# Postpartum Intrauterine Contraceptive Device Study Tour Report

ACCESS-FP initiated a postpartum intrauterine contraceptive device (PPIUCD) program in three districts of India in 2009. Due to the success of these initial programs, the Government of India (GOI), MCHIP and other donors have scaled up PPIUCD services in 19 states. In June 2011, MCHIP and the GOI organized a PPIUCD study tour for eight delegates from other countries in the Southern hemisphere to provide south-to-south learning on PPIUCD.

**Opportunities for PPFP integration in India**

- ANTENATAL: counseling on PPFP methods (PPIUCD, sterilization, condoms and Lactational Amenorrhea Method [LAM])
- IMMEDIATE POST-DELIVERY: counseling and service provision (PPIUCD, sterilization, LAM)
- POSTNATAL VISITS: counseling and service provision (IUCD, sterilization, LAM, condoms)
- WELL-BABY VISITS: counseling and service provision (IUCD, sterilization, LAM, condoms, combined oral contraceptives)

In her opening remarks, Dr. Kiran Ambwani, Deputy Commissioner for the Family Planning Division, Ministry of Health and Family Welfare, explained that the strategy of the GOI is to reposition family planning (FP) by taking a broader perspective on FP as part of maternal and child health to include postpartum family planning (PPFP) and PPIUCD. Currently 47.4% of women of reproductive age are not using any method of FP.[1] Among women using contraception, the vast majority use female sterilization, while 5.2% use condoms, 1.5% use IUCDs and 4% use oral contraception. Dr. Ambwani also reported that the GOI has provided incentives to pregnant women to deliver with a skilled birth attendant in facilities. According to a 2009 national survey, 72% of women delivered in an institution as compared to 41% in 2002–2004. She further noted that although 65% of postpartum women have an unmet need for FP, only 26% of these women are using contraception and, not surprisingly, about 61% space their next pregnancy less than the ideal two years after the delivery of their last baby. According to a technical consultation convened by the World Health Organization (WHO) on birth spacing, a birth-to-next-pregnancy interval of less than two years puts the baby, the next pregnancy and the mother at risk for poor health outcomes.[2] The GOI supports increased access to PPFP by having providers counsel and provide service delivery on PPFP during the multiple service delivery contacts. In addition, the GOI is strengthening postpartum centers, providing FP counselors, training more Medical Officers on minilap tubectomy, and scaling up PPIUCD training and services at facilities with high numbers of deliveries and at medical colleges as part of pre-service education.

**Cochrane Review (2010 updated)**

- PPIUCDs are safe and effective
- Advantages: high motivation among clients; providers assured client is not pregnant
- Few contraindications
- Popularity in diverse countries (e.g., China, Mexico and Egypt) supports feasibility of PPIUCDs
- Expulsion rates higher than interval

The GOI, which has approved CU-T 380A for immediate postpartum insertion, mandates quality counseling so that clients can provide informed consent. Moreover, service providers must be trained, respect infection prevention practices and follow-up

[1] International Institute for Population Sciences, 2010. India District Level Household and Facility Survey, 2007–2008.
[2] WHO, 2006. Report of a WHO Technical Consultation on Birth Spacing, Geneva, Switzerland 13–15 June 2005.

their clients. Some FP programmatic considerations include: more health personnel can provide this service because it's non-surgical; PPIUCD is cost-effective; greater availability of FP methods provides more choices for postpartum women; and PPIUCD can be used both to space and limit pregnancies. With technical support from Jhpiego, the GOI developed and disseminated training tools, job aids and information, education and communication (IEC) materials. To date, more than 8,000 PPIUCDs have been inserted. In India, a higher rate of PPIUCD expulsion is noted (8–14%), but with good technique, the expulsion rate hovers around 5%.

Dr. Bulbul Sood, the Country Director for Jhpiego/India, welcomed all the delegates comprised of representatives from five countries in the Southern hemisphere (Afghanistan, Guinea, Mozambique, Nepal and Tanzania), as well as an international consultant from the United States. The eight delegates included physicians and a midwife who support maternal health programs in their countries by providing care and/or contributing to the development of policies and guidelines. The Director of Reproductive Health and Family Planning at Jhpiego, Dr. Ricky Lu, and his MCHIP colleagues from Washington and Delhi provided technical support to the study tour to achieve the following objectives:

- Demonstrate the key standards for knowledge, skills and attitudes in providing safe and effective PPIUCD services;
- Describe the critical components of PPIUCD program implementation; and
- List key areas of technical assistance for starting and sustaining high-quality PPIUCD services.

