Institutionalizing Immediate Postpartum IUD Services and its Impact on Improving Access

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Objectives

• Birth spacing and Family Planning: The Big Picture

• Long-acting reversible methods: Postpartum IUD (PPIUD)

• Institutionalizing Immediate Postpartum IUD: The Intervention

• Evaluating the Impact of Intervention, including Training

• Quality of counselling: Women’s Perspectives

• Postpartum IUD Services: Are Providers Supportive?

• Conclusions & Take Home Messages
Birth Spacing and Family Planning: The Big Picture
Birth Spacing & Postpartum Family Planning

Well-known health risks of short birth intervals:

• Prematurity, fetal death, low birth weight and small size for gestational age for shorter than 18 months birth-to-pregnancy intervals

• Neonatal mortality highest for birth-to-pregnancy intervals of under 18 months

• Post-neonatal survival increases if the birth-to-pregnancy interval is at least 15 months

WHO Recommendation of Birth Spacing after a live birth

“After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.”

Percentage of married/cohabitating women at 0-11 months postpartum with birth intervals <24 months & unmet need for Family Planning

% birth intervals <24 months

- Honduras
- Peru
- Dominican Rep.
- Guyana
- Morocco
- Indonesia
- Jordan
- Pakistan
- Zimbabwe
- Kenya
- Uganda
- Ghana
- Nigeria
- Ethiopia 2016

% with unmet need of any method

- Honduras
- Peru
- Dominican Rep.
- Guyana
- Morocco
- Indonesia
- Jordan
- Pakistan
- Zimbabwe
- Kenya
- Uganda
- Ghana
- Nigeria
- Ethiopia 2016

Postpartum Period: Definitions

• Postpartum: Period beginning immediately after delivery

• No standard definition of various time intervals during the postpartum period

• Postpartum periods commonly defined:
  • **Post-placental**: Within 10 minutes after delivery
  • **Immediate postpartum**: After 10 minutes to 48 hours post delivery
  • **Late postpartum**: After 48 hours to 4 weeks post delivery
  • **Interval-extended postpartum**: After 4 weeks post delivery

• **Early postpartum**: First six months post delivery
• **Extended postpartum**: Up to 12 months post delivery
Why postpartum family planning is so critical?

• Addresses unmet need for contraception of postpartum women

• Ensures health and survival of newborns, infant and child and mother

• Prevents unintended and closely spaced pregnancies

• Integrating postpartum family planning with delivery services offers unique opportunities due to increased facility delivery and contacts with health system

• Provides cost-effective option both for women and health system
Figure 3. Postpartum contraceptive options (timing of method initiation and breastfeeding considerations)
Percent discontinuing at 24 months because of reported failure or side-effects & health concerns, by method, 19 countries

Percent of married women using IUD, Selected Countries

- Ethiopia
- India
- Kenya
- Indonesia
- Mexico
- Lebanon
- Turkey
- Chile
- Tajikistan
- Jordan
- Kyrgyzstan
- Syria
- Mongolia
- Tunisia
- Egypt
- Kazakhstani
- Viet Nam
- China
- Turkmenistan
- Uzbekistan

% Using IUD
Postpartum IUD: PPIUD
Copper-bearing IUD: TCu-389

- Small, flexible plastic frame with copper sleeves or wire around it
- One of the most effective and long-lasting method (pregnancy rate 0.6% with perfect use and 0.8% with common use)
- Effective for 12 years (labelled for 10 years of use)
- Immediately reversible
### Expulsion rates of IUDs, by time of insertion

<table>
<thead>
<tr>
<th>Time of IUD insertion</th>
<th>Definition</th>
<th>Expulsion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-placenta</td>
<td>Within 10 minutes after delivery of placenta</td>
<td>9.5%-12.5%</td>
</tr>
<tr>
<td>Immediate postpartum</td>
<td>10 minutes to 48 hours post-delivery</td>
<td>25-37%</td>
</tr>
<tr>
<td>Late postpartum</td>
<td>48 hours to 4 weeks post-delivery</td>
<td>Not recommended</td>
</tr>
<tr>
<td>Interval-extended postpartum</td>
<td>After 4 weeks post-delivery</td>
<td>3-13%</td>
</tr>
</tbody>
</table>

Source: McKaig and Blanchard.

