

Postpartum family planning

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Training objectives

On completion of the course students should be able to:

- Describe the importance of PFP & integration across contact points.
- Apply WHO guidance on using contraceptive during the post partum period.
- Define the basic indicators used for monitoring PFP and apply them in their countries.

Postpartum family planning

Postpartum family planning (PPFP)

refers to the prevention of unintended and closely spaced pregnancies through the first 12 months following childbirth to women and their partners.

Postabortion family planning refers to the prevention of unintended and closely spaced pregnancies following an abortion.

Post pregnancy family

planning = postpartum family planning as well as post abortion family planning.



Source: WHO (New WHO tool helps guide contraception choice following childbirth)

Unmet need

- ❑ The percentage of fecund women of reproductive age who want no more children or to postpone having the next child, but **are not** using a contraceptive method.
- ❑ Women who are pregnant or less than six months postpartum who did not intend to become pregnant at the time they conceived and were not using a contraceptive method are assumed to have an unmet need for modern contraception.

Postpartum family planning

- The postpartum period is one of the most vulnerable times in a women's life and the need for family planning is highest during this time. However, it is also the period when the need is least likely to be met.
- Worldwide, more than 9 out of 10 women want to avoid pregnancy for 2 years after having had a baby, but 1 in 7 of them are not using contraception.

PPFP is often ignored, and a number of biases and misconceptions have limited its availability.

Why postpartum family planning is important?

- PFP can save mothers' lives – family planning can prevent more than one-third of maternal deaths.
- PFP can also save babies' lives – family planning can prevent 1 in 10 deaths among babies if couples space their pregnancies more than 2 years apart.
- Short birth intervals increase risks of adverse maternal and infant outcomes, such as low-birth weight & infant mortality.
- Birth intervals shorter than 18 months have the highest mortality risk for infants and children under-five, with decreasing risk as birth intervals increase up to 36 months.
- As a result, the World Health Organization (WHO) recommends birth intervals of 2–3 years.

Timing of postpartum family planning guidance

- Traditionally given at a **6-week postpartum visit**.
- However, guidance in the **immediate postpartum** is recommended and appropriate (within 10 minutes or up to 48 hours after birth*).
- **Extended PPF** - from 48 hours up to one year after birth**.



*Asnake M. et al. Leveraging maternity waiting homes to increase the uptake of immediate PPF in primary health care facilities in Ethiopia. *Ethiopian journal of health development*. 2021; 35(1).

**USAID. Family planning needs during the extended postpartum period in Uttar Pradesh, India. 2008. Retrieved from https://resources.jhpiego.org/system/files/resources/accessfp_up%20india_analysis_2008.pdf

Complexity of postpartum family planning decision-making

- ❑ Changing needs **throughout the first year postpartum**, includes:
 - Changes in breastfeeding status
 - Uterine involution
 - Affects eligibility for barrier methods, tubal sterilization
 - Venous thromboembolism risk
 - IUD expulsion risk



When should contraception be provided?

- Pregnancy can occur by 6 weeks if a woman does not exclusively breastfeed, so it is important to make sure that a method is provided by 4 weeks postpartum
- Women who do breastfeed have postpartum amenorrhoea for varying lengths of time, depending on their breastfeeding practices, but ovulation and therefore pregnancy can occur before menstruation resumes.
- For women who are using the lactational amenorrhoea method (LAM) as their contraceptive method, it is important to support them to choose and start another method of family planning by 6 months postpartum.

Aim:

- To ensure that women have a method of contraception that they can start before the risk of pregnancy returns after childbirth.
- The chosen method of contraception to be started before the woman leaves the birthing facility.

Integration of postpartum family planning

Integration of PFP across contact points



Measures to avoid missed opportunities for PFP (1)

Antenatal period

- Healthcare providers who provide antenatal care should be given the time and opportunities to be trained to give contraceptive advice.
- Add “Contraceptive counselling” to maternity checklists.
- Provide women & partner information (in a variety of forms) about the importance of PFP and the range of methods available.
- Document the method of contraception chosen e.g. in the Maternity Case Record. Videos or brief talks about PFP in clinic waiting rooms & Posters emphasizing the importance and advantages of PFP should be available and visible.
- Woman’s choice should be communicated to the local community-based distribution (CBD) network, if available, so that a CBD worker can provide follow-up care as needed.



Source: USAID-Expanding PFP services in Bangladesh

Measures to avoid missed opportunities for PFP (2)

In the labour ward

- Ensure that healthcare professionals (HCPs) who provide intrapartum care are trained to give contraceptive advice & provide all methods, including IUD & implant insertion.
- Ensure that contraceptive implants and IUDs & the necessary equipment for their insertion are always available.



