Nutrition and Family Planning Integration: Developing programmatic approaches to addressing infant and young child feeding & LAM

Presenter:
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Birth-to-Pregnancy Spacing Among All Women Aged 15-49, All Non-first Births in the Last 5 years, 2008-09 DHS, Kenya

- <6 months: 4%
- 6-11 months: 11%
- 12-23 months: 35%
- 24-35 months: 22%
- 36-47 months: 11%
- 48-59 months: 6%
- 60+ months: 11%

N of Non-First Births=4,531
Early Childhood Mortality Rates According to Birth-to-Pregnancy Intervals, 2008-09 DHS, Kenya

NNMR = Neonatal Mortality Rate
PMR = Perinatal Mortality Rate
IMR = Infant Mortality Rate
U5MR = Under-5 Mortality Rate
Children conceived after longer durations were less likely to be stunted and underweight.

Source: Rutstein 2008
Significant Health Benefits of Birth Spacing, for Maternal, Child Health and Nutrition

For Children
- Lower risk for:
  - Stunted and underweight child
  - Small for gestational age
  - Low birth weight
  - Preterm birth
  - Lower rates of newborn, infant, and child mortality

For Mothers
- More time to breastfeed, improving infant health
- More time for women to recover physically and nutritionally between births
- Lower risk of maternal death

Lactational Amenorrhea Method (LAM)

LAM is a modern and effective method of family planning (FP) based on the natural effect of breastfeeding on fertility.

- Menstruation has not returned
- Mother is only breastfeeding
- Baby is less than 6 months
LAM: Efficacy established in clinical research studies

<table>
<thead>
<tr>
<th>Trial</th>
<th>Multi-center</th>
<th>Ecuador</th>
<th>Chile</th>
<th>Philippines</th>
<th>Pakistan</th>
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<tr>
<td>N</td>
<td>519</td>
<td>330</td>
<td>422</td>
<td>485</td>
<td>391</td>
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<tr>
<td># of Pregnancies</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<td>Efficacy</td>
<td>98.5</td>
<td>99.9</td>
<td>99.6</td>
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Exclusive Breastfeeding and LAM: Dual benefits for mother and baby

1. Prevents neonatal and infant illness
2. Prevents neonatal and infant mortality
3. Supports growth and development
4. Stimulates uterine contraction - reduce postpartum blood loss
5. LAM promotion increased exclusive breastfeeding
   - 58% intervention vs 47% in control group (p <0.01) in Healthy Fertility Study

Early initiation of LAM or other FP method is important if couple doesn’t not want to become pregnant right away

Fertility May Return Soon after Delivery

• If not breastfeeding, ovulation will occur at 45 days postpartum on average and as early as 21 days

• Breastfeeding women not practicing LAM are likely to ovulate before return of menstrual period
  - Between 8% and 10% of women conceive within the first year postpartum
Integration;
Maximizing routine contact points

Pre-pregnancy adolescents

Antenatal Care (ANC) visits 1-4+

Birth
• home
• facility

PNC visits
• home
• facility

Immunization visits

Measles immuniz.

Pharmacy/drug shop visits

Pregnancy

Neonatal period

Post-neonatal → 2nd year

Introduction of complementary foods, return to fertility
Birth Spacing and Maternal, Infant and Young Child Nutrition (MIYCN) Linkages

- Lactational amenorrhea ↔ Exclusive breastfeeding
- Fertility return ↔ Complementary feeding
- Maternal nutrition ↔ Infant and young child nutrition
- Maternal survival → Infant survival
Approach to MIYCN-FP Integrated Service Delivery in Kenya

- Designed collaboratively with national and district Reproductive Health (RH) and Nutrition stakeholders
- Informed by findings from formative assessment
- Implemented in 6 health facilities and adjacent community units in Bondo, Kenya
- Implementation ran for ~ 1 year
Health Facility Approach

• A “One Stop Shop” model where both FP and nutrition services are accessed in the same room at various service delivery points:
  
  • ANC
  • Intrapartum
  • Postnatal Care (PNC)
  • Well-child
  • Family planning (FP) counseling visits

• MIYCN/FP job aids, poster, brochure used to support integration efforts
Community Approach

• Inclusion of MIYCN-FP messages within routine community outreach activities

• Counseling cards, brochure, poster used to support integration efforts, and serve as complement to existing community-level reproductive health (RH) and nutrition materials
Greater Integration of Counseling and Services at Health Center Versus Hospital Level, Bondo District

<table>
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<th>Bondo Sub-County Hospital</th>
<th>Bondo Health Centers (x2)</th>
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<tr>
<td></td>
<td>Total Clients</td>
<td>Percentage of total</td>
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<tr>
<td>ANC</td>
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<td>Nutrition</td>
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<tr>
<td>FP</td>
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<td>Nutrition &amp; FP</td>
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<td><strong>PNC</strong></td>
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<td>228</td>
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<tr>
<td>services</td>
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Exclusive Breastfeeding

% of Children Under 6 Months Exclusively Breastfed, Bondo District Hospital (Source: CHIS)

“I have 3 exclusively breastfeeding mothers and one has a child who is already 6 months. Some know that when they are breastfeeding exclusively they cannot get pregnant...”
– CHV, Bondo
Findings

- Health workers saw benefits for infant health, noted client willingness to transition to other FP methods.

- Majority of health workers demonstrated knowledge of MIYCN-FP, however refresher training offered on return to fecundity, LAM criteria and transition to address gaps.

- Challenges completing MIYCN-FP supplemental registers, however providers reported marked increases in number of FP clients.

- Greater integration of counseling and services at the health center versus the hospital level. “One stop shop” approach worked most effectively in the dispensary and health centers.
Factors Enhancing Success

• Buy-in from national and district nutrition + RH stakeholders
• Strategically designed social and behavior change communication (SBCC) materials & working tools
• Supervisor buy-in, leadership, and on-the-job mentoring
• Involvement of community and religious leaders, male partners, mothers/mothers-in-law
• Human resource availability and continuity
• Availability of FP methods and equipment
• Whole site trainings, especially at facilities where staff rotations routinely occur
Recommendations for expanding MIYCN-FP integration

• Involve sub-county health management team (SCHMT) and hospital management teams to build buy-in and enhance sustainability
• Pair facility-based integration with community maternal, newborn, child health (MNCH) efforts – building health provider capacity
• Build support among facility supervisors, health workers, and community and religious leaders
• Encourage family members’ support of exclusive breastfeeding
• Engage champions
• Focus first on health centers with high client loads
For more information, please visit www.mcsprogram.org

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