Acronyms

ANC	antenatal care
CHW	community health worker
COC	Combined Oral Contraceptive
DPT	Diphtheria Pertussis and Tetanus
ECP	emergency contraception pills
FP	family planning
IUD	intrauterine device
LAM	Lactational Amenorrhea Method
PCVR	progesterone contraceptive vaginal ring
POPs	progestin-only pills
PPFP	postpartum family planning

PPFP at the Community

A home birth and/or long distance to facility services do not equate to lack of access to PPFP, though these factors may limit long-acting or permanent method choices. Community health workers (CHWs) can and have been able to provide PPFP counseling and services to postpartum women including the Lactational Amenorrhea Method (LAM) and contraceptive commodities.

In the period shortly following birth, LAM, with or without emergency contraception (EC); condoms; or progestin-only pills (POPs) are recommended. Additional methods can be added with time or for LAM users who wish to transition, including diaphragms, progesterone contraceptive vaginal rings (PCVR), injectables, or implants.

Women giving birth at home may still seek facility-based care for their babies, whether for well-child care, immunization, or to consult for a sick child. CHWs can encourage uptake of long-acting or permanent methods during those visits. Alternatively, mobile or outreach services can bring these methods to the community.

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Pathway of Opportunities for Postpartum Women to Adopt Family Planning

Postpartum Family Planning

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Purpose of this Tool

Postpartum Family Planning (PPFP) is a service delivery strategy that expands access to family planning through integration within the existing continuum of maternal, newborn and child health services, resulting in important health benefits by ensuring healthy timing and spacing of pregnancies and in the fulfillment of desired family size.

The timing around childbirth and the first two years postpartum (the "extended postpartum period") offers multiple opportunities to deliver family planning services to postpartum women by leveraging their contacts with the health system. This resource demonstrates those opportunities, beginning during antenatal care and continuing through the extended postpartum period. It identifies the types of clients in need of services and the methods available in different settings, scheduled alongside the typical health system contacts that a postpartum woman might experience in her community or at a health facility. Altogether, it serves as a guide for decision makers in both family planning and maternal and child health sectors to the pathway of opportunities for postpartum women to adopt family planning.

PPFP in the Facility

A facility birth offers a golden opportunity to counsel on healthy spacing of pregnancies, the conditions that trigger a return to fecundity, and family planning (FP) options. In addition, women can initiate several methods before discharge from a facility including: permanent methods (both male and female sterilization), IUDs (copper-bearing and progestin-releasing IUDs), implants, and POPs, as well as LAM with or without EC.

Uptake will likely be higher when counseling is initiated antenatally. Counseling a woman multiple times has also been shown to increase acceptance of PPFP. Coordination between facility providers working in antenatal care (ANC), labor and delivery, and FP helps improve organization of PPFP services.

Ideally, many women will opt to start a highly effective method at birth. However, those who do not or who opt for LAM will benefit from integration or linkages with FP during return visits to the facility for postnatal care, well-child, or immunization visits, or even for sick child visits.

It is not recommended for vaccinators to provide full FP counseling or method provision without concurrence from the immunization program and unless privacy can be assured. But intra-facility referrals can increase PPFP uptake. Here, too, coordination between vaccinators and FP providers is critical!

Adequate documentation of integrated services at birth or tracking of intra-facility referrals, if continuously reviewed, can help facility teams improve quality and uptake.

How can I Accelerate PPFP?

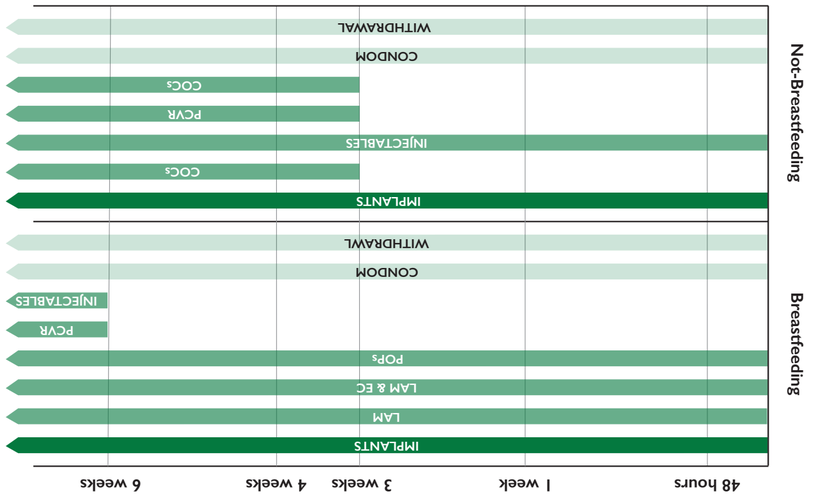
Learn more about PPFP at
http://www.who.int/reproductivehealth/publications/family_planning/pppfp_strategies/en/

