

# For those who have had enough

Taking a new look at  
postpartum sterilization

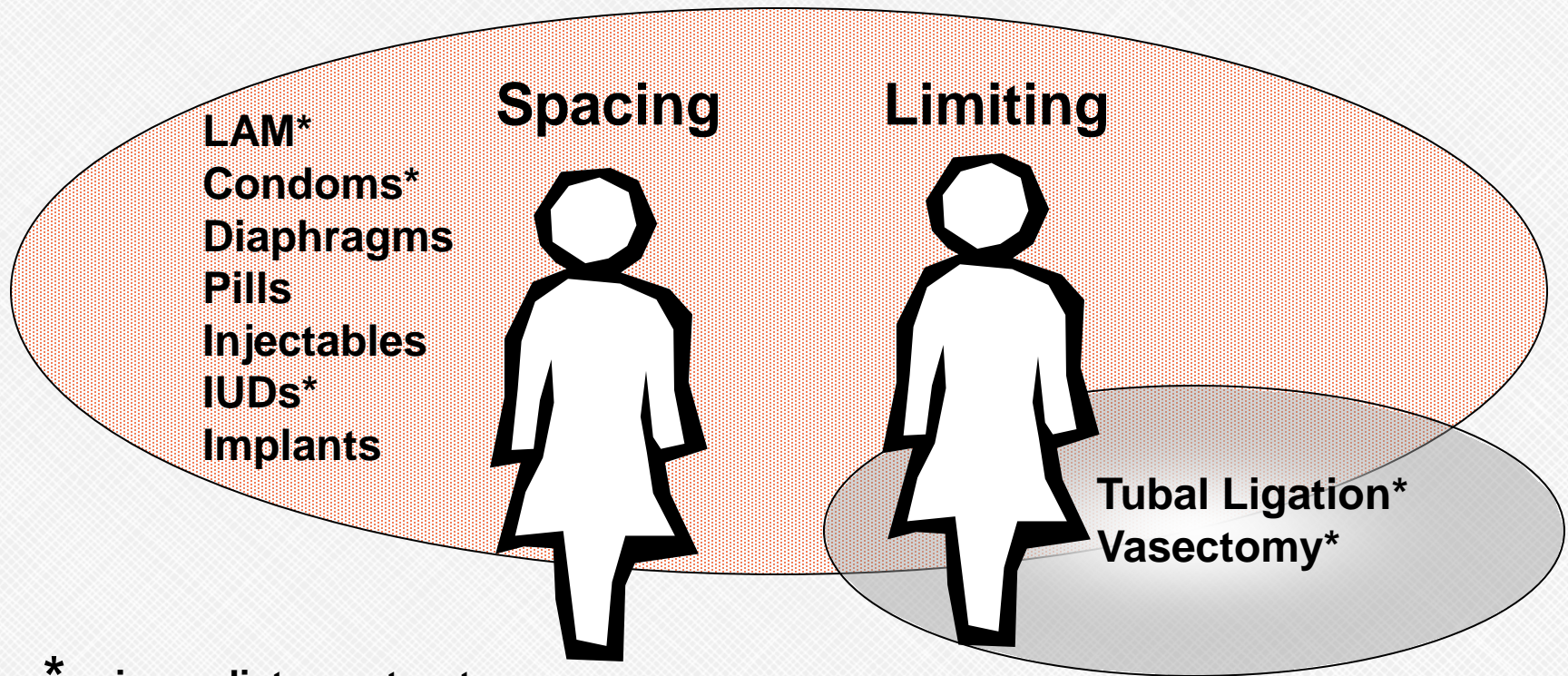
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**Managing Partner: EngenderHealth;** Associated Partners: FHI; Futures Institute;  
Johns Hopkins Bloomberg School of Public Health Center for Communication Programs;  
Meridian Group International, Inc.; Population Council



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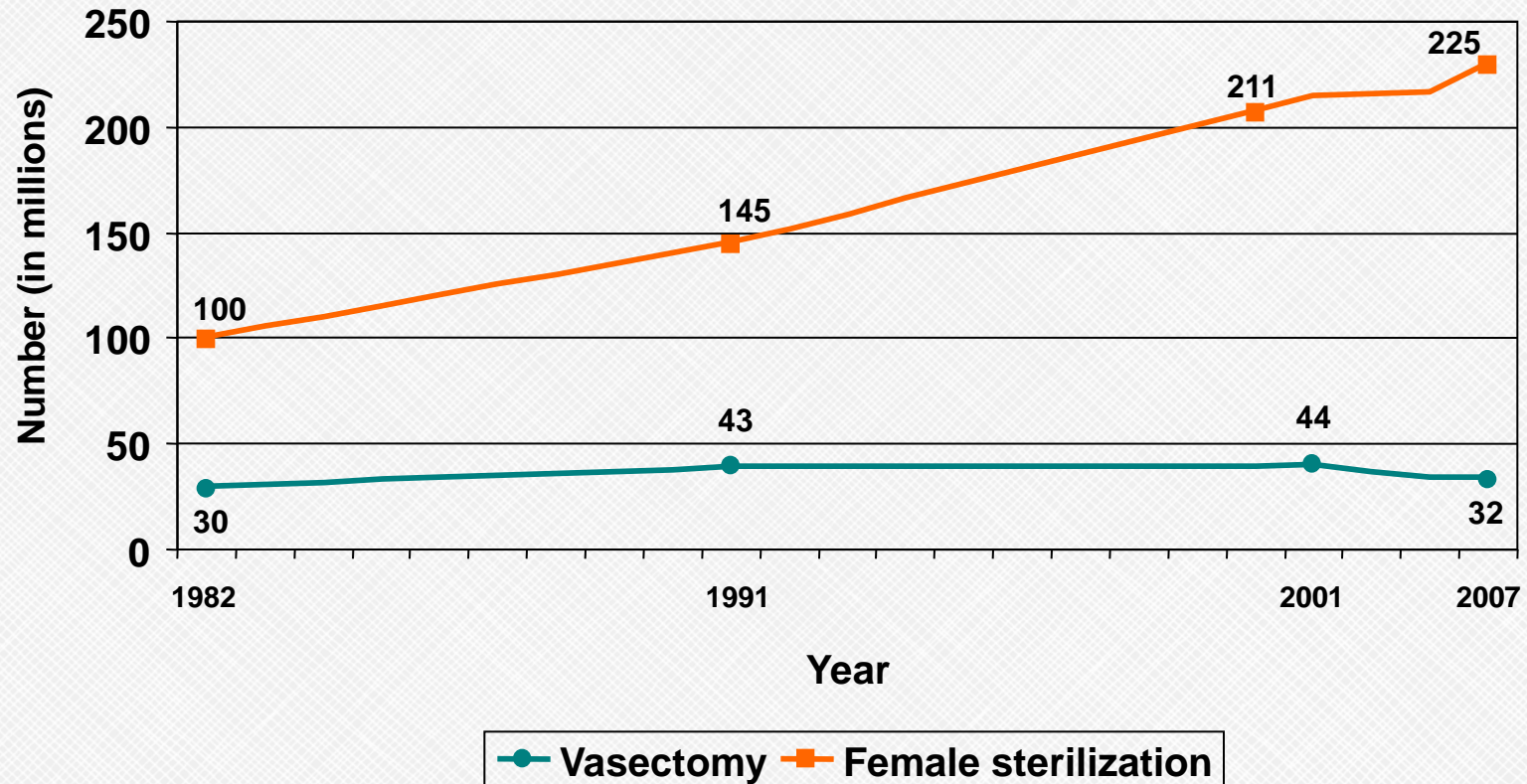


