Healthy Timing and Spacing of Pregnancy Counseling Pathways

A counseling tool for health care providers

Extending Service Delivery Project

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Using the HTSP Counseling Pathways

The *Healthy Timing and Spacing of Pregnancy (HTSP) Counseling Pathways: A Counseling Tool for Health Care Providers* can be used to identify a woman who may be at risk of a closely spaced pregnancy or pregnancy at too early an age. The tool provides opportunities to discuss the HTSP messages and educate on pregnancies after age 34 and high parity pregnancies (5+ births), as well as discuss the benefits of using family planning for delay of the first pregnancy until age 18, and spacing or limiting for the best health outcomes, depending on a client's reproductive health goals.

The tool helps providers to reinforce appropriate information and counseling on informed choice and/or referral for family planning and reproductive health (FP/RH) services. This tool can be used by health care providers in PHC, ANC, MCH, PNC, PAC, HIV-related, and youth-related clinics, as well as in community outreach.

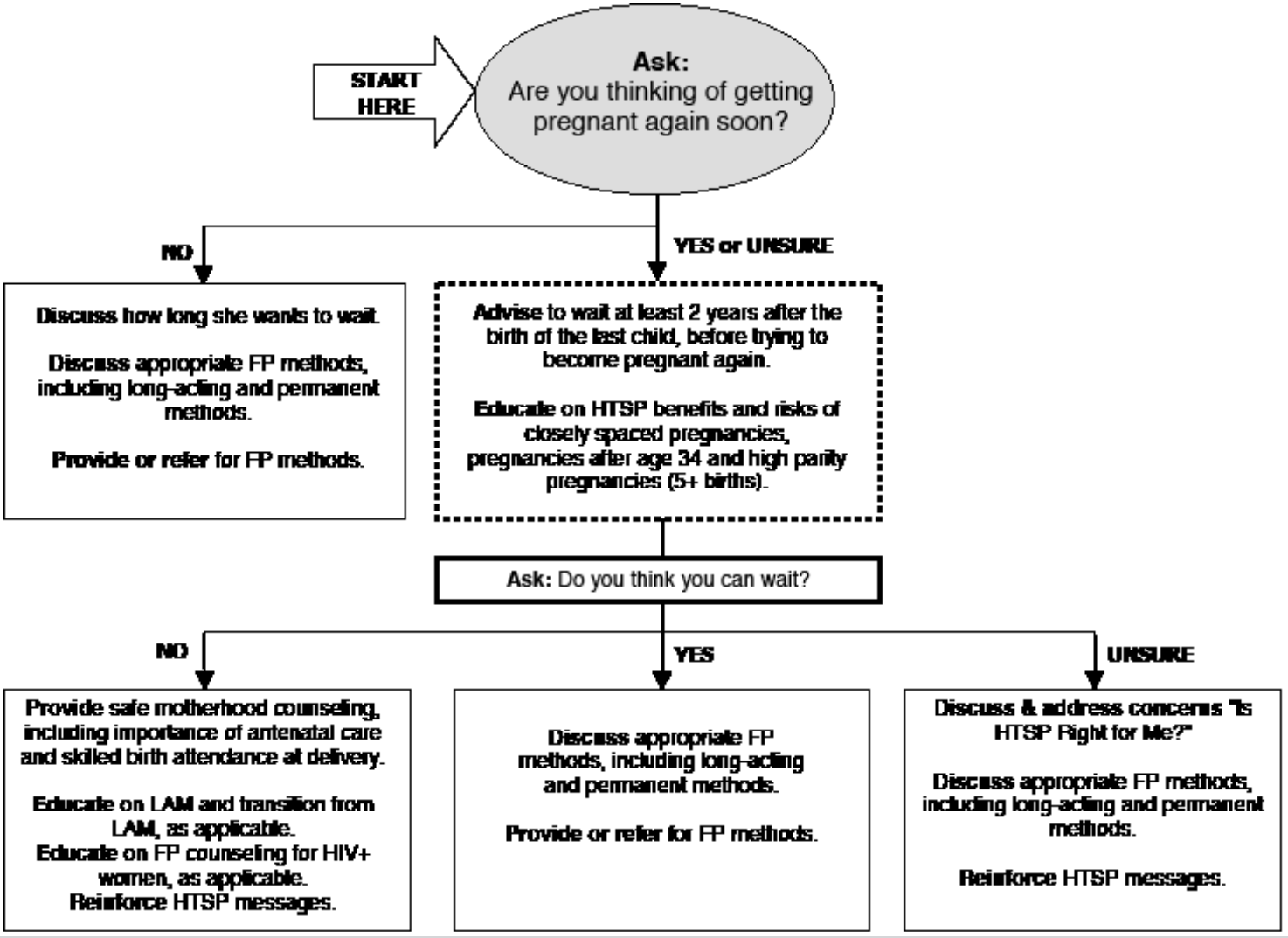
The counseling tool is comprised of the three HTSP Counseling Pathways, to be used in conjunction with other resources included in the tool. Many of the resources are referenced in the pathways so that providers can easily refer to them during the counseling session. Descriptions of the components of this tool are listed below and are easily accessible using the tabs on the booklet.

