

# Postpartum Family Planning

Module 12

# Postpartum Family Planning

## Session Objectives:

By the end of the session, participants will be able to:

- Define postpartum family planning
- Explain the benefits of healthy timing and spacing of pregnancy
- Discuss postpartum return of fertility and timing and initiation of method types
- Describe how to use key contraception methods
- Describe WHO's Medical Eligibility Criteria for Contraceptive Use



# Why Is Family Planning Important?

## **Better maternal, infant, and child outcomes**

- Family planning reduces the risk of unintended pregnancies, unsafe abortions, and maternal complications.
- 32% of maternal deaths can be avoided by addressing unmet need for contraception. (Cleland J. 2012)
- Eliminating inter-birth intervals of less than two years results in a 10% reduction in child deaths. (Cleland et al. 2006)



# What Is Postpartum Family Planning (PPFP)?

**PPFP** is the initiation and use of family planning methods after delivery through the first year postpartum.

PPFP considerations:

- Healthy timing and spacing of pregnancy for optimal outcomes
- Return to sexual activity
- Breastfeeding status
  - Lactational amenorrhea method (LAM) and transition to another family planning method
- The need to continue breastfeeding
- Risk of pregnancy with return to fertility
- Integration into existing services, tailoring to fit with timing and service



# What Is Healthy Timing and Spacing of Pregnancy (HTSP)?

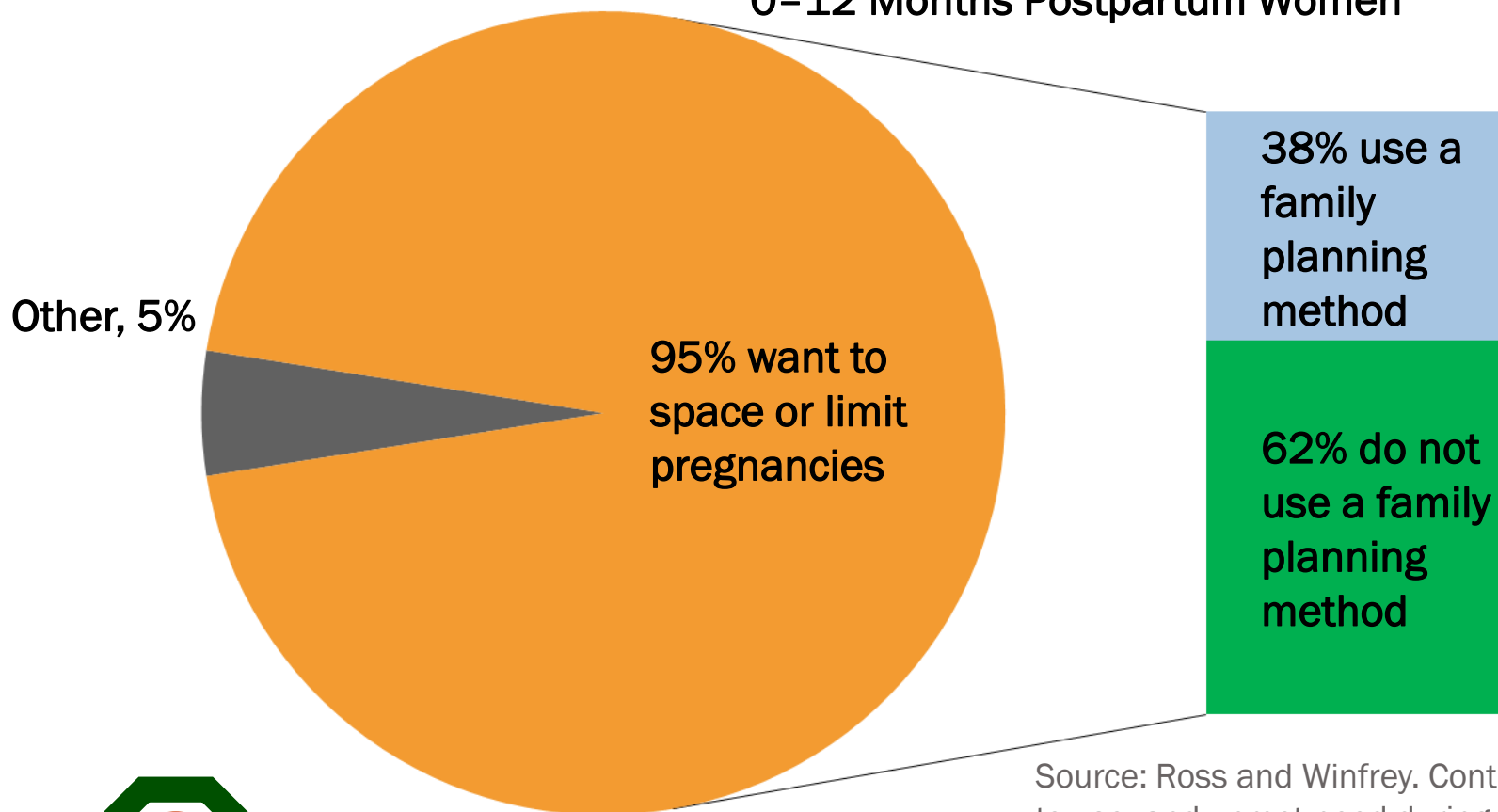
## **For the healthiest pregnancy outcome:**

- Young women should wait until they are at least 18 before conceiving.
- After giving birth, couples should wait at least two years (24 months) before conceiving again.
- After a miscarriage, couples should wait at least six months before conceiving again.