\* = immediate postpartum,  
all others after 6 weeks





## Sterilization most widely used method in world (1 in every 4 contraceptive couples)



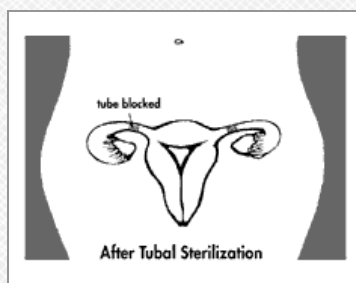
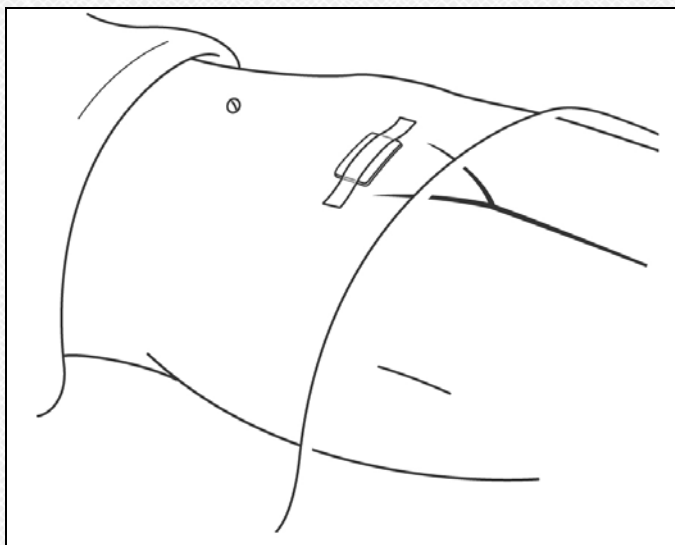


## Worldwide and regional use of female sterilization

Region	% of MWRA using	Number of users (in millions)
Africa	2.1	2.6
Asia	24.1	166.7
Latin America/Caribbean	29.5	24.7
Europe	4.8	5.1
North America	24.5	11.1
Oceania	20.8	0.9
World	20.1	211.1