- HTSP Counseling Pathways are included for women who are pregnant or postpartum or with a child less than two years old, women who are post-abortion or miscarriage, and adolescents who are less than 18 years of age and never been pregnant. Providers should use the questions in the pathways to determine whether a woman is at risk of closely spaced pregnancy or pregnancy at too early an age, as well as to discuss with her the risks of high parity pregnancies (5+) and pregnancy after age 34.

Using the HTSP Counseling Pathways

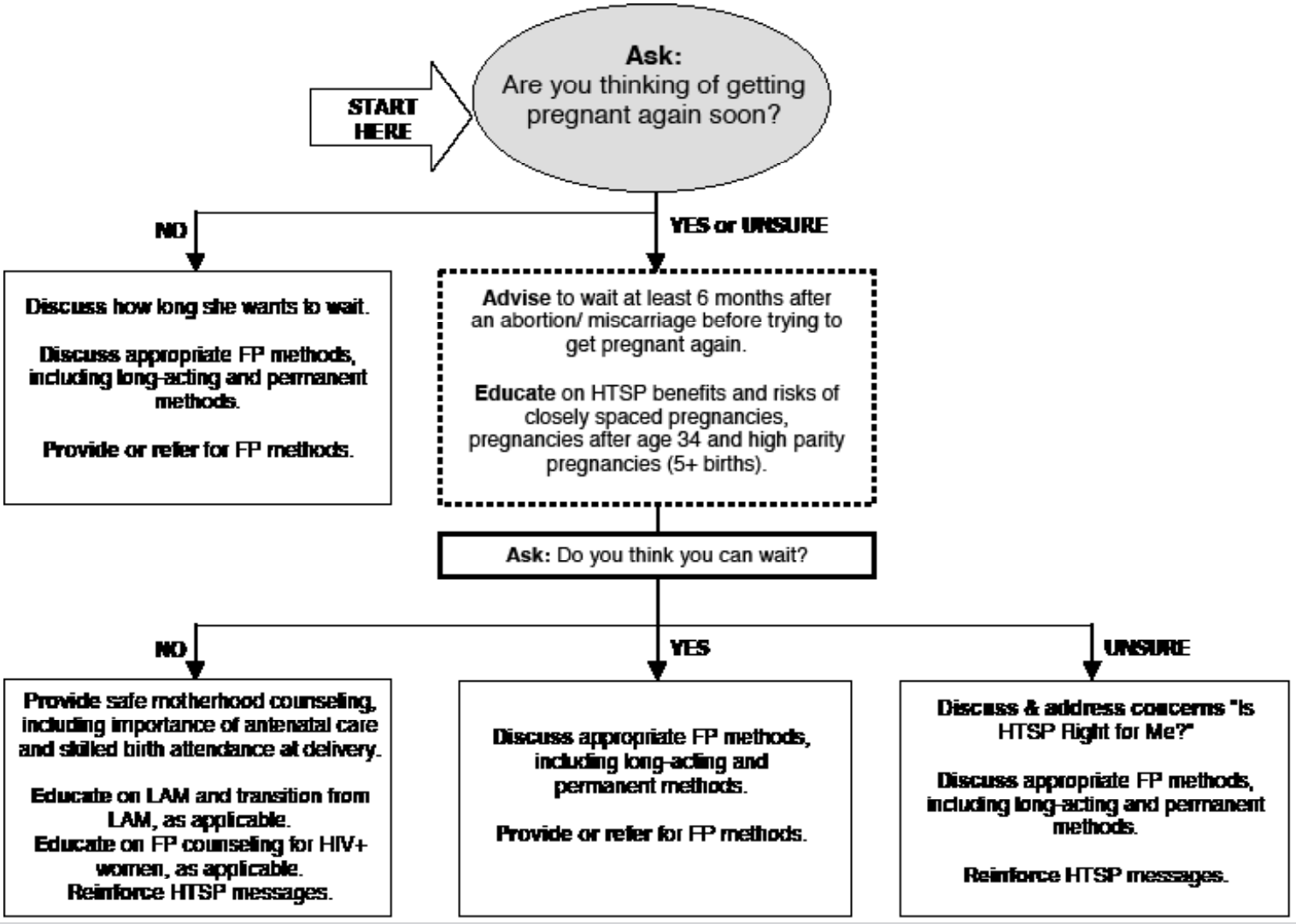
- HTSP Messages & Benefits includes the three key recommendations providers should discuss based on whether a woman has recently had a live birth, a miscarriage or abortion, or is under the age of 18. Key benefits of HTSP are listed for newborns, women, and adolescents.
- The Benefits of HTSP vs. Risks of Not Practicing HTSP compares the benefits of HTSP against the risks of too early or closely spaced pregnancy for women, newborns, infants, families and communities.
- Is HTSP Right for Me? addresses concerns that women may have about HTSP. The document presents reasons women may give for not spacing their pregnancies or using FP and suggested provider responses.
- Rumors and Misconceptions addresses concerns and false notions that women and couples may have about family planning and contraceptives. This document will help health providers know how best to respond to the most commonly stated misconceptions about FP.
- Family Planning Counseling for HIV Positive Clients provides special guidance to health providers so that they can give tailored information and appropriate counseling to clients with HIV, who often have special pregnancy and contraceptive needs and concerns.
- Contraceptive Options Chart (based on ACCESS-FP's "Postpartum Contraceptive Options" chart) presents the various contraceptive options that are most appropriate for postpartum and post-abortion women interested in using FP to space their next pregnancy. It also provides guidance on when she can begin using a particular method.

