



USAID
FROM THE AMERICAN PEOPLE

 **BASICS**

BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

METHODOLOGICAL GUIDE FOR EFFECTIVE INTEGRATION OF HTSP INTO NEWBORN AND CHILD HEALTH ACTIVITIES



U.S. Agency for International Development
Bureau for Global Health
Office of Health, Infectious
Diseases and Nutrition
Ronald Reagan Building
1300 Pennsylvania Ave., NW
Washington, D.C. 20523
Tel: (202) 712-0000
Email: globalhealth@phnip.com
www.usaid.gov/our_work/global_health

BASICS
4245 N. Fairfax Dr., Suite 850
Arlington, VA 22203
Tel: (703) 312-6800
Fax: (703) 312-6900
Email: basics@basics.org
www.basics.org

Support for this publication was provided by the USAID Bureau for Global Health

BASICS (Basic Support for Institutionalizing Child Survival) is a global project to assist developing countries in reducing infant and child mortality through the implementation of proven health interventions. BASICS is funded by the U.S. Agency for International Development (contract no. GHA-I-00-04-00002-00) and implemented by the Partnership for Child Health Care, Inc., comprised of the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include the Manoff Group, Inc., the Program for Appropriate Technology in Health, and Save the Children Federation, Inc.

Methodological guide for effective integration of Birth Spacing into newborn and child health activities

Target Newborn and child health activities (services) (1)	Step in the newborn/child health management process (2)	Assessment of mother /couples FP status and Knowledge about BS (3)	Information/education to address the identified BS knowledge gaps and weaknesses (4)	Suggestions and advices to providers (5)
<p>Antenatal Clinic/PMTCT</p> <p>a. At first ANC visit</p> <p>b. At subsequent repeat visits</p>	<p>At Health talk session [group] and/or at the individual counseling session after clinical examination</p>	<p>For the assessment questions ask about the women knowledge and attitude toward FP and BS.</p> <ul style="list-style-type: none"> • Ask whether she ever used FP method of her choice • If yes -for how long? • If not - the main reasons? • Ask about her knowledge on Birth spacing effects • Ask if she knows her HIV status 	<p>Advise your client about the benefits of Birth Spacing. Insist on the three messages below in addition to the specific knowledge gaps identified during the assessment:</p> <div style="background-color: #ffffcc; padding: 5px;"> <p>1. After a live birth couples can use effective FP method of their choice continuously for at least 24 months before trying to become pregnant again but not more than five year after the last birth to prevent health problems and even death in mothers and babies and promote good health</p> <p>2. After a still birth, miscarriage or abortion couples can use an effective FP method of their choice for at least 6 months before trying to become pregnant again</p> <p>3. Adolescent girls should use an effective FP method of their choice consistently until they are 18 years old before trying to become pregnant.</p> </div> <p>Re-enforce the specific key benefits .of HTSP for HIV+ women/couples</p>	<p>As provider keep in mind that women/couples education for Birth Spacing should start as early as at teenage age and continue during and after pregnancy.</p> <p>Any training and supervision activity within MCH including PMTCT settings should continuously assess knowledge and skills related to this critical issue of HTSP-messages integration.</p> <p>For HIV/AIDS-PMTCT counseling for HIV positive should insist of the role of HTSP in increasing the chances of survival of the infant</p>

