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Addressing AMA and HP Pregnancies
An HTSP Implementation Kit

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Healthy Timing and Spacing of Pregnancies:
Addressing Advanced Maternal Age and
High Parity in Family Planning Programs
Implementation Kit



USAID
FROM THE AMERICAN PEOPLE

The HTSP I-Kit

Purpose:

- To help program managers use social and behavior change communication (SBCC) to include AMA and HP pregnancy topics in their existing or planned FP or MCH programs.

Contents:

- Program Manager's Guide
- Ten adaptable SBCC tools

Program Manager's Guide

- Step 1:** Review the AMA and HP evidence
- Step 2:** Use SBCC approaches in project strategy design:
- identifying primary and secondary audiences
 - developing a positioning concept
 - drafting key AMA/HP messages
- Step 3:** Integrate AMA and HP into your FP and MCH program; and develop an action plan for roll out
- Step 4:** Review and adapt AMA and HP communication tools
- Step 5:** Prepare to monitor and evaluate


SBCC Tools

Socio-Ecological Level	Communication Tool
Individual and Family & Peer	<ul style="list-style-type: none"> • Client brochure
Community	<ul style="list-style-type: none"> • Guide for Working with Community-Based Groups
Social and Structural	<ul style="list-style-type: none"> • Counseling Guide for Providers • Provider Reminder Poster • Counseling Guide for CHWs • Guide for Researchers • Guide for Journalists • Infographics for Health Priority Decision-Makers


Communication Tools

Tool	
<p>Client Brochure (Less conservative audience version – Annex D – and More conservative audience version – Annex E)</p>	<p>What It Is: A pamphlet with key information on AMA and HP pregnancies and cues for behavior change. The pamphlets include an AMA and HP self-assessment and modern FP method information.</p> <p>Who It Is for:</p> <ul style="list-style-type: none"> • Women who are in their 30s or whose next birth would be their fifth – women at risk for AMA and HP. • Women who are just starting to plan their families, but may not be aware of AMA and HP pregnancy risks. <p>How to Use It: Give to/review with women during FP counseling sessions, at health service delivery sites and pharmacies, women’s group meetings, community-based events, CHW outreach activities, etc.</p>


Client Brochure




**Staying Healthy,
Organized and Beautiful!**



Using family planning methods can help a woman stay healthy and maintain her youthful energy!
Families who practice modern family planning can stay healthy and happy!



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Client Brochure (inside)

Answer these questions to see if a modern family planning method is right for you.



Initial assessment

- Do you want to have a baby in the next 18 months?
- Are you 35 or older?
- Have you had at least five births?



If you said yes to two or more of the questions above, you and your future baby are at greater risk of a complicated pregnancy or birth. Now answer the following question:

In-depth assessment

Have you ever suffered from the following conditions during a previous pregnancy or delivery?

- High blood pressure (hypertension)?
- Problems with the placenta?
- Diabetes during pregnancy?
- Weakness due to low blood (anemia)?
- Surgery to help deliver your baby (Caesarean section)?
- Heavy bleeding after delivery (postpartum hemorrhage)?
- (Very) early delivery of your baby (pre-term delivery)?
- Delivered a baby who was dead (still birth)?



If you are 35 or older, or have already had at least five births, and you have experienced any of the problems listed, you should consider using a modern family planning method to avoid pregnancy to preserve your health and that of your children.

A woman is considered of advanced maternal age (AMA) when she is age 35 or older. A woman is considered high parity (HP) when she has had five or more births (including stillbirths). Pregnancy in AMA and HP women carries an increased risk of diabetes, pre-term delivery, hypertension and other conditions that are dangerous to the mother and baby's health. If you are nearing 35, or have had five or more births, you should carefully consider how to manage or avoid health risks associated with pregnancy.

Talk with your partner about staying safe from the risks of advanced maternal age (AMA) and high-parity (HP) pregnancy.



Talk with a health care provider about your risk of unsafe AMA and HP pregnancies and using a modern family planning method to stay healthy.