Source: Family planning 2020 (Immediate PFP)

Measures to avoid missed opportunities for PFP (3)

Postnatal ward

- When women come into the delivery suite too late in labour to discuss contraception, HCPs on the postnatal ward should be competent to discuss all methods of contraception and to insert implants and IUDs.
- All methods of contraception should be available in the postnatal ward, including contraceptive implants and IUDs, and the necessary equipment for insertion (including long forceps and a supply of IUDs).

Immunization and postnatal clinics

- Ensure that HCPs at baby immunization clinics are trained to give contraceptive advice and to provide all methods, including implants and IUDs, or are able to refer appropriately.

In all settings:

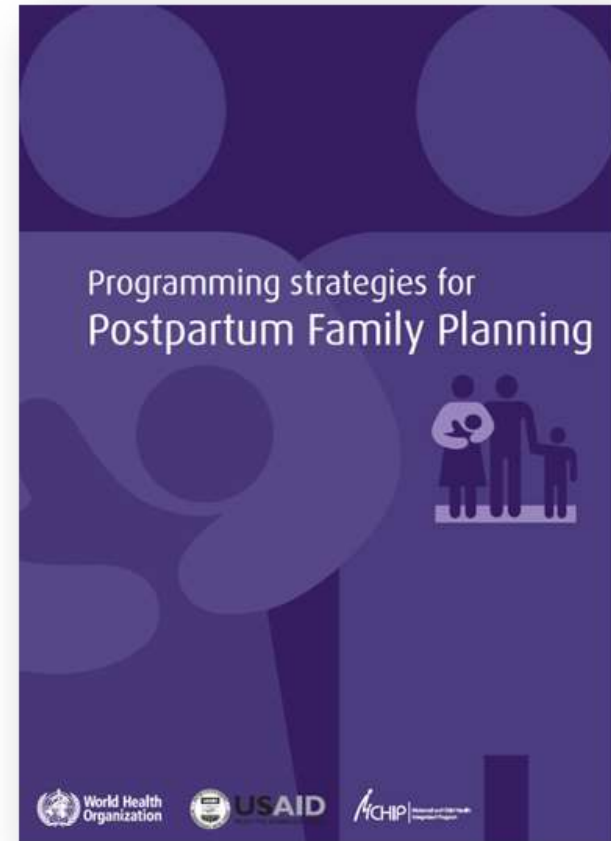
- Ensure the involvement of all appropriate partners including CBD workers, midwives and peer educators.



Source: USAID-Expanding PFP services in Bangladesh

Role of health service managers

- It is not enough for doctors, nurses and other healthcare workers to be well trained to provide postpartum contraception safely and appropriately.
- Service managers and other staff responsible for health facilities, including procurement, need to play their part in ensuring that all opportunities for providing PPFp are used.



Guidance For programme managers & planners to integrate PPFp into national & subnational strategies

Counselling for postpartum family planning

- Discuss the importance of birth spacing
- Explain the rapid return to fertility for women who are not breastfeeding
- Discuss return to sexual activity
- Explain benefits of LAM and exclusive breastfeeding
- Discuss family planning options and when each method can be started
- Counselling can be integrated within maternal, newborn and child health services

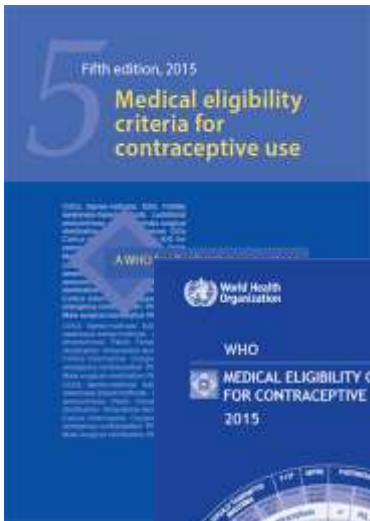


Integration of PFP across contact points

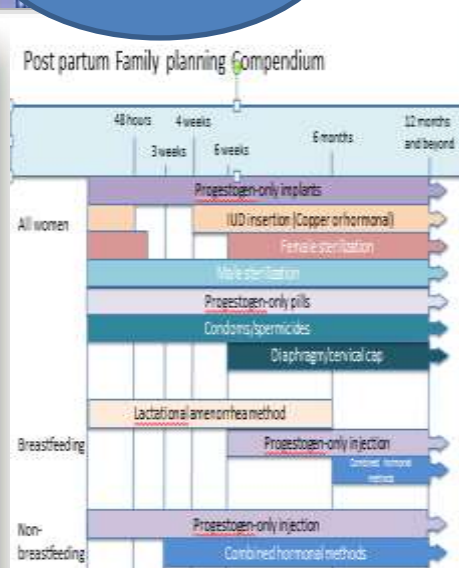
- Integrating FP and immunization services in the extended postpartum period is a promising high impact practice (HIP) <https://www.fphighimpactpractices.org/briefs/family-planning-and-immunization-integration/>
- Offering contraceptive counseling & services as a part of care provided during childbirth at health facilities (immediate PFP) is a proven high impact practice in FP <https://www.fphighimpactpractices.org/briefs/immediate-postpartum-family-planning/>