## 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





- 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

- 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







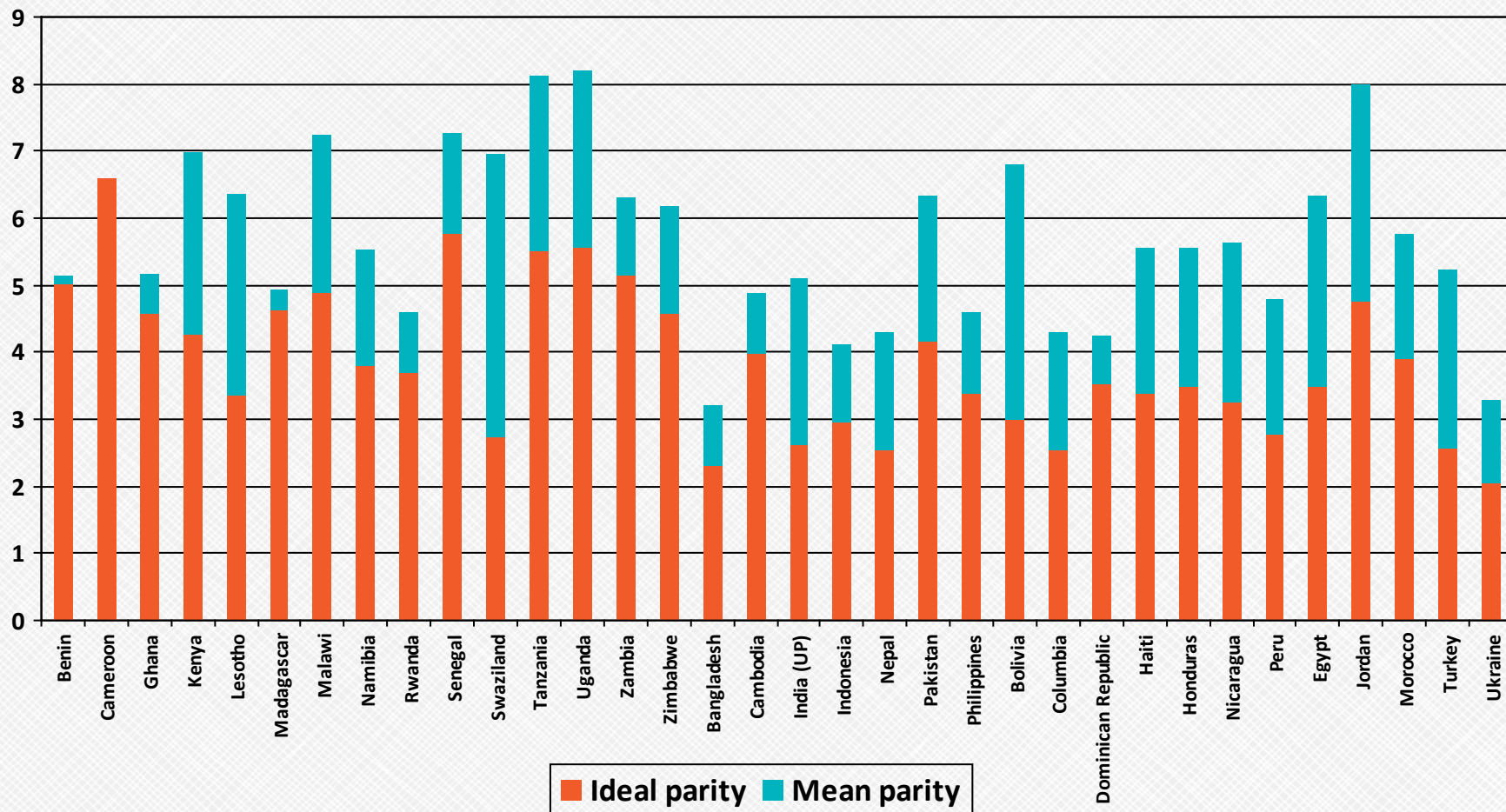
**QUESTION:**

**Is there a rationale for renewed attention for postpartum sterilization?**

**What does data from Demographic and Health Surveys tell us?**



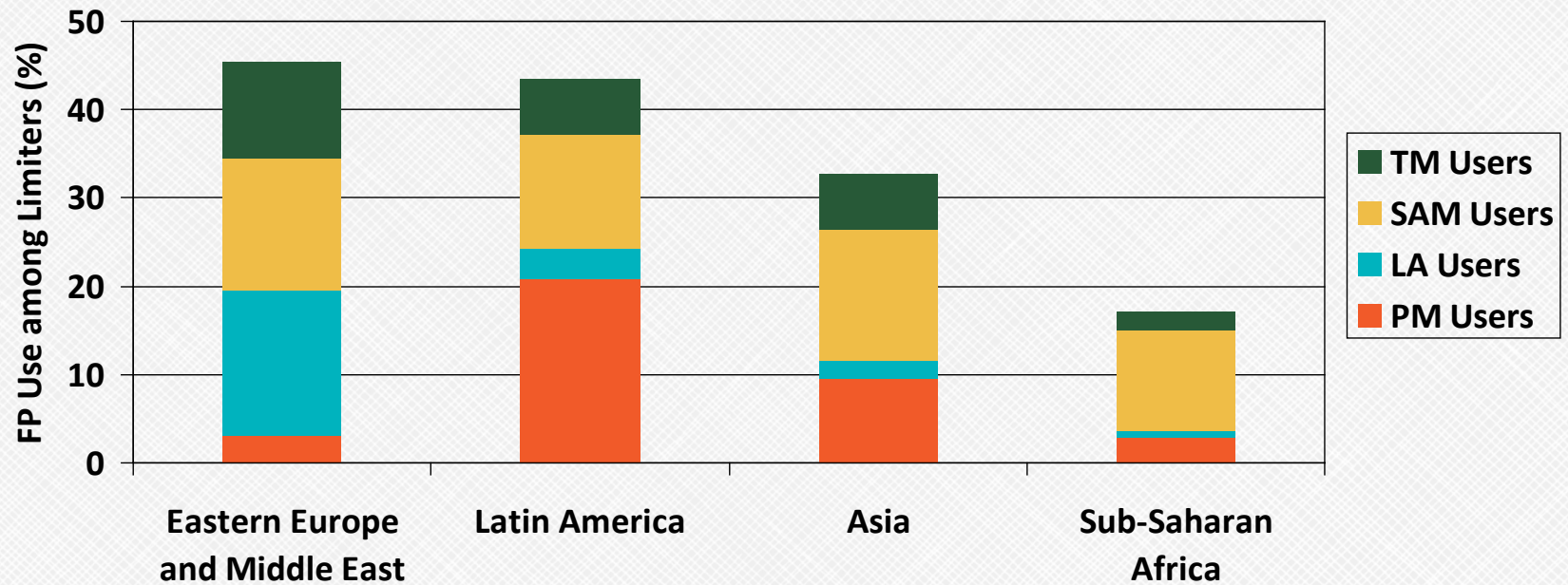
## Across the world, women using PMs have already exceeded their desired parity







