

Healthy Timing and Spacing of Pregnancy (HTSP)

Time it Right: You can choose the time that's best for you and your baby

**Muzdalifat S. Abeid (MD,MMED Ob/Gy)
MEWATA.**

Objectives

- Bring to your attention the linkage between pregnancy timing and spacing & healthy fertility
- Share with you new key findings that support the linkage
- Present key components of a comprehensive approach to HTSP

PRESENTATION OUTLINES

- **What is HTSP?**
- **Background to HTSP initiatives**
- **Global advocacy effort for HTSP & HTSP messages**
- **Comprehensive approach to HTSP**

WHAT IS HTSP?

- HTSP is an intervention to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, *within the context of free and informed choice*

What's New about HTSP?

- When pregnancies occur is important for healthy maternal and child outcomes
- Women and couples want to know the *safest time to become pregnant* rather than *when to give birth*.
- Previous birth spacing recommendations refer only to when to give birth, *not* when to become pregnant.
- HTSP captures all pregnancy intervals in a woman's life – after a live birth, still birth, miscarriage or abortion – and when to become pregnant - the healthiest time to become pregnant – starting from the timing of first pregnancies in adolescents

Why HTSP?

- ❑ FP has made progress in helping women avoid unintended pregnancies. Focus has been on lowered fertility (limiting and smaller family size)
- ❑ HTSP emphasizes FP's role in achieving healthy fertility – and reducing negative health outcomes for mother and baby
- ❑ The focus on healthy fertility encourages couples to adopt the use of FP - to time and space pregnancies
- ❑ Effective entry point to revitalize FP in sensitive settings, due to its focus on improved mother/child health

BACKGROUND: HTSP INITIATIVES

- From early 2000, USAID sponsored six studies on pregnancy spacing and health outcomes
- In June 2005, USAID submitted the six studies to a WHO panel of 30 experts - for review
- What did the experts find after the evidence review?

Key Findings

- Linkages between:
 - Spacing and maternal outcomes
 - Spacing and perinatal outcomes
 - Spacing and neonatal outcomes
 - Spacing and post-neonatal outcomes

Maternal Outcomes

After a live birth

- Short birth to pregnancy (BTP) intervals < 6 months were associated with increased risk of:
 - maternal mortality
 - induced abortion
 - stillbirths and miscarriages
- Long BTP intervals of > 59 months were associated with:
 - increased risk of pre-eclampsia

After a miscarriage or abortion

- Short BTP intervals of < 6 months were associated with increased risk of:
 - premature rupture of membranes
 - maternal anemia

Perinatal Outcomes

After a live birth

- Short birth to pregnancy intervals < 18 months *as well as* long BTP intervals of > 59 months were associated with increased risk of:
 - pre-term live birth
 - small size for gestational age
 - low birth weight

After a miscarriage or abortion:

- Short BTP intervals of < 6 months were associated with increased risk of:
 - pre-term births
 - low birth weight

Neonatal Outcomes

- Short BTP intervals of < 18 months were associated with the *highest risk* of neonatal mortality
- Longer BTP intervals of at least 27 months were associated with the *lowest risk*

