Perspective

Family Planning - friendly Health facility Initiative to promote contraceptive utilization

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Despite extensive global efforts and investment to reduce the problem, maternal mortality remains high in many low- and middle-income countries.¹ About 225 million women in low- and middle-income countries are thought to have an unmet need for a modern method of family planning.² It has been estimated that up to one third of maternal deaths could be averted through the use of effective contraception by women wishing to postpone or limit further childbearing.³

In some low- and middle-income countries, increased contraceptive use has already reduced the annual number of maternal deaths by 40% over the past 20 years and has led to a decrease in the maternal mortality ratio (the number of maternal deaths per 100 000 live births) by about 26% in a little more than a decade.⁴ It has been estimated that a further 30% of the maternal deaths still occurring in these countries could be avoided if the unmet need for contraception could be fulfilled.⁴ This paper proposes that the Baby-friendly Hospital Initiative (BFHI),⁵,⁶ which has successfully increased the uptake of breastfeeding, might be used as a model for a new Family Planning – friendly Health facility Initiative to draw lessons in terms of process and procedures that would promote access to contraceptive information and services.

The Baby-Friendly Hospital Initiative

The BFHI is considered one of the more successful international efforts to protect, promote and support breastfeeding.⁷ This World Health Organization (WHO)/United Nations Children’s Fund (UNICEF) initiative was launched in 1991, in an attempt to ensure that all mothers are provided with sound information regarding their infant-feeding choices and that those electing to breastfeed their infants are given physiologically sound, evidence-based advice and skilled assistance prenatally and during their postpartum period.⁵,⁶ The initiative is based on 10 policy or procedural statements, the “Ten steps”, which were jointly developed in consultation with international experts.⁵ These summarize the maternity-care practices recommended to provide optimal breastfeeding support for women, and help mothers to initiate early and exclusive breastfeeding.

The BFHI has had a measurable and proven impact on several indicators of breastfeeding and has led to increased rates of exclusive breastfeeding for the first 6 months, which are reflected in the improved health and survival of infants.⁸,⁹

A study noted that the general increase in breastfeeding in Switzerland since 1994 can be interpreted in part as a consequence of an increasing number of “Baby-friendly” health facilities, where clients breastfeed their babies for longer.¹⁰ Several countries have reported a positive impact of this initiative, and breastfeeding rates have generally improved even in non-“Baby-friendly” health facilities, which may have been an indirect consequence of the BFHI.¹¹,¹² Publicity for the BFHI, and its training programmes for health professionals, has raised public awareness of the benefits of breastfeeding, and the number of professional lactation counsellors has increased continuously.¹⁰

Benefits of the Baby-Friendly Hospital Initiative and accreditation to the hospitals

Since the launch of the BFHI in 1991, the movement has grown, with more than 20 000 hospitals having been accredited and designated as “Baby-friendly” in 156 countries around the world.⁶ There is a rigorous system in place to accredit hospitals as “Baby-friendly”. Maternity centres become accredited when they demonstrate that they meet the WHO/UNICEF criteria for a “Baby-friendly” hospital. Maternity providers have to demonstrate 80% compliance with each of the BFHI “Ten steps to successful breastfeeding”,¹³ and the process is repeated at predefined intervals to maintain accreditation. Additionally, many of the “Ten steps” are easily adaptable as quality-improvement projects.¹⁴
Hospitals can experience numerous benefits by becoming “Baby-friendly”.

It has been noted that “Baby-friendly” hospitals actively use their certification as a promotional asset.

Over the years, the BFHI has become synonymous with good quality of maternity care and has been shown to inculcate a sense of pride in both health-care and administrative staff.

**Applying lessons from the Baby-friendly Hospital Initiative to family planning**

Following the pattern of the “Ten steps” of the BFHI, we propose the following steps for a Family Planning – friendly Health facility Initiative (FPFHFI). The vision is as stated by WHO:

The attainment by all people of the highest possible level of sexual and reproductive health. We strive for a world where all women’s and men’s rights to enjoy sexual and reproductive health are promoted and protected, and all women and men, including adolescents and those who are underserved and marginalized, have access to sexual and reproductive health information and services.

We propose that every facility providing family planning/contraceptive services and care to women and men of reproductive age groups should:

1. have a written family planning/contraception policy that is displayed prominently and routinely communicated to all health-care staff;
2. ensure that WHO/National guidelines and tools are made available to service providers and are used to provide routine family planning/contraception services;
3. implement measures to ensure the availability of guidelines for structured counselling, and inform all women and men of reproductive age about the benefits of birth spacing between children, emphasizing the benefits to health of both mothers and children;
4. ensure health-care staff at the facility possess the necessary skills to implement this policy;
5. foster the establishment of quality and standards in care with regular in-service training, programme monitoring and supportive supervision;
6. make available a wide range of contraceptive choices to all clients, including those who are marginalized and underserved (e.g. young people), and create an atmosphere for clients to select the method freely and as appropriate to their needs, within their cultural settings;
7. utilize all possible opportunities to reach out to girls and women, especially during postpartum and postabortion-care visits (a “no missed opportunities” approach);
8. identify mechanisms to prevent stock-outs of essential reproductive health commodities, especially in contraceptive supply systems, including quality maintenance of contraceptive records;
9. provide continuous quality control in contraceptive services by training staff to be client friendly and caring, and to treat all people with dignity and respect;
10. ensure provision of flexible service hours for the convenience of clients, including men.

**Accreditation for the proposed Family Planning – friendly Health facility Initiative**

Implementation and accreditation of the FPFHFI would be a desirable quality-assurance strategy for committed health centres from both the public and private sectors.

A suitable accreditation process is outlined in Figure 1. In brief, it starts with self-appraisal by the health service facility. This initial self-assessment includes an analysis of the practices that encourage or hinder provision of family planning/contraception services, and then identifies the actions that will help to make
the necessary changes. After a facility is satisfied that it meets a high standard, this achievement is confirmed objectively by an external assessment (by the Health Ministry in collaboration with partners such as WHO or the United Nations Population Fund [UNFPA]) of whether the facility has achieved, or nearly achieved, the “standard criteria” for the FPFHFI and can thus be awarded the “Family Planning/Contraception-friendly Health facility” designation and plaque. At predefined intervals the re-evaluation process is repeated to ensure that standards are maintained.

CONCLUSION

After a decade, when investment in family planning waned, there is now a resurgence of interest and investment. The Government of the United Kingdom of Great Britain and Northern Ireland and the Bill & Melinda Gates Foundation of the United States of America, with UNFPA and other partners, hosted the London Summit on Family Planning on 11 July 2012. More than 150 leaders from low- and middle-income and donor countries, international agencies, civil society, foundations and the private sector united to launch Family Planning 2020 (FP2020) – a global commitment to provide an additional 120 million women and girls in low- and middle-income countries access to voluntary family planning services, information and supplies by 2020.

With renewed interest in family planning, support for the FPFHCI and its effective institutionalization in family planning practices should be considered. The authors hope the results of this initiative will put family planning/contraception on a more visible and higher political agenda, and will make policymakers and health professionals aware of the importance and potential of this strategy, in line with the objectives laid out at the London summit in 2012. It is expected that the initiative could provide the basis for governments to take the lead, and expand and improve the quality of family planning services, thus contributing to the goals set by the FP2020 initiative.

REFERENCES


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