Note: Expulsion rates in FIGO PPIUD project were: 3.9% (Nepal); 2.3% (Sri Lanka), 1.2% (Tanzania) and 2.6% (6 countries). Source: Makins et al, 2018.
When IUD can be inserted, by time since delivery?

- 0
- 48h
- 3 weeks
- 4 weeks
- 6 weeks
- 6 months
- 12 months

All women

Source: WHO, 2018
Institutionalizing Immediate Postpartum IUD: The FIGO Intervention
FIGO Postpartum IUD Intervention

**Goal:** Integrate postpartum IUD counselling and insertion services into routine maternity care to address postpartum contraceptive needs of women.

**Countries:** Bangladesh, India, Kenya, Nepal, Sri Lanka and Tanzania (working with OBGYN National Societies)

**Hospitals:** Six teaching hospitals with high volume of deliveries (about 5,000 deliveries/year) in each country, except Sri Lanka (12)

- Not already providing PPIUD
- Pool of junior doctors for training
- Potential for integration into teaching and training
FIGO Postpartum IUD: Training

**Goal:** Train all community midwives, health workers, doctors, and delivery unit staff in counselling and insertion, using the training-the-trainer approach.

**Counselling:**
- Discussion of views and perceptions of trainees
- Role plays with case scenarios
- Leaflets, posters, flipcharts, videos in local languages

**Insertion:**
- Class room training using MAMA-U models and long-handled 33 cm curved Kelly Forceps
- Competency confirmed if a trainee completes: (a) 3 successful insertions on MAMA-U model; (b) 2 successful supervised live insertions; and (c) 3 successful unsupervised live insertions

Source: de Caestecker et al., 2018.
Providers’ Perspectives on training: Nepal

• Almost all providers found training materials to be useful in helping them learn about FP methods and services

“In Nepal’s context, whatever things were required as per Family Health Division guideline, all those materials and methods were included in the training and it was sufficient.”
– ID 04, Obs/Gyn, 35-40 years old, 5-10 years of work experience

• Many participants noted usefulness of training using dummy models for practicing PPIUD insertions

“The most usefulness content of training was correct ways of inserting IUDs, eligibility criteria for PPIUD and type of equipment to use for insertion. Without MAMA-U, we wouldn’t have learned that [PPIUD insertion]. We learned what a speculum is like and how to use it…”.
– Obs/Gyn, 5-10 years of work experiences

Source: Puri et al., 2018
Providers confidence following training: Nepal

- Almost all providers expressed confidence in providing PPFP services including PPIUD insertion, complications management, and removal

  “When we are counseling, they [patient] ask us if anything will happen because of it [PPIUD]. They ask us what else will happen. We need to able to answer to all of their questions. I think, after this training, I am able to answer all of the questions.”

  - ID 01, Obs/Gyn, 35-40 years old, 5-10 years of work experience

- “I was not confident to insert PPIUD before, after getting this training, I developed my confidence”

- However, a few participants believed they still needed additional support from their senior colleagues

  - Nurse <5 years of work experience

  “For removal I do not have any idea… I think they [trainers] did not say anything about the removal. I am not capable of removing it.”

  - ID 08, ANM, 25-30 years old, below 5 years of work experience

Source: Puri et al., 2018
प्रस्तुत पऱ्यावरणप्रमाणणे साधनभूत तथा प्रमाणणकारी परिवार नियोजनका विधिहीन:

1. आई.यु.सिडी.
- यो साधन महिलाहरूको पाठविन्ना राखेको एउटा प्रमाणणकारी राहस्य हो।
- यो साधन निर्माण अवस्थामा राखेको मिल्दछ:
  - प्रति पीढी, लागि निखचनारा ५० मिनेट भिन्न
  - निर्माणमा चर्चा जन्मेको ४५ प्राप्त भिन्न
  - शायकिया (C/S) गरिएको समयमा र
  - सुरक्षित भएको चार राहस्य पनि पाठविन्ना राखेको मिल्दछ।
- यसले १२ वर्षको काम गर्नु हुन सक्छन।
- यो ९९ शब्दरत्न बढी प्रमाणणकारी हुन्छ।
- यदि फोरी गर्मिधारण गर्ने इच्छा गर्नु गर्नो तालिम प्राप्त
- स्वायत्तीसँग सुरक्षित रहेको महिला पुनः गर्मिधारण हुन सक्छन।
- यसले स्तनपानमा कुनै असः पर्देन।

