

I. Postpartum women need family planning

II. Integration opportunities with maternal newborn and child health

III. Program Considerations

I. POSTPARTUM WOMEN NEED FAMILY PLANNING (FP)

Research has demonstrated that over 90% of women during their first year postpartum either want to delay the next pregnancy for at least two years or avoid future pregnancies all together¹. There is also strong evidence of the health risk for the mother and the baby related to short birth intervals.² And yet, approximately one fourth of births in many developing countries occur with birth-to-birth intervals less than 24 months.

For community-based programs, the need to integrate postpartum family planning (PPFP) information and services into other maternal, newborn, and child health services is compelling. A recent review of Demographic and Health Surveys indicated that 50% of all births occur outside of health institutions³ and of those 70% receive no postpartum care. As a result, these women have limited opportunities to receive family planning information or services.

¹ Ross JA, Winfrey WL, Contractive Use, Intention to Use and Unmet Need During the Extended Postpartum Period. *International Family Planning Perspectives*, 2001, 27 (1):20-27.

² Report of a World Health Organization Consultation on Birth Spacing. Geneva, Switzerland, 12-15 June 2005.

³ Fort, Alfredo, Monica Kothari, and Nouredine Abderrahim, 2006. Postpartum Care: Levels and Determinants in Developing countries. Calverton, MD, USA. Macro International, Inc.

Many postpartum women are unaware that they are at any risk of pregnancy and they wait for their menses to return before seeking family planning. Similarly, health care workers may be uninformed about fertility return and the need for contraception during the extended postpartum period (through the first year postpartum). Proactive counseling is important to inform women of both the pregnancy risks and ways to safely avoid unintended pregnancies.

Pregnancy and child care are the most common times for health worker contacts. Indeed, many rural women may have few other contacts with health care providers, so the opportunity to integrate FP with other maternal, newborn and child health services should be maximized. Systematically reaching postpartum women has the potential to provide family planning information and services to over 90% of women of reproductive age in many high fertility settings.

II. INTEGRATION OPPORTUNITIES

In every contact with women less than one year postpartum, family planning information and services (or referral to services), should be offered. Information and services should be tailored to the woman's reproductive intentions and the length of time postpartum. The following table illustrates key information to be provided during

antenatal, postpartum and infant care. Please note that these messages are those most directly related to postpartum family planning (PPFP) and do not include other essential maternal and newborn care messages.⁴

[These](#) basic messages will need to be adapted based on the social context, the provider and the services available.

KEY POSTPARTUM FAMILY PLANNING MESSAGES

Antenatal period

- Immediate and exclusive breastfeeding
- Reproductive intentions
- Pregnancy risk
- LAM or other methods as reproductive intentions indicate
- Pregnancy spacing for women who want another child

Immediate postpartum (within the first week)

- Exclusive breastfeeding
- Reproductive intentions
- Pregnancy risk
- Pregnancy spacing for women who want another child
- LAM or other methods as reproductive intentions indicate
- Importance of postnatal care for the mother and newborn

Postnatal care contact (within 6 weeks)

- Exclusive breastfeeding
- Reproductive intentions a
- Return to sexual activity
- Pregnancy risk
- Pregnancy spacing for women who want another child
- LAM or other methods as reproductive intentions indicate
- Contraceptive options
- Importance of well baby care

Child health contacts during the first year

- Exclusive breastfeeding through first six months, then breastfeeding with complementary feeding
- Reproductive intentions
- Pregnancy risk
- Pregnancy spacing for women who want another child
- LAM and transition to other methods as reproductive intentions indicate
- Contraceptive options
- Importance of well baby care

III. PROGRAM CONSIDERATIONS

Systematic antenatal and postpartum counseling:

Programs should plan for systematically maximizing contacts with women during the first year postpartum.

Antenatal contacts provide an opportunity for PPFP counseling and should include important options such as lactational amenorrhea method (LAM) and immediate postpartum methods for those delivering in facilities such as postpartum IUDs or tubal ligations. While PPFP counseling during antenatal care is important, several studies have indicated that additional postpartum contact is very important for family planning outcomes.

Immediate postpartum contacts are important for mothers and newborns in establishing breastfeeding. For non breastfeeding women, fertility will return as early as 45 days postpartum and counseling on contraceptive options to avoid unintended pregnancy should be provided as early as possible. This immediate contact also provides an opportunity to examine the mother and baby, treat or refer for any problems and reinforce the importance of postnatal care.

Immunization services for the infant and all child care contacts during the first year postpartum offer important opportunities to discuss family planning with postpartum women. As time passes after delivery, the risk of pregnancy increases and women need information and services that respond to their reproductive intentions for spacing or limiting future pregnancies.

