



Birth Spacing: 2004 Evidence Supports 3+ Years

- *New 2004 evidence from DHS and other analyses confirms earlier findings that spacing births three to five years apart is associated with the lowest risk for neonatal, infant, child, and under-five mortality.¹*
- *New analyses also indicate that postabortion (spontaneous or induced)–next pregnancy intervals shorter than six months are associated with adverse maternal and perinatal outcomes in the next pregnancy.*
- *While birth spacing was a common theme of family planning programs in the past, recent reviews have identified substantial programmatic gaps. In many countries, birth spacing is not included in mortality reduction strategies. Programmatic actions are needed in policy, advocacy, communications, community outreach, services, and research.²*
- *In 2003, if women in developing countries (excluding China) had spaced births approximately 36 months apart, it is estimated that 3 million deaths to children under the age of five could have been averted, accounting for about 35% of all deaths to children in this age group.*

The Problem

Program Gaps: While programs have effectively improved knowledge about contraceptive methods, families lack information about risks and benefits associated with the spacing of births. Few counseling and educational materials have been developed on these topics.³ If women achieved the longer birth intervals that survey data show they prefer, it is estimated that substantial numbers of infant, child, and maternal deaths might be averted. Policymakers and program planners should include birth spacing education and services as essential components of mortality reduction strategies.

Program Priorities for Birth Spacing

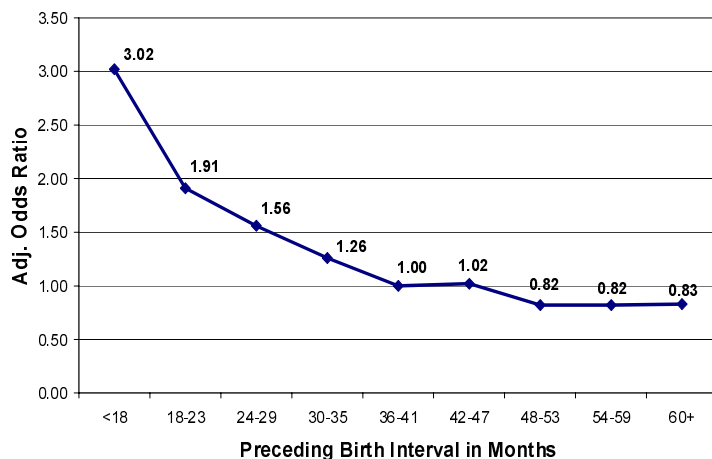
Advocacy: Bring the new evidence on birth spacing and its association with mortality reduction to Ministries of Health, donors, technical agencies, policymakers, program managers, community leaders, and NGOs. Help leaders understand that investments in helping women achieve the longer birth intervals they want are feasible and cost-effective, and may help prevent substantial numbers of infant and maternal deaths.

Policies and Strategies: Integrate birth spacing into child survival and maternal and neonatal care programs. Recognize family planning and birth spacing as legitimate, significant and essential components of maternal, infant and neonatal mortality and poverty reduction strategies.

Monitoring and Evaluation: Use easily available country-level data—USAID’s Demographic and Health Surveys—to identify and monitor:

- the percent of births spaced less than two and three years, and

Under Five Mortality by Birth Interval



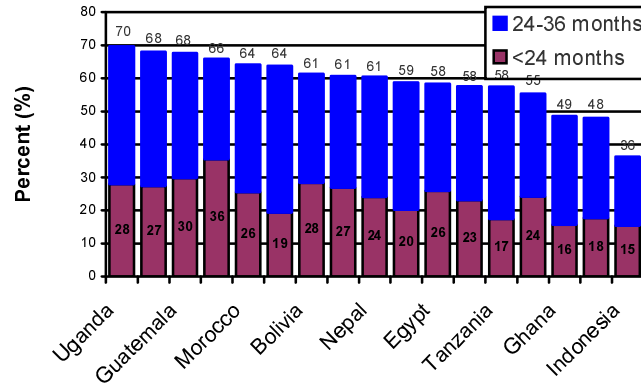
- neonatal, infant and under-five mortality rates by birth interval.

Disaggregate the data by age and income quintile. Bring this information to policymakers.

Services: Use training materials and job aids that reflect the new birth spacing findings in community-based service delivery, as well as facility-based programs, to reach women with spacing needs.

Communication: Plan and implement new counseling, communication, and outreach programs—especially through community midwives and NGOs—to educate families, providers, and community leaders on the health and other benefits of spacing births three to five years apart. Convey a simple message: for the health of your children, use an effective family planning method of your choice for two years after the last birth before trying to become pregnant again.

Percent of Birth Intervals that are Short: Select Developing Countries



Postabortion Care: Counsel postabortion care clients to use a family planning method of their choice for at least six months to avoid adverse pregnancy outcomes in the next pregnancy.

Community Empowerment: Use a multi-sectoral approach involving non-health, civil society organizations and leaders to educate communities about spacing benefits and risks, and to help families make informed decisions about the spacing and timing of pregnancies.

¹Conde-Agudelo A. Effect of Birth Spacing on Maternal and Perinatal Health: A Systematic Review and Meta-Analysis. Report submitted to the CATALYST Consortium, October 2004.

²Jansen W and Cobb, L. USAID Birth Spacing Programmatic Review. POPTech, April 2004; available at: www.poptechproject.com

³See note 2 above.

Where to get more information: www.maqweb.org

References:

Rutstein S, Johnson K and Conde-Agudelo A. *Systematic Literature Review and Meta-Analysis of the Relationship between Interpregnancy or Interbirth Intervals and Infant and Child Mortality*. Report submitted to the CATALYST Consortium, October 2004.

Last Revised: 5/16/05

Produced in association with The Maximizing Access and Quality Initiative

Designed and produced by: The INFO Project at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs



U.S. Agency for International Development