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Family Planning Initiative
Addressing unmet need for postpartum family planning

Session 2

Benefits of Family Planning and Importance of Postpartum Family Planning

JHPIEGO in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and Interchurch Medical Assistance

Learning Objectives

- Recollect benefits of family planning (FP) for mothers and newborns
- Understand the relevance of family planning during postpartum period
- Identify existing services for pregnant and postpartum women into which postpartum FP (PPFP) education and counseling can be integrated



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Benefits of FP for Mothers

- Reduced risk of complications associated with pregnancies
- Will have more time to take care for her baby
- Will breastfeed longer, longer duration of breastfeeding is linked to reduced risk of breast and ovarian cancer
- May be more rested and well nourished so as to support the next healthy pregnancy
- May have more time for herself, children and family
- More time to prepare for next pregnancy



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Risks for Mothers if FP is Not Practiced

- Increased risk of pregnancy complications
- Increased risk of miscarriage
- More likely to induce abortion
- At greater risk of maternal death



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Benefits for the Newborn Child

- More likely to be born strong and healthy
- Breastfed for a longer period, so health and nutritional benefits
- Enhanced mother-baby bonding by breastfeeding, facilitating child's overall development
- Mothers are better able to meet the needs of their newborns



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Risks for Newborns if FP is Not Practiced

- Newborn and infant mortality is higher
- Greater chance of pre-term low birth weight baby or baby small for its gestational age
- If breastfeeding is stopped before 6 months:
 - ✓ the newborn does not experience the health and nutritional benefits of breast milk
 - ✓ diminished mother-baby bonding affecting baby's development



Postpartum Family Planning (PPFP)

Initiation and use of family planning during the 1st year after delivery

- Postplacental - within 10 minutes after placenta delivery
- Immediate postpartum – delivery to 48 hours
- Postpartum – Initial 6 weeks post delivery
- Extended postpartum – 6 weeks to 1 year after delivery



Rationale for PFP

- Most receptive period to accept contraception- With increasing institutional deliveries, contacts of women after childbirth and first 48 hours, with health providers are more
- Risk of pregnancy after childbirth – The return of fertility is unpredictable. Woman can become fertile before her periods return
- Unmet need is high in postpartum women – In India 65% women in the 1st year of postpartum period have an unmet need for family planning; 24% use any method
- Birth to pregnancy interval of less than 24 months = highest risks of poor maternal and neonatal, infant outcomes

27% of births in India occur within less than 24 months of previous birth, and 34% occur between 24 and 35 months



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Importance of PFP

- Reduce maternal mortality and morbidity
- Reduce infant mortality and morbidity
- Prevent risky or unwanted pregnancies
- Reduce the incidence of abortion, especially unsafe abortions
- Allow women to space their pregnancies
- Reduce no. of cases of vertical transmission of HIV/AIDS from mother to child



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Opportunities to Provide PFP Information to Pregnant and New Mothers

- During antenatal period (ANC check ups)
- During immediate postpartum (hospital stay (48 hours) after delivery)
- During postnatal care contacts (within 6 weeks)
- Child health contacts during the 1st year/immunization session

Counselors should help women/couples in making informed choice by providing family planning messages, discussing their fertility intentions and contraceptive options



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FP Messages: 2006 WHO Technical Consultation

- Recommendation for spacing after a **live birth**:
 - The recommended interval before attempting the next pregnancy is **at least 24 months** in order to reduce the risk of adverse maternal, perinatal and infant outcomes
 - This results in a 36 month birth-to-birth interval
- Recommendation for spacing after miscarriage or induced abortion:
 - The recommended minimum interval to next pregnancy should be **at least six months** in order to reduce risks of adverse maternal and perinatal outcomes

Source: World Health Organization, 2006 Report of a WHO Technical Consultation on Birth Spacing



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Return to Fertility

For postpartum women

- Non-breastfeeding women can become pregnant as soon as 4-6 weeks after delivery
- Fertility is less predictable in breastfeeding women. They are at risk of pregnancy, even if their menses has not yet returned
- Health provider should help them choose an FP method that is appropriate for them

For postabortion women

- Woman's fertility returns within 10-14 days
- Should begin the use of contraceptive method within 48 hours following the incident



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