

# Unit 6

## HEALTHY TIMING AND SPACING OF PREGNANCY

### Learning Objectives

By the end of this unit, learners will be able to:

- ❖ Define Healthy Timing and Spacing of Pregnancy (HTSP)
- ❖ Explain the meaning of “timing” and “spacing” of pregnancy and how HTSP differs from “birth spacing”
- ❖ Describe the relationship between HTSP and family planning and the advantages of including HTSP messages in family planning counselling
- ❖ List the three key HTSP messages
- ❖ List the windows of opportunity for delivering HTSP messages to clients
- ❖ Discuss the health risks of not practicing HTSP
- ❖ List the benefits of HTSP for women, babies, and families
- ❖ Explain how HTSP messages can be routinely included in family planning counselling
- ❖ Respond to clients’ reasons for not practicing HTSP
- ❖ Provide HTSP messages in family planning counselling for adolescents and for postpartum and postabortion clients.

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## Unit 6: Healthy Timing and Spacing of Pregnancy

### Key Points

- ❖ **Delaying pregnancy at least 24 months after a previous birth improves health outcomes for women and their babies.**
- ❖ **Delaying pregnancy at least 6 months after an abortion or miscarriage improves health outcomes for women and their babies.**
- ❖ **Delaying first pregnancy until at least the age of 18 years improves health outcomes for women and their babies.**
- ❖ **In order to properly space pregnancies, family planning should be used before a woman's fertility returns, which can be as soon as 28 days after childbirth and 11 days after abortion or miscarriage.**
- ❖ **It is important to systematically integrate family planning services with maternal, newborn, and infant services in order to achieve optimal HTSP.**

### 6.1 Defining Healthy Timing and Spacing of Pregnancy

Healthy Timing and Spacing of Pregnancy (HTSP) is an approach to family planning that helps women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children within the context of free and informed choice.

HTSP is based on scientific research that identifies the healthiest time to become pregnant and the healthiest spacing between pregnancies

#### **Difference between timing and spacing**

**Timing** refers to when the first pregnancy should occur (not before age 18) and the age when pregnancy is no longer optimal (about age 35).

**Spacing** refers to the amount of time a woman should wait after a live birth, abortion, or miscarriage before attempting the next pregnancy.

#### **How HTSP differs from “birth spacing”**

Birth spacing recommendations refer to the interval between one birth and the next, whereas HTSP messages about spacing refer to the healthiest interval between a birth and the **next pregnancy**. Therefore, the HTSP recommendation to delay pregnancy for at least 24 months after giving birth results in an optimal birth spacing of about 33 months (24 months + 9 months of pregnancy). In addition, HTSP recommendations are evidence-based.

### 6.2 HTSP and Family Planning

HTSP is a part of family planning. Messages about healthy timing and spacing of pregnancies may be appropriate for family planning clients at all stages of their reproductive lives. However, the three key HTSP messages are intended specifically for pregnant and postpartum clients, clients receiving health care services for miscarriage or induced abortion, and adolescents.

HTSP counselling messages appeal to many clients because they place family planning in the context of promoting healthy pregnancies, mothers and babies, rather than the context of

limiting family size. Clients' understanding of HTSP messages can increase their acceptance and use of family planning services.

## 6.3 Key HTSP Messages

For women/couples who desire a next pregnancy after a live birth, the HTSP message is:

- For the health of the mother and baby, wait at least 24 months, but not more than 5 years, before trying to become pregnant again.
- Consider using a family planning method of your choice during that time.

For women/couples who decide to have a child after a miscarriage or abortion, the HTSP message is:

- For the health of the mother and baby, wait at least 6 months before trying to become pregnant again.
- Consider using a family planning method of your choice during that time.

For adolescents, the HTSP message is:

- For your health and your baby's health, wait until you are at least 18 years of age before trying to become pregnant.
- Consider using a family planning method of your choice until you are at least 18.

## 6.4 Windows of Opportunity to Deliver HTSP Messages

Messages about HTSP can and should be provided as a routine part of family planning in family planning clinics as well as in other health care settings serving adolescents, pregnant women, postpartum and postabortion clients, breastfeeding women, and women living with HIV.

Settings where HTSP messages can be provided include:

- Antenatal care
- Postpartum care
- Postabortion care
- Well-baby clinics
- Family planning services
- Emergency care
- HIV/AIDS services
- Community health outreach

## 6.5 Risks of Not Practicing HTSP

Numerous research studies have shown that adverse health outcomes for mothers and their babies are associated with early, late, closely spaced, and high parity pregnancies. The risks of not practicing HTSP include the following:

- Adolescents aged 15-19 are twice as likely to die during pregnancy or childbirth as those 20 and over; girls below the age of 15 are five times more likely to die. Pregnancy is the leading cause of death for young women aged 15-19 (UNFPA 2004).
- Women who experience closely spaced pregnancies are at increased risk of miscarriage, are more likely to experience iron-deficiency anaemia and pre-eclampsia, and are more likely to induce an abortion.