# PPFP: High Unmet Need, Low Use

0-12 Months Postpartum Women



Source: Ross and Winfrey. Contraceptive use, Intention to use, and unmet need during the extended postpartum period. *Intl FP Perspectives*, 2001.



# Return to Fertility

If not breastfeeding:

- Fertility returns as early as three weeks (21 days) postpartum

If breastfeeding:

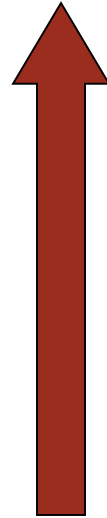
- If using LAM accurately:
  - Fertility returns some time after six months (variable)
- If not using LAM:
  - Fertility returns even before six months (variable, but the average is 45 days)
- 5–10% of breastfeeding women get pregnant in first year postpartum

**Remember: Fertility returns before menses return!**



# A Short Birth-to-Pregnancy Interval Increases the Risk of Adverse Outcomes

- Increased mortality risk for both mother and newborn
- Preterm birth
- Low birth weight
- Stunting
- Malnourishment





# Increasing Birth-to-Pregnancy Interval: Effects on Child Mortality Rate (CMR)

- Effects of birth-to-pregnancy interval (BTPI) on infant/child mortality
- 52 Demographic and Health Surveys from 2000 to 2005 (1,123,454 births) found that birth-to-pregnancy intervals that are too short are associated with adverse pregnancy outcomes, increased morbidity in pregnancy, and increased infant and child mortality.
- If all couples waited 24 months to conceive again, the under-5 CMR would decline by 13%.
- If couples waited 36 months, it would drop by 25%.

# Opportunities for PFP

- Introduce PFP counseling and options during antenatal care
- Options to consider at the time of childbirth:
  - Lactational amenorrhea method (LAM)
  - Postpartum intrauterine contraceptive device (PPIUCD)
  - Postpartum tubal ligation
- Baby welfare visits
- Immunization visits



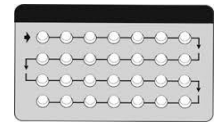
# Expanding Choice of Contraceptives

- In the past, minilap, vasectomy, and LAM were the only methods that could be offered during the postpartum period.
- Now, more options are available.

Postpartum IUCD



Progesterone-only pills



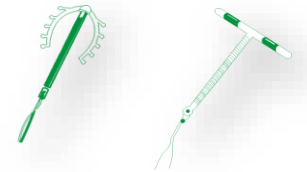
Implants



Combined oral contraceptives



Interval IUCD



Injectable



Condoms

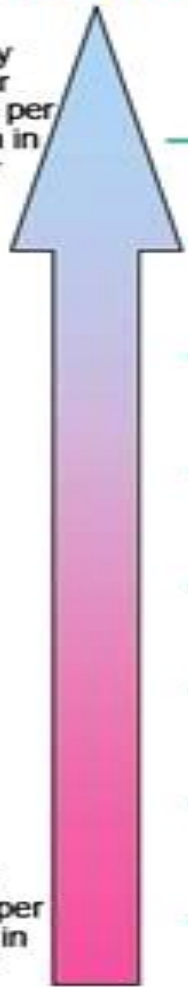


# Comparing Typical Effectiveness of Contraceptive Methods

Most effective

How to make your method more effective

Generally 1 or fewer pregnancies per 100 women in one year



Implants



Female Sterilisation



Vasectomy



IUD

One-time procedures; nothing to do or remember



Injectables

Need repeat injections every 1, 2 or 3 months



Pills



Patch



Vaginal Ring

Must take a pill or wear a patch or ring every day



Lactational Amenorrhea Method (LAM)

Must follow LAM instructions



Male condoms

Must use every time you have sex; requires partner's cooperation



Diaphragm

Must use every time you have sex



Cervical Cap



Sponge



Female Condoms

Must use every time you have sex



Withdrawal



Fertility Awareness-Based Methods (selected)

Require partner's cooperation; for FABs must abstain or use condoms on fertile days