Target Newborn and child health activities (services) (1)	Step in the newborn/child health management process (2)	Assessment of mother /couples FP status and Knowledge about BS (3)	Information/education to address the identified BS knowledge gaps and weaknesses (4)	Suggestions and advices to providers (5)
<p>Post-partum care</p> <p>1. Immediate postpartum (24 hours to 1st 7 days)</p> <p>2. Later postpartum (through 6 weeks)</p> <p>3. After six weeks to six months</p>	<p>At time of check up after delivery, at the most convenient time for the woman and whenever she returns for post partum visits.</p>	<p>At the assessment search for the attitude and perception as related to birth spacing:</p> <ul style="list-style-type: none"> • Ask about the woman birth spacing history, perceptions and believes • Ask about the woman knowledge about the health benefits or risks associated with long or short birth interval • Ask about her spacing desire for next child if any <p>Ask about her knowledge about modern contraceptive methods</p>	<p>The three messages in the box above will be delivered in addition to the specific knowledge gaps identified during the assessment:</p> <p>Advise client about the lactational amenorrhea method (LAM), immediate postpartum</p> <p>Talk about the 3 criteria for LAM: exclusively breastfeeding; menses has not returned; less than 6 months postpartum</p> <p>Advise addition of FP method of choice at 6 months (or) earlier if any of the three LAM criteria change</p> <p>Counsel on postpartum FP and HIV- Correct and consistent use of condoms and dual protection; healthy timing and spacing if future pregnancy desired</p>	<p>Most people think it is inappropriate to talk about FP to a postpartum woman who just had a baby. But keep in mind that most women do not want another pregnancy after delivery and postpartum women are still fecund and should be interested in FP.</p> <p>Help her understand well that she can be protected from another pregnancy for six months if she is practicing LAM and breastfeeding exclusively if not the first ovulation with a chance of conception can occur at 6 weeks, and after delivery.</p> <p>Keeping in mind however, return to fertility time is not always predictable, if not practicing LAM</p>

Target Newborn and child health activities (services) (1)	Step in the newborn/child health management process (2)	Assessment of mother /couples FP status and Knowledge about BS (3)	Information/education to address the identified BS knowledge gaps and weaknesses (4)	Suggestions and advices to providers (5)
<p>[Well baby clinic] Immunization services</p> <p>Or</p> <p>Growth Monitoring and Nutrition clinic</p>	<p>At the IEC first step of the immunization or growth monitoring session which can be either integrated to the well baby package or offered separately and start by the information-Education-Communication activity</p>	<p>Assess what the mothers or child conveyors know about the benefits and advantages of Birth Spacing and the risks associated with short birth interval. It could be in a form of brainstorming and not a question response.</p>	<p>Provide information tailored to the needs identified at the assessment phase ensure that all attendees know enough about the benefits or risks associated to long or short birth spacing. The piece advices is the same that:</p> <p>1. After a live birth couples can use effective FP method of their choice continuously for at least 24 months before trying to become pregnant again, but not more than five year after the last birth to prevent health problems and even death in mothers and babies and promote good health</p> <p>2. After a still birth, miscarriage or abortion couples can use an effective FP method of their choice for at least 6 months before trying to become pregnant again</p> <p>3. Adolescent girls should use an effective FP method of their choice consistently until they are 18 years old before trying to become pregnant.</p>	<p>Various scenarios might occur here and require adaptation of the IEC/BCC approach. If the immunization is embedded in the well baby package, in addition to the mass communication approach a one-to-one dialogue can be added.</p> <p>I would allow to assess the mother FP status to make sure that every woman who attended the immunization session know the health benefits or the risks associated with long or short birth interval.</p>