Post-neonatal and Childhood Outcomes

Post-neonatal Outcomes

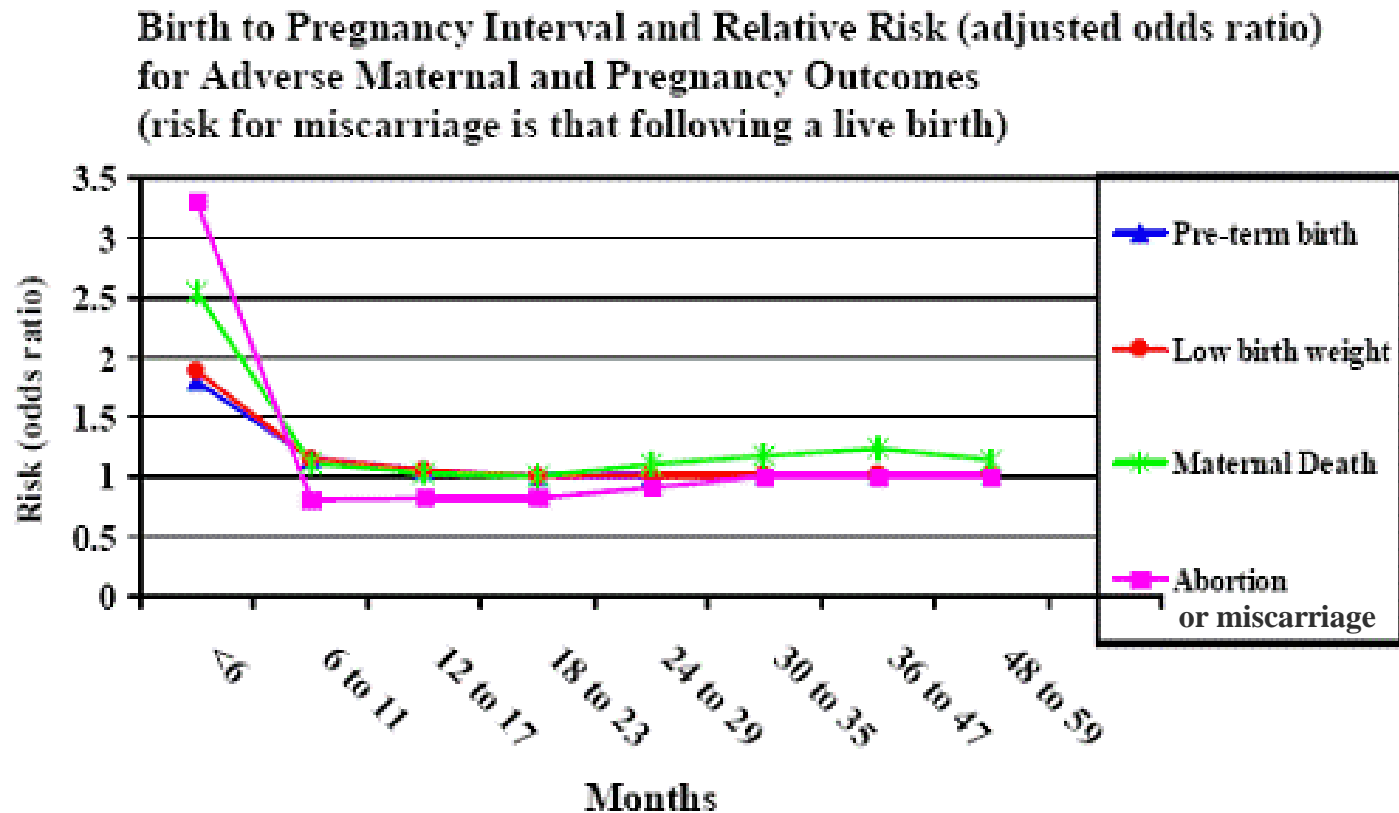
- Short BTP intervals < 15 months were associated with increased risk of :
 - post-neonatal mortality
 - infant mortality

- Post-neonatal survival may be improved with BTP intervals of 27 months or greater