*The Programmatic Framework for Postpartum Family Planning in an Integrated Service Context*¹, developed by ACCESS-FP, clearly

⁴ For other key messages related to maternal and newborn care, see [MAMAN](#) Guidelines.

lays out the opportunities to include FP in health care services during postpartum and newborn care services.

*Family Planning for Postpartum Women: Seizing a missed opportunity*², a technical brief prepared by USAID, explains which FP methods are available to postpartum women and the importance of having these methods available.

Provider training and supportive supervision:

Training providers and community health workers in relevant PFP messages and services such as return to fertility, good breastfeeding practices and FP methods for breastfeeding women should be a part of basic maternal and newborn care. Training in PFP is important for a variety of providers, including maternal newborn and child health (MNCH) providers, family planning providers and those that provide HIV services. Such training reinforces the concept of family planning as an important “life saving” intervention. Community-based health workers are well positioned to help families understand that birth spacing, through the use of modern contraceptives, supports the health of the mother and baby. This training integrated with other aspects of maternal, newborn and child health provides an opportunity to model the integration of messages.

Postpartum Contraception: Family Planning Methods and Birth

*Spacing After Childbirth*³, a pre-service teaching model written by ACCESS-FP, defines postpartum contraception, explains the benefits of pregnancy spacing, discusses postpartum return to fertility, timing, initiation and the correct use of key contraceptive methods, along with an overview of the WHO Medical Eligibility Criteria for Contraceptive Use.

Assuring an array of services:

All programs that have contact with women in the first year postpartum should provide counseling on exclusive breastfeeding, pregnancy risk, pregnancy spacing for women wanting another child, the lactational amenorrhea method for the first six months, and the range of contraceptive options. For those programs that do not provide FP services, referral linkages need to be established with public services or private sector family planning providers.

Programs that provide family planning services need to ensure an array of contraceptive methods designed to meet the contraceptive needs of postpartum women for both limiting and spacing.

Community-based family planning programs should incorporate special messages and services for postpartum women. This includes broadening the community-based distribution method mix to include progestin-only methods including pills and possibly injectables.

*Healthy Timing and Spacing of Pregnancies*⁴, a pocket guide for

health practitioners, program managers, and community leaders, provides an overview about healthy timing and spacing of pregnancies (HTSP) as well as key findings from global research on the link between pregnancy spacing and maternal and newborn health outcomes. This pocketguide also shares HTSP messages for educating women, men, and communities, and identifies windows of opportunity for HTSP counseling.

*Postpartum Contraceptive Options*⁵, also developed by ACCESS-FP and USAID, outlines what contraceptive options are available to postpartum woman depending on the time after her delivery.

*The Lactational Amenorrhea Method (LAM): A Postpartum Contraceptive Choice for Women Who Breastfeed*⁶, a technical brief written by ACCESS-FP and USAID, guides health care providers and community health workers in offering quality LAM services within their maternal and child health, reproductive health, and family planning programs.

Supportive Environment:

While creating a supportive environment is important for family planning use in general, special consideration needs to be given to the social context for postpartum women. Mothers-in-law, husbands, and others may play key caretaking roles and new mothers themselves may have little decision making authority with

regard to infant feeding or contraceptive use.

Community-based programs are uniquely positioned to evaluate and address the social context, supporting women's and couples' choices to space or avoid a subsequent pregnancy. It is important to consider designing messages and interventions that specifically encourage these groups to support optimal postpartum practices and behaviors.

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⁵ Postpartum Contraceptive Options.
http://www.accesstohealth.org/toolres/pdfs/ACCESSFP_ContOptionsGraphEN.pdf

⁶ The Lactational Amenorrhea Method (LAM): A Postpartum Contraceptive Choice for Women Who Breastfeed.
http://www.accesstohealth.org/toolres/pdfs/ACCESSFP_LAMbrief.pdf

¹ Postpartum Framework for Postpartum Family Planning in an Integrated Service Context.
http://www.maqweb.org/miniu/presentations/Lessons%20in%20Mixology_McKaig.ppt

² Family Planning for Postpartum Women: Seizing a Missed Opportunity.
<http://www.maqweb.org/techbriefs/tb16postpartum.shtml>

³ Postpartum Contraception: Family Planning Methods and Birth Spacing After Childbirth.
http://www.accesstohealth.org/toolres/pdfs/ACCESSFP_ppcontraceptionPPT.pdf

⁴ Healthy Timing and Spacing of Pregnancy: A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders.
http://www.esdproj.org/site/DocServer/ESD_PG_spreads.pdf?docID=141