HTSP Counseling Pathway for Women who are Pregnant, Postpartum, or with a Child less than 2 Years Old



*** For use in ANC/PMTCT clinics, PPC clinics, well baby/ under-5 clinics, HIV/STI related clinics, FP clinics and community outreach.*

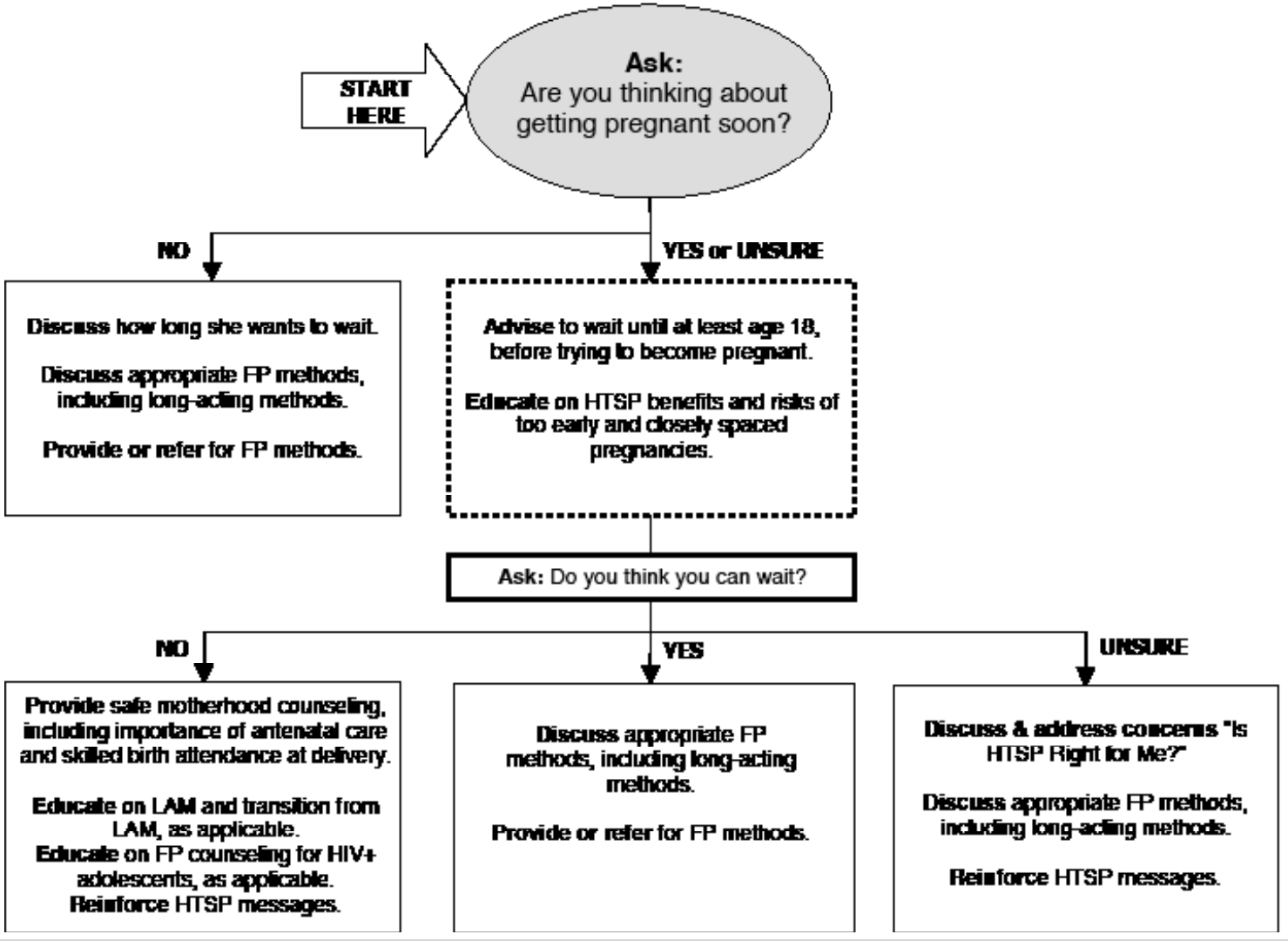
HTSP Counseling Pathway for Women who are Postabortion or Miscarriage



*** For use in PAC clinics, PHC clinics, well baby/under-5 clinics, HIV/STI related clinics, FP clinics, and community outreach.*

HTSP Counseling Pathway for Adolescents

(younger than 18 years old, sexually active and never been pregnant)



*** For use in PHC clinics, HIV/STI related clinics, youth-friendly clinics, and community outreach.*

HTSP Messages

Healthy Timing and Spacing of Pregnancy (HTSP) is an approach to family planning service delivery that helps women and couples make an informed decision about delaying the first pregnancy until age 18, and timing and spacing subsequent pregnancies for the healthiest outcomes for mother and baby.

The evidence-based HTSP recommendations are:

For couples who desire a next pregnancy after a live birth, the messages are:

- For the health of the mother and baby, wait at least 2 years before trying to become pregnant again.
- Consider using a family planning method of your choice during that time.

For couples who desire a next pregnancy after a miscarriage or abortion, the messages are:

- For the health of the mother and baby, wait at least 6 months before trying to become pregnant again.
- Consider using a family planning method of your choice during that time.

For adolescents, the messages are:

- For your health and your baby's health, wait until you are at least 18 years old, before trying to become pregnant.
- Consider using a family planning method of your choice until you are at least 18 years old.