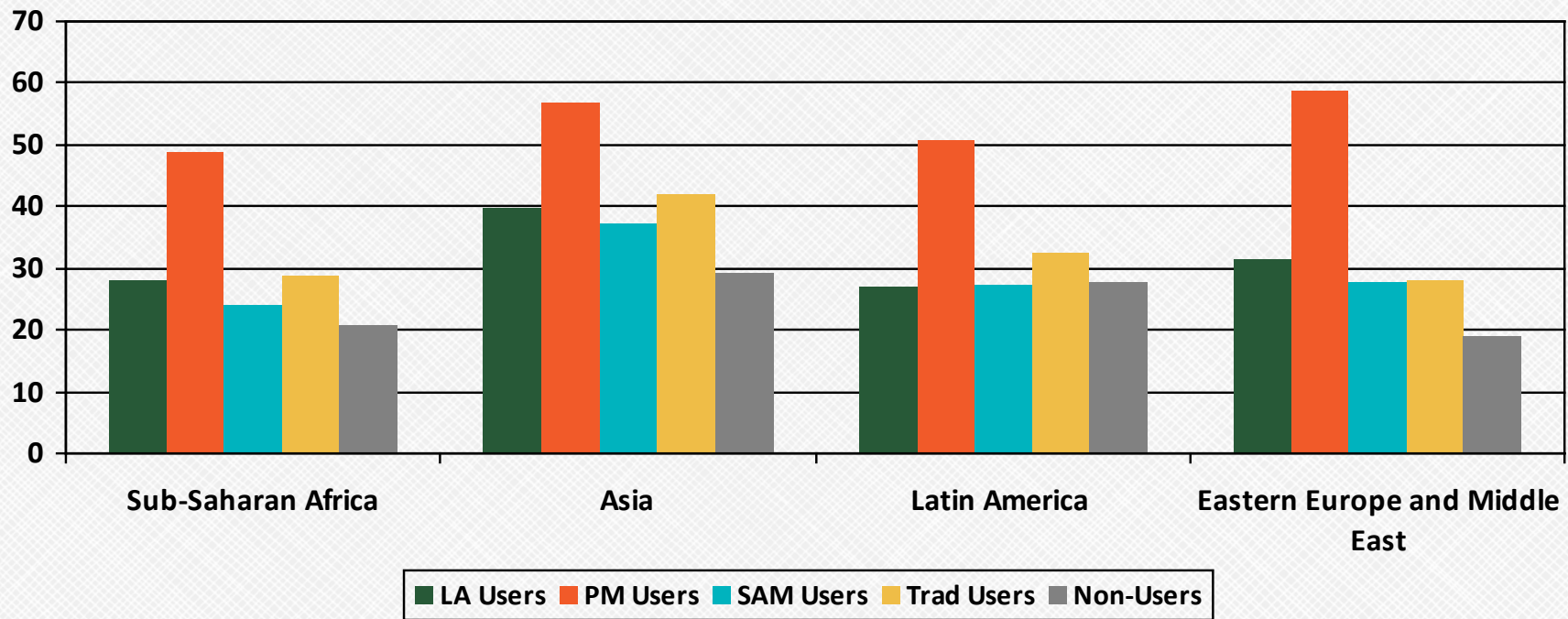
## FP use among all women with an intent to limit future pregnancies....



....A minority are using FP.



