and postabortion delivery of family planning services, including integration with immunization services and home visitation, as well as contraceptive provision by lay health-care workers.

- Identify effective strategies for broadening ownership and responsibility of health-care providers in the provision of postpartum and postabortion family planning services.
- Re-evaluate the data on recommendations for a six-month pregnancy interval after a spontaneous or induced abortion.

References

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