Source: HTSP: A Trainers Reference Guide, Extending Service Delivery Project

HTSP Benefits

The evidence-based HTSP benefits to newborns, women and adolescents are:

FOR NEWBORNS

- Lower risk of perinatal death
- Lower risk of neonatal death
- Lower risk of preterm birth
- Lower risk of low birth weight
- Lower risk of small for gestational age
- Increased benefits of breastfeeding

FOR ALL WOMEN

- Lower risk of maternal death
- Lower incidence of induced abortion
- Lower risk of pre-eclampsia
- Lower risk of miscarriage
- Allows for two years of breastfeeding, which is linked with reduced risk of breast and ovarian cancer

FOR ADOLESCENTS

- Lower risk of maternal death: Adolescent mothers are twice as likely as those over age 20 to die during pregnancy or childbirth. Girls under 15 are five times more likely to die.
- Lower risk of pregnancy and childbirth related complications such as pre-eclampsia and fistula.
- Lower risk of early delivery or low birth weight babies.
- Lower risk of early or forced marriage, school drop-out, unsafe abortion, and other negative social and health consequences.

Source: HTSP: A Trainers Reference Guide, Extending Service Delivery Project

Benefits of HTSP vs. Risks of Not Practicing HTSP

For Newborns

BENEFITS OF HTSP

- Newborn more likely to be born healthy.
- Newborns may be breastfed for a longer period of time, which has health and nutritional benefits for the baby and mother-baby bonding.
- Mothers who are not caring for a child under the age of three may be better able to meet the needs of a newborn.

RISKS OF NOT PRACTICING HTSP

- Higher risk of newborn and infant mortality.
- Greater chance of pre-term low-birth-weight baby, or the baby may be born too small for its gestational age.
- Limited breastfeeding affects the health, nutrition and development of the baby.

Source: HTSP: A Trainers Reference Guide, Extending Service Delivery Project

Benefits of HTSP vs. Risks of Not Practicing HTSP

For Mothers

BENEFITS OF HTSP

- A reduced risk of complications associated with closely spaced pregnancies.
- More time to take care of the baby without the demands of a new pregnancy.
- Longer breastfeeding is linked to reduced risk of breast cancer and ovarian cancer.
- More rested and well-nourished mother to support the next pregnancy.
- More time for herself, her children, and her husband, and to participate in educational, economic and social activities.
- More time to prepare physically, emotionally, and financially for her next pregnancy.

RISKS OF NOT PRACTICING HTSP

Women who experience closely spaced pregnancies are:

» at increased risk of miscarriage;

» more likely to have an induced abortion; and

» at greater risk of maternal death.

Benefits of HTSP vs. Risks of Not Practicing HTSP

For Fathers

BENEFITS OF HTSP

- His partner may find more time to be with him, which may contribute to a better and/or closer relationship.
- Expenses of a new pregnancy and infant will not be added to the expenses of the last born child.
- More time between pregnancies may allow a man time to financially and emotionally plan for the birth of the next child.
- A man may feel an increased sense of satisfaction in safeguarding the health and well-being of his family and supporting his partner in making healthy decisions for their future children.

RISKS OF NOT PRACTICING HTSP

- Closely spaced and unplanned pregnancies may cause stress between couples.
- If the mother is too tired from a new pregnancy and raising an infant, she may not have the time or energy to spend with her partner.

Benefits of HTSP vs. Risks of Not Practicing HTSP

For the Family

BENEFITS OF HTSP

- Families can devote more resources to their children for food, clothing, housing and education.

RISKS OF NOT PRACTICING HTSP

- A new pregnancy requires money for antenatal care, food for the mother, safe and assisted delivery and resources for the new baby.
- Treatment for illness or emergency care is more likely if the woman has closely spaced pregnancies.
- Unanticipated expenses may lead to difficult financial circumstances for the family.

Benefits of HTSP vs. Risks of Not Practicing HTSP

For the Community

BENEFITS OF HTSP

- HTSP is associated with better health for mothers, newborns, infants and children, which can reduce poverty and improve the quality of life for the entire community.
- It may relieve the economic, social and environmental pressures from rapidly growing populations.

RISKS OF NOT PRACTICING HTSP

- The stress of closely spaced pregnancies may result in a poorer quality of life for families which may affect the entire community.
- Community economic growth may be slower, making it more difficult to improve education, the environment and health.

Is HTSP Right for Me?

Addressing personal beliefs and desires.