## Percent of users (by type of method) that have exceeded ideal parity

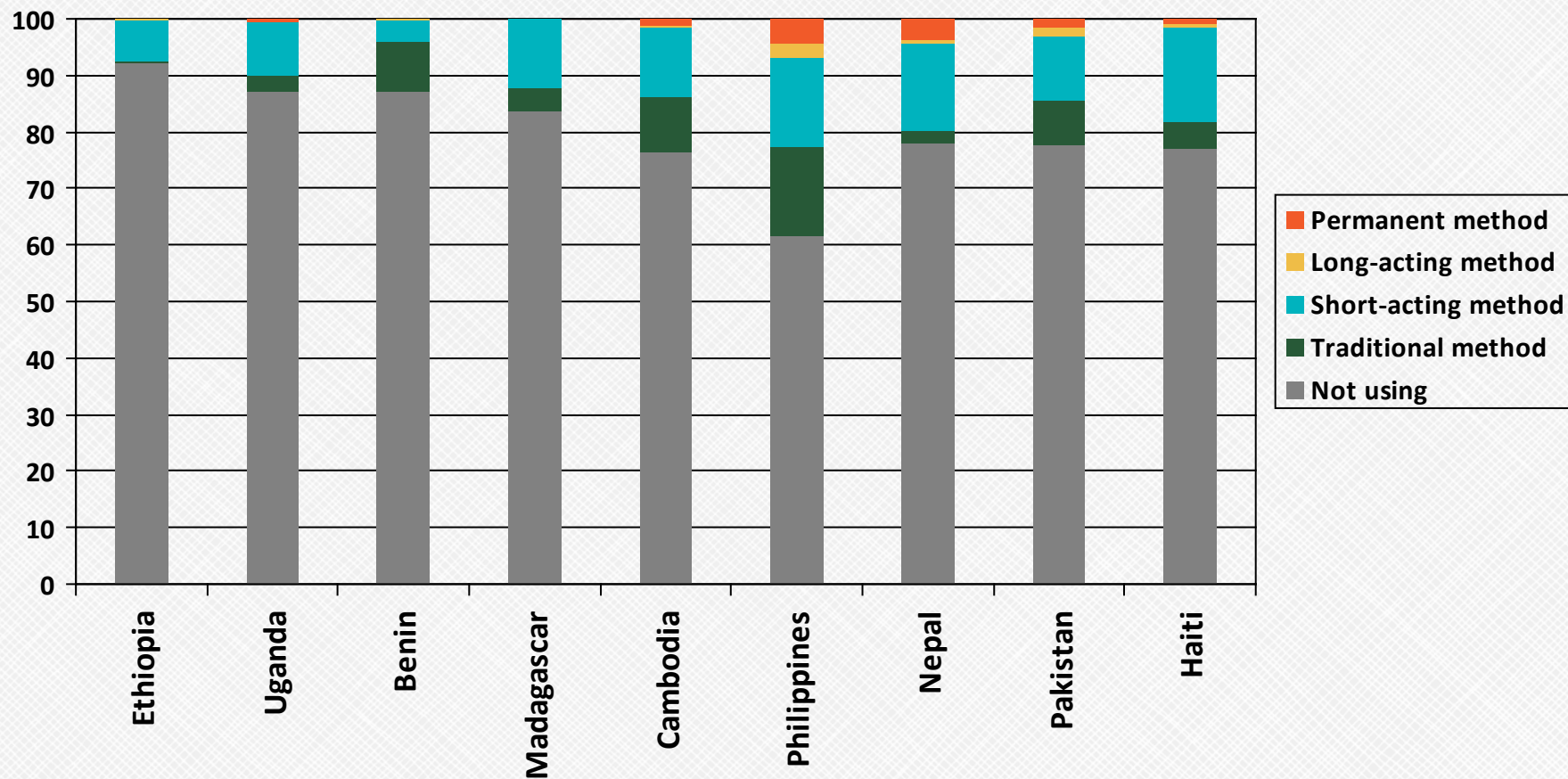


**Permanent method users exceed ideal parity at higher levels**



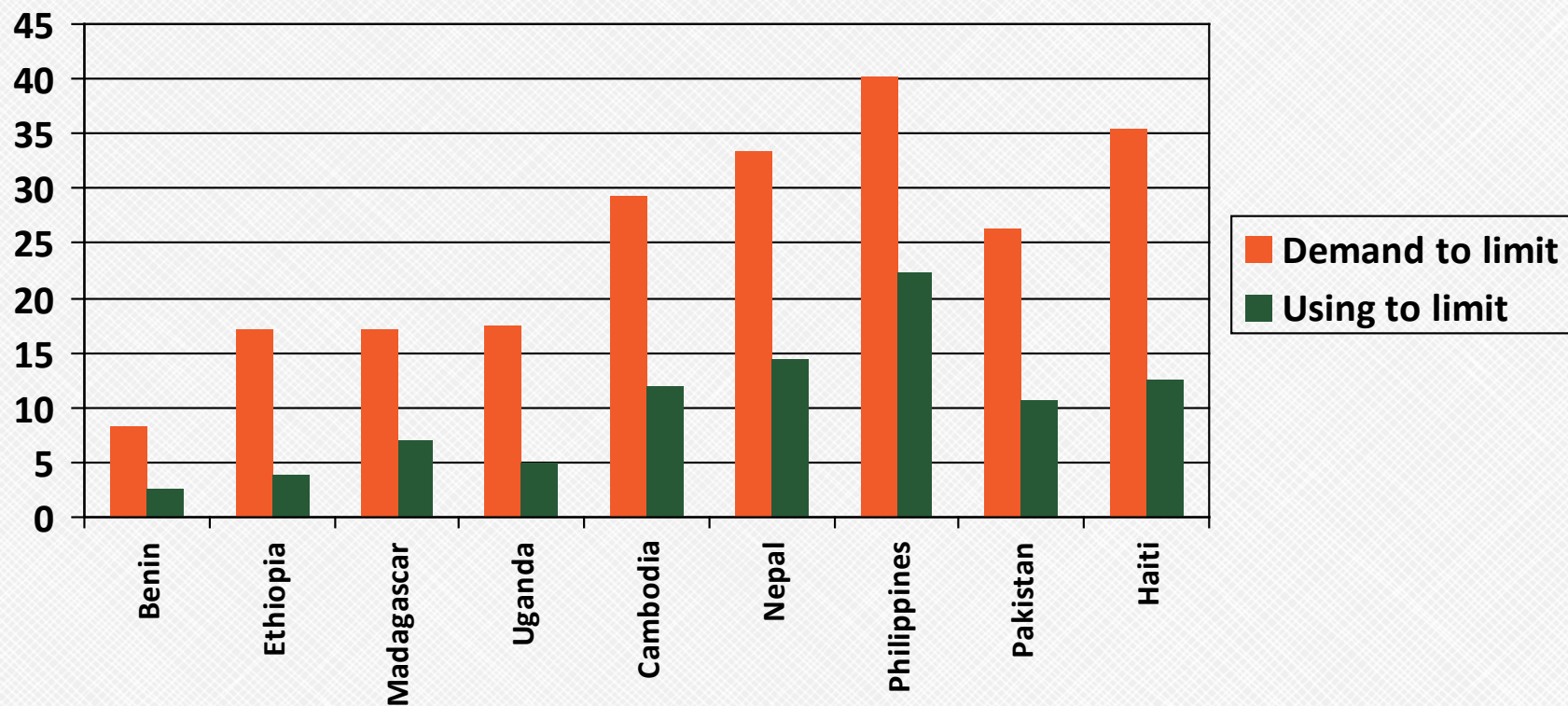