- Risk of newborn and infant mortality is higher. Newborns may be more likely to be pre-term, low-birth-weight or small for their gestational age.
- When breastfeeding stops before 6 months, the newborn does not continue to experience the health and nutritional benefits of breast milk.
- (Extending Service Delivery Project 2008)

## 6.6 Benefits of HTSP for Clients and Families

### Benefits for newborns and children

A newborn:

- Is more likely to be born strong and healthy
- Is more likely to survive past age five
- May be breastfed for a longer period of time, which allows the newborn to gain the health and nutritional benefits of breast milk
- May receive better care if mother is not caring for another child under the age of three.

### Benefits for mothers

A mother:

- Has reduced risk of complications associated with closely spaced pregnancies
- Has more energy and time to take care of a baby if she does not have the demands of a new pregnancy
- May breastfeed longer; longer duration of breastfeeding is linked to a reduced risk of breast and ovarian cancer.
- May be more rested and well-nourished so as to support the next healthy pregnancy
- Has more time for herself, her children and her partner, and to participate in educational, economic, and social activities.

### Benefits for fathers

A father:

- May feel an increased sense of satisfaction from safeguarding the health and well-being of his partner and children and supporting his partner in making healthy decisions regarding HTSP and family planning
- Has more time between births, which may allow him time to plan financially and emotionally before the birth of the next child.

### Benefits for families:

- Families can devote more resources to providing their children with food, clothing, housing, and education.

## 6.7 Providing HTSP Messages in Family Planning Counselling

The outline of steps below provides an example of how a provider may integrate HTSP messages into family planning counselling. This may be done in family planning clinics as well as in maternal and child care clinics, home visits, and other health care settings. The steps given here

begin after the provider has established rapport and gathered basic information about the woman's history, desired family size, and fertility intentions:

1. As needed, probe to determine whether the client is interested in becoming pregnant.
  - For postpartum women who want to become pregnant again, explain why spacing pregnancies at least two years and no more than five years after the previous birth is beneficial.
  - For postabortion or post-miscarriage women, explain that if she wants to become pregnant again, she should delay pregnancy for at least six months.
  - For adolescents, explain that it is important to wait until she is 18 before becoming pregnant.
2. Explain the potential risks of not practicing HTSP.
3. If the client is interested in HTSP, discuss methods of family planning that she can use to practice HTSP, based on her fertility intentions.
  - Inform your client about which FP methods are available.
  - Provide or refer her to obtain her selected method. (See Unit 5, FP Counselling, for more information).
4. If client is not interested in HTSP and wants to become pregnant, provide counselling on the importance of antenatal care.
5. If client is undecided about becoming pregnant, probe reasons for not spacing and discuss further. As appropriate, use the information from Table 6.1. (See table on next page.)

### **Couples counselling and HTSP**

Couples counselling that addresses family planning and HTSP provides men with important information on the health, social, and economic benefits of HTSP and family planning, and also provides an opportunity to discuss how men can act to protect their health and the health of their wives and children. However, couples counselling is not recommended unless the health worker has been trained in the additional skills and sensitivity required to effectively address gender-based issues in counselling.