Commit to the Statement for Collective Action for PPFP at
http://www.mcsprogram.org/ActionPPFP/

Use resources from the PPFP Toolkit at
https://www.k4health.org/toolkits/pppfp

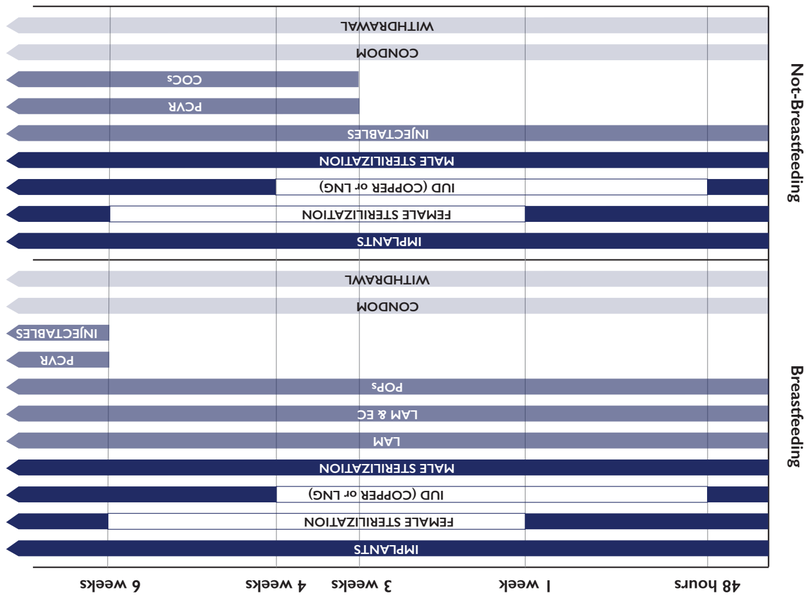
Engage with the PPFP community at
www.familyplanning2020.org

Immediate Postpartum Options: Community



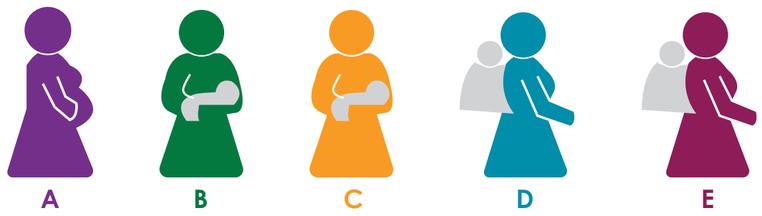
COCs should not be initiated by breastfeeding women until at least 6 months postpartum. In addition, fertility awareness methods such as Standard Days Method (CycleBeads), require women to chart 4 regular menstrual cycles before beginning this method, so timing varies from one woman to the next.