Childhood Outcomes

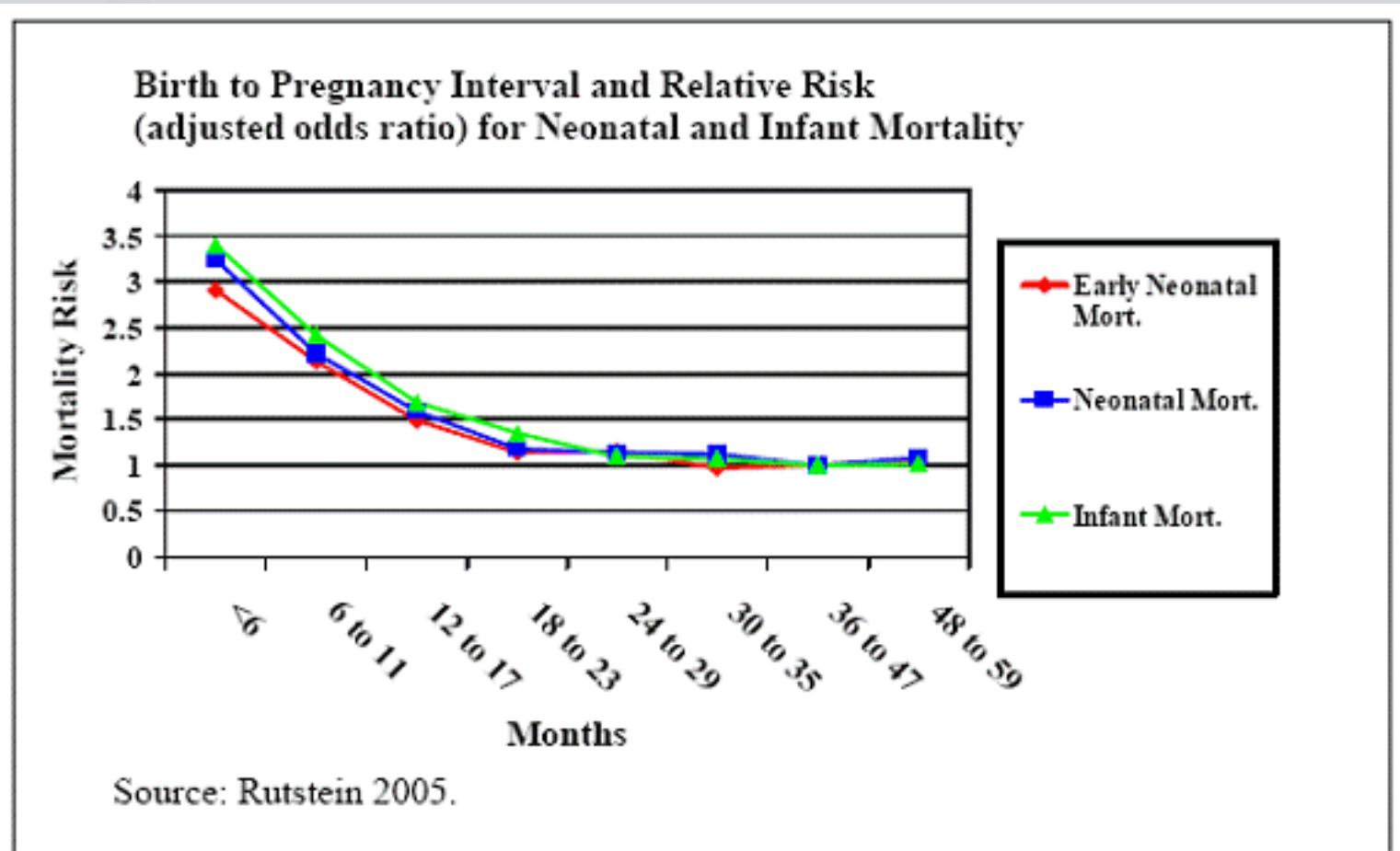
- Meeting participants did not come to a consensus