Table 6.1: Responses to Common Reasons for Not Practicing HTSP

<b>Common reasons for not practicing HTSP:</b>	<b>Possible responses</b>
Her religion does not allow her to use family planning.	She can use the lactational amenorrhea method (LAM), fertility awareness methods, and other natural methods to plan her family.
Her husband is not interested in discussing family planning or pregnancy spacing and/or he feels that it is her responsibility, not his.	Pregnancy spacing should be a joint responsibility and there are many economic, social, and emotional advantages to spacing children. Even if he doesn't want to discuss it, she can still use family planning.
The man's virility may be questioned if his wife does not become pregnant quickly.	A responsible man knows that his family's health is important, and he is willing to take steps to ensure that his family is healthy by planning and spacing his children.
The woman's fertility may be questioned if she is not able to become pregnant quickly.	It is important to acknowledge the concerns and expectations of the husband and family, but the wife and husband must also understand the risks of closely spaced pregnancies to the health of the woman, her current and future children.
<b>Reasons for not waiting before youngest child is at least 2 years old:</b>	<b>Possible responses</b>
It is best to have the children one after the other while the mother is young so she is strong enough to raise them.	Even young mothers can be stressed and weakened by closely spaced pregnancies.
It is best to have children one after the other so that they can have a companion close to their age with whom they can play.	Children closely spaced together may demand more attention from the mother.
It is easier to raise two children close to each other in age because they can share clothes, toys, and the mother's time. It also saves money.	All mothers need time to regain their energy and health after childbirth to be ready for a healthy next pregnancy.
It is more convenient to complete the family quickly and then go for permanent methods like surgical sterilization.	The mother should give all of her children the needed attention to grow healthy, be well-fed, and loved. If she is exhausted from a new pregnancy, she may not be able to give any of them enough attention.
If a woman waits too long, she will be too old to have another child.	It is better for the whole family if the mother and children are healthy, which may not happen if the births are closely spaced.
<b>Reasons for not waiting until age 18</b>	<b>Possible responses</b>
It is best to have children while the woman is young so the mother is strong enough to raise them.	Adolescents need time to physically and psychologically mature so that they are prepared for pregnancy and childbirth. Delaying the first child until a young woman is at least 18 increases the chances of having a healthy pregnancy and a healthy child.
Members of her family, such as her husband or mother-in-law, are pressuring her to have a child as soon as possible. In many cases, It is important to demonstrate her fertility and/or produce a male child.	While it is important to acknowledge the concerns and expectations of her husband and family, the woman must also understand the risks of too early pregnancies to the health of the mother and her future children.

(Extending Service Delivery Project 2008)

## HTSP Case Studies

### Case Study 1

Mariam is 17. She has just married a man who is 10 years older than she is. She wants to wait at least a year before becoming pregnant.

What questions would you ask the client to gather needed information?

What topics would you discuss?

How would you advise her?

### Case Study 2

Anna is 22. She has a 6-month-old baby girl, but she is already thinking about having her next child because she really wants a boy. Even though she realizes that closely spaced pregnancies are risky, she does not want to wait until her daughter is two before she starts trying to become pregnant.

What questions would you ask the client to gather needed information?

What topics would you discuss?

How would you advise her?

### Case Study 3

Esther is 16 and is using injectables. She is not pregnant and does not want to become pregnant until she is older, but she is not happy with injectables because of some of the side effects.

What questions would you ask the client to gather needed information?

What topics would you discuss?

How would you advise her?

### Case Study 4

Rita is 18. She has been living with HIV since she was born. She is doing well on antiretroviral therapy (ARV) and is getting married soon. She is concerned about having children.

What questions would you ask the client to gather needed information?

What topics would you discuss?

How would you advise her?

# HTSP Case Studies Answer Key

## Case Study 1

Miriam is 17. She has just married a man who is 10 years older than she is. She wants to wait at least a year before becoming pregnant.

What questions would you ask the client to gather needed information?

What topics would you discuss?

How would you advise her?

(Note, these questions are the same for all the case studies.)

### **Possible responses:**

- **Inquire what Miriam knows about pregnancy and the menstrual cycle, and explain how fertility and conception work.**
- **Explain the health benefits of delaying the first pregnancy until she is at least 18 as well as the risks associated with early pregnancy.**
- **Ask her if she is experiencing pressure from her husband, family, or community for her to get pregnant quickly. As needed, discuss how to deal with such pressure.**
- **Ask her what she knows about family planning. What is her partner's attitude towards family planning? Do her religious beliefs conflict with her desire to use family planning? Do her beliefs support pregnancy spacing and breastfeeding?**
- **Discuss her options for contraceptive methods, depending on local availability, her beliefs, her medical eligibility, and the attitude of her partner.**
- **Provide her with, or refer her to obtain, her chosen method, fully explaining the correct use of the family planning method and needed follow-up services.**

## Case Study 2

Anna is 22. She has a six-month-old baby girl, but she is already thinking about having her next child because she really wants a boy. Even though she realizes that closely spaced pregnancies are risky, she does not want to wait until her daughter is two before she starts trying to become pregnant.

### **Possible responses:**

- **Determine why she is so anxious to get pregnant again.**
- **Clarify why she does not want to practice HTSP.**
- **Fully explain the benefits and risks to herself, her baby, and the unborn child.**
- **As needed, help her think of ways to deal with any pressure she feels from her husband and family.**
- **Assess her understanding and acceptance of family planning.**
- **Support and encourage her decision and provide her with appropriate information (e.g. contraception or antenatal care).**



### Case Study 3

Esther is 16 and is using injectables. She is not pregnant and does not want to become pregnant until she is older, but she is not happy with injectables because of some of the side effects.

