EDITORIAL

The importance of post-partum family planning

Anshu Banerjee

<http://dx.doi.org/10.5588/pha.16.0034>

The increase in caesarean section rates led the World Health Organization (WHO) to review the guidance from 1985 which stated that there is no justification for any region to have a rate higher than 10–15%. The WHO statement on caesarean section rates from 2015 highlights that caesarean sections are effective in saving maternal and infant lives, but only when they are required for medically indicated reasons; that at population level, caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates; and that the effects of caesarean section rates on other outcomes, such as maternal and perinatal morbidity, paediatric outcomes, and psychological or social well-being, are still unclear and more research is needed to understand the health effects of caesarean section on immediate and future outcomes.¹ In addition, caesarean sections that are medically unjustified increase health care costs unnecessarily.

In this issue of *Public Health Action*, van den Boogaard et al. do not report on the overall caesarean rate in the district, instead focusing on the 2-year post-caesarean section outcomes for both the mothers and children, and in particular on family planning adherence and the inter-pregnancy interval.² Reasons mentioned for non-initiation of, low acceptance of and low adherence to family planning after a caesarean section are religion and partner's consensus. Other factors that could play a role are education level, as women with higher education levels are more likely to better conceptualise the benefits of child spacing and are more likely to negotiate contraceptive use with their partners, rumours and misinformation about contraception side effects, taboos in the community, and financial or opportunity costs.

Globally, 225 million women have an unmet need for family planning, resulting in 54 million unintended pregnancies, 16 million unsafe abortions and 79 000 maternal deaths annually.³ The promotion of family planning in countries with high birth rates has the potential to avert 32% of all maternal deaths and nearly 10% of childhood deaths.⁴ Effective use of post-partum and post-abortion family planning is an obvious way in which progress towards this goal could be achieved. Possible ways to strengthen family planning programmes is to have multiple programme elements

linking demand with supply interventions, such as mass media and interpersonal communication approaches, male involvement, contracting with the private sector to expand service and product availability, and incentives such as conditional cash transfers that encourage patients to make decisions that lead to better health and motivate providers to exert the efforts necessary to deliver quality care. Political commitment is crucial as well. To help improve the quality of family planning programmes, the WHO updated the medical eligibility criteria for contraceptive use in 2015.⁵

One limitation mentioned in the study is the loss to follow-up of 20% of mothers, assumed to be due to giving an incorrect address. This could indicate that their children's birth was not registered and that they would thus miss out on the benefits of registration, and it highlights the need to strengthen civil registration and vital statistics systems worldwide.

Finally, causes and solutions to health problems are often multisectoral in nature, and this is underscored by the global strategy for women's, children's and adolescents' health (2016–2030),⁶ which provides a roadmap for collective action to advance the health and well-being of women, children and adolescents, and which will be central to achieving the United Nations' Sustainable Development Goals.⁷

References

- 1 World Health Organization. WHO statement on caesarean section rates. WHO/RHR/15.02. Geneva, Switzerland: WHO, 2015.
- 2 van den Boogaard W, Manzi M, De Plecker E, et al. Caesarean sections in rural Burundi: how well are the mothers doing two years after? *Public Health Action* 2016, 6: 000–000.
- 3 Singh S, Darroch J E. Adding it up: costs and benefits of contraceptive services—estimates for 2012. New York, NY, USA: Guttmacher Institute and United Nations Population Fund (UNFPA), 2012.
- 4 Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *Lancet* 2006; 368: 1810–1827.
- 5 World Health Organization. Medical eligibility criteria for contraceptive use. 5th ed. WHO/RHR/15.07. Geneva, Switzerland: WHO, 2015.
- 6 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). New York, NY, USA: Every Woman Every Child, 2015.
- 7 United Nations. Transforming our world: the 2030 agenda for sustainable development. A/RES/70/1. New York, NY, USA: UN, 2015. http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E Accessed May 2016.

AFFILIATIONS

Family, Women's and Children's Health
World Health Organization,
Geneva, Switzerland

CORRESPONDENCE

Family, Women's and Children's Health
World Health Organization
Geneva, Switzerland
e-mail: banerjeea@who.int

Conflicts of interest: none declared.

PHA 2016; 6(2): 51
© 2016 The Union