Integrating Postpartum Family Planning into Maternal Health Services in Low-Performing Areas of Bangladesh

Presenting Author:
Dr. Sanjida Hasan: Senior Technical Officer
Mayer Hashi Project
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Authors:
Wahida Siraj, Murshida Rahman, Gazi Rezaul Karim, Fatema Shabnam, Ellen Themmen, Abu Jamil Faisel, Barbara Jones
Family planning (FP) use in Bangladesh has increased dramatically in the past 30 years, but use of long-acting and permanent methods of contraception (LA/PMs) declined from 36% of all method use in 1989 to 7% in 2007.

At the time of the last Bangladesh Demographic and Health Survey (BDHS) (2007), Bangladesh had a total fertility rate of 2.7 lifetime births per woman and a contraceptive prevalence rate of 56%.

The BDHS shows that postpartum women are less likely to use an FP method than are all women, possibly due to misunderstandings about breastfeeding and return to fertility soon after childbirth.

BDHS data also show that exclusive breastfeeding sharply declines and sexual activity increases in the first three to six months postpartum.

Analysis of 2004 BDHS data showed a 60% unmet need among women in the first year postpartum, compared with an 11% overall unmet need.
In Bangladesh, FP services are provided through the facilities of the Directorate General of Family Planning (DGFP); health services are provided by facilities under the Directorate General of Health Services (DGHS).

MCH services are provided by both DGFP and DGHS facilities, while the majority of facility deliveries take place in DGHS facilities.

Both the DGFP and the DGHS recognize the need for expanding immediate and extended postpartum FP services.

Mayer Hashi is working with the DGFP to add postpartum FP to facilities that provide FP and maternal and child health (MCH) services and to integrate postpartum FP services into MCH-providing facilities of the DGHS and the private sector.

The Mayer Hashi postpartum FP initiative focuses on 21 low-performing districts in three divisions, starting with the main subdistrict in each district: 12 districts initiated services in 2010–2011; nine districts will do so in 2011–2012.
Program Interventions: Creating an Enabling Environment

- Undertake extensive policy advocacy process to allow trained staff nurses of the DG Health Services and private sector to insert IUDs, including the postpartum IUD.

- Disseminate a DGFP circular on this policy change.

- Organize stakeholder meetings in every district to ensure local buy-in and support.

- Facilitate coordination between district-level officials of DGFP and DGHS and the private sector for logistics, supplies, and imprest fund.

- Provide assistance to the Management Information System (MIS) Unit of DGFP and DGHS to develop a reporting system for postpartum FP.
Program Interventions: Ensuring Quality of Services

- Develop a postpartum FP training curriculum for facility-based service providers.
- Conduct central-level training of trainers on postpartum FP.
- Support the national trainers in conducting postpartum FP training for physicians, nurses, family welfare visitors, and paramedics.
- Facilitate orientation of district-level ob-gyns on postpartum FP, to ensure their involvement.
- Conduct postpartum FP in-reach orientations for all facility staff, to ensure referral of clients within every facility.
- Ensure that facilities receive instruments for postpartum IUD provision.
- Place signboards in front of facilities indicating the availability of postpartum FP services.
Program Interventions: Creating Demand

- Developed a postpartum FP training curriculum for community-based fieldworkers.
- Facilitated district-level training of trainers on postpartum FP communication to create district training teams.
- Provided assistance to the district training teams in conducting fieldworker orientation on postpartum FP communication and provided them with behavior change communication (BCC) materials.
- Launched a local-level BCC campaign, including stocking all facilities with BCC materials on postpartum FP.
- Ensured that fieldworkers started communicating with women and their families on postpartum FP.
Results: Creating an Enabling Environment

- Trained staff nurses of the DG Health Services and private sector are allowed to insert IUDs, including the postpartum IUD.

- Stakeholder meetings were conducted in 13 districts, and district officials of health and FP were informed, involved, and supportive.

- Provision of logistics, supplies, and imprest fund to DGHS and private-sector facilities is improved in 12 out of 13 districts.

- Temporary provision was made for postpartum FP reporting on DGFP and DGHS reporting forms, while advocacy for permanent revision of the MIS is ongoing.
Results: Ensuring Quality of Services

- 25 PPFP trainers were trained, to ensure sufficient availability of trainers for the DGFP, DGHS, and private sector. These trainers trained 76 physicians, 38 family welfare visitors, and 87 nurses.
- In-reach orientations were conducted for more than 1,500 facility staff in 12 districts.
- 158 ob-gyns and private practitioners were oriented on postpartum FP.
- Postpartum FP services were introduced at 28 facilities this year, bringing the total number of such service delivery sites in the Mayer Hashi project area to 45.

<table>
<thead>
<tr>
<th>No. of postpartum FP service sites in Mayer Hashi area</th>
<th>Name of services</th>
<th>No. of deliveries reported in 2010/11</th>
<th>No. and % of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Postpartum bilateral tubal sterilization (C/S)</td>
<td>6,199</td>
<td>965 (15.6%)</td>
</tr>
<tr>
<td></td>
<td>Postpartum IUD (C/S)</td>
<td></td>
<td>87 (1.4%)</td>
</tr>
<tr>
<td></td>
<td>Postpartum bilateral tubal sterilization (NVD)</td>
<td>7,753</td>
<td>31 (0.4%)</td>
</tr>
<tr>
<td></td>
<td>Postpartum IUD (NVD)</td>
<td></td>
<td>252 (3.3%)</td>
</tr>
</tbody>
</table>
Developed pools of local trainers in each of the 12 districts who trained more than 1,800 health and FP fieldworkers on postpartum FP communication.

All fieldworkers received BCC materials to effectively disseminate PPFP messages.

500 members of community clinic support groups were oriented on postpartum FP communication and are working with fieldworkers to create demand.

A local-level BCC campaign was launched in 12 districts.

33 street drama shows on postpartum FP were attended by 17,000 men and women.

Local-level communication efforts by fieldworkers and community clinic support group members are ongoing and are being monitored by local DGFP and DGHS managers, with support from Mayer Hashi staff.
Challenges

- Very low institutional delivery rate
- Very low use of postpartum care
- Low levels of awareness of postpartum FP at the community level
- Effective use of the lactational amenorrhea method as a gateway method
- Bifurcation of the health system and resulting coordination issues
- Scaling-up of training
Next Steps

- Carefully evaluate Mayer Hashi’s approach in one area.
- Expand activities to remaining 9 Mayer Hashi districts in 2011–2012.
- Provide support to the DGFP and DGHS in further scaling up postpartum FP through their operational plans
- Further increased availability of postpartum FP at private-sector facilities
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