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 **BASICS**

BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

**ADVOCACY PRESENTATION:
*WHAT IS HTSP***



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WHAT IS HEALTHY TIMING AND SPACING OF PREGNANCY

PREAMBLE

Healthy Timing and Spacing of Pregnancy (HTSP) is recognized as a critical and essential preventive child survival intervention that effectively complements curative and other child health interventions, with additional benefits to the mother, family, men, community and the society. It is a key intervention associated with reduced risk of low birth weight, prematurity and newborn and deaths in infants, as well reducing health risks to mothers after a live birth or abortion, and risks to adolescents. It creates awareness and increases demand for family planning services which is critical to the continuity, retention and long-term use of family planning.

DEFINITION

Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families make an informed decision about the delay of first pregnancy and the spacing or limiting of subsequent pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and informed contraceptive choice taking into account fertility intentions and desired family size, as well as the social and cultural contexts (ESD HTSP Reference Guide)

KEY MESSAGES OF HTSP

Recommendation for spacing after a live birth

After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.

Recommendation for spacing after a miscarriage or induced abortion

After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes.

Recommendation for adolescents:

Adolescents need to use an effective FP method of their choice consistently until they are 18 years old before trying to become pregnant

Source: World Health Organization, 2006 Report of a WHO Technical Consultation on Birth Spacing.

BENEFITS OF HTSP TO NEWBORNS, INFANTS, AND CHILDREN UNDER FIVE

HTSP is associated with reduced risk of:

- Pre-term births, low birth weight, small for gestational age, and, in some populations, stunting or underweight conditions
- Death for newborns, infants, and children under five
- Pre-term births and low birth weight for newborns, when mothers wait until age 18 to have their first pregnancy
- Pre-term births, small for gestational age, and low birth weight, when mothers wait at least six months from the time of a miscarriage or abortion before attempting a pregnancy again Finally, HTSP allows young children to experience the substantial health benefits of breastfeeding for a full two years.

HTSP Benefits Mothers

- Gives mothers two years to prepare physically, emotionally, and financially for their next pregnancy, if they choose to have one
- Helps young mothers avoid pregnancy-induced high blood pressure and associated complications, obstructed and prolonged labor, iron-deficiency anemia, and maternal death
- Provides mothers with two full years before becoming pregnant again to focus on their newborns, partners, and other children
- Is associated with reduced risk of pregnancy complications like preeclampsia
- Allows two years of breastfeeding, which is linked with reduced risk of breast and ovarian cancer

HTSP Benefits Men

- Helps men safeguard the health and wellbeing of their partners and children
- Allows men time to plan financially and emotionally for their next child, if they choose to have one
- Contributes to a man's sense of satisfaction from supporting his partner in making healthy decisions regarding HTSP and family planning use and raising a healthy family

HTSP Benefits Communities

- Benefits communities by helping to reduce deaths and illnesses among mothers, newborns, infants, and children
- Benefits communities by helping to reduce poverty and to improve the quality of life among community residents

HTSP Benefits to Policy Makers and the Nation

- Benefits the entire society by providing women with more time to study, be better educated and better themselves in many ways, work and contribute more to the society.
- Benefits the entire society by helping to reduce resources allocate for taking care of the health problems that would be associated with the health consequences of short birth interval.
- Benefits the nation workforce by improving maternal and child health and disabilities and thus boosting the socio-economic development and people life expectancy



Traditional

- Emphasis more on family planning methods and population control
- Very limited information of benefits of HTSP
- Provider influenced or dictated choice for client
- Little or no informed consent from client
- Limited method mix
- Little or no involvement of men
- Spouse consent required for all methods in developing countries