## Family planning use among women giving birth in last twelve months





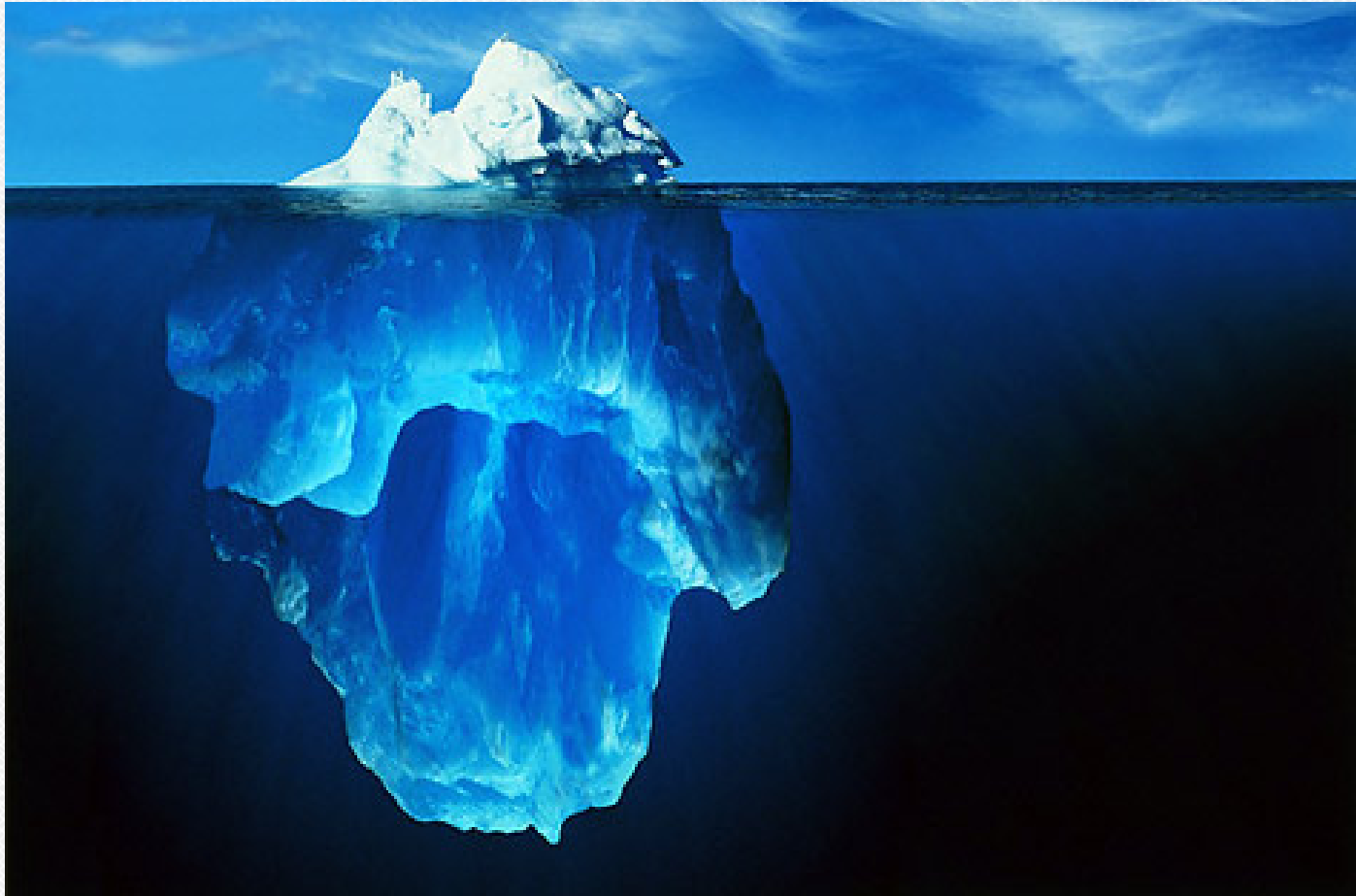
## Total and met demand to limit among postpartum women (birth in the last 12 months)





