



# Healthy Timing and Spacing of Pregnancies: A Family Planning Investment Strategy for Accelerating the Pace of Improvements in Child Survival

Healthy timing and spacing of pregnancies helps women bear children at healthy times in their lives. Mothers and infants are then more likely to survive and stay healthy. A U.S. Agency for International Development (USAID) analysis found that if all birth-to-pregnancy intervals were increased to 3 years, 1.6 million under-5 deaths could be prevented annually. This brief recommends three key programmatic actions to strengthen family planning as an essential intervention for child survival.

## 1. Educate families on family planning's role in ensuring pregnancies occur at the healthiest times in a woman's life. This helps avoid high-risk pregnancies.

Healthy times for a pregnancy are:

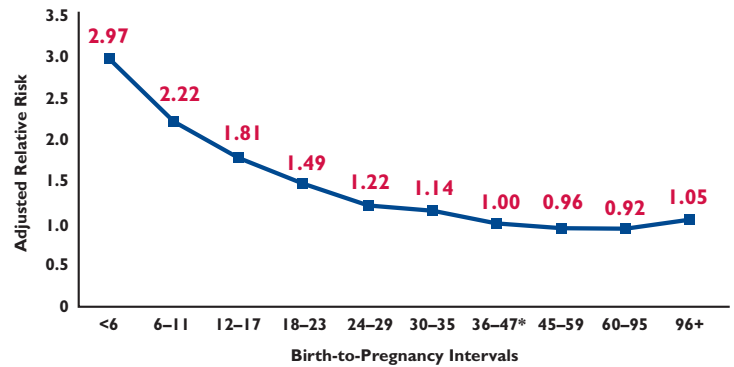
- At least 24 months after a live birth\* – this interval is consistent with the WHO/UNICEF recommendation of breastfeeding for 2 years
- Between ages 18 and 34
- At least 6 months after a miscarriage

Multiple studies show that when families recognize that family planning supports maternal, newborn, and child health, family planning use increases significantly. Behavior change communication activities can help families understand that newborns and children are healthier with longer intervals between births. A key message is “after a live birth, wait at least 24 months before attempting a pregnancy”\* (see Figures 1 and 2). Programs can also help families understand the risks for newborns when pregnancy occurs before age 18 (see Figure 3).\*\*

\*Report of a WHO Technical Consultation on Birth Spacing, Geneva, Switzerland, 13-15 June, 2005, available at [http://www.who.int/maternal\\_child\\_adolescent/documents/birth\\_spacing05/en/index.html](http://www.who.int/maternal_child_adolescent/documents/birth_spacing05/en/index.html)

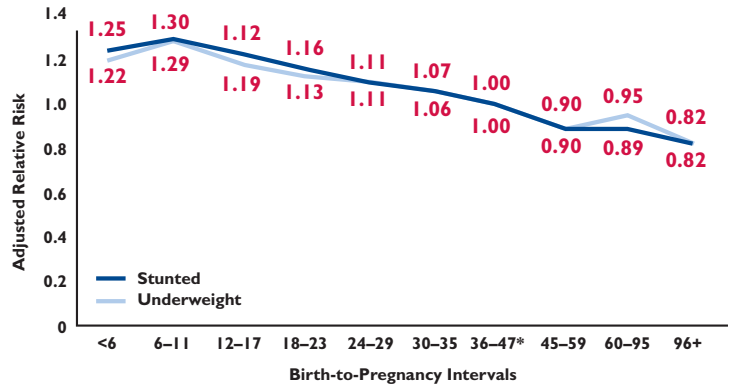
\*\*WHO is reviewing evidence on pregnancy spacing and health outcomes. The Child Health Epidemiological Reference Group is reviewing evidence on fertility-related, high-risk pregnancies (high/low maternal age, closely spaced, high parity) and health outcomes. Findings will be disseminated when they become available.

Figure 1: Under-5 Mortality Risk by Birth-to-Pregnancy Intervals from 52 Demographic and Health Surveys



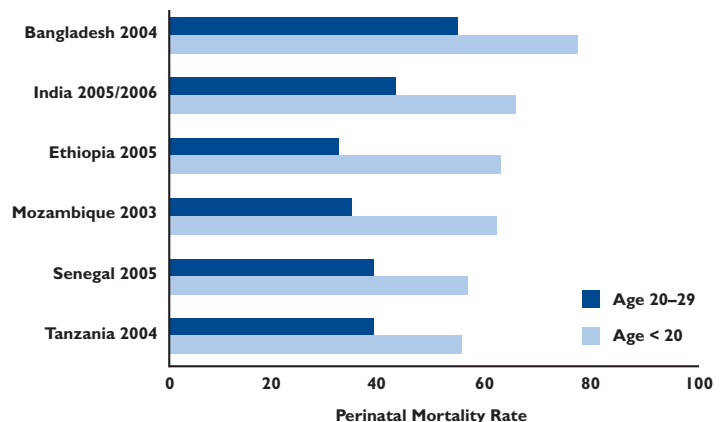
Source: Rutstein, 2008  
\*Ref Group

Figure 2: Child Undernutrition Risk by Birth-to-Pregnancy Intervals



Source: Rutstein, 2008  
\*Ref Group

Figure 3: Perinatal Mortality by Age of Mother  
Perinatal Mortality by Mother's Age at Birth, Adolescent vs. Women 20-29



Source: WHO, Making Pregnancy Safer, Adolescent Notes, October, 2008.

