The Effect of Postpartum Family Planning Integration within a Community-based MNH Program in Rural Bangladesh
(Healthy Fertility Study)

PPFP Technical Meeting
May 27, 2013

Background: Bangladesh and Sylhet Division

Indicators	BGD	Sylhet
Unmet FP need	17%	26%
CPR (any method)	56%	31%
TFR	2.7	3.7
Birth intervals		
<24 months	15%	26%
<36 months	37%	57%

Data source: Bangladesh Demographic and Health survey 2007

Evolution of MNCH Packages

Designed a community-based maternal and newborn care intervention package and evaluated the effectiveness of the package using a cluster randomized design

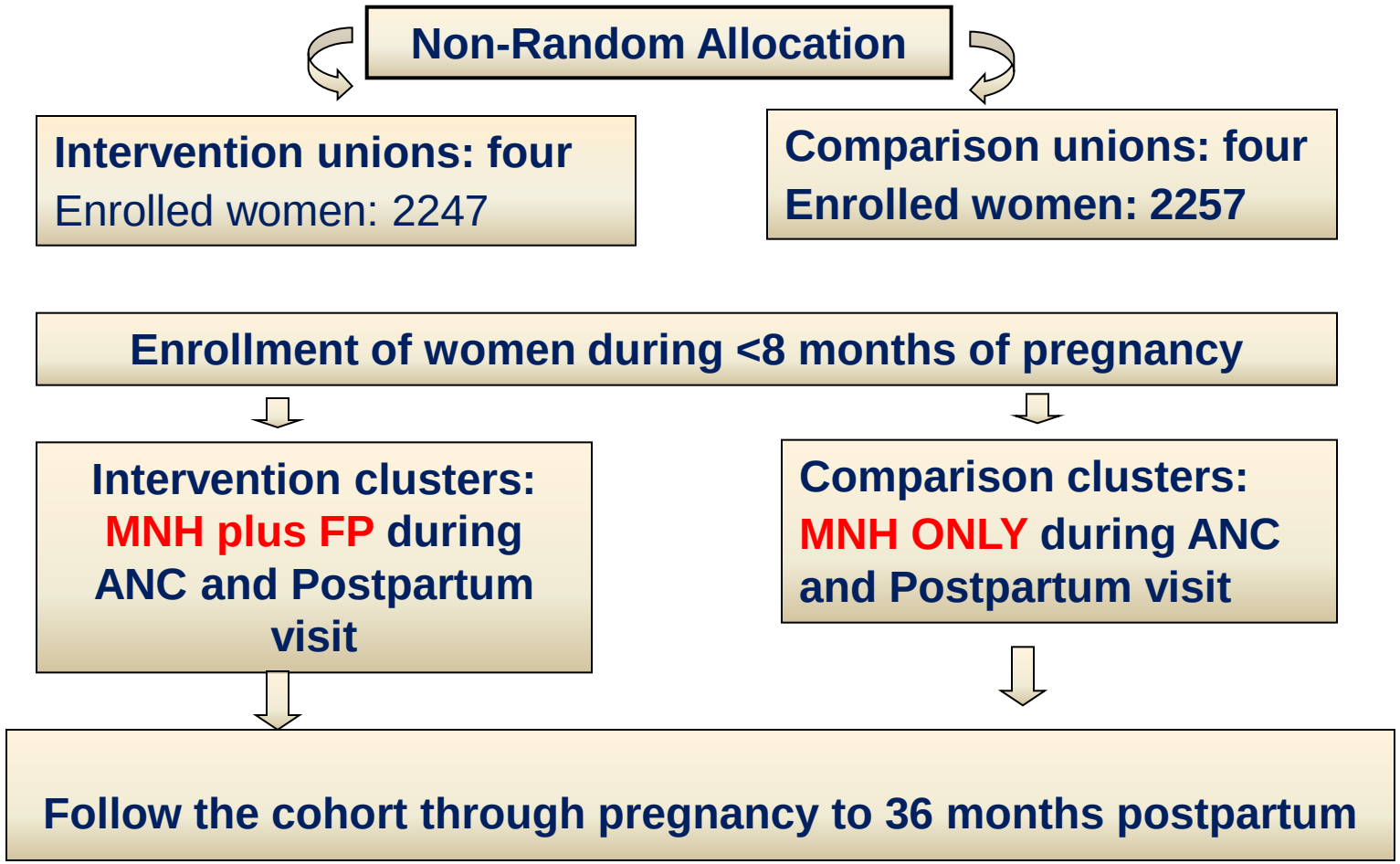
A home care package which involved CHW antenatal and postnatal home visits and management of sick newborn reduced NMR by 34% (Baqui et al., Lancet, 2008)