Jaipur, Rajasthan is well-placed to provide south-to-south learning. Drs. Neelam Bhatnagar, Oby Nagar and Hariom Narain Sharma were the facilitators at their respective clinical sites (Zanana and Mahila Chikitsalaya Hospitals of the Sawai Man Singh Medical College, and Kanwatiya Hospital, the district-level facility for Jaipur City). They skillfully provided clinical experience for the delegates that included counseling, review of clinical records to see if the client was an appropriate candidate, and set up of instruments and supplies to provide both postplacental and postpartum IUCD insertion.

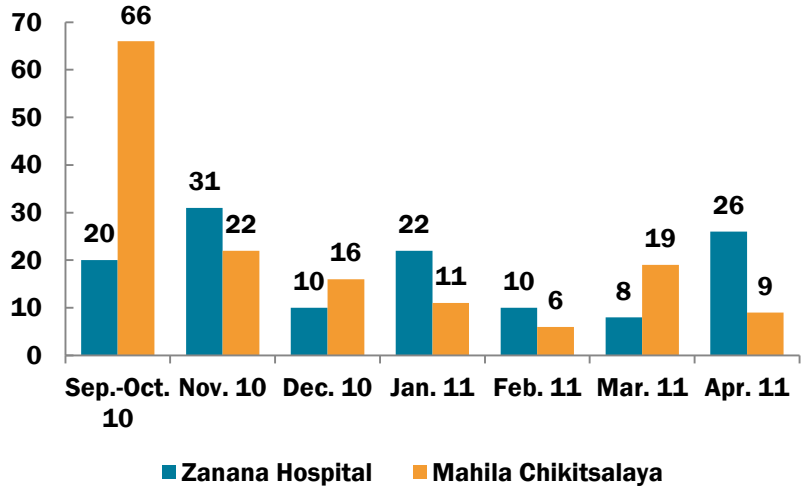


Figure 1. Monthly tally of PPIUCD insertions at two teaching hospitals in Jaipur

The graph shown in Figure 1 represents the total number of PPIUCD insertions during 2010 at the two teaching hospitals; both of these clinical facilities were visited during the study tour. The study tour provided an opportunity for the delegates to observe and learn about PPIUCD services, training and implementation. Additionally, it provided the delegates and facilitators opportunities to learn from one another. Some powerful lessons learned included:

- Identification and involvement of champions at the start of the program moves the program forward;

- Informing/orienting all staff—from the specialist to the ward cleaner—is key to program success;
- Using examples from satisfied customers helps increase the number of acceptors;
- Strategies for tracking clients should be developed and implemented; and
- Mothers-in-law are among the decision-makers regarding the use of PPIUCDs.

The delegates provided helpful feedback regarding the use of the global PPIUCD training package. There needs to be flexibility on the duration of training, depending on the cadre of participants and the number of PPIUCD clients. Since maternal health care providers who are trained may need a contraceptive technology update, the training resources should include the Global FP Handbook focusing on appropriate methods for postpartum women, their return to sexual activity, their risk of unintended pregnancy based on their breastfeeding practices, and the adverse impact that poorly timed pregnancies have on the health of the baby, the mother and her new pregnancy.

**Strategy for implementing PPFP/PPIUCD programs in India includes the following essential steps:**

- Advocacy and support from leading Ob-Gyn providers
- Capacity building through training of providers at medical colleges and district hospitals in 19 states
- Provision of educational materials (Zoe models with postpartum uterus attachment, PPIUCD learning resource package, job aids and IEC materials) for pre-service and in-service training
- Capacity building through training of master trainers from the medical colleges and district hospitals
- Provision of necessary equipment/supplies (inclusive of contraceptive supplies and Kelly's placental forceps) for service provision
- Orientation of all health facility staff in order to create teams of advisors
- Strengthening of facilitative supervision
- Post-insertion follow-up of acceptors at six weeks to generate evidence of PPIUCD client experience
- Documentation and monitoring of services to improve the quality of services

The Jaipur facilitators learned from their international colleagues (many of whom are master trainers) the benefits of interactive classroom sessions. Lectures were not restricted to PowerPoint presentations.