Find out what methods are available in your health center, and which is right for you and your family.



Client Brochure (inside)

Family Planning Methods



Pill

- Effective short-acting method that must be taken every day, at the same time of day.
- Safe for women of any age, including women who have not yet had a baby.
- The mini-pill is safe for breastfeeding mothers with a baby older than six weeks.



Injectable

- Effective short-acting method that lasts two to three months.
- Safe for women of any age, including women who have not yet had a baby.
- Safe for breastfeeding mothers with a baby older than six weeks.



Implant

- Effective long-acting method that lasts three to five years.
- Safe for women of any age, including women who have not yet had a baby.
- Safe for breastfeeding mothers with a baby older than six weeks.



IUD

- Effective long-acting method that lasts five to ten years.
- Can use within 48 hours of childbirth.
- Safe for breastfeeding mothers.

As with all pharmaceutical products, contraceptive methods can have side effects. Contraceptive method side effects are rare or are often temporary or easy to manage. When choosing a method, make sure to discuss side effects with a health care provider. If you experience side effects, return to the health center to learn how to manage them or to choose a different method.



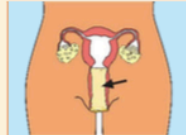
Male Condom

- Effective short-acting method that is used at the time of sex.
- If used correctly, every time it:
 - Prevents pregnancy.
 - Prevents sexually transmitted infections (STIs), including HIV/AIDS.



Female Condom

- Effective short-acting method that is used at the time of sex.
- If used correctly, every time it:
 - Prevents pregnancy.
 - Prevents sexually transmitted infections (STIs), including HIV/AIDS.
- Safe for breastfeeding mothers.



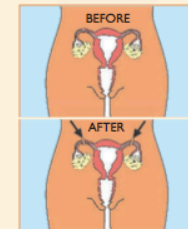
Exclusive Breastfeeding Method (LAM)

- Works by naturally delaying when a woman can become pregnant again.
- Effective post-partum method when women meet all three criteria:
 - Are breastfeeding exclusively (day and night).
 - Have an infant younger than six months old.
 - Have not had menses return.



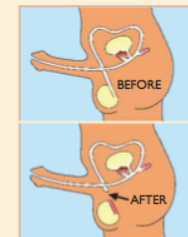
Standard Days Method

- A natural method that uses Cyclebeads® to track the menstrual cycle.
- Only for women with a regular menstrual cycle of 26 to 32 days.
- Safe for breastfeeding mothers whose menstrual cycle has returned, is regular and lasts 26 to 32 days.



Tubal Ligation

- Effective permanent method for women who do not wish to get pregnant again.
- Nothing to remember.



Vasectomy

- Effective permanent method for men who do not want their partner to get pregnant again.
- Does not affect a man's sexual ability.

For more information about the methods that interest you, talk with a family planning or health care provider.

All for your health and a good life!

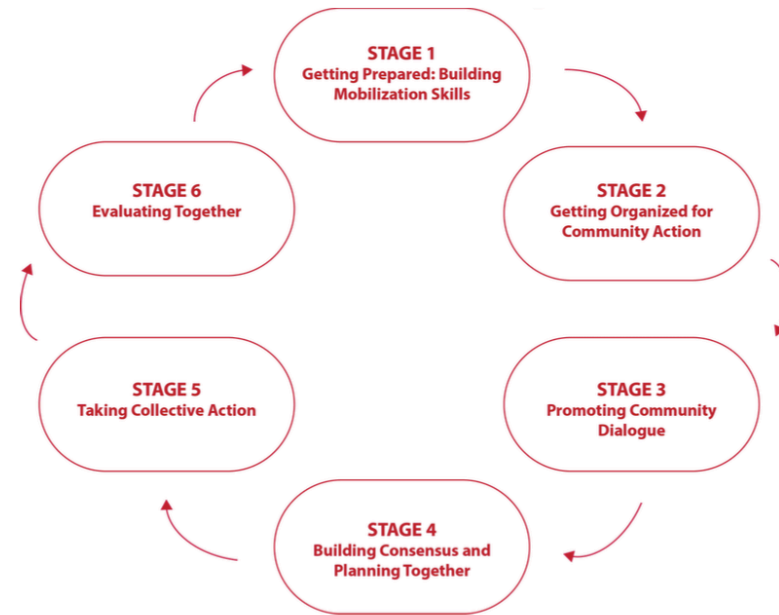
Guide for Working with Community-Based Groups