Spermicides

Must use every time you have sex

Least effective

About 30 pregnancies per 100 women in one year

Source: WHO 2006

# Breastfeeding Women

- Protected for at least six months if using LAM
  - Fully or nearly fully protected if breastfeeding and if menses have not returned
- Protected for up to six weeks if not using LAM
  - At six weeks combined methods can be used
  - At six weeks progestin-only methods and injectables/implants can be used safely
- All non-hormonal methods are safe for mother and baby
- Can have postpartum IUCD inserted (postplacental or immediate PPIUCD)



# When Should Methods Be Introduced to Breastfeeding Women?

Time of Delivery	LAM	COC	POC	IUCD	BTL	Condoms
At delivery	OK	NO	NO	OK	OK	NO
3 weeks	OK	NO	NO	NO	NO	OK
6 weeks	OK	NO	OK	OK	OK	OK
6 months	OK	OK	OK	OK	OK	OK
> 6 months	NA	OK	OK	OK	OK	OK



# Lactational Amenorrhea Method (LAM)

LAM criteria that must be fulfilled:

## **Criterion #1:**

The baby is being exclusively breastfed.

- Breastfeeding on demand, at least every four hours during the day, and every six hours at night

## **Criterion #2:**

The woman's menses have not returned since the birth of the child (amenorrhea).

## **Criterion #3:**

The baby is less than six months old.

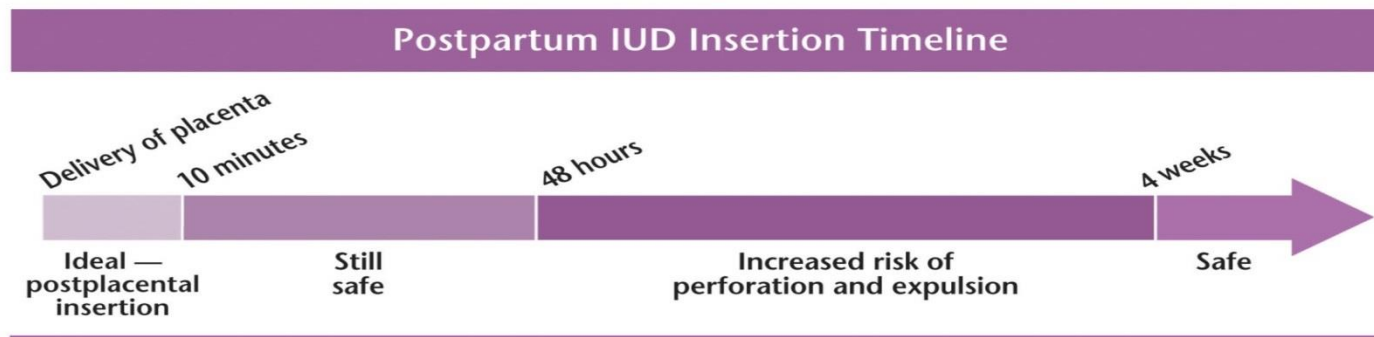


# Postpartum IUCD Insertion

IUCDs can be inserted postpartum:

- Right after birth = Postplacental (10 minutes after delivery of placenta)
- Soon after birth = Immediate postpartum (< 48 hours after delivery)
- During cesarean section = Transcesarean
- Four or more weeks postpartum

**IUCDs should not be inserted between 48 hours and four weeks after delivery.**





# WHO Medical Eligibility Criteria (MEC)

- Identify which contraceptive or family planning method can be safely used in the presence of a given characteristic or medical condition
- **Category 1:** No restrictions to use
- **Category 2:** Advantages generally outweigh risks; generally use
- **Category 3:** Risks generally outweigh advantages; generally do not use
- **Category 4:** Too risky to use; do not use

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# MEC Exercise

CONDITION	CATEGORY
A woman who delivered six weeks ago and is breastfeeding wants to use combined oral contraceptives.	
A woman with diabetes (controlled) who delivered 12 hours ago wants to have an IUCD inserted.	
A woman with a 4-month-old baby (partially breastfed) wants to use Depo-Provera.	
A woman who delivered six hours ago wants to have a tubal ligation.	



# MEC Exercise (Answers)

CONDITION	CATEGORY
A woman who delivered six weeks ago and is breastfeeding wants to use combined oral contraceptives.	4
A woman with diabetes (controlled) who delivered 12 hours ago wants to have an IUCD inserted.	2
A woman with a four-month-old baby (partially breastfed) wants to use Depo-Provera.	1
A woman who delivered six hours ago wants to have a tubal ligation.	1



# Postpartum Family Planning Summary

- There is a variety of postpartum family planning methods:
  - LAM, hormonal methods, IUCD, condom, bilateral tubal ligation
- Considerations for the postpartum woman:
  - Return to fertility, resumption of intercourse
  - Use of LAM and changes due to breastfeeding
- Starting family planning postpartum:
  - Counsel early and often, beginning during antenatal care
  - Provide numerous opportunities to integrate
  - Make family planning part of routine care



Thanks!