**2. Expand the mix of available contraceptives, including long-acting, reversible methods, to help couples effectively delay, time, space, and limit pregnancies to achieve their fertility intentions.**

As child survival improves, parents recognize they do not need 5–6 children to ensure that 2–3 survive to adulthood; they often increase their use of family planning to achieve their fertility intentions.

As a result, couples are also more likely to invest in the health and well-being of each child, and more children survive and thrive (see Figure 4). As this behavior becomes the norm, birth rates further decline.

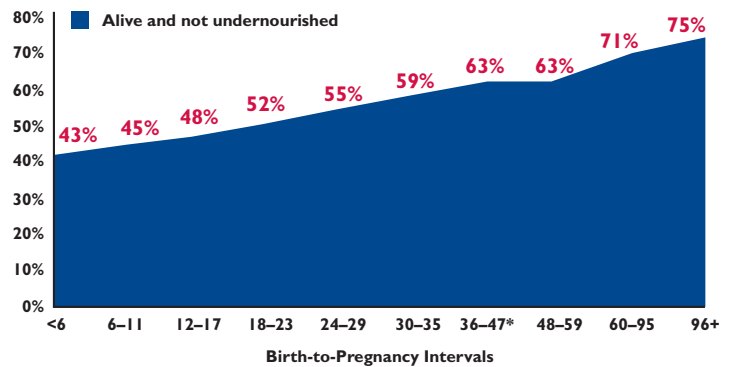
**3. Enact policies to reap the benefits of the demographic dividend.**

The demographic dividend is defined as the opportunity for rapid economic growth that is associated with a change in age structure (the increase in the working age population, the relative decline in dependents – children or the elderly), when coupled with economic policies that promote job growth. This window of opportunity begins to open when people start to live longer and have fewer children than previous generations, and jobs are available for the increasing number of workers.

For example, in Kenya, the total fertility rate has fallen from 8.1 children in 1978 to 4.6 children in 2008. By 2030, the total number of children age 0–14 will only increase from 18 million to 25 million due to fertility decline, but the total population will double, and the working age population will more than double due to past decades' high population growth rates (see Figure 5). Investments made now in key child survival interventions, including family planning, will yield immediate health benefits. By coupling these investments with policies supporting girls' education and job creation, especially for women, countries like Kenya can be positioned to realize substantial economic growth. The demographic dividend yields benefits that can then be further invested in children's health and well-being.

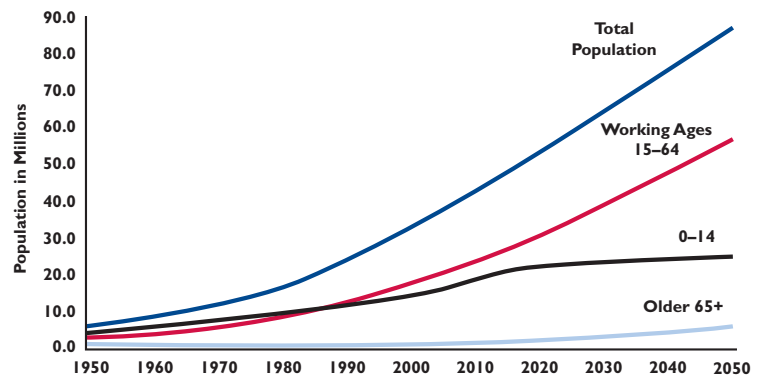
*To learn more and view studies referenced in this document, visit [http://transition.usaid.gov/our\\_work/global\\_health/pop/techareas/htsp/index.html](http://transition.usaid.gov/our_work/global_health/pop/techareas/htsp/index.html).*

Figure 4: Percentage of Children Alive and Not Undernourished by Duration of Preceding Birth-to-Conception Intervals



Source: Rutstein, 2008  
\*Ref Group

Figure 5: Kenya Today and Tomorrow: Double the Population but Not Many More Children



Source: Making the Most of Kenya's Demographic Change and Rapid Urbanization, World Bank, 2011. 2011 World Bank calculations based on United Nations, 2009, World Population Prospects