Addressing Advanced Maternal Age, High Parity and Healthy Timing and Spacing of Pregnancies



A Guide for Working with Community-Based Groups

Figure 1: Community Action Cycle



Counseling Guides

Counseling and Assessment Guide for Community Health Workers: Talking to Women about AMA and HP Pregnancies

A woman is of advanced maternal age (AMA) when she is 35 years old or older. A woman is high parity (HP) when she has had five or more births. Pregnancies in AMA or HP women can be risky for a mother and her baby.

CHWs should use this counseling guide with:

- Women in the years **before** they turn 35 or have a fifth birth
- Women who are **already** 35 or older and have already had five or more births
- Young women who are just starting to have children

CHWs can also use this guide with:

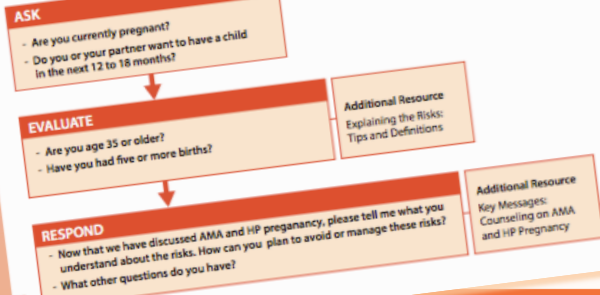
- Couples, to help women and male partners understand the risks of AMA and HP pregnancies and how using modern family planning (FP) can prevent risky pregnancies

When to Use This Guide

Use this guide during community outreach with a woman or couple. Use it to help you **Ask** your client about current or planned pregnancies, **Evaluate** her risk for HP and AMA pregnancy and **Respond** to questions and concerns about AMA, HP and FP.

How to Use This Guide

Read through the entire guide at least two times before you use it with a client. The guide shows how to ask key questions during three counseling stages – **Ask, Evaluate, Respond** (see below diagram). How your client answers the key questions – for example, “**Yes**,” “**No**,” or “**Not Sure**” – will determine what information you talk about with your client. You should go through all counseling stages, but only need to talk with your client about the information in each step that matches her response and situation. The guide also has additional resources, such as definitions of AMA and HP risks, and key counseling messages.



Ask



Ask Your Client:

Evaluate



Ask Your Client:

Respond



Ask Your Client:

Reminder Poster

The Risks of an Advanced Maternal Age or High Parity Pregnancy are Dangerous for Mother and Baby.

Family Planning Can Prevent These Dangerous Pregnancies

Talk with Your Client

ASK your client:



- Are you currently pregnant?
- Do you/your partner want to have a child in the next 12 to 18 months?

EVALUATE your client's situation:



- Is she advanced maternal age (AMA) or high parity (HP)? If she is age 35 or older, or has had five births, her next pregnancy may be dangerous.
- Regardless of her age or parity, does she know the risks of an AMA or HP pregnancy?
- Is she eligible for a modern Family Planning (FP) method? If delaying a pregnancy for months or for years, which modern methods would work for her?
- Explain to your client the dangers of AMA and HP pregnancies, and the importance of preventing them.

RESPOND to questions & concerns:



- Let her know you are there to help.
- If she is pregnant, counsel her on the benefits of antenatal care and schedule her for a follow-up visit. Discuss post-partum family planning options.
- If she/her partner would like to have a child later, or would like to prevent future pregnancies, discuss the benefits of modern FP methods. Discuss the costs, effectiveness, safety, side effects and other aspects of methods that are right for her.

