



CQUIN Differentiated MCH Workshop

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Framing Integration of Family Planning in
Postpartum care

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Background: Postnatal and Postpartum Care

- “Post natal” period the period from **after birth up to 6 weeks (42 days)**.
- Standard four postnatal visits provide opportunity to provide care:
 - First day (24 hours):
 - Day 3 (48–72 hours):
 - Between days 7–14 and
 - At six weeks
- Services are provided for both mother and child by a ‘skilled attendant/health worker’
- WHO guidelines address the **timing and content** of essential and routine postnatal care for mothers and newborns to:
 - end preventable death, improve health outcomes, strengthen community-based health systems, address gender and equity issues, and emphasize respectful and women-centred maternity care
- Extended “postpartum” **includes the period up to 12 months after birth** https://apps.who.int/iris/bitstream/10665/93680/1/9789241506496_eng.pdf

Why is postpartum family planning important?

- Opportunity for prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth
- Based on WHO recommendation of an interval of 24 months or more before attempting a next pregnancy after a live birth, to reduce the risks of adverse outcomes for mother and child
- The seven components of postpartum care include one for addressing 'Sexuality, contraception, and birth spacing'



Postpartum Family Planning

- *Should not be considered a ‘vertical’ programme, but rather as an **integrated part of existing** maternal and child health and family planning efforts.*
- *Requires holistic and evidence-based programme strategies that contribute to **strengthened health systems** and **sustained improvements** in high-quality services that **put people at the centre of health care**.*

Women and adolescent girls living with HIV post partum

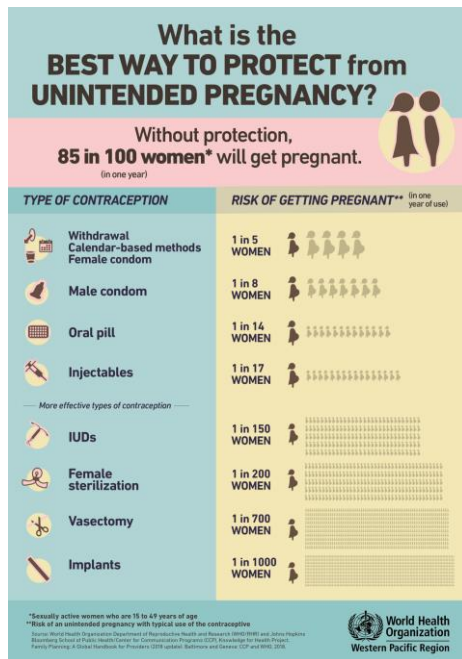
- Among those with **greatest unmet need** for contraception: do not get needed services to support longer birth intervals or reduce unintended pregnancy
- Important because rapid repeat pregnancy affect maternal health and increases risk of adverse maternal and neonatal outcomes
- Require counseling about
 - the risk of pregnancy from the early postpartum especially when not fully breastfeeding /adhering to lactational amenorrhea method criteria
 - Healthy pregnancy spacing (based on reproductive intentions)
 - **Choice** of a safe and effective method
- Should also have been discussed during the ANC period



Leveraging DSD for HIV treatment to strengthen family planning care



- Provides important opportunity to
1. Engage women and girls living with HIV
 2. Utilize DSD referral and follow up as opportunities for continuity of family planning care
 3. Promote use of long-acting reversible contraceptives among clients in DSD models for ART
 4. Align contraceptive and ART resupplies in DSD models
 5. Integrate family planning and ART care in facilities and communities



Information and guidance draw upon existing guidelines



Table 2: Summary of WHO Position Papers - Recommended Routine Immunizations for Children