2. इम्लाड्राक्स
- यो साधन महिलाहरूको पाठविन्ना दस विभागको राखेको मिल्दछ।
- स्तनपान गराईराखेको महिलाले चर्चा जन्मेको ६ हताहत पिपीन यो साधन प्रयोग गर्न मिल्दछ।
- यसले एउटा राहस्य पनि वर्षको काम गर्नु हुन सक्छ।
- यो ९९ शब्दरत्न बढी प्रमाणणकारी हुन्छ।
- यदि फोरी गर्मिधारण गर्ने इच्छा गर्नु गर्नो तालिम प्राप्त
- स्वायत्तीसँग सुरक्षित रहेको महिला पुनः गर्मिधारण हुन सक्छ।
- यसले स्तनपानमा कुनै असः पर्देन।
Evaluating the Impact of the Intervention
### Key demographic indicators, by country

<table>
<thead>
<tr>
<th>Country</th>
<th>TFR</th>
<th>CPR</th>
<th>Modern CPR</th>
<th>Unmet need (%)</th>
<th>Median length of breastfeeding (months)</th>
<th>% Using IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal</td>
<td>2.3</td>
<td>52.6</td>
<td>42.8</td>
<td>23.7</td>
<td>4.2</td>
<td>1.4</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2.7</td>
<td>61.7</td>
<td>51.3</td>
<td>7.5</td>
<td>0.5</td>
<td>10.1</td>
</tr>
<tr>
<td>Tanzania</td>
<td>5.2</td>
<td>38.4</td>
<td>32.0</td>
<td>22.1</td>
<td>3.9</td>
<td>0.9</td>
</tr>
</tbody>
</table>

**Note:** TFR=Total Fertility Rate and CPR= Contraceptive Prevalence Rate

Source: Demographic and Health Surveys
Study hospitals in Nepal and Sri Lanka

Hospitals in Nepal, by Group

Hospitals in Sri Lanka, by Group

Stepped-Wedge Randomization: 6 hospitals randomized into 2 groups of 3 hospitals.
Group 1 Hospitals: 3 months baseline & 15 months intervention
Group 2 Hospitals: 9 months baseline & 9 months intervention
Hospitals in Tanzania
Percentage of women counselled on PPIUD during the baseline or intervention period, by country, as of December 2018
Percentage of women receiving PPIUD during the baseline or intervention period and among women counselled on PPIUD, by country, as of December 2018.
Percent of women receiving PPIUD Counselling and PPIUDs, Nepal, Sri Lanka, and Tanzania, as of January 2019

- Nepal: % Counselling, % PPIUDs, % PPIUD among counselled
- Sri Lanka: % Counselling, % PPIUDs, % PPIUD among counselled
- Tanzania: % Counselling, % PPIUDs, % PPIUD among counselled
Proportion of women having had PPIUD counseling, by month and year of the study enrollment period in Nepal

Month and year of the study enrollment period

Group 1 - Group 2 - Additional Form 1
Proportion of women having PPIUD inserted, by month and year of the study enrollment period in Nepal

Month and year of the study enrollment period

- Orange line: Group 1
- Black square line: Group 2
- Red circle: Additional Form 1
Proportion of women having had PPIUD counseling, by month and year of the study enrollment period in Tanzania

Proportion of women who were counseled on PPIUD

Month and year of the study enrollment period

Group 1

Group 2
Proportion of women having PPIUD inserted, by month and year of the study enrollment period in Tanzania

Month and year of the study enrollment period

- Group 1
- Group 2
Proportion of women having had PPIUD counseling, by month and year of the study enrollment period in Sri Lanka

Month and year of the study enrollment period

- Group 1
- Group 2
- Additional Form 1
Proportion of women having PPIUD inserted, by month and year of the study enrollment period in Sri Lanka
When Women are Counselling!
Proportion of women having PPIUD inserted among those counseled on PPIUD, by month and year of the study enrollment period in Nepal