Improved Pregnancy Spacing is Associated with Reduced Multiple Adverse Outcomes

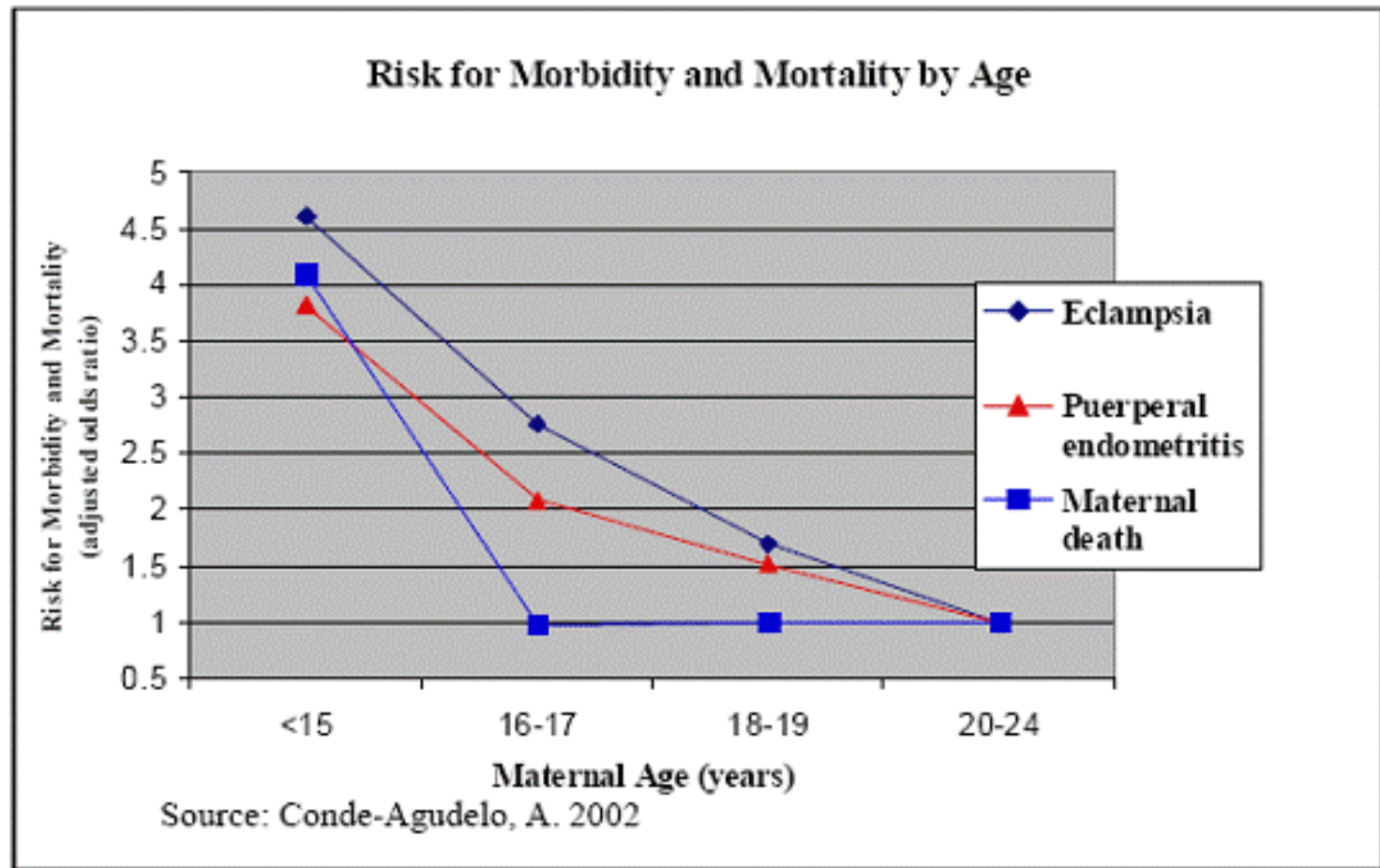


Source: Conde-Agudelo 2005 and DaVanzo et al 2007.

Improved Pregnancy Spacing is Associated with Reduced Infant Deaths



Young Women under the Age of 18 Are at Higher Risk for Morbidity and Mortality*



*While first births always have higher risks, this analysis adjusts for parity.

Annual Global Burden of Disease

- ❑ >500,000 maternal deaths (70,000 abortion-related; 60,000 eclampsia related)
- ❑ 8 million women suffer complications
- ❑ 14 million adolescent pregnancies
- ❑ 4 million newborn deaths (28% linked to pre-term births)
- ❑ 18 million LBW infants (98% in developing countries)

GLOBAL EFFORT TO HTSP ADVOCACY

Results of the 2005 Consultation

- A policy brief which included two recommendations-
 - one related to “spacing after a live birth” and
 - another related to “spacing after a miscarriage or an induced abortion”
- both to be discussed together with a preamble

Global Effort to HTSP advocacy...2

Preamble

In choosing the timing of the next pregnancy, individuals and couples should consider health risks and benefits, age, fertility aspirations, access to health-care services, child-rearing support, social and economic circumstances, and personal preferences.

Global Effort to HTSP advocacy..3

Recommendations

- After a live birth, the recommended interval before attempting the next pregnancy, is at least 24 months, to reduce the risk of adverse maternal, perinatal and infant outcomes.
- *Some participants felt it was important to note that, for BTP intervals of five years or more, there is evidence of, increased risk of pre-eclampsia, and adverse perinatal outcomes, namely pre-term birth, low birth weight and small size for gestational age.*
- After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy, should be at least six months, to reduce risks of adverse maternal and perinatal outcomes.