Immediate Postpartum Options: Facility



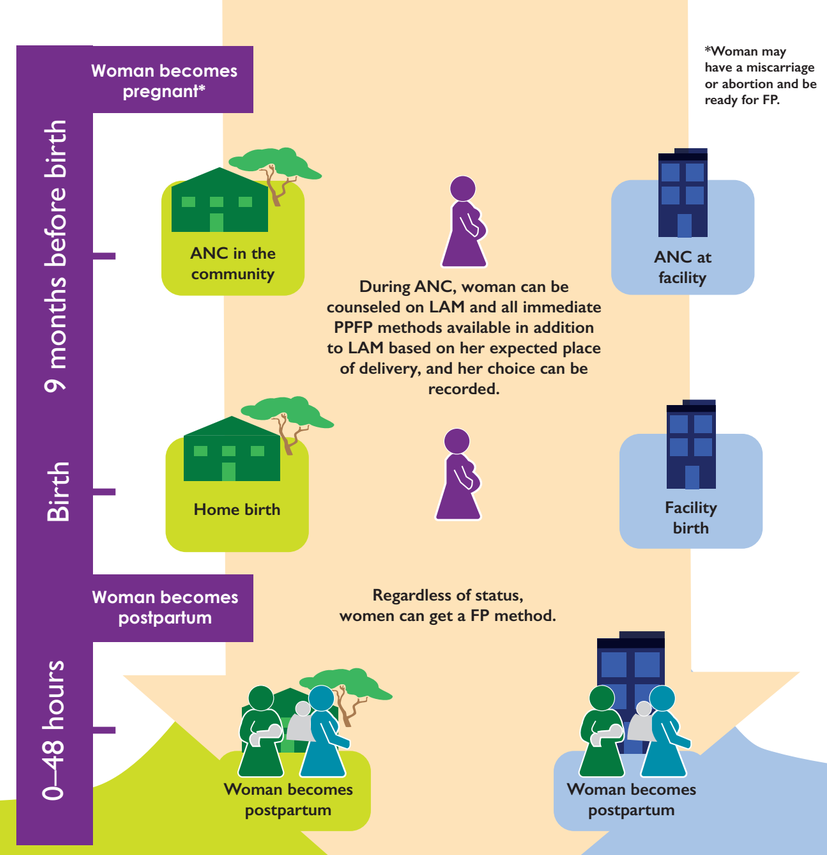
COCs should not be initiated by breastfeeding women until at least 6 months postpartum. In addition, fertility awareness methods such as Standard Days Method (CycleBeads), require women to chart 4 regular menstrual cycles before beginning this method, so timing varies from one woman to the next.