Proportion of women having PPIUD inserted among those counseled on PPIUD

Group 1 - Group 2 - Additional Form 1
Proportion of women having PPIUD inserted among those counseled on PPIUD, by month and year of the study enrollment period in Tanzania

Month and year of the study enrollment period

- Group 1
- Group 2
Proportion of women having PPIUD inserted among those counseled on PPIUD, by month and year of the study enrollment period in Sri Lanka.
## Availability of IUDs and Kelly’s Forceps in Delivery Room: Facility Checklist

<table>
<thead>
<tr>
<th>Observed in Delivery Room</th>
<th>Baseline</th>
<th>Nepal 6 m</th>
<th>Nepal 24 m</th>
<th>Sri Lanka Baseline</th>
<th>Sri Lanka 6 m</th>
<th>Tanzania Baseline</th>
<th>Tanzania 12 m</th>
<th>Tanzania 24 m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly’s Forceps</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>IUDs</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>ANC Counselling</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>
Quality of Counselling: Women’s Perspectives from Nepal
Quality of counselling varied by hospital and providers and sometimes with women's background

• While 13 of 24 women reported having received FP counselling, level of care, depth and quality of information varied significantly

• Long wait times, rushed nature of visits, and meeting in groups led to a perceived inability to engage in dialogue or ask questions, and a feeling of lack of information to make informed postpartum family planning decisions

• Women visiting hospitals with a dedicated family planning counselor reported higher quality of FP counselling
Quality of counselling and PPIUD uptake and continuation

- Women who discontinued PPIUD felt that they did not receive adequate counselling/information about the method

  “They didn’t give me any information. They only told me about Copper-T and suggested me to insert it for my benefit. I wasn’t told anything about other family planning methods”

  - ID 14 PPIUD Discontinuer

  “They only asked whether I would like to use the Copper-T or not. They didn’t tell me about its advantages and disadvantages. They didn’t tell me anything about the method.”

  - ID 26, PPIUD Expelled

- In contrast, women who felt they received adequate counselling/information about the method continue to PPIUD

  “They gave me detailed information about the method before the delivery and also after the delivery”.

  - ID 09, PPIUD Continuer
Postpartum IUD Services: Are Providers Supportive?
Providers’ perspectives on Postpartum Family Planning and PPIUD, Nepal

• Providers discussed many benefits of PPIUD:
  – Long-term method
  – Fewer side effects
  – Reduced unmet need for FP

“I take PPIUD in a positive way. Inserting it within 48 hours of delivery will not be that uneasy for women. It will be difficult for them after 6 weeks. Woman won’t go through pain if it is inserted immediately after delivery and also they don’t have to come again in the hospital for the service. This method is beneficial for mother, baby and family as a whole. This method has no hormone so it does not have side effect. It does not hamper breast milk and breastfeeding women. If inserted once it acts as a temporary method for 12 years. Due to all these factors, I have a positive attitude towards PPIUD”.

- ID 10, nurse, 21-25 years old, below 5 years of work experience

Source: Puri et al. 2018
Providers willingness to transfer knowledge and skills, Nepal

- Despite some important barriers, such as lack of support from senior hospital staff, all participants expressed willingness to transfer their knowledge and skills regarding the PPFP

“I do not think I will have any problem. If Copper-T is available in that health facility then I can easily insert it in normal delivery and in C/S delivery. Even if that place does not have the service, I can coordinate with the family planning department and hospital management and put the service into practice. We need place to provide the service, skilled manpower and materials to expand this service”

-ID 14, Obs/Gyn, 30-35 years old, 5-10 years of work experience

Puri et al, 2018
Conclusions & Take Home Messages

• Integrating and institutionalizing family planning with maternity care is feasible and impacts on meeting contraceptive needs of postpartum women

• Training in counselling and IUD insertion helps in provision of postpartum IUD services as well as in changing providers’ attitudes and perceptions

• Standardized good quality training can achieve high rates of successful insertions

• Quality of counselling is critical to postpartum IUD uptake and continued use

• The training and service improvements under the FIGO PPIUD initiative had a significant impact on access to postpartum family planning services, especially PPIUD and for women with high unmet need
Useful Resources

https://apps.who.int/iris/bitstream/handle/10665/260156/9780999203705-

https://obgyn.onlinelibrary.wiley.com/toc/18793479/2018/143/S1
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