



## Implementing Programming Strategies for Postpartum Family Planning (PPFP) : Is A Challenge to MCH Service in China

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### Commentary

Although China FP coverage rate is the highest in the world, PPFP rate is lower than other developed countries. A study on the contraceptive intention among women of childbearing age in cesarean section in Beijing indicated that 96.43% women didn't know what kind contraceptive methods they could use and 72.27% didn't have contraceptive intention even the one child policy still existed. Most women (75%) wanted to use condom if they were asked to select a method. Why PPFP is so weakness in China? In the past 30 years, two vertical systems provided MCH and FP services to women separately. Since 2000, to promote hospital delivery was the important policy for reducing MMR and IMR in China. Hospital delivery rate was increased rapidly and reached over 90%. Midwives and obstetricians however, in the hospitals don't have responsibility to provide FP service and they also don't have enough knowledge and skills on PPFP. FP service providers were not requested to provide postpartum care in the hospital PPFP was the weakness among the childbearing aged women FP and induce abortion rate was high within one year after childbirth. Certainly, some misunderstandings are also the barriers for PPFP, such as breastfeeding and amenorrhea can be contraception.

Recently "universal two-child policy" has been implemented and PPFP is a new challenge for FP service in China. In the past, the major aim of FP was to control the number of population, but now FP service has to help couples to control the birth space in order to guarantee the

second pregnancy safer and the baby healthy, because the short birth space and unintended pregnancy will increase the risk of mortality and morbidity.

"Programming Strategies for Postpartum Family Planning" developed by WHO/USAID in 2013 and the strategy is appropriate for China. It emphasized PPFP programme and interventions have to reach women at one or more specific contacts with health system for information and service. Integration of FP and MCH service is the key point of the strategy. In 2013, the State Council of state health and Family Planning Commission was established to optimize the integration of maternal and child health care and family planning services. Hence, at practical level, PPFP could be the entry point to integrate MCH and FPP service the following steps:

- To improve the construction of PPFP service system and promote the integration of maternal and child health care and family planning services at the grassroots level functionally.
- To advocate people oriented and informed choice of family planning, at the same time PPFP coverage rate (such as long-acting reversible contraception method) should be the core indicator to evaluate the quality of MCH service.
- To include PPFP service into national plan of action of women and child development
- Carry out various types of training on MCH and PPFP knowledge and skills to improve the service capacity of all kinds of personnel.