

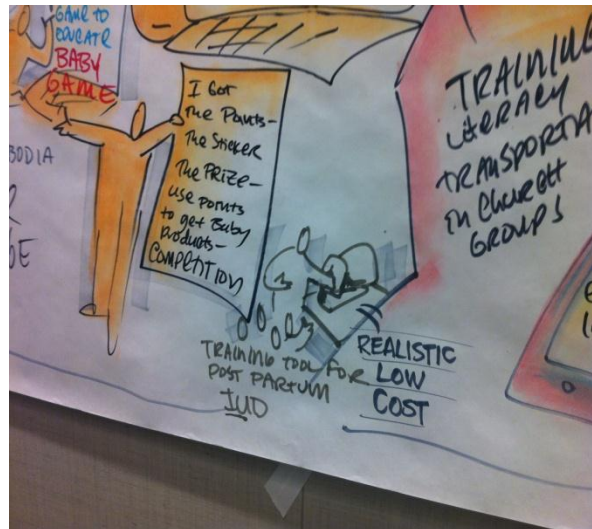
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# Reinvigorating the Postpartum IUD Using a Low-Cost Simulation Model

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# The Problem and the Opportunity

- Each year, 95,000 maternal deaths could have been prevented if women who desired to postpone or avoid childbearing had used effective family planning (FP)”
- Despite rises in contraceptive use, we still have large unmet need for FP—in Pakistan, unmet need for FP in the postpartum period is 64%.
- IUDs are one of the most effective, safe and reversible long-acting FP methods, and can be safely inserted immediately after delivery of the placenta.

Sources: Cleland et al. 2006. Lancet Series, Sexual and Reproductive Health Volume 368, Number 9549, 18 November 2006; Reconvening Bangkok: 2007–2010, Progress made and lessons learned in scaling up FP/MNCH best practices in the Asia and Middle East Region, sponsored by USAID via the ESD Project.

# The Challenge: Underutilization of PPIUDs

So why are PPIUDs not utilized for healthy timing and spacing of pregnancy?

- Providers' lack of confidence in PPIUD insertion skills
- Myths and misconceptions (related to IUD eligibility criteria and side effects) among clients and providers
- Lack of realistic, low-cost training simulators



Current Model Cost (including PP Attachments): **\$815**

# Challenges with Current PPIUD Simulation Models

- Expensive, heavy and not designed to withstand wear and tear of repeated use
- Not realistic.
- Providers cannot bring models back to their site for on-the-job practice or client counseling,



# The Solution: A New, Low-Cost, Lightweight and Realistic PPIUD Simulation Model



# Feature: Cost-Effective



Current Model (including  
PP Attachments): **\$815**



New Jhpiego and Laerdal Global  
Health Model (Projected cost, including PP  
Attachments): **\$100/150**

# Sustainability and Rapid Scale-Up: Leveraging Jhpiego's PFP Program Platforms in Pakistan

Through our existing PFP programs and partnerships with host-country governments, local partners, donors and manufacturers, Jhpiego has the ability to rapidly disseminate project results and initiate scale-up.

## During Seed Project Period:

Model will be tested at **13 facilities in Pakistan** currently involved in PFP program with Jhpiego funded by **David and Lucile Packard Foundation** and local partners supporting the project: Greenstar Social Marketing, National Committee for Maternal Newborn and Child Health, Pakistan Institute of Medical Sciences, and Population Welfare Department-Punjab.

## After Seed Project (1 year)

Broader adoption of this innovative training model at potentially **100 Community Midwife schools** and **21 Public Health Nursing schools in Pakistan**.



## Long-term Scale-up

As seen with MamaNatalie and NeoNatalie, **Laerdal Global Health** has the capability to **manufacture the PPIUD simulation model in large quantities and sell at low cost** to developing countries.

Beyond Pakistan, **Jhpiego could rapidly scale-up the new model under its existing PFP project platforms in 21 states of India, Bangladesh, Guinea, Nepal and in other PFP programs around the world.**



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# Summary

The Laerdal-Jhpiego postpartum IUD (PPIUD) simulation model is designed to be a **low-cost, portable and realistic training tool and job aid** that will improve the capacity, competence and confidence of frontline health workers in providing immediate postpartum IUD services, ensuring women have reliable contraception.



# End Goal

- More women have access to a wider variety of FP choices in order to meet their specific needs.
- Maternal and newborn morbidity and mortality are reduced due to increased spacing between births.