#### **Possible responses:**

- **Assess her experience with injectables.**
- **As needed, correct any errors in its use and address issues of side effects.**
- **Determine if she wants to continue using this method now that she has more information.**
- **If she doesn't want to continue with injectables, discuss other contraceptive options, including benefits, limitations, correct use, and follow-up.**
- **Assess her partner's support for family planning, if appropriate.**
- **Reinforce that it would be beneficial if she did not become pregnant until she is at least 18, and a reliable method of contraception can help achieve this.**
- **Explain the benefits of delaying the first pregnancy until the age of 18.**

### Case Study 4

Rita is 18. She has been living with HIV since she was born. She is doing well on her ARVs and is getting married soon. She is concerned about having children.

#### **Possible responses:**

- **Assess her fertility intentions and desired family size and let her know it is possible for her to have children even though she has HIV.**
- **Advise her that pregnancy places a heavy burden on her body because of her HIV status, so she should space and limit the number of her pregnancies. Because she is HIV-positive, she is already at risk for low-birth weight and pre-term birth. Spacing her pregnancies will help lower the risk of these outcomes.**
- **She should give her body time to rest between pregnancies. She should space them through use of an appropriate method of family planning.**
- **There are medicines and methods of delivery that will reduce the chance of transmitting HIV to her children.**
- **During pregnancy it is important for her to attend antenatal care.**
- **She should discuss all the issues regarding her fertility intentions, number and spacing of pregnancies with her husband, as appropriate.**

# HTSP Role Plays

## Role Play 1

A 22-year-old woman recently had a miscarriage when she was three months pregnant. She has one child: a girl who is one year old. The woman has come to the health worker with her mother-in-law for advice because she feels very weak but wants to get pregnant again. She has lots of family pressure, both from her husband and her mother-in-law, to get pregnant again so that she can give them a son.

### Participants' roles

**Health Worker.** The health worker will assess the needs of the client and provide counselling on HTSP and family planning. The health worker will explain the benefits of HTSP and also talk about the potential risks if HTSP is not practiced. She will then give information about different contraceptive methods.

**Client.** The client is feeling pressure to get pregnant again so she can have a boy.

**Mother-in-Law.** The mother-in-law mentions that they need a grandson to continue the family name.

### Discussion questions

1. Did the health worker approach the client in a positive reassuring manner?
2. Did the health worker provide adequate information?
3. Were the client's concerns addressed?
4. Was it a good idea to involve the mother-in-law?
5. Were the benefits of HTSP and family planning clearly communicated?
6. What else could the health worker have done?

## Role Play 2

A 25-year-old woman with two children, a boy and a girl, is using injectable contraceptives. Her last-born child is seven months old and she does not want to have another child right away. She has no problem with her current contraceptive method except that it is difficult for her to come in regularly for injections.

### Participants' roles

**Health Worker.** The health worker will assess the needs of the woman and provide counselling on HTSP and family planning. She will then give information about different contraceptive methods.

**Client.** The client will ask questions and try to decide if she wants to practice HTSP and what family planning method she might use.

### Discussion questions

1. Did the health worker approach the client in a positive reassuring manner?
2. Did the health worker provide adequate information?
3. Were the client's concerns addressed?

4. Were the benefits of HTSP and family planning clearly communicated?
5. What else could the health worker have done?

### Role Play 3

A 34-year-old man has four sons. His wife is in poor health after the birth of their last child one month ago. The doctor advised them against having any more children. He is convinced, however, that contraceptive methods cause cancer.

#### Participants' roles

**Health Worker.** The health worker will assess the situation and give the couple information about different modern contraceptive methods and help the couple decide if they will use a method.

**Clients (2).** The clients (husband and wife) ask questions about family planning. They are concerned about side effects.

#### Discussion questions

1. Did the health worker approach the clients in a positive reassuring manner?
2. Did the health worker address the clients' needs and concerns?
3. Did the health worker provide enough information?
4. Were the benefits of HTSP and family planning clearly communicated?
5. What else could the health worker have done?

### Role Play 4

A 16-year-old woman is married to a 30-year-old man. She wants to delay her first pregnancy, but she is concerned because her mother-in-law wants her to get pregnant quickly.

#### Participants' roles

**Health Worker.** The health worker will assess the situation, and will explain the benefits of HTSP. She will give information about different contraceptive methods to help her delay pregnancy until 18.

**Client.** The client asks questions about HTSP and family planning and how she can convince her mother-in-law to delay her first pregnancy.

