

Integrating Maternal, Neonatal and Child Health and Nutrition, and Family Planning: A Systematic Literature Review

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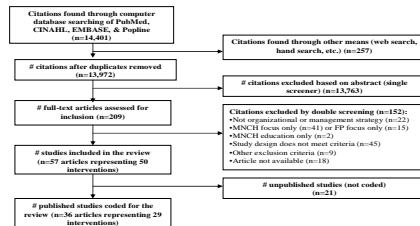
Background

- ❖ The Global Health Initiative places emphasis on integration of programs to address broad development challenges and providing a comprehensive package of services. The importance of integrating maternal, neonatal and child health and nutrition (MNCHN) with family planning (FP) is recognized as a key strategy.
- ❖ Limited information and evidence exists to guide policy action and program efforts on MNCHN-FP service integration.
- ❖ This systematic literature review examines the efficacy and outcomes of MNCHN-FP service integration, and explores ways to effectively design and implement integrated MNCHN-FP programs

Methods

- ❖ Search strategy using standardized Cochrane protocol
 - Electronic databases, hand searching of topic-relevant journals, online search of websites, cross-referencing, communication with experts
- ❖ Study inclusion criteria:
 - Published in peer-reviewed journal between January 1, 1990 - April 30, 2010
 - Rigorous evaluation design (pre-post or multi-arm comparison) to assess quantitative outcomes of interest
 - Intervention is an organizational strategy or change, process modification, or introduction of technologies aimed at integrating MNCHN-FP services

Figure 1. Screening Process



Study Characteristics

- ❖ 29 interventions identified from sub-Saharan Africa (n=10), South Asia (n=9), Latin America (n=3), East Asia (n=2), Russia, Syria, Italy, Australia and the US (n=1 in each country)
- ❖ 7 were randomized controlled trials (RCTs)
- ❖ Average study rigor score was 3.2 out of 9 (range: 1-8)
- ❖ 16 studies integrated FP services into existing MNCHN programs, 2 studies integrated MNCHN services into existing FP programs, 13 studies integrated services simultaneously
- ❖ All interventions targeted women, 2 also targeted men
- ❖ Study outcomes most commonly reported were: contraceptive use, quality of MNCHN or FP services, use of MNCHN or FP services

Table 1. Matrix of MNCHN-FP Integration Models

MNCHN-FP Interventions	Family Planning Interventions	
	Education and counseling	Contraceptive service/ commodity provision
Antenatal Services	10	4
Post-Abortion Care	10	7
Intrapartum/Childbirth Services	3	2
Postnatal Care	11	7
Infant/Child Services	16	10
Nutrition Services	5	3

Note: Number in each box represents the number of studies that fall into each category. The total number exceeds the number of studies because of overlap across categories.

Table 2. Promoting and Inhibiting Factors for Integrating MNCHN-FP Services

Promoting Factors	Inhibiting Factors
Provider-related factors <ul style="list-style-type: none"> ▪ Effective provider training and supervision ▪ High retention of staff and manageable workload ▪ Provider interest in providing better services to clients 	Cultural factors <ul style="list-style-type: none"> ▪ Social constraints and cultural barriers to adoption of contraception ▪ Male involvement in some settings considered culturally unacceptable ▪ Education and services are not culturally appropriate
Supply-level factors <ul style="list-style-type: none"> ▪ Large selection and continuous supply of contraceptives ▪ Promotion of informed free choice of contraceptives ▪ Free contraceptives 	Financial factors <ul style="list-style-type: none"> ▪ High cost of provider training ▪ Challenges in recovering costs of services ▪ Funding limitations to provide sufficient services
Intervention-level factors <ul style="list-style-type: none"> ▪ Outreach to community decision-makers and stakeholders ▪ Patient-centered model and emphasis on quality of care ▪ Involvement of men and male endorsement of FP ▪ Involvement of traditional health workers and home visits 	Logistical factors <ul style="list-style-type: none"> ▪ Lack of coordination between providers and clinics ▪ Lack of provider checklist of services to offer ▪ Time-consuming administrative forms ▪ Complicated referral messages

Results by Models of Integration

Model 1: FP Integrated with ANC, Delivery Services, and Postpartum Care (15 interventions)

- ❖ 4 RCTs were all home visit interventions and showed mixed effects on breastfeeding and immunization coverage
- ❖ Other studies showed improvements in coverage, quality, service use and cost

Model 2: FP Integrated with Post-Abortion Care (10 interventions)

- ❖ 2 RCTs showed increased use of condoms and contraceptives
- ❖ Other studies indicated improvement in quality of care, service use, and lowered cost per visit

Model 3: FP Integrated with Well Baby Care and Immunization Services (16 interventions)

- ❖ 5 RCTs (mostly home visit interventions) showed mixed effects on breastfeeding, immunization coverage, and health outcomes
 - ❖ Other studies showed improved quality, service use and cost
- ### Model 4: FP Integrated with Nutrition Services (5 interventions)
- ❖ 1 RCT showed increased contraceptive use but mixed effects on breastfeeding, infant growth and immunization coverage
 - ❖ Other studies found improved coverage, quality, service use, cost

Gaps in MNCHN-FP Integration Research

- ❖ Few studies (n=4) compared co-located services to referrals
- ❖ Low rigor study designs used to evaluate the interventions
- ❖ Key outcomes (e.g. cost and cost-effectiveness, unplanned pregnancy, immunization coverage) often not reported
- ❖ Few studies (n=5) examined FP integrated with nutrition services
- ❖ Few studies (n=2) targeted men or couples

Conclusions

- ❖ Integration of MNCHN-FP services shows promise in improving various outcomes, but significant evidence gaps remain
- ❖ Rigorous research comparing outcomes of integrated vs non-integrated services, including cost, mortality, and pregnancy-related outcomes, is greatly needed to inform programs and policies



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