Target Newborn and child health activities (services) (1)	Step in the newborn/child health management process (2)	Assessment of mother /couples FP status and Knowledge about BS (3)	Information/education to address the identified BS knowledge gaps and weaknesses (4)	Suggestions and advices to providers (5)
<p>Facility Based IMCI clinic [health center, general hospital, district hospital, private clinic]</p> <p>-</p> <p>Three essential integrated steps:</p> <ol style="list-style-type: none"> 1. Assessment and Classification 2. Treatment of sick child 3. Counsel mother on birth spacing (see column 2) 	<p>At Counsel the Mother step which already include most of following preventive advices but Birth Spacing :</p> <ul style="list-style-type: none"> • Feeding recommendations • Feeding recommendation for HIV+ mothers • Counsel about feeding and breastfeeding • Feeding advices for the HIV confirmed • Counsel the mother about her own health • Advise mother about benefits of longer birth spacing and dangers of short birth interval • Advise mother about when to return. 	<p>Questions will be directed to assess mother's FP status and knowledge .of benefits and risks of timing and spacing of pregnancies.</p> <ul style="list-style-type: none"> • Ask whether the mother is using effective FP method of her choice, • Ask for how long mother is using FP method • Ask for how long mother intend to wait before trying to become pregnant again • Ask about any difficulties and constraints to access FP method • Ask about her knowledge and perception of Birth Spacing. 	<p>Advise Mother and tailor the educational messages to her specific current situation as resulted from the assessment.</p> <p>(a) If the mother is not currently using any effective contraceptive method:</p> <ul style="list-style-type: none"> • <i>explain the benefits of family planning and healthy timing and spacing of pregnancies for her health, her child, family and community health,</i> • <i>discuss the risks when pregnancies are too close (less than 24 months from the last live birth to the next pregnancy).</i> <p>(b) If the Mother is currently using FP method of her choice:</p> <ul style="list-style-type: none"> • emphasize the benefits of HTSP and encourage her to follow recommendations from the three key messages above <p>Give her another appointment if appropriate to cover more essential topic such as the nutrition/feeding and birth spacing.</p>	<p>Remember that the counseling to mother step is the third step after (1) the assessment and classification of the sick child and (2) the treatment of the child.</p> <p>You may have limited time to counsel mother in all important issues related to her child health and her health.</p> <p>Select the priority topic most likely related to the current health condition of the sick child and her FP status.</p> <p>If she is not using any method, it becomes urgent to provide her will all needed information to understand well the risk associated with short birth interval.</p>

Target Newborn and child health activities (services) (1)	Step in the newborn/child health management process (2)	Assessment of mother /couples FP status and Knowledge about BS (3)	Information/education to address the identified BS knowledge gaps and weaknesses (4)	Suggestions and advices to providers (5)
<p>Community IMCI [Health Post, Community health infrastructure /health hut]</p> <p>Three essential integrated steps: 1.Assessment and Classification 2.Treatment of sick child 3. Counsel mother on birth spacing (see column 2)</p>	<p>As a community worker your counseling step may occur immediately after the assessment and classification of the child sickness.</p> <p>If you are not allowed to prescribe you may have to refer the client to where she can obtain the service.</p>	<p>Assess her birth spacing knowledge</p> <ul style="list-style-type: none"> •Ask about her knowledge and perception of Birth Spacing. •Ask whether the mother is using effective FP method of her choice, and for how long •Ask for how long mother intend to wait before trying to become pregnant again •Ask about any difficulties and constraints to access FP method <p>Think about referring the mother to the appropriate health facility for questions and needs that you cannot satisfy</p>	<p>Advise Mother and tailor the educational messages to her specific current situation as resulted from the assessment</p> <p>Your counsel, suggestions and assistance may include referral to the appropriate health facility where the mother can get the information and education needed</p> <p><i>If the assessment reveals serious BS knowledge gaps and/or deficit in FP method use provide clients with IEC/BCC materials.</i></p> <p><i>You always should get back to your supervisor for additional information, educational materials, and support whenever necessary.</i></p>	<p>The providers at community level (Community Health Workers) should have more time and could even organize a specific educational session on Birth Spacing.</p>
<p>Emergency visit at the clinic for baby</p>	<p>At Counsel the Mother step request for an appointment for an extended IEC/BCC special session.</p>	<p>If possible initiate the dialogue and run a rapid assessment of the woman birth spacing pattern or desire to better prepare the appointment requested</p>	<p>Based on the initial short assessment start preparing orienting the major aspects to cover during the requested IEC/BCC meeting</p> <p>This counseling focuses on mother contribution to administering the treatment and ways to mitigate the danger signs and symptoms identified</p>	<p>Keep in mind that at an emergency visit mothers are mostly interested in her child's health.</p> <p>Any suggestions and advices must be first somehow related to her priority interest and concern.</p>