REASONS	***RESPONSES***
I want to have many children while I am young and strong enough to raise them.	Adolescent women need time to mature so that they are prepared for pregnancy and childbirth. Even young mothers can be stressed and weakened by too early or closely spaced pregnancies.
I want my children to have companions close in age.	All mothers need time to regain their health after childbirth for a healthy next pregnancy.
It is easier to raise two children close in age, because they can share resources, including my time.	Closely spaced children may demand more attention from the mother.
It is more convenient to complete the family quickly and then go for permanent methods.	The mother can give the last-born child enough attention to grow healthy, without being exhausted from a new pregnancy.
If I wait too long, I will be too old to have a child.	Waiting until you are at least 18 will enable you to safely have healthy children for many years.

Source: HTSP: A Trainers Reference Guide, Extending Service Delivery Project

Is HTSP Right for Me?

Addressing social and family pressures.

REASONS	***RESPONSES***
My religion does not allow me to use modern contraception.	Use natural methods, such as LAM or the Standard Days Method as appropriate.
My husband does not want to discuss FP or spacing. He feels that it is not his responsibility.	Family planning is a shared responsibility and pregnancy spacing benefits the whole family.
My husband feels his manhood will be questioned if I do not get pregnant right away.	A responsible man is willing to take steps to ensure that his family is healthy by spacing his children.
My ability to have a child will be questioned if I do not get pregnant right away.	You should know that spacing your pregnancies ensures the health and survival of all your children.
I am being pressured from my mother-in-law and husband to have a child, demonstrate my fertility and/or produce a male child.	While the expectations of the family are important, they must also understand the risks of too early or closely spaced pregnancy for the health of the mother and her future children.

Rumors & Misconceptions

FICTION	*FACT*
If a condom slips off during sexual intercourse, it might get lost inside the woman's body.	It is impossible for a condom to get lost inside the woman's body.
A woman only needs to take the pill when she has sex.	A woman must take her pills every day to avoid getting pregnant.
Pills make you weak.	Pills do not make a woman weak. See a health care provider to find out what else might be causing weakness.
Women who take the pill are more likely to have twins.	The pill has no effect on multiple births.
The pill causes infertility or it makes getting pregnant more difficult once a woman stops using it.	Studies have clearly shown that the pill does not cause infertility or decrease a woman's chances of becoming pregnant once she stops taking it.
The Emergency Contraceptive Pill (ECP) causes abortion.	ECP does not cause abortion. It prevents or delays the release of the egg from the ovary; preventing the sperm from coming into contact with the egg.
A woman who uses injectables (DMPA) will never be able to get pregnant.	Sometimes there is a delay of 6 to 9 months after the last injection for a woman's fertility to return to normal.
Pills and injectable contraceptives cause cancer.	There is no strong medical evidence that the pill or injectables cause cancer. Some studies show that they can actually protect women from some forms of cancer.
Pills and injectables cause abnormal or deformed babies.	There is no medical evidence that pills and injectables cause any abnormalities in babies.
Injectables stop menstrual bleeding which is bad for a woman's health.	Amenorrhea is an expected result of using injectables, because women using injectables do not ovulate. This is not harmful and helps prevent anemia. It also frees women from the discomfort and inconvenience of monthly bleeding.

Source: HTSP: A Trainers Reference Guide, Extending Service Delivery Project

Rumors & Misconceptions

FICTION	***FACT***
A woman will not have enough breast milk if she uses injectables while breastfeeding.	Studies show that the amount of breast milk does not decrease when breastfeeding women use injectables at six weeks after birth.
Injectables cause irregular bleeding, which leads to anemia.	During the first 3 -6 months of DMPA use, a woman may experience spotting or minimal bleeding. This usually stops within a few months and rarely results in anemia.
The IUCD might travel inside a woman's body to her heart or brain.	There is no way for the IUCD to travel from the uterus to other organs of the body. It stays in the uterus until a trained health provider removes it. If the IUCD is accidentally expelled, it comes out of the vagina, the same way it went in.
If a woman using an IUCD becomes pregnant, the IUCD will become embedded in the baby's body.	If for some reason the IUCD is left in place during a pregnancy, there is no evidence that it will harm the baby in any way, and it is usually expelled with the placenta or with the baby at birth.
The IUCD rots in the uterus.	The IUCD is made of materials that cannot deteriorate in the body.
Men who have a vasectomy.and women who have a tubal ligation lose all sexual desire.	Tubal ligation has no physiological effect on the woman. Her sexual drive should remain the same as before.
A woman who has a tubal ligation becomes sick and unable to do any work.	A woman who has had tubal ligation returns home the same day and can resume regular activities as soon as she feels comfortable. It does not affect her ability to work and does not make her weak or sick.
There will not be any semen production after a vasectomy.	Semen will be produced as usual; only the sperm will not be part of the semen.