Newborn care

Postpartum FP counseling and contraceptive distribution

Study Design

Study sites: eight unions in two sub-districts in Sylhet district, Bangladesh



Intervention Delivery Strategy

Service Delivery
Home visits by CHWs

Counsel in antepartum and postpartum periods

Pregnancy surveillance and contraceptives dispensing

Messages on LAM and transition, return to fertility, optimum birth spacing, and contraceptive methods

Household visits every two months to identify new MWRA and pregnant women

- **Pills, condoms, and injectables**
- **Refer for other methods**

Community mobilization: Conduct meetings with women, husbands, mothers, mothers-in-law and community leaders including religious leaders to raise awareness about PPFP messages

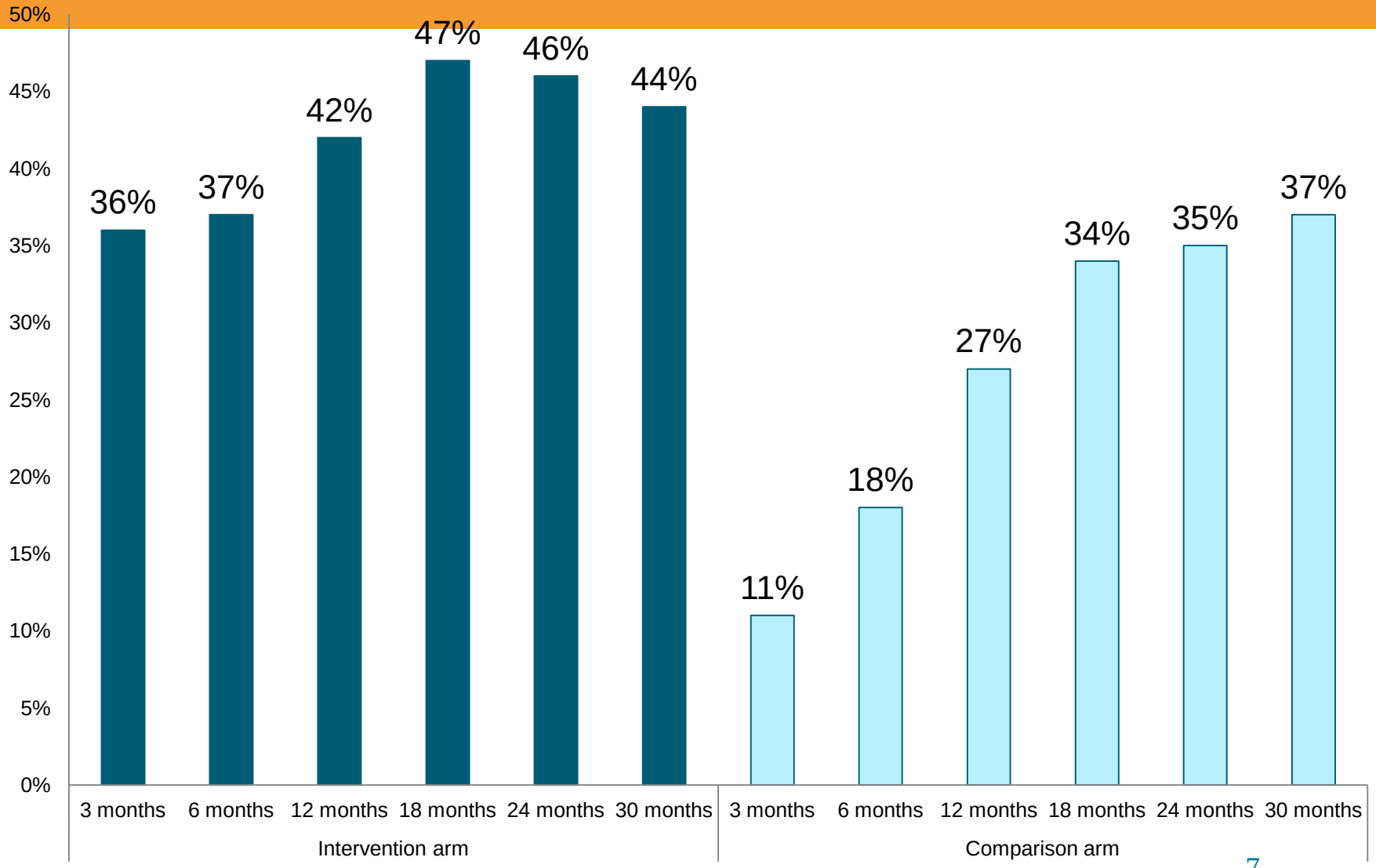
LAM Ambassadors: Local champions providing peer support, counseling and advocacy for LAM