WHO guidance on postpartum family planning

WHO guidance on postpartum family planning



**Mobile app
android IOS**



Postpartum family planning guidance at your fingertips: Place a bookmark!

srhr.org/postpartumfp



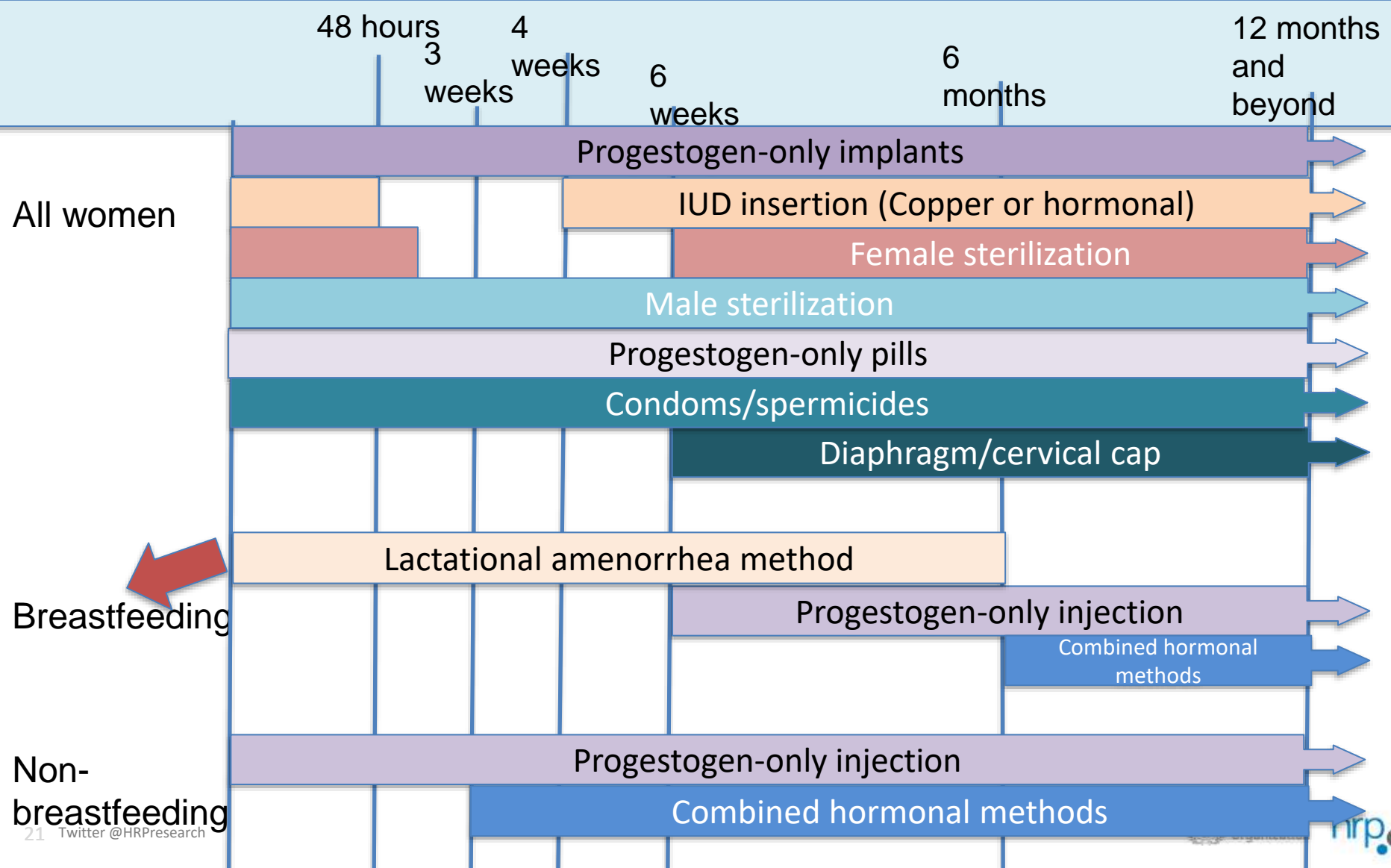
Guide women through their postpartum family planning options

The Postpartum Family Planning Compendium integrates core WHO guidance for clinicians, program managers, and policy-makers.