Global Advocacy effort for HTSP: **About Extending Service Delivery (ESD)**

- Global RH/FP project funded by USAID
- Primary objective: increase utilization of RH/FP services at the community level among under-served groups
 - Strengthened global learning and application of best practices
 - Increased access to community level services and methods
 - Increased capacity of local organizations for sustainable services
- Led by Pathfinder International with IntraHealth International, MSH and Meridian Group International

MEWATA and ESD

- ESD and MEWATA began working together to promote Healthy Timing and Spacing of Pregnancy (HTSP) in November 2006
- Since then, MEWATA has worked with ESD to increase awareness of the health benefits of HTSP among the Ministry of Health, health care providers and clients
- MEWATA highlighted HTSP at its 2008 Annual General Meeting and Scientific Conference and
- In the translation and adaptation of HTSP client and provider resources which were developed by ESD and Bayer Schering Pharma

MEWATA as ESD Secretariat

- ESD decided to work with MEWATA as the local representative organization of ESD's Global HTSP Secretariat, and to enable MEWATA to function as a local secretariat and resource for HTSP related programs, activities and services.
- Appointment was based on MEWATA's strong interest in the promotion of HTSP, and its professional linkages across Tanzania to public and private sector providers focusing on women's and children's health,

ESD and Healthy Timing and Spacing of Pregnancy

- Leading a global level activity to take the findings from research to the field
- “Operationalizing” the recommendations from the technical consultation
- Developing a new outreach and program approach focusing on *three* HTSP outcomes
 - Two based on the two recommendations to the WHO from the technical panel
 - A third related to timing of first pregnancies in adolescents

HTSP Outcomes

- Healthy pregnancy spacing after a live birth
- Healthy pregnancy after a miscarriage or abortion
- Healthy timing of the first pregnancy in adolescents to delay until age 18

HTSP Messages

After a live birth:

- For the health of the mother and the baby, consider waiting at least 2 years before trying to become pregnant again. Consider using a family planning method of your choice during that time

HTSP Messages

After a miscarriage or abortion:

- For the health of the mother and the baby, consider waiting at least six months before trying to become pregnant again. Consider using a family planning method of your choice during that time.

