Barriers Facing Postpartum Family Planning among Women Attending Family Medicine Units in 6th of October City

Thesis

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Dedication

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List of Contents

List of Tables

List of Tables Cont..

List of Figures

List of Abbreviations

Abb.	Full term
ANC	Antenatal Care
BV	Bacterial Vaginitis
EBF	Exclusive Breast Feeding
EDHS	Egypt Demographic Health Survey
FP	Family Planning
HCPs	Health Care Providers
HCWs	Health Care Workers
HTSP	Healthy Timing and Spacing of Pregnancy
IPP	International Postpartum Program
IUD	Intrauterine Contraceptive Device
LAM	Lactational Amenorrhea Method
LMICs	Low- and Middle-Income African countries
MCH	Maternal and Child Health
MEC	Medical Eligibility Criteria for Contraceptive Use
OCP	Oral Contraceptive Pills
PHC	Primary Health Center
PNC	Postnatal Care
PPFP	Postpartum Family planning
TFR	Total Fertility Rate
UNFPA	The United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

The first 12 months following childbirth is a period when a subsequent pregnancy holds the greatest risk for the mother and the baby**.** Postpartum women have a high need for Family Planning (FP) and these women have multiple contacts with the health facility either for postnatal or child immunization visits ***(Speizer et al., 2013)***. Postpartum family planning (PPFP) defined as; the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth ***(WHO, 2013)***.

PPFP has long been recognized as an important component of maternal health care, through birth spacing and prevention of high-risk and unwanted pregnancies, it helps women who have recently delivered to avoid exposure to the risks of maternal death ***(Akinlo et al., 2014)***.

Closely spaced pregnancies within the first year postpartum result in increased risks for adverse outcomes, such as preterm, low birth weight and small for gestational age ***(DaVanzo et al. 2007)***. FP can prevent more than 30% of maternal deaths and 10% of child mortality if couples space their pregnancies more than 2 years apart ***(Cleland et al., 2006),*** and under-five mortality would decrease by 13%., if couples waited 36 months, the decrease would be 25% ***(Rutstein, 2008).***

According to last demographic health survey in Egypt, around 3 in 10 users in Egypt stop using a method within 12 months of starting use ***(El-Zanaty and Way, 2015)*** and according to WHO recommendation; an important consideration when planning a PPFP intervention is clinical safety regarding the use of contraception among women during the first year postpartum and beyond ***(WHO, 2015).***

A woman who is exclusively breastfeeding can use the Lactational amenorrhea method (LAM) for up to 6 months following a birth, ***(Fabic and Choi, 2013).*** A copper-bearing intrauterine contraceptive device (IUD) or All progestogen-only methods ***(Kapp et al., 2010).*** Non-breastfeeding women, in addition to IUD, progestogen-only methods**,** Combined oral contraceptives can be used ***(Kapp, Curtis, and Nanda, 2010).*** All women postpartum can use condoms, emergency contraception, and the diaphragm or cervical cap ***(Cleland et al., 2012).***

The most effective reversible methods of contraception are IUDs and contraceptive implants ***(Best practice in postpartum family planning, 2015).***

The main reasons women report for not using a contraceptive method during the first year postpartum, paying special attention to reasons that may reflect postpartum insusceptibility: postpartum amenorrhea, breastfeeding, no sex, or infrequent sex ***(Rossier et al., 2015),*** Side effects and health

concerns were the reasons that users most often cite for stopping using, together with method failure and female want to become pregnant ***(El-Zanaty and Way, 2015).***

Other barriers include problems at the health facility level, barriers to demand for PPFP, and weaknesses in underlying health system functions needed to support PPFP services ***(Chitashvili et al., 2016).***

The rational of the study is due to lack of information about PPFP, and to know the main barriers for its application and the role of antenatal counseling to increase PPFP rate in our society. Egyptian women do not often receive information and counseling on birth spacing and postpartum family planning as maternal and child health (MCH) and family planning services are separate programs in the Egyptian health care system. Integrated programs in other countries, show that an integrated package of services through one provider better fulfills clients' needs and decreases missed opportunities ***(Abdel-Tawab et al., 2016).***

Research Question:

1. What is the pattern and rate of appropriate of PP use of family planning?
2. What are the main barriers facing continuation of PPFP for at least one year?
3. What is the role of PPFP in pregnancy spacing?
4. What is the role of antenatal counseling in PPFP decision making?

Research Hypothesis:

1. PPFP is used inappropriately by women in middle and low social classes.
2. PPFP have an effective role on birth spacing and reduction of unwanted and unintended pregnancies.
3. There are some barriers that may lead to discontinuation of PPFP
4. Counseling especially during the last trimester of pregnancy may have a role in PPFP decision making and consequently proper birth spacing.

GOAL & OBJECTIVES

Goal:

To promote Post-Partum Family Planning (PPFP), and enhance the role of family planning antenatal counseling

Objectives:

1. To measure the rate of PPFP among women attending family medicine units in 6 October city.
2. To identify the effect of PPFP on pregnancy spacing
3. To identify main barriers facing continuation of PPFP
4. To determine the relationship between antenatal counseling and PPFP