Family Planning Counseling for HIV-Positive Clients

Healthy Timing and Spacing of Pregnancy for HIV-positive women who want to become pregnant[1]:

- Counsel on risk of mother-to-child transmission (MTCT). For example, according to WHO 2009 guidelines, risk of MTCT is approximately 35% with no intervention, and reduced to 5% or less with use of ARVs and good infant feeding practices.
- Counsel on HTSP to reduce the risk of adverse pregnancy outcomes. Both closely spaced pregnancies and HIV/AIDS increase the risks of low birth weight, pre-term and infant mortality.
- Recommend pregnancy spacing:
    - ◊ *Advise to wait at least 2 years after the birth of last child, before trying to become pregnant again.*
    - ◊ *Advise to wait at least 6 months after an abortion/miscarriage before trying to become pregnant again.*
    - ◊ *For adolescents, advise to wait until at least 18, before trying to become pregnant.*
- Counsel about the risks of unprotected sex and ways to minimize this risk: by disclosing HIV status to sex partners; knowing partner's HIV serostatus; making sure HIV-negative, male sex partners are circumcised if appropriate; treating STIs; ensuring low viral load (or high CD4); and minimizing unprotected intercourse to the most fertile part of the month.

Breastfeeding and contraception for HIV-positive women:

- Educate women to let them know that good infant feeding practices[2] support the greatest likelihood of HIV free survival of the child and do not harm the woman.
- Provide information on infant feeding options[3] as follows:
    - ◊ When the mother is HIV-positive and the infant is either HIV-negative or of unknown status: for HIV-positive mothers who are

1 Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs and Services, World Health Organization, 2009.
2 WHO encourages national health authorities to identify the most appropriate infant feeding practice (either breastfeeding with ARVs or the use of infant formula where replacement feeding is acceptable, feasible, affordable, sustainable and safe) for their communities. The selected practice should then be promoted as the single standard of care. (Source: www.who.int/news/releases/2009/world_aids_20091130)
3 Providers are strongly encouraged to review national standards and WHO recommendations on infant feeding practices.

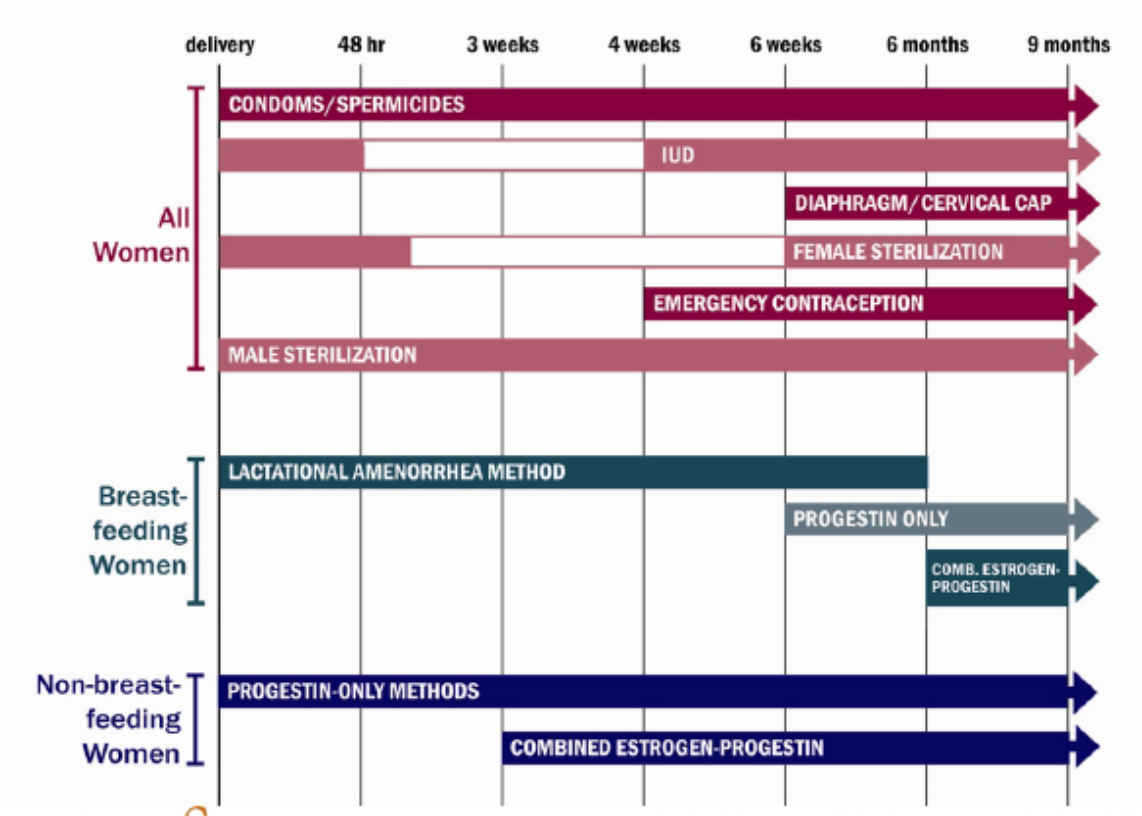
Family Planning Counseling for HIV-Positive Clients