1. What are the woman's characteristics?

Choose Medical Conditions:	Breastfeeding Status:	Current Medication Use:	Other Characteristics:
<input type="text" value="0 Selected"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="0 Selected"/>	<input type="text" value="0 Selected"/>

Contraceptive options /method eligibility: The first year postpartum



Breastfeeding and postpartum



Time period	Progestogen-only pill	DMPA/NET-EN injectable	Levonorgestrel/Etonogestrel implants
< 6 weeks postpartum	2	3	2
≥ 6 weeks postpartum	1	1	1

Time period	LNG-IUD
<48 hours including insertion immediately after cesarean section	not breastfeeding = 1 breastfeeding = 2
≥ 48 hours to < 4 weeks	3
≥ 4 weeks	1

MEC recommendations

Women who breastfeed have more safe contraceptive options

- Implants (LNG, ETG) and progestogen-only pills (POPs) can now be offered in the immediate postpartum period.
- LNG-IUD can be immediately inserted in first 48 hours.

Monitoring postpartum family planning

Monitoring postpartum family planning

- Monitoring PFP is an ongoing process that provides regular feedback on the progress being made towards achieving the goals and objectives.
- It should be part of the routine National Health Management Information Systems (N-HMIS).
- The lessons from the monitoring process should be reviewed periodically and used to inform actions and decisions.
- Monitoring and evaluation of PFP programmes is important to gain evidence about its effectiveness.

Indicators to monitor PFP in the NHMIS

1. Percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge.
2. Percent of women who delivered in a facility and received counselling on FP prior to discharge.

Postpartum Family Planning Indicators for
Routine Monitoring in National Health
Management Information Systems

April 2019

www.mcsprogram.org

1. Indicator for PFP uptake prior to discharge after a birth

	Indicator	Explanation	Denominator	Source	Disaggregation
I	Percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge	This indicator combines women who receive a method inserted by a provider (IUD, implant) or tubal ligation, women who start using the lactational amenorrhea method, and women who leave with a method (pills, condoms).	Facility deliveries	Delivery Register <u>or</u> Postnatal Care Register for pre-discharge care	Critical: <ul style="list-style-type: none"> • Method (including LAM) Context-specific: <ul style="list-style-type: none"> • Age (<20 & 20+)

The complete definition can be found in MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database:

https://www.measureevaluation.org/prh/rh_indicators/family-planning/family-planning-and-maternal-and-child-health/number-percent-of-women-who-delivered-in-a-facility-and-initiated-a-modern-contraceptive-method-prior-to-discharge.

2. Indicator on FP counseling prior to discharge

	Indicator	Explanation	Denominator	Source	Disaggregation
2	Percent of women who delivered in a facility and received counseling on FP prior to discharge	Counseling should consist of information on benefits of healthy timing and spacing of pregnancy, return to fertility after birth, return to sexual activity, safe modern contraceptive options for postpartum women including those breastfeeding (based on WHO's medical eligibility criteria (MEC) for contraceptive use); lactational amenorrhea method (LAM), and transition from LAM to a modern method.	Facility deliveries	Same as #1	Context-specific: Age (<20 & 20+)

Document PFP counseling during pregnancy and method choice

This information can be documented in various tools:

Tool	Record PFP Counseling	Record method chosen*
ANC visit register	yes	no
Longitudinal ANC register	yes	yes
ANC card kept at facility	yes	yes
Women's held card	yes	yes

*Also document if woman does not intend to use contraception. Cue to provider to not re-counsel, though still appropriate to discuss fertility intentions at subsequent visits in case woman changes her mind. For privacy, document method choice inside the card.

Further reading

- Programming strategies for postpartum family planning. WHO; 2013.
https://apps.who.int/iris/bitstream/handle/10665/93680/9789241506496_eng.pdf
- Offering contraceptive counseling & services as a part of care provide during childbirth at health facilities (immediate PFP) is a proven high impact practice in FP – High Impact Practices in Family Planning (HIPs). Immediate postpartum family planning: A key component of childbirth care. Washington, DC: USAID; 2017 Nov.
<https://www.fphighimpactpractices.org/briefs/immediate-postpartum-family-planning/>
- Integrating FP and immunization services in the extended postpartum period is a promising high impact practice (HIP) - High-Impact Practices in Family Planning (HIP). Family Planning and Immunization Integration: Reaching postpartum women with family planning services. Washington, DC: USAID; 2013 Jul. <https://www.fphighimpactpractices.org/briefs/family-planning-and-immunization-integration/>
- Postpartum indicators for routine monitoring – Postpartum family planning indicators for routine monitoring in National Health Management Information Systems. MCSP; 2019 Apr.
<https://www.mcsprogram.org/resource/postpartum-family-planning-indicators-for-routine-monitoring-in-national-health-management-information-systems/>

Readings and videos

- Read the WHO factsheet on Contraception
<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
- Watch the video on WHO and the development of contraceptive methods <https://www.youtube.com/watch?v=jHb69wklWN4>
- Watch video on Human Rights and Contraception
<https://www.youtube.com/watch?v=4ubJzsYeJTI&t=513s>