Selected Baseline Characteristics of Participant Women by Study Arm

	Intervention (n=2247)	Comparison (n=2257)	P-value
Women's age[1]	26.5 (24.9-28.1)	26.6 (25.7-27.5)	0.753
Women's education (in years of schooling)[1]	4.5 (4.0-5.0)	4.1(3.4-4.8)	0.026
Husbands' education[1]	4.1(3.2-5.0)	4.0 (3.0-5.0)	0.783
Parity[1]	2.2 (2.0-2.3)	2.2 (1.9-2.5)	0.653
Religion			
Muslim	2135 (95.0)	2080(92.2)	
Hindu/other	112 (5.0)	177(7.8)	0.270
Ever contraceptive use before the index pregnancy	18.0%	21.1%	0.022

[1] Data are means (95% confidence intervals)

Contraceptive Use Rate at 3, 6, 12, 18, 24 and 30 Months Postpartum by Study Arm



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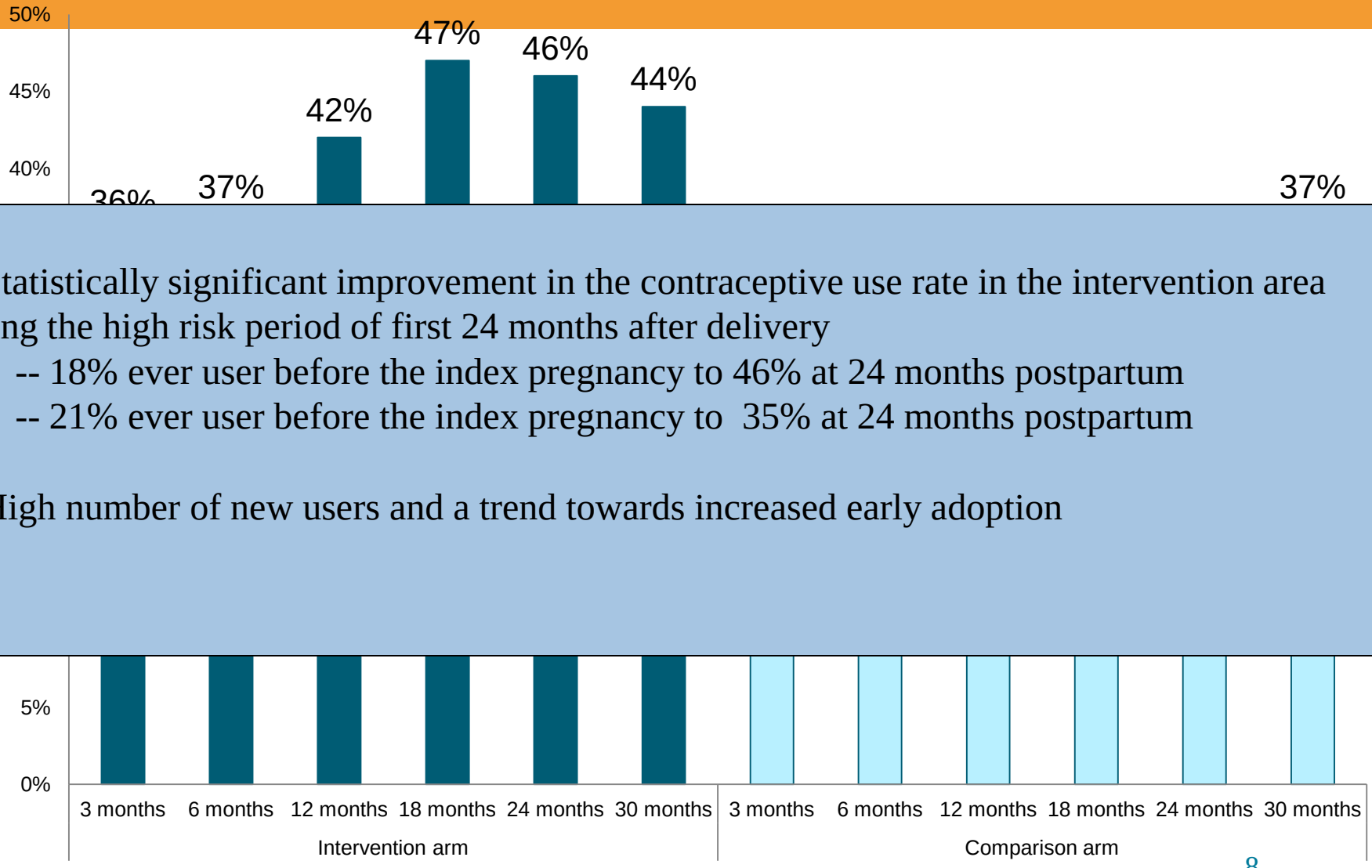
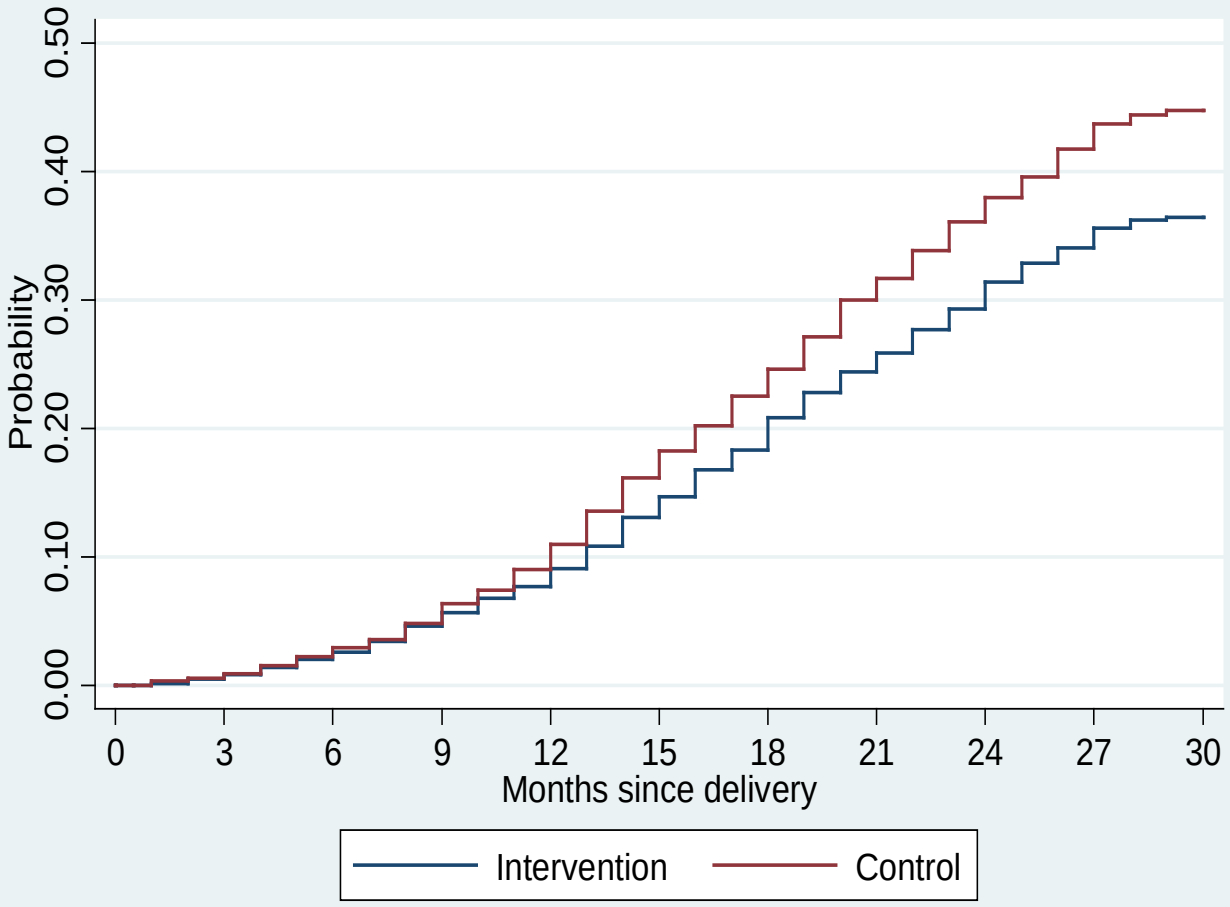


- Statistically significant improvement in the contraceptive use rate in the intervention area during the high risk period of first 24 months after delivery
  - -- 18% ever user before the index pregnancy to 46% at 24 months postpartum
  - -- 21% ever user before the index pregnancy to 35% at 24 months postpartum