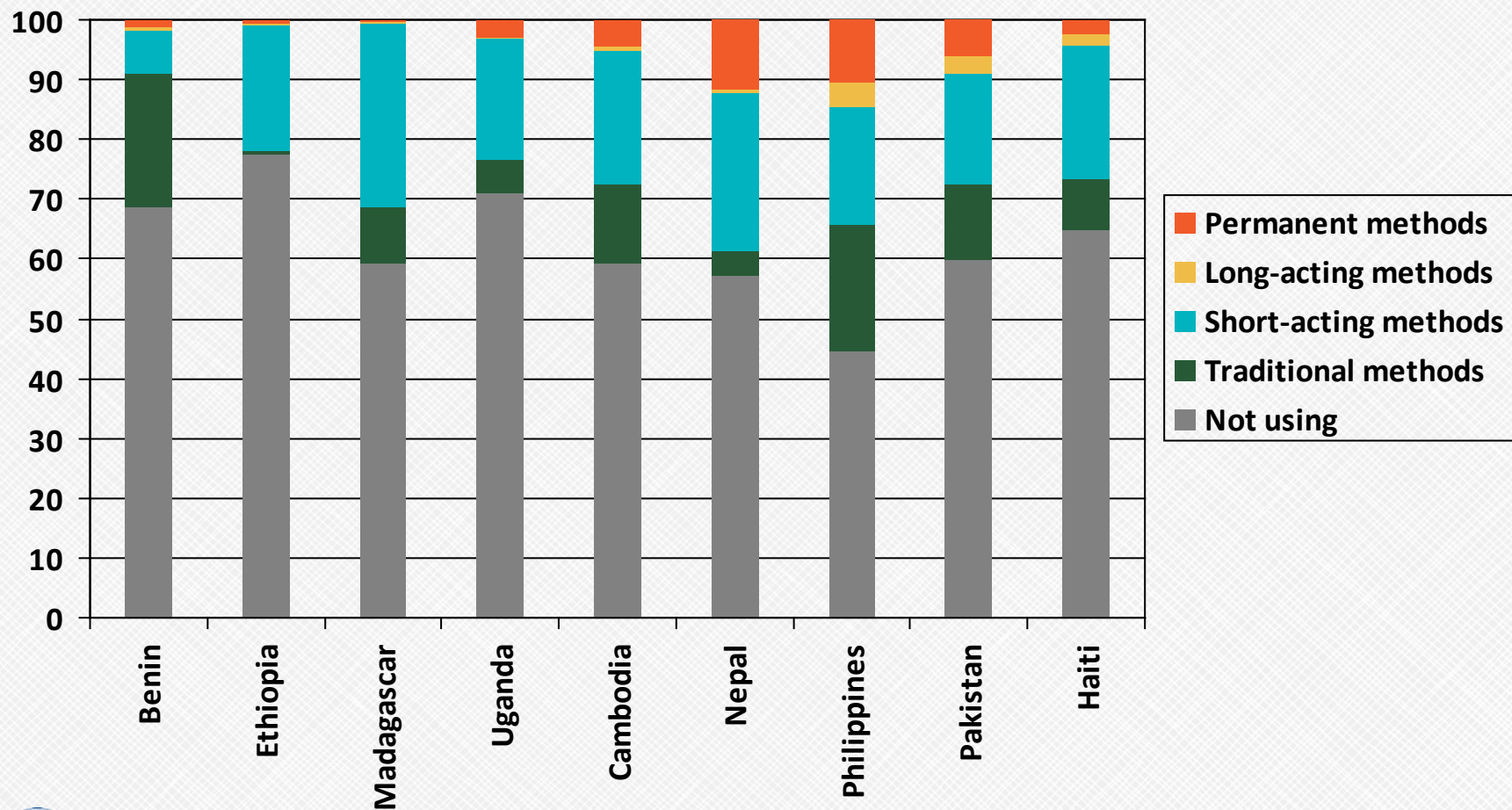


## High unmet need—only tip of iceberg





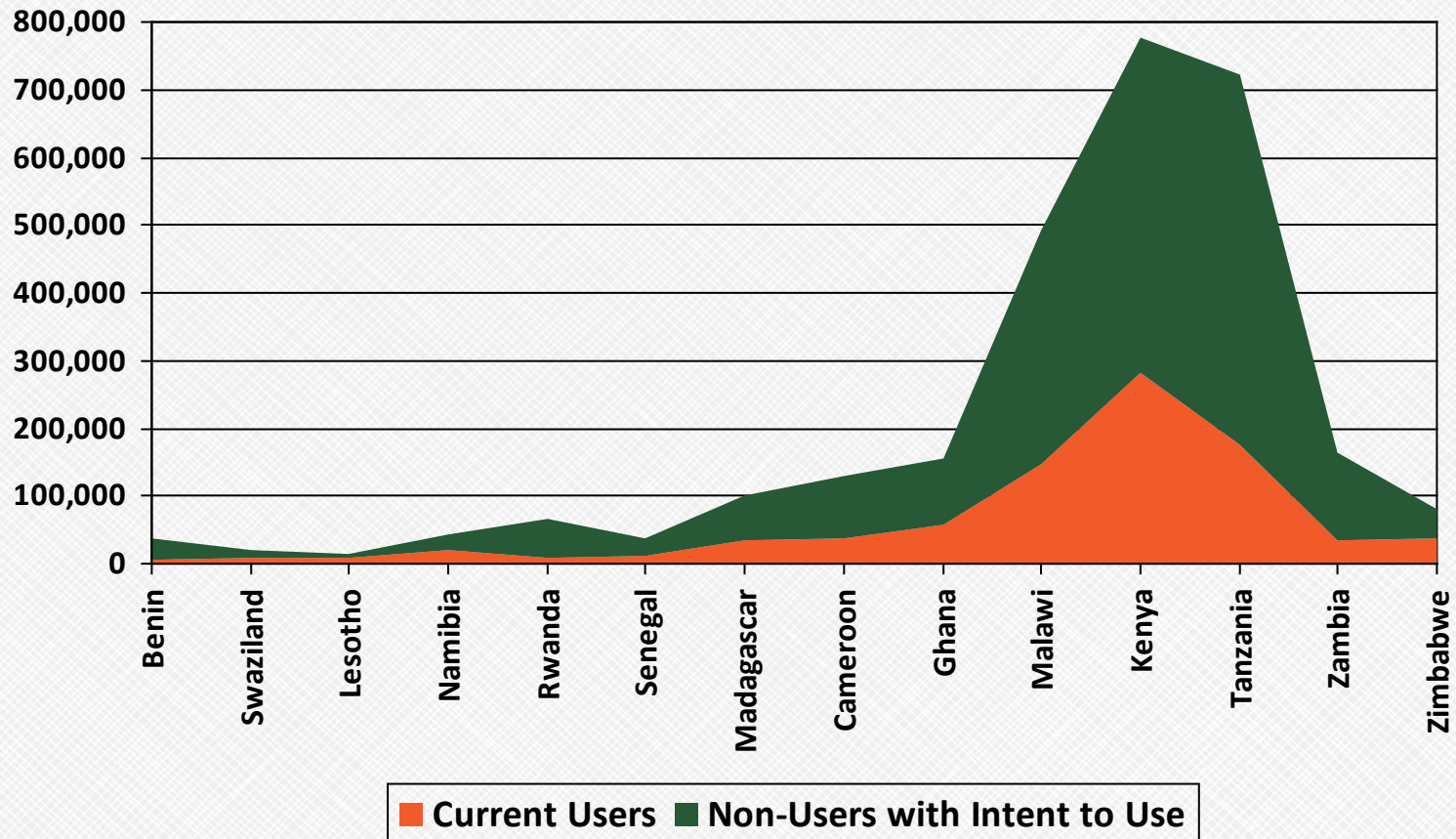
## Method use among postpartum women with reproductive intention to limit