Guide for Researchers

Guide for Researchers: Conducting Qualitative Research on AMA and HP Pregnancy

A woman is considered of advanced maternal age (AMA) when she is age 35 or older. A woman is considered high parity (HP) when she has had five or more births (including stillbirths). Pregnancies in AMA and HP women pose dangers to both the mother and the baby.

Before designing programs to address or prevent AMA and HP pregnancies and their associated risks in a given community, information should be collected from health centers and relevant district health offices to discover how common AMA and HP pregnancies are in your country or community. Depending on prevalence or increasing annual trends, it is important to determine whether your project will prioritize AMA pregnancies, HP pregnancies or both. While older (AMA) women are often also those who are HP, remember that these AMA and HP women are not always the same group, and interventions should be tailored appropriately.

This guide for researchers includes an introduction to the need for data about pregnant women who are advanced in their maternal age or high parity, or both. There are also sample questions that can be used to collect information about each of these audiences and their partners and the service providers who counsel these women.

According to the need for an AMA- or HP-focused intervention, research should be conducted to discover why AMA and HP pregnancies occur in the local context. Specifically, research in the relevant community should answer the following:



Guide for Journalists



Guide for Journalists: Discussing AMA and HP Pregnancy

Why Should Journalists Talk and Write about AMA and HP?

Whether a woman or couple is considering having their first or their fifth child, the discussion around healthy timing and spacing of pregnancy (HTSP) is essential to ensuring the safety and well-being of women and their families.

Modern contraception and preventing pregnancies among women of advanced maternal age (AMA), aged 35 or older, and women of high parity (HP) who have had five or more births are examples of topics that communities may find difficult to discuss. Journalists can interview experts and feature stories of real people grappling with the consequences of AMA and HP. Reporting on these issues can increase women's and men's capacity to make informed decisions regarding childbearing and using family planning (FP). Journalists are in a unique position to inform audiences, stimulate discussion, and draw attention to issues among families at the community level and among policymakers at the national level. Issues might include the dangers of AMA/HP pregnancy, taboos or benefits around spacing versus limiting pregnancies, unmet FP needs, the need for health services to reduce the risks associated with AMA and HP pregnancies, or mobilizing communities to address AMA and HP pregnancies.

Because modern contraception and spacing, delaying or limiting pregnancy remain controversial subjects in many settings, it is crucial to approach these topics with care. It is important to discuss the realities and risks associated with AMA and HP, while taking care not to make women who have had AMA and/or HP pregnancies feel bad or guilty. The goal should be to give consumers the information they need to make the best decision for their situation, as the factors influencing a person's decision can vary widely.

When to Use This Guide

As print, television and radio journalists, you can consult this guide anytime you are developing a piece on family planning, maternal and child health or other related topics. You can use it for ideas on what format your piece should take, who you can include as guests or partners, and how to structure your piece so it gets the most important information to the most important audiences in the most appropriate way.

How to Use This Guide

Read through this guide as soon as you begin to cover FP or maternal and child health (MCH) issues, or even if you are considering doing so in the future. Use it to help you design your article or program. This guide walks you through what you, as a journalist, need to know about AMA and HP pregnancy; which key audiences need to know about AMA and HP pregnancy risks; and how to tell the AMA and HP story in a way that will reach these audiences. The guide describes various reporting formats (e.g., testimonials, talk shows) useful in talking about AMA and HP, and provides sample key messages, calls to action and ideas for guests and interviews. Finally, the guide gives a web link to where you can find more information on AMA and HP if you would like additional information.

Infographics





Addressing AMA and HP Pregnancies An HTSP Implementation Kit

Online:

- sbccimplementationkits.org/htsp
- English now, French in June

Webinar:

- French in June

Pilot Partners:

- Local organizations in Togo and Niger

Continue the Conversation



healthcomspringboard.org

After the webinar, [click here](#) to join us for a follow-up discussion on Springboard.