Antigens	Age of 1st Dose	Doses in Primary Series	Interval Between Doses			Revised Dose	Considerations (see footnotes for details)
			1st to 2nd	2nd to 3rd	3rd to 4th		
Recommendations for all children							
BCG 1	As soon as possible after birth	1					Exclusions: HIV
Hepatitis B 2	Option 1: As soon as possible after birth (-24h)	3	4 weeks (min) with DTP1	4 weeks (min) with DTP2			Premature and low birth weight; Co-administration and combination vaccine
	Option 2: As soon as possible after birth (-24h)	4	4 weeks (min) with DTP1	4 weeks (min) with DTP2	4 weeks (min) with DTP3		High risk groups
Polio 3	OPV (see footnote for birth dose)	3	4 weeks (min) with DTP1	4 weeks (min) with DTP2			OPV birth dose; Transmission and importation risk; IPV booster needed for early schedule
	IPV / OPV Sequential IPV	2	1-2 IPV / 2 OPV	4-8 weeks	4-8 weeks	(see footnote)	
DTP 4	6 weeks (min)	3	4 weeks (min) - 8 weeks	4 weeks (min) - 8 weeks		1-6 years of age (see footnote)	Delayed/ interrupted schedule; Combination vaccine
Haemophilus influenzae type b 5	6 weeks (min) with DTP1	3	4 weeks (min) with DTP2	4 weeks (min) with DTP3		(see footnote)	Single dose if >12 months of age; Delayed/ interrupted schedule; Co-administration and combination vaccine
Pneumococcal (Conjugate) 6	Option 1	3	4 weeks (min)	4 weeks		(see footnote)	Vaccine options; Intense before 6 months of age; Co-administration
	Option 2	2	8 weeks (min)			9-15 months	HIV+ and preterm; measles booster
Rotavirus 7	Rotarix	2	4 weeks (min) with DTP2				Vaccine options; Not recommended if > 24 months old
	RotaTeq	3	4 weeks (min) - 10 weeks with DTP2	4 weeks (min) with DTP3			
Measles 8	9 or 12 months (6 months min; see footnote)	2	4 weeks (min) (see footnote)				Combination vaccine; HIV early vaccination; Pregnancy
Rubella 8	9 or 12 months with measles containing vaccine	1					Achieve and sustain 90% coverage; Combination vaccine and Co-administration; Pregnancy
HPV 10	Quadrivalent: 9-13 years of age Bivalent: 10-13 years of age	3	Quadrivalent: 2 mos (min 4 wks) Bivalent: 1 mos (min 2-3 mos)	Quadrivalent: 4 mos (min 12 wks) Bivalent: 3 mos			Vaccination of males for prevention of cervical cancer not recommended currently

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3. Postnatal care

Timing of discharge from the health facility

- After an uncomplicated vaginal birth in a health facility, healthy mothers and newborns should receive care in the facility for at least 24 hours after birth.
- Strong recommendation, low quality evidence; WHO recommendations on postnatal care of the mother and newborn, 2013.*

Timing and number of postnatal contacts

- If birth is in a health facility, mothers and newborns should receive postnatal care in the facility for at least 24 hours after birth. If birth is at home, the first postnatal contact should be as early as possible within 24 hours of birth. At least three additional postnatal contacts are recommended for all mothers and newborns, on day 3 (68-72 hours), between days 7-14, and 6 weeks after birth.
- Strong recommendation, low to moderate quality evidence; WHO recommendations on postnatal care of the mother and newborn, 2013.*

Home visits in the first week of life

- Home visits in the first week after birth are recommended for care of the mother and newborn.
- Strong recommendation, low to moderate quality evidence; WHO recommendations on postnatal care of the mother and newborn, 2013.*

Exclusive breastfeeding

- All babies should be exclusively breastfed from birth until 6 months of age. Mothers should be counselled and provided support for exclusive breastfeeding at each postnatal contact.
- Strong recommendation, moderate quality evidence; WHO recommendations on postnatal care of the mother and newborn, 2013.*

Immunization*

- Immunization should be provided as per existing WHO guidelines.
- (CDC consensus based on existing WHO guidelines) WHO recommendations on postnatal care of the mother and newborn, 2013.*

Assessment of the mother

First 24 hours after birth

- All postpartum women should have regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth. Blood pressure should be measured hourly after birth. If normal, the second blood pressure measurement should be taken within six hours. Urine void should be documented within six hours.
- (CDC consensus based on existing WHO guidelines) WHO recommendations on postnatal care of the mother and newborn, 2013.*

* For updated information on all recommended immunizations, see www.who.int/immunization



Reference materials

- Providing contraceptive services in the context of HIV treatment programmes. Implementation tool (English and French) <https://apps.who.int/iris/bitstream/handle/10665/325859/WHO-CDS-HIV-19.19-eng.pdf?ua=1>
- Programming strategies for postpartum family planning. Geneva: World Health Organization; 2013 https://www.who.int/reproductivehealth/publications/family_planning/ppfp_strategies/en

