

Postpartum Family Planning

Postpartum family planning (PPFP) is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth, but it can apply to an "extended" postpartum period up to two years following childbirth. PPFP benefits both the mother and baby to a greater extent.

Steps



Determine which contact points will integrate PPFP based on country-level data

Family planning professionals and government officials need to develop a central ecosystem to provide PPFP services to mothers postpartum. You can leverage both public and private hospitals, rural health centers, Basic Health Units (BHUs), Community Health Workers (CHWs), Lady Health Workers (LHWs), Lady Health Visitors (LHVs), Community Midwives (CMWs), chemists, and male physicians to meet the need for short-term and long-term contraceptives.



Carry out a facility assessment for provision of PPFP

Prepare the facilities by assessing the current status and availability of equipment. Ensure that the facilities have all the necessary commodities to address the client's needs. Identified service areas should also have the appropriate equipment, information, education, and communication (IEC) materials and job aids and reporting tools.



Encourage informed choice and decision-making

While counseling patients on what contraceptive methods would be beneficial, also explain to them the timing for FP services postpartum during their antenatal visits. WHO recommends that pregnant women have their first contact in the first 12 weeks' gestation, with subsequent connections taking place at 20, 26, 30, 34, 36, 38 and 40 weeks gestation. Place pictorial IEC materials in local and regional languages to create awareness.



Train providers on PPFP and PPIUD

Service providers should be trained according to the country's national guidelines on family planning (both PPFP and PPIUD).



Engage in social mobilization activities to identify pregnant women in the community

Door-to-door activities can support the uptake of PFP services in communities where CHWs can be deployed to generate demand for birth spacing and informed choice, especially among first-time pregnant women. CHWs can further identify homes where any woman is pregnant, create a referral for her to manage antenatal care and do follow-up visits to close the treatment loop.



Document PFP uptake

Ensure that service providers record the data and timeline of any woman coming in for PFP services to contribute to the national data.



Conduct monthly review meetings to document progress

A monthly review meeting looking at the data on immediate PFP will help to strengthen the quality of services.

Tips

- During ANC counseling, health care providers should counsel clients on family planning options.
- Provide IEC materials on PFP messages posted in maternity, labor and delivery and gynecology wards.
- Ensure that the Department of Health's family planning forms are available at all service delivery points and used.
- Consider holding dedicated PFP days during the extended six weeks for immunization visits at health service facilities.