For those who have had enough

Taking a new look at postpartum sterilization

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It’s all about choice: Postpartum contraception and reproductive intentions

- Tubal Ligation*
- Vasectomy*
- Limiting Spacing
  - LAM*
  - Condoms*
  - Diaphragms
  - Pills
  - Injectables
  - IUDs*
  - Implants
- Spacing
- Limiting
- Tubal Ligation*
- Vasectomy*

* = immediate postpartum, all others after 6 weeks
Sterilization most widely used method in world
(1 in every 4 contracepting couples)

<table>
<thead>
<tr>
<th>Region</th>
<th>% of MWRA using</th>
<th>Number of users (in millions)</th>
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<tbody>
<tr>
<td>Africa</td>
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<td>2.6</td>
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<tr>
<td>Asia</td>
<td>24.1</td>
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<tr>
<td>Latin America/Caribbean</td>
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<td>Europe</td>
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<tr>
<td>North America</td>
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<tr>
<td>Oceania</td>
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<tr>
<td>World</td>
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</table>
Female sterilization: Basics

- Minilaparotomy under local anesthesia (with sedation and analgesia)
- Can be performed immediate postpartum (or within 48 hours) interval (after 6 weeks)
- Ambulatory procedure
- Highly effective (5.5 pregnancies /1,000 women after 1 year)
- Very safe; few restrictions
- Does not affect breastfeeding
Five important characteristics

Permanent: Need to ensure counseling and informed consent

Require suitable service delivery settings and systems

Provider-dependent ("No provider, no program")

Need medical equipment, instruments & expendable medical supplies

Highly effective
Postpartum timing issues present opportunities and service delivery challenges

- Timing of counseling & informed consent – prior to labor and delivery:
  - Client must provide authorization or “informed consent” to indicate understanding of:
    > Permanence of procedure
    > Surgical procedure
    > Risks and benefits
    > No more children
    > Temporary contraception is available
    > Can change mind at any time
  - Informed consent should not be obtained during stress – labor, delivery, or while sedated.

- Requires “systems thinking” and linkages within/to maternity services to ensure quality of care and informed choice
Very limited research and evidence base

- Postpartum Contraception literature – few recent studies include or focus on postpartum sterilization
- Current literature (mostly U.S.-based, some Latin America) typically focuses on surgical procedure and the prevalence of regret and satisfaction
  - Barriers to obtaining a desired PPTL
  - Follow-up of women with unfulfilled requests for PPTL
  - Factors associated with regret

- Major gaps:
  - All of the above, plus….
  - How to address broad range of access barriers
  - Understanding the needs of postpartum limiters
QUESTION:

Is there a rationale for renewed attention for postpartum sterilization?

What does data from Demographic and Health Surveys tell us?
Across the world, women using PMs have already exceeded their desired parity.
FP use among all women with an intent to limit future pregnancies.

..A minority are using FP.
Percent of users (by type of method) that have exceeded ideal parity

Permanent method users exceed ideal parity at higher levels
Family planning use among women giving birth in last twelve months

- Ethiopia
- Uganda
- Benin
- Madagascar
- Cambodia
- Philippines
- Nepal
- Pakistan
- Haiti

Legend:
- Permanent method
- Long-acting method
- Short-acting method
- Traditional method
- Not using
Total and met demand to limit among postpartum women (birth in the last 12 months)
High unmet need—only tip of iceberg
Method use among postpartum women with reproductive intention to limit

- Permanent methods
- Long-acting methods
- Short-acting methods
- Traditional methods
- Not using
Potential Market: #'s of MWRA currently using and with intent to use female sterilization in Africa
Potential Market: #’s of MWRA currently using and with intent to use female sterilization in Asia and LAC
Percent of births delivered in facilities declines with parity

- Eastern Europe and Middle East
- Latin America
- Sub-Saharan Africa
- Asia

### Birth 1
- Eastern Europe and Middle East: 90%
- Latin America: 80%
- Sub-Saharan Africa: 70%
- Asia: 60%

### Births 2-3
- Eastern Europe and Middle East: 80%
- Latin America: 70%
- Sub-Saharan Africa: 60%
- Asia: 50%

### Births 4-5
- Eastern Europe and Middle East: 70%
- Latin America: 60%
- Sub-Saharan Africa: 50%
- Asia: 40%

### Births 6+
- Eastern Europe and Middle East: 60%
- Latin America: 50%
- Sub-Saharan Africa: 40%
- Asia: 30%
Reconsidering sterilization and regret.....

Regret:
- Age at sterilization
- Family size
- Changed family circumstances
- Number of male offspring
- Timing of sterilization

Lack of choice (of service) = different kind of regret:
- Unintended pregnancy (with health consequences
- Exceeding desired family size
- Lack of access = lack of equity

.....Need a new balance
An important *option* for those women who have reached their desired family size

Postpartum FP programs are missing the opportunity to explore the needs of women with the reproductive intent to *limit*.

More study needed to understand how best to serve the needs of “limiters,” especially in the postpartum period.

Providing quality FP/RH services in a context of choice requires attention to health systems strengthening – the WHO six building blocks and beyond.

“The rocket science in health and health care is how we deliver it.”

- Dr. Jim Yong Kim, President, Dartmouth College

...good for women; good for health systems
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