receiving antiretroviral therapy for their own health or who are taking antiretroviral prophylaxis to protect their infant or where the infant is taking antiretroviral prophylaxis, exclusive breastfeeding and ARVs should continue for the first six months of life, and complementary foods introduced thereafter. Breastfeeding can then continue until twelve months of age provided the HIV-positive mother or the infant continues taking ARVs during that period. Breastfeeding should be stopped once a nutritionally adequate and safe diet without can be provided. Stopping breastfeeding abruptly is not advisable. Talk to the HIV service provider for further guidance on ARVs.

- ◊ For mothers who are not receiving ARVs and/or ARVs are not available, and whose infants are HIV negative or of unknown HIV status, recommend heat treating expressed milk, per WHO recommendation.
- ◊ Where mother and infant are both HIV-positive, breastfeeding should be encouraged for at least the first two years of life, in line with recommendations for the general population.

- Refer to HIV provider for follow- up and further guidance on ARVs.
- Reinforce messages about LAM but also counsel on condom use for protection against HIV transmission to sex partners.
- Provide guidance on transitioning from LAM and exclusive breastfeeding to other contraceptive methods at six months postpartum; this should be discussed during pregnancy or early in the postnatal period. In explaining methods, include their effect on breastfeeding. For women not breastfeeding, explain that return to fertility can occur as early as four weeks postpartum.
- Counsel on, and offer if feasible, postpartum IUD insertion as a contraceptive option for women who want to delay or end childbearing. IUDs do not have any effect on breastfeeding and can be safely used by most HIV positive women.

Contraceptive Options



During the counseling session, the provider will determine whether or not a client has recently had a baby or an abortion/miscarriage and if she wants to have another child. If a woman has recently had a baby and is interested in using an FP method to space her next pregnancy for at least two years (postpartum) or six months (post abortion) or end childbearing altogether, this chart gives information that will help the provider and the client decide which is the best method for her to use, and when she should begin using it.

Source: Adapted from ACCESS-FP's Postpartum Contraceptive Options Chart.

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access Family Planning Initiative Addressing unmet need for postpartum family planning

** SDM is appropriate for women who have had 4 menses the last two 26-32 days apart

Adapted from the MAQ Exchange: Contraceptive Technology Update

The USAID-funded Extending Service Delivery (ESD) Project is managed and directed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health (MSH), and Meridian Group International, Inc. ESD addresses the need for quality, community-based reproductive health and family planning services and information for poor hard-to-reach, and under-served populations and is USAID's flagship reproductive health and family planning project.

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For more information about the ESD project and Healthy Timing and Spacing of Pregnancy, please visit: www.esdproj.org