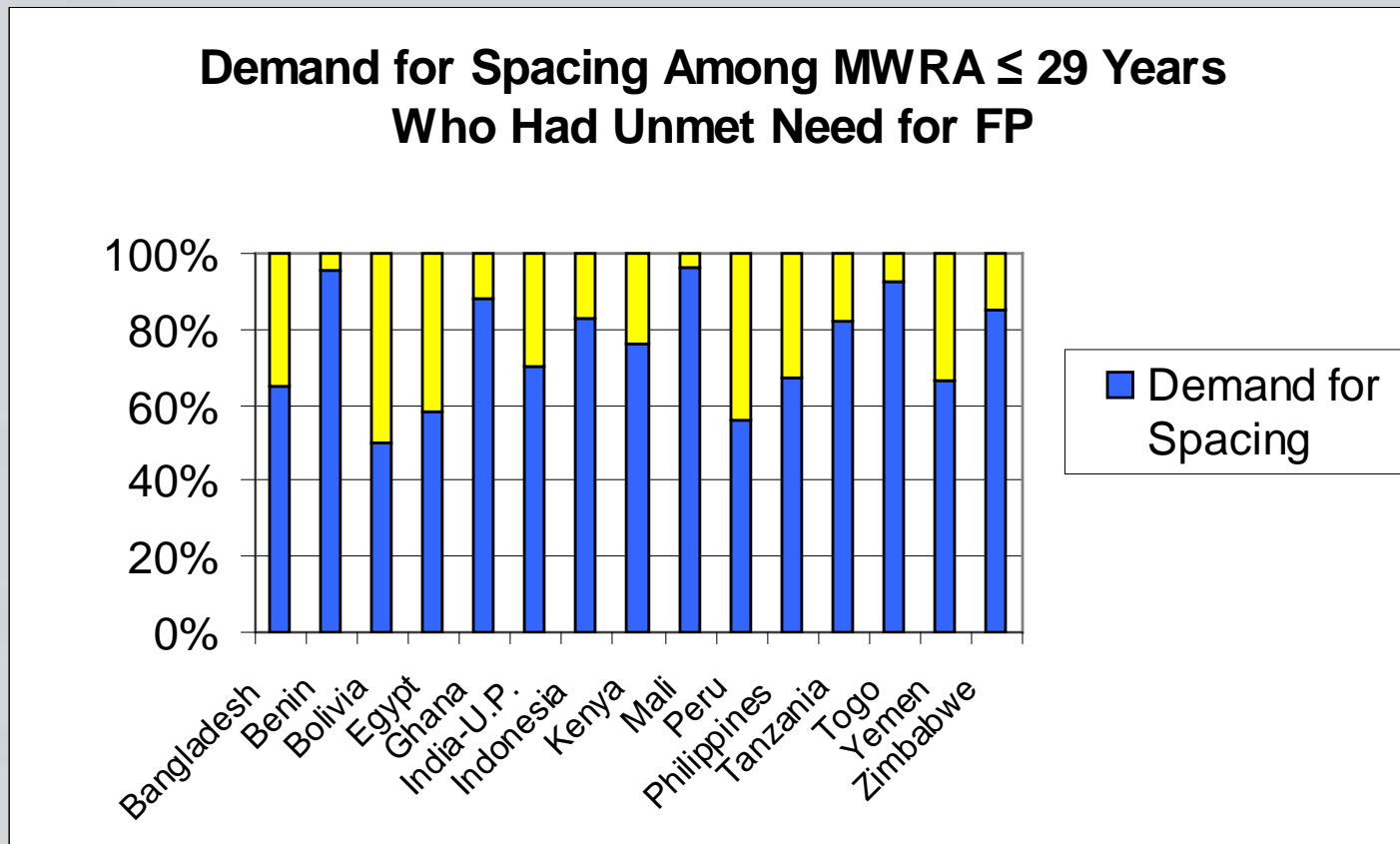
HTSP Messages

For adolescents:

- For your health and your baby's health, consider waiting until you are 18 years of age, before trying to become pregnant. Consider using a family planning method of your choice until you reach 18.

Haven't we been doing birth spacing
all along?

Unmet Need for Spacing



Source: Existing demand for birth spacing in developing countries: perspectives from household survey data, William H. Jansen, *International Journal of Gynecology and Obstetrics*, Vol. 89, Supplement No. 1, April 2005

Unmet Need for Spacing

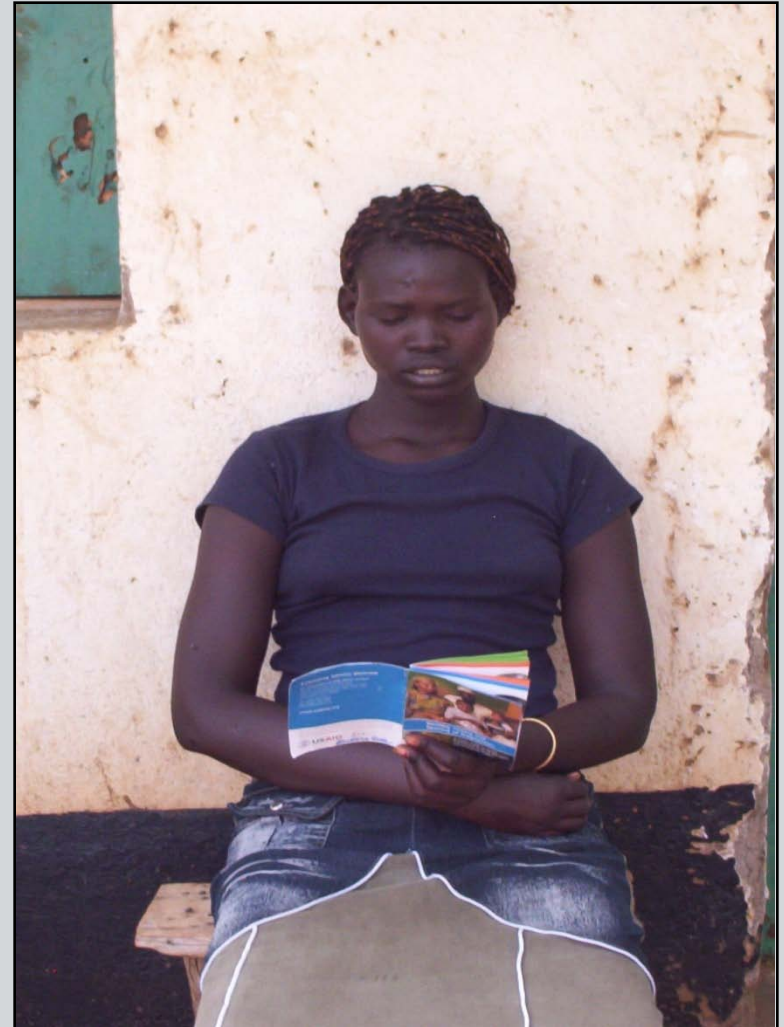
- Postpartum women: 95-98% of postpartum women do not want another child within 2 years, but only 40% using FP
- Supported by Qualitative Studies conducted by USAID