Legend: Types of Postpartum Women

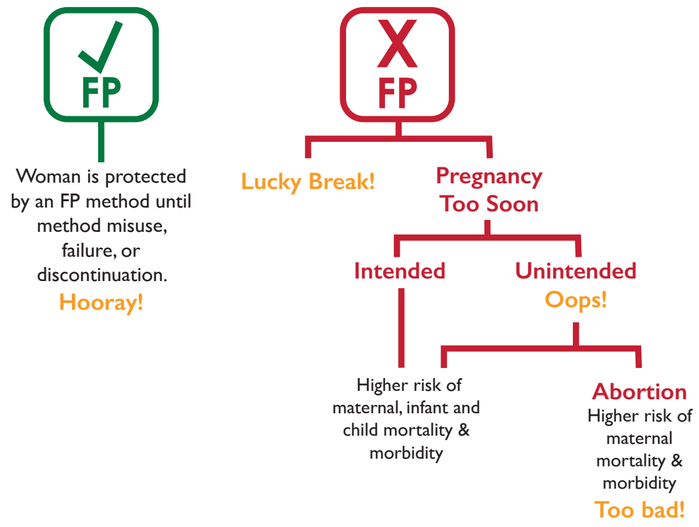


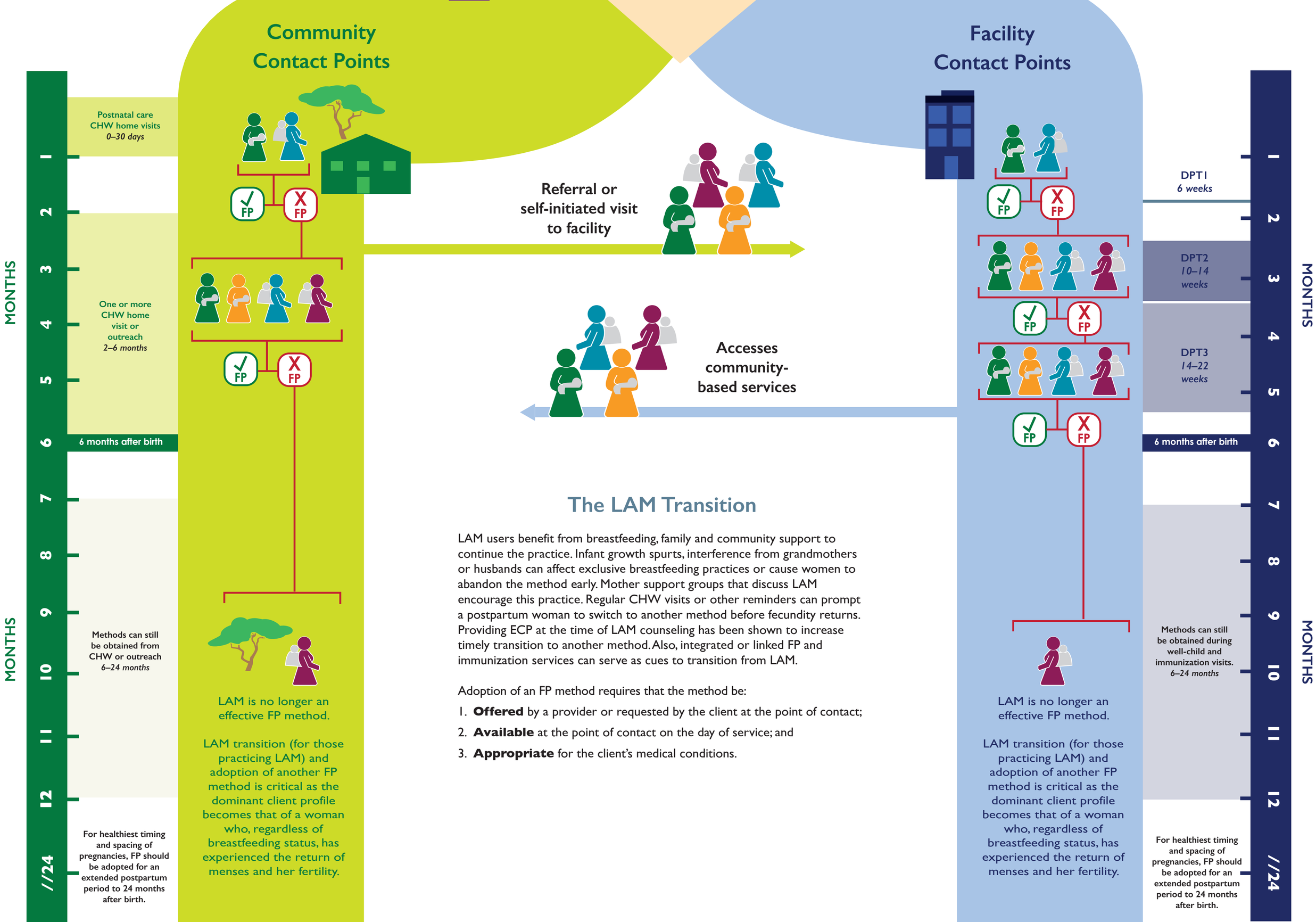
A: Pregnant woman
B: Exclusively breastfeeding with no menses (woman is not at risk of pregnancy)
C: Exclusively breastfeeding and menses have returned
D: Partial or no breastfeeding with no menses
E: Partial or no breastfeeding and menses have returned

The timing of return to sexual activity sometimes occurs soon after birth, even where cultural practices suggest or assume a delay. For this reason, it should be assumed that all postpartum women, even early postpartum women, are potentially at risk of pregnancy in the postpartum period.



Legend: Health Outcomes for Postpartum Women





The LAM Transition

LAM users benefit from breastfeeding, family and community support to continue the practice. Infant growth spurts, interference from grandmothers or husbands can affect exclusive breastfeeding practices or cause women to abandon the method early. Mother support groups that discuss LAM encourage this practice. Regular CHW visits or other reminders can prompt a postpartum woman to switch to another method before fecundity returns. Providing ECP at the time of LAM counseling has been shown to increase timely transition to another method. Also, integrated or linked FP and immunization services can serve as cues to transition from LAM.

Adoption of an FP method requires that the method be:

1. **Offered** by a provider or requested by the client at the point of contact;
2. **Available** at the point of contact on the day of service; and
3. **Appropriate** for the client's medical conditions.