By the end of the five-day study tour, all of the delegates had demonstrated competency in their knowledge of PPFP/PPIUCD, their PPIUCD insertion skills on a model or a postpartum client, and proper respect for clients in their decisions about their reproductive health.

## Some thoughts from the delegates:

**Dr. Rosemarie Madinda, Tanzania, Ministry of Health and Social Welfare:** "This study tour widened my horizon on the subject of repositioning PPFP. PPIUCD is also a vital entry point in reducing maternal, newborn and child death. We are all aware that postpartum sexuality, return to fertility and pregnancy risk are intertwined, and PPIUCD should be adopted and integrated in maternal and child health programs. My perspective was that this

training was very successful, despite the communication barriers. An average of 10 clients were counseled and recruited at the practicum sites with tremendous help and support from our host facilitators. They formed and maintained a competent and confidential interpreter alliance throughout the training period; it was a very good strategy using them as resource persons not only as facilitators/trainers but also as internal resources for the interpretation of messages during counseling and insertion of the IUCD at the practicum sites. Once I was able to grasp the knowledge of applying the skills and checklist, then things started to fall in place and become easier. When I had the opportunity to do the insertion on the clients, it was very easy and comfortable; I was very happy and satisfied with the skills and achievement. I am now more confident to perform the skills." **Next steps:** *Work with colleagues and Jhpiego project staff to disseminate information about PPIUCD to stakeholders.*

**Dr. John Vollaro, USA, International Consultant, Jhpiego:** "I wanted to learn the challenges of implementing the program; and hopefully we can have more sharing of experiences….Overall it was an excellent course." **Next steps**: *Participated in the PPIUCD Technical Meeting held in Washington in July 2011.*

**Dr. Kusum Thapa, Nepal, Special Materials Expert to the Ministry of Health:** "The course was really good, [particularly the fact] that we all got to do the practicum—we do not get the hands-on in other courses. Thanks to the India team for the opportunity to learn at three different sites, which provided more insight into setting up services." **Next steps:** *Put ground work in place on PPFP and PPIUCD at the Ministry of Health level and include them in maternal health standards.*

**Dr. Yolande Hyjazi, Guinea, Country Director MCHIP:** "The study tour was helpful to all of us here and we will take the lessons learned home to improve our programs. The discussions we had allowed us to standardize our activities." **Next steps:** *Implement and strengthen PPIUCD in Guinea and attended the PPIUCD Technical Meeting in Washington in July 2011.*

**Dr. Chrisostom Lipingu, Tanzania, Senior Advisor Jhpiego:** "The facilitators used good techniques to deliver messages to participants and provided us an opportunity to come here and learn about PPIUCD. Our hosts provided a lot of help for us despite their busy schedule to make us comfortable." **Next steps:** *Use the materials to help move PPIUCD in Tanzania and meet with stakeholders.*

**Dr. Veronica Reis, Mozambique, Senior Advisor MCHIP:** "It was nice and I feel very confident because of the practice. Despite all of the technical things we learned, we also had fun and developed new friends." **Next steps:** *Advocate for PPFP/PPIUCD in maternal health standards in Mozambique and plan for stakeholder meetings.*

**Ms. Rabia Sakhi, Afghanistan, Midwife at the busiest maternity hospital in Kabul:** "Thanks to all the facilitators and other participants. I learned something new. When I return to Afghanistan I will be confident to provide PPIUCD services." **Next steps:** *Confidently counsel and provide PPIUCD to clients who request them and include the mother-in-law in the counseling.*

**Dr. Oby Nagar, Jaipur, facilitator:** "I am very happy that I requested my head of the department to relieve me to participate in this study tour. I enjoyed the rich learning experience of the different interesting and interactive training techniques. I tried my best to demonstrate and explain how we are running the program in our hospital. I request the organizers to hold more such tours in the future and next time use my hospital as the workshop site."

**Dr. Rashmi Asif, Delhi, facilitator:** "I thank Jhpiego and MCHIP for selecting India as the site for the study tour. It was a very good experience interacting with colleagues from across the globe. I observed new ideas, training methodologies and energizers used by the resource persons from Baltimore. I feel that for the cadre of the delegates participating in this study tour, more emphasis needs to be placed on programmatic and implementation issues and less on the technical details as they have more of a program managerial role to play than being only service providers or trainers for PPFP/PPIUCD. We will keep this in mind while developing the agenda and objectives if other such events are organized in future. Overall it was a very satisfying experience and I made new friends during this workshop."