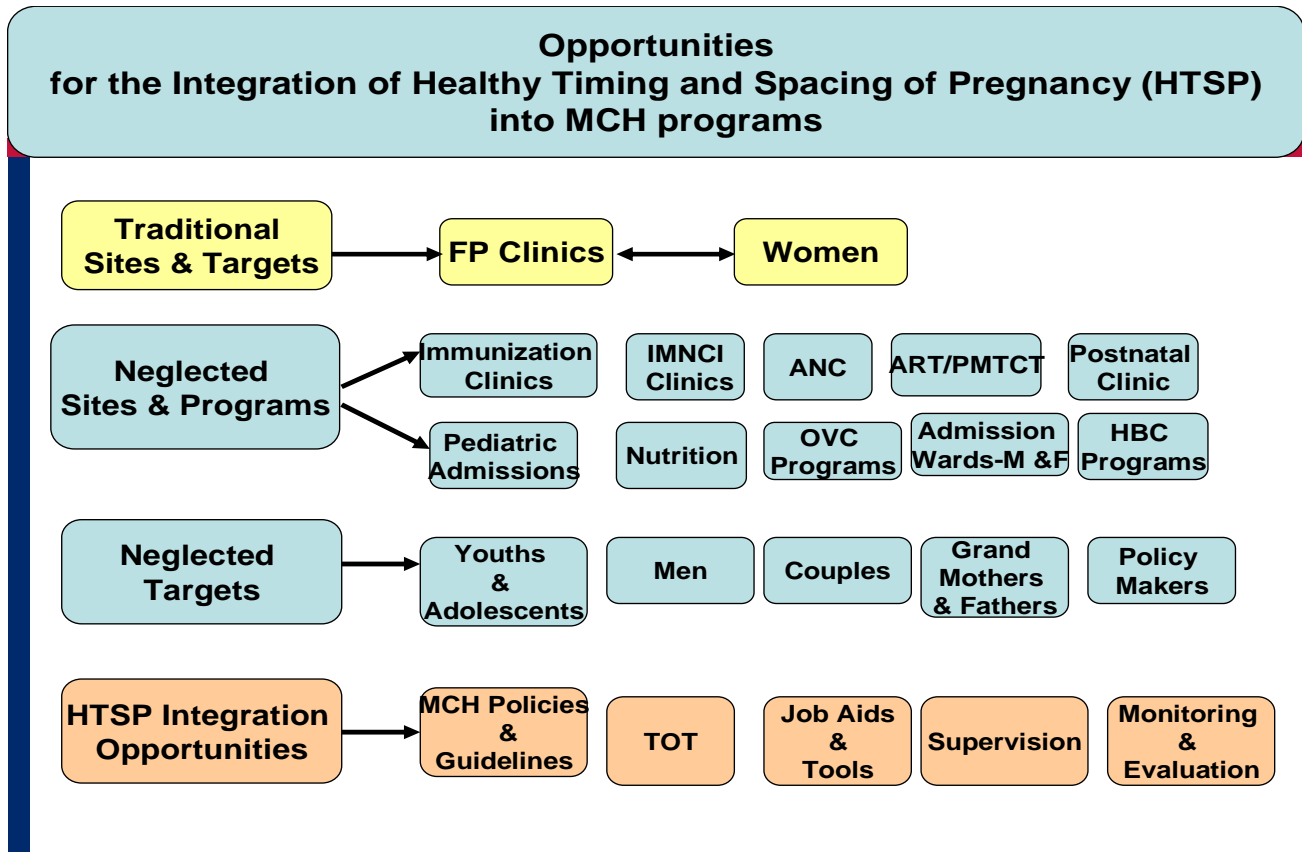
Current

- Emphasis on health and non health benefits for HTSP to woman, child, men, family and community than on FP methods
- Evidence available to demonstrate HTSP benefits to mother and child
- Provider initiated counseling at all maternal and child health encounters in the health system
- Informed consent from client
- More method mix
- More involvement of men in FP/RH matters
- Spouse consent limited to permanent methods

SIMILARITIES AND DIFFERENCES BETWEEN HTSP AND FP

S/No	Characteristics	HTSP	FAMILY PLANNING
1	Key component	Emphasis on key messages on benefits of birth spacing to enable woman and couples make informed choice on birth spacing and fertility intentions	Emphasis on the family planning methods to achieve fertility intentions
2	Family Planning Methods	All Methods can be used to achieve birth spacing or limit pregnancies	All Methods can be used to achieve birth spacing or limit pregnancies
3	Commonly targeted audience	Women, couple and adolescents	Women
4	Service site	All maternal and child health service entry points to care. Community outreaches	Family planning clinics only
5	Side Effects	None	Depends on family planning method
6	Cost	Free	Cost associated with some FP methods
7	Cultural Acceptability	Widely acceptable within cultural context of the society	Some methods are not acceptable in some cultures
8	Religious Acceptability	Widely acceptable within cultural context of the society	Some methods are not acceptable by some religious bodies or faiths