Free and Informed Choice

- Free and informed choice means
 - The client chooses to space or to limit
 - The client chooses a method voluntarily, and without pressure or coercion
 - The choice is based on a clear understanding of the benefits and limitations of the available methods
 - The client may also choose not to use a FP method. Use of a method is completely voluntary
 - All choices are made in the context of personal RH goals and fertility intention

COMPREHENSIVE APPROACH TO HTSP

- Key Components
 - Policy level activities
 - Service delivery & community level activities
 - M&E



Policy Level: Advocacy

- ❑ Develop advocacy tools – to take evidence and expert recommendations to policy makers
- ❑ Reach decision makers with data on country-level burden of disease
- ❑ Show mortality/morbidity risks of not timing and spacing pregnancies
- ❑ Raise awareness of HTSP's role in mortality reduction

Service Delivery & Community Level

- Educate/counsel women and couples about HTSP and benefits of HTSP
- Add HTSP information to:
 - pre-service, in-service training curricula
 - counseling and BCC tools
 - community activities
- Train providers about HTSP and its benefits; increase their awareness that FP plays a vital role not only in RH, but in maternal, newborn and child health

Service Delivery & Community Level

- Integrate HTSP into health and non-health activities:
 - Maternal, newborn, and child health activities
 - Post abortion care
 - PMTCT/HIV activities
 - Youth activities
 - Other non-health community level and community outreach activities

- Establish and strengthen linkages between health facilities and communities

- Link women to FP services to help women achieve their fertility intentions and preferences

Monitoring & Evaluation

- Use birth interval data as a measure of program success
- Select recommendations from a 2005 USAID birth spacing programmatic review include:
 - % of births spaced by birth interval disaggregated by age (15-19 and 20-29 age groups will be especially important)
 - Trends in neonatal, infant and child mortality rates by birth interval
 - % of women 15-19 who are mothers or pregnant with their first child
- USAID's strategic framework for HTSP

HTSP Community of Practice

- ❑ Started with the HTSP core group- 16 US based CAs and projects
- ❑ Expanded to the HTSP champions network – more than 180 members, representing over 50 projects & organizations
- ❑ Evolved into a Community of Practice (CoP) – on the implementing best practices (ibp) website – to share HTSP information, updates, activities and tools – to HTSP champions scattered widely throughout the world
- ❑ CoP hosts a HTSP library & serves as an organized forum to share information

<http://my.ibpinitiative.org/htspchampions>

htsp@esdproj.org

Conclusions

- ❑ HTSP is associated with reduced risk of multiple adverse outcomes
- ❑ The findings suggest that MCH/FP programs must be strengthened
- ❑ MDGs call for reduction of under-5 mortality rates by two-thirds & MMR by three-quarters by 2015
- ❑ To save lives, reduce the burden of disease, and help countries reach the MDGs, we need to use all our interventions and HTSP is one of them.

Acknowledgements

- ESD for facilitating me to be here and present the concept of HTSP and for all the technical inputs
- "Source: The presentation is adapted from a presentation given by Dr. May Post, Senior Advisor, Reproductive Health and Family Planning, ESD Project, USA, at the MEWATA Annual General Conference held in Dar, Tanzania, 13th November 2008"

MEWATA Achievements.....

- Updated Medical/Nursing schools Curricula on HTSP
- Updated In-service Curricula on HTSP
- Created awareness among RCH-FP unit of MOHSW, medical professionals, Journalists
- Translation of providers and consumers tool for better understanding of HTSP
- We have disseminated the HTSP tools to 23 regions
- We have published HTSP concept to MEWATA website
- We are trying to create PSA