#### Discussion questions

1. Did the health worker approach the client in a positive reassuring manner?
2. Did the health worker address the client's needs and concerns?
3. Did the health worker provide enough information?
4. Were the benefits of HTSP and family planning clearly communicated?
5. What else could the health worker have done?

## HTSP Quiz Questions

1. What is Healthy Timing and Spacing of Pregnancy (HTSP)?
2. Timing in HTSP refers to (tick all that apply):
  - a. How long a woman should wait after a birth before giving birth to her next child
  - b. How long a woman should wait after a birth before attempting to become pregnant again
  - c. The youngest age that a woman should be before becoming pregnant for the first time
  - d. The length of time a woman is pregnant
3. Spacing in HTSP refers to (tick all that apply):
  - a. How long a woman should wait after a birth, miscarriage, or abortion before giving birth to her next child
  - b. How long a woman should wait after a birth, miscarriage, or abortion before attempting to become pregnant again
  - c. The youngest age that a woman should be before becoming pregnant for the first time
  - d. The oldest age that is optimal for healthy pregnancies.
4. Describe the relationship between HTSP and family planning?
5. What is the key HTSP message for women who have recently given birth?
6. What is the key HTSP message for women after a miscarriage or induced abortion?
7. What is the key HTSP message for adolescents?
8. List three benefits to women of practicing HTSP?
9. List three risks for newborns if HTSP is not practiced?

10. Counselling for HTSP can be given during (tick the best answer)

- a. Antenatal care
- b. Postpartum care
- c. Child health visits
- d. Emergency care
- e. HIV counselling and testing
- f. a, b and c
- g. All of the above

11. If a woman tells you during counselling that she is not interested in healthy spacing because she wants to complete her family size quickly, what might be a helpful response?

12. During what part of the family planning counselling process is it best to provide HTSP messages? (tick all that apply)

- a. Immediately after establishing rapport with the client
- b. After gathering basic information about how many children the client has, her fertility intentions, and desired family size
- c. After giving her information on the family planning methods available
- d. After she has chosen a family planning method
- e. After giving her instructions for how to use the family planning method she has chosen

# HTSP Quiz Questions Answer Key

1. What is Healthy Timing and Spacing of Pregnancy (HTSP)?

**HTSP is an approach to family planning that helps women have health pregnancies, healthy babies, and healthy children.**

2. Timing in HTSP refers to (tick all that apply):

**c. The youngest age that a woman should be before becoming pregnant for the first time.**

3. Spacing in HTSP refers to (tick all that apply):

**b. How long a woman should wait after a birth, miscarriage, or abortion before attempting to become pregnant again**

4. Describe the relationship between HTSP and family planning?

**HTSP is a part of family planning. HTSP places family planning in the context of promoting healthy pregnancies, healthy mothers, and healthy babies.**

5. What is the key HTSP message for women who have recently given birth?

**For the health of the mother and baby, wait at least 24 months, but not more than 5 years, before trying to become pregnant again. Use a family planning method of your choice during that time.**

6. What is the key HTSP message for women after a miscarriage or induced abortion?

**For the health of the mother and baby, wait at least 6 months before trying to become pregnant again. Use a family planning method of your choice during that time.**

7. What is the key HTSP message for adolescents?

**For your health and your baby's health, wait until you are at least 18 years old before trying to become pregnant. Use a family planning method of your choice until you are at least 18.**

8. List three benefits to women of practicing HTSP?

**Any three of the following:**

- **Lower risk of death**
- **Lower incidence of induced abortion**
- **Lower risk of pre-eclampsia**
- **Lower risk of miscarriage**
- **Lower risk of anaemia**
- **Allows women to continue to breastfeed for two years**

9. List three risks for newborns if HTSP is not practiced?

**Any three of the following:**

- **Greater risk of death**
- **Greater risk of preterm birth**
- **Greater risk of low birth weight**

- **Greater risk of being small for gestational age**
- **Less likely to continue to be breastfed for two years**

10. Counselling for HTSP can be given during (tick the best answer)

**g. All of the above**

11. If a woman tells you during counselling that she is not interested in healthy spacing because she wants to complete her family size quickly, what might be a helpful response?

**Any of the following responses:**

- **Children closely spaced together may demand more attention from the mother.**
- **All mothers need time to regain their energy and health after childbirth to be ready for a healthy next pregnancy.**
- **The mother should give all of her children the needed attention to grow healthy, be well fed, and loved. If she is exhausted from a new pregnancy, she may not be able to give any of them enough attention.**

12. During what part of the family planning counselling process is it best to provide HTSP messages? (tick all that apply)

**b. After gathering basic information about how many children the client has, her fertility intentions, and desired family size.**

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