The ABC’s of Family Planning

What do we mean by "family planning" and how does this relate to safe abortion? The political rhetoric of the last several weeks has led to much confusion on this issue. This took a turn for the worse this week when Foreign Affairs Minister Lawrence Cannon announced that the Canada G8 initiative would not include family planning or contraception -- a position rapidly corrected by Prime Minister Harper.

Actually the "A" word is nowhere in the definition of Family Planning, nor mentioned in the 2007 WHO handbook on Family Planning, other than providing contraception for women who have experienced a miscarriage or abortion. The World Health Organization definition is this: "Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy."

In other words, family planning is voluntary, and available methods of contraception (previously referred to as birth control) can be customized to individual needs with a range of methods that are acceptable to all and effective if used correctly. Unmet need for family planning applies only to married women and indicates those women who say they prefer to avoid a pregnancy but are not using any method of contraception. That number is a stunning 215 million women globally.

Family planning prevents about one-third of pregnancy-related deaths, as well as 44% of neonatal deaths. This is because timing and spacing of pregnancies – at least 2 years between births – is needed to prevent adverse pregnancy outcomes, including high rates of prematurity and malnutrition and stunting in children. Spacing of pregnancies for optimal outcome applies globally, not only in poor settings. The ability to determine whether or not to become pregnant and how many children to have has long been recognized as a human right. As agreed in 1994 by UN member states in Cairo, abortion is not to be promoted as a method of family planning, although prevention of unsafe abortion is a priority for public health.

The point that is being missed here is that a broad consensus exists in terms of what is needed to save the lives of mothers and children and can be addressed by this year’s G8, but work is still required to finalize what will be in the G8 commitment. To take one part of it distracts from the need to get clarity on broader integrated approaches focused on primary health care, such as family planning, antenatal care, essential obstetric/newborn care, postpartum care, immunizations, prevention and management of malaria, HIV and other sexually transmitted infections, must be provided in coordinated, cost-effective ways that are accessible to the population in question. Family planning will save lives, and will prevent many unsafe abortions, and is one critical element in the skill set of the midwives and nurses and community health workers that is not fraught with controversy, regardless of laws and evidence. It is a good place to begin.

Dorothy Shaw, MB, ChB, FRCSC
Canada G8/G20 Spokesperson for the Partnership for Maternal Newborn Health
Clinical professor, Obstetrics and Gynecology, University of British Columbia
Vancouver, BC