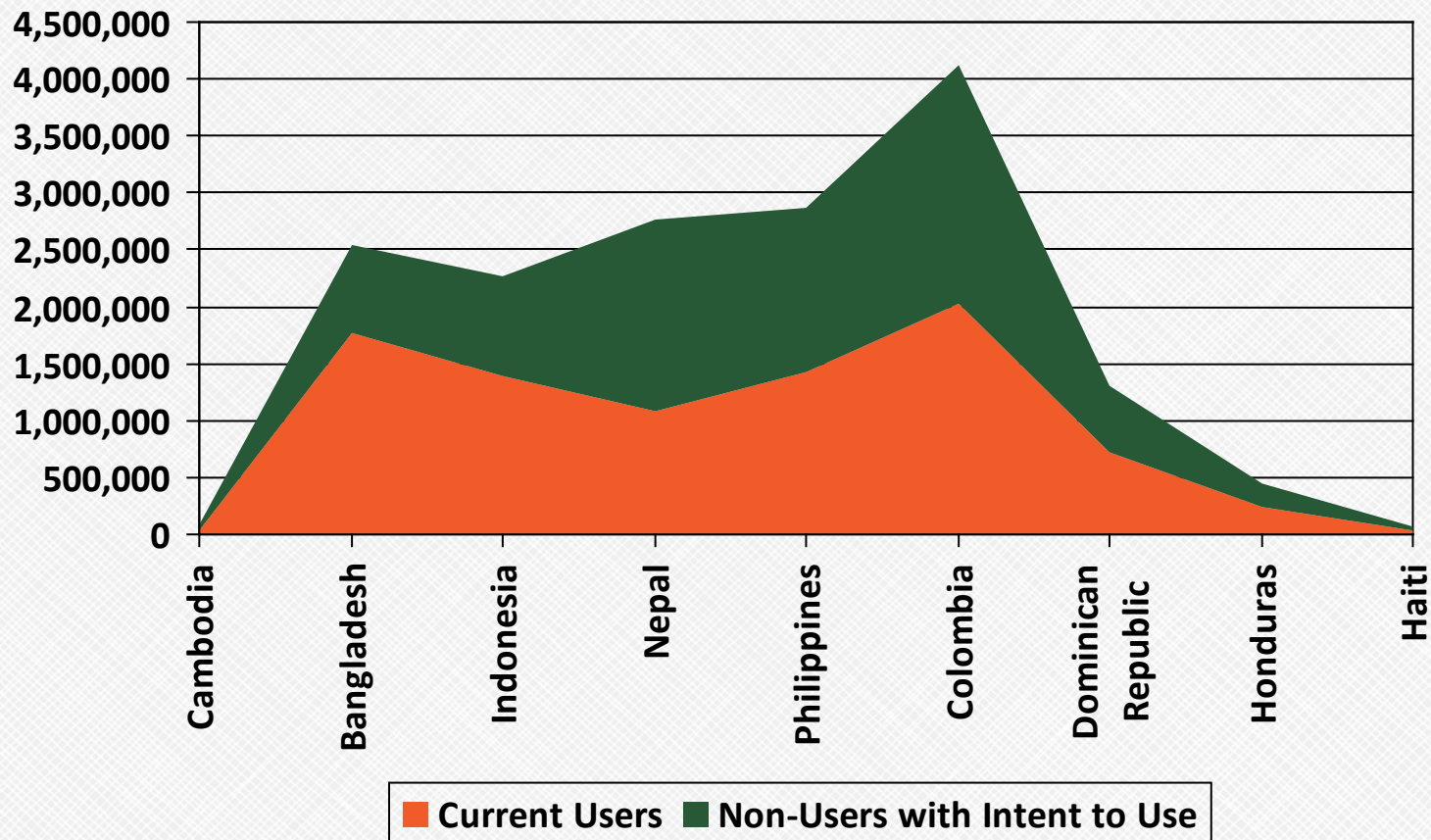


## Potential Market: #'s of MWRA currently using and with intent to use female sterilization in Africa





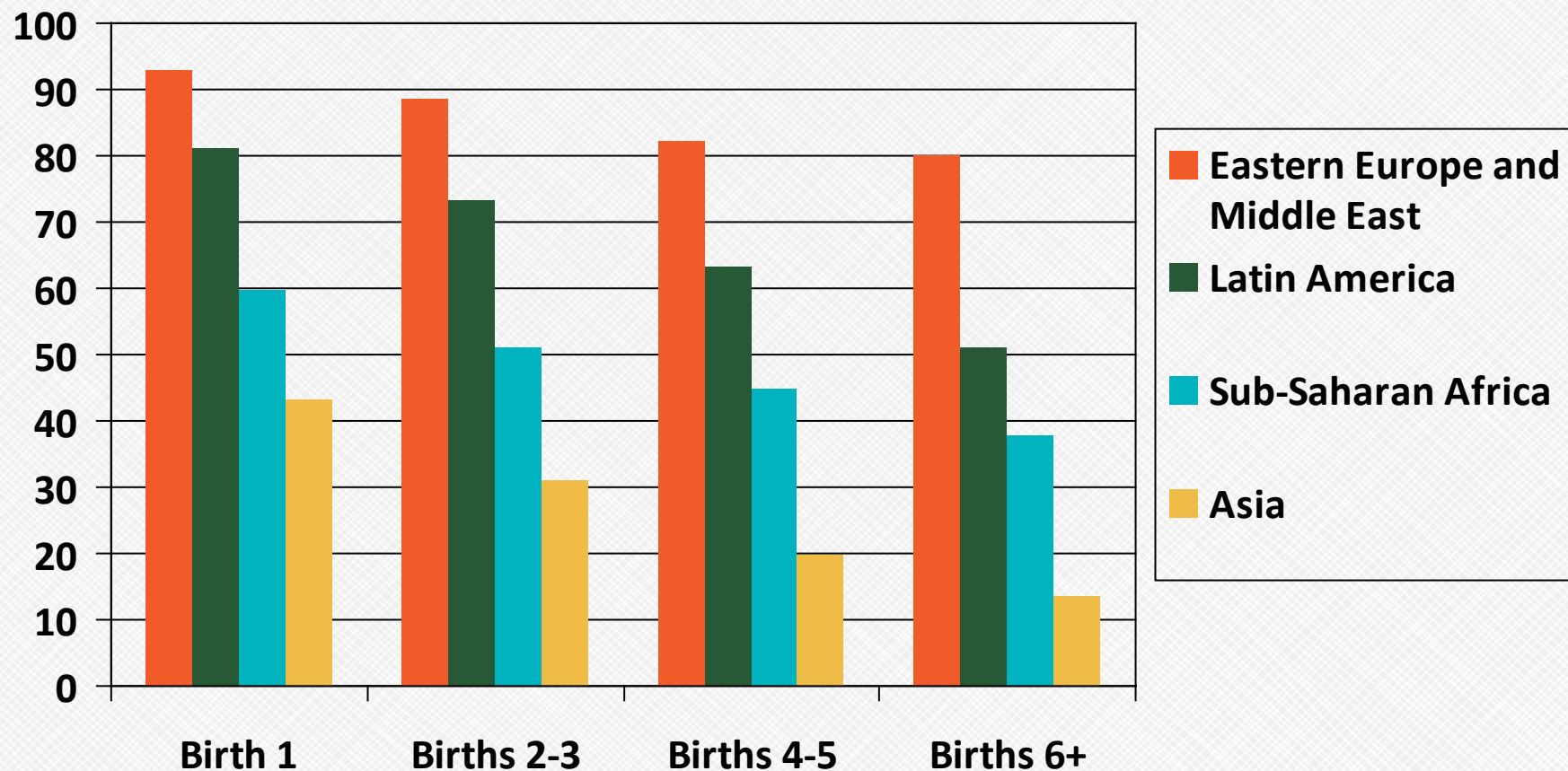
## Potential Market: #'s of MWRA currently using and with intent to use female sterilization in Asia and LAC







## Percent of births delivered in facilities declines with parity





## 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







- 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



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