OPPORTUNITIES FOR HTSP



WHO SHOULD KNOW ABOUT HTSP

- *Policy makers at ministry of health*
- *Members of the MCH Task Force*
- *MOH/MCH Health Care Workers*
- *Family Planning Working Group*
- *IMCI Technical Working Group*
- *Safe Motherhood Working Group*
- *Nutrition Counselors and service providers*
- *HIV/AIDS, TB and other infectious diseases national coordinators,*
- *Women, couples and families*
- *Men and other influential groups*
- *Grand Mothers and Senior Women of influence*
- *USG Mission and Partners working in child health programs*
- *Bilateral and Multilateral Agencies*
- *NGOs (CBOs, FBOs)*

METHODS TO ACHIEVE HTSP

ALL family planning methods could be used to achieve fertility intentions in HTSP based on clients choice and eligibility. The family planning methods include:

A. Fertility Awareness Methods (FAM): Natural Family Planning, Standard Days Method.

B. Lactation Amenorrhoea Method (LAM)

C. Barrier Methods: Male and Female Condoms, Diaphragms, Spermicides, Cervical Cap, Microbicides

D. Hormonal Contraceptives:

- Oral Contraceptive Pill:
 - Combined Pill (COC);
 - Progesterone Only Pills (POP);
 - Emergency Contraceptive Methods
- Injectables: Monthly and Three Monthly
- Implants
- Patch
- Vaginal Rings

E. Intrauterine Contraceptive Device: Copper bearing and Hormonal

F. Permanent Methods

- Bilateral Tubal Ligation for females
- Vasectomy for males

g. Others:

- Withdrawal Method
- Periodic Abstinence

HOW SHOULD HTSP BE IMPLEMENTED?

1. Advocacy on its benefits to policy makers, program planners, donors, community leaders and other key stakeholders in child health.
2. Update and strengthen HTSP in maternal, child health, family planning and reproductive health policies and guidelines
3. Develop and or adapt appropriate tools and job aids to facilitate the implementation of HTSP at the programmatic level
4. Build capacity on health care providers to implement HTSP
5. Provide supportive supervision for HTSP activities at the local level
6. Include HTSP specific indicators in the general monitoring and evaluation plan for health programs at national and local levels
7. Partnership and collaboration
8. On-going advocacy of HTSP integration into maternal and child programs



BASICS Programmatic HTSP Integration Strategies

- **Advocacy:** Encouraging governments and partners to adopt integration strategy, guidelines, or policy;
- **Integration:** Development/Strengthening of HTSP in child health guidelines and policy documents, development of tools in HTSP, dissemination of revised guidelines, policies, tools to relevant officials and partners;
- **Implementation:** Training of trainers and on-the-job-training (OJT) of service providers on integration of HTSP in child health at central and district levels;
- **Supervision, mentorship and monitoring:** Supportive supervision, mentorship and monitoring of HTSP activities in collaboration with child health partners;
- **Expansion and Scale-up** to additional districts and provinces in the target countries;
- **Partnership and Collaboration at Global and Country Level:**
USAID, ESD, ACCESS-FP, IMMbasics, CCIH, Ministry of Health and Maternal and Child Health department of; Intrahealth/Twubakane project; Intrahealth/Capacity project; Extended Impact Project (EIP: IRC, WorldRelief, Concern), EGPAF, Population Council

INDICATORS TO MONITOR HTSP ACTIVITIES

- i) Number of women/couples who are knowledgeable about at least two benefits of HTSP;
- ii) Number of women/couples who know the recommended healthy birth interval after a live birth;
- iii) Number of women/couples who know at least two family planning methods to achieve birth spacing;
- iv) Number or proportion of healthcare workers trained in HTSP;
- v) Number or proportion of child bearing women who used a birth spacing method for at least 2 years after a live birth.

SUPERVISION OF HTSP ACTIVITIES:

Please refer to Supervision and Mentorship check list on HTSP tools and job aids

EVALUATION OF HTSP TRAINING IN MCH PROGRAMS: See Evaluation Form on HTSP job aids and tools.