- High number of new users and a trend towards increased early adoption

The Probability of Becoming Pregnant by Postpartum 30 Months by Study Arm

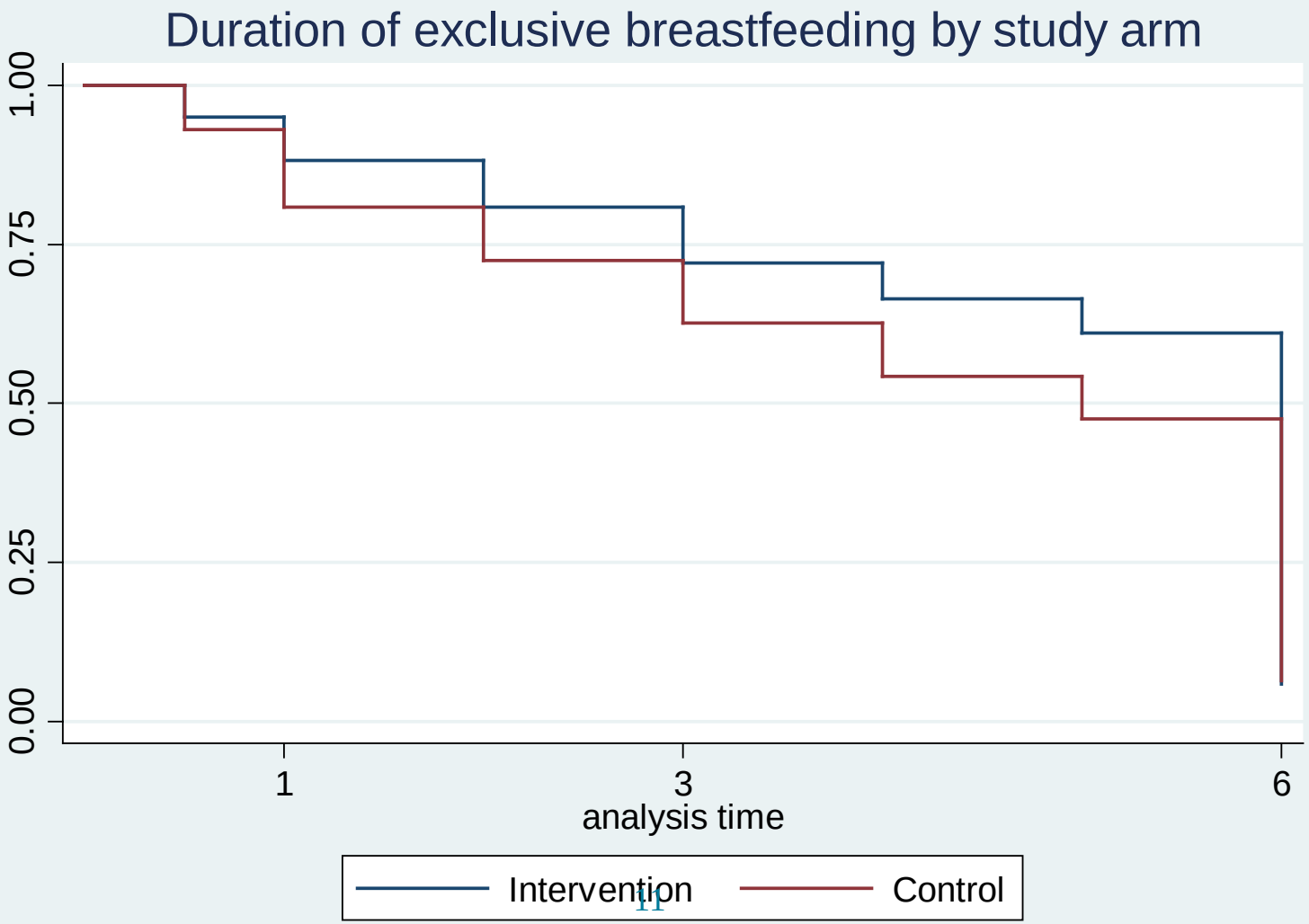


The difference is statistically significant (P < 0.001)

Effect of Integration on MNH Care: Selected Newborn Care practices by Study Arm

	Intervention (%)	Comparison (%)
Drying and wrapping of newborn within 10 minutes of delivery	50.4	44.1
Initiation of Breastfeeding within 30 minutes	56.6	46.8

Duration of Exclusive Breastfeeding by Study Arm



Challenges

- One in every five women's husband stays abroad
- Women's mobility is limited
- Misconceptions about return to fertility

Lessons Learned

HFS demonstrates:

1. Feasibility of integration of PPFP within a community-based MNH program.
2. Effectiveness of the model in increasing modern method use.
3. No notable negative effect on the delivery of MNH services.
4. The promotion of LAM had a positive effect on duration of exclusive breastfeeding.

THANK YOU