



Incorporating Postpartum and Post-Abortion Family Planning and Immunization Integration in Commitments



Post-abortion family planning (PAFP) incorporates voluntary contraceptive counseling and provision of a contraceptive method at the same time and location that a woman receives facility-based abortion care or post-abortion care (PAC). PAC is any treatment immediately following an induced or spontaneous abortion (miscarriage), and also includes treatment of emergency complications, family planning (FP) services, links to other reproductive health services, and engagement of communities and community health workers. However, acceptance of a contraceptive method must never be a precondition for providing PAC.

Postpartum family planning (PPFP) refers to integrated voluntary FP counseling and services within existing care provided during the antenatal period, pregnancy, childbirth, and up to 12 months after delivery, with the aim that women continue using contraception beyond the first year until a new pregnancy is wanted. This is a time when women have increased contact with the health system, from antenatal check-ups to postnatal care and early childhood immunizations—and each encounter is an opportunity for providers to ensure that women's contraceptive needs are being met.

Child immunizations are among the most widely available, accessible, and well-used health services globally. Screening mothers about their family planning needs when they bring their children in for immunization, and linking them to FP counseling and services while at the service delivery point, can increase access to contraception during the critical 12 months following birth.

Consider the following tips to include PAFP, PPFP, and FP and Immunization Integration in your commitments:

KEY RESOURCES

[High Impact Practice Brief: Immediate PPFP](#)

[Interactive WHO tool to assess medical eligibility for each method according to characteristics of a postpartum client](#)

[FP2020 Checklist: Is Your Country Ready to Offer Immediate PPFP Services in Facilities?](#)

[FP2020 Checklist: Is Your Country Ready to Offer PAFP?](#)

[High Impact Practice Brief: Family Planning and Immunization Integration](#)

[FP2020 Checklist: Is Your Country Ready to Offer Integrated Family Planning and Immunization Services?](#)

[Postpartum Family Planning Indicators for Routine Monitoring in National Health Management Information Systems](#)

POST-ABORTION FAMILY PLANNING

- Proactively offer voluntary contraceptive counseling and a wide range of contraceptive services (including emergency contraception) at the same time and location where women receive post-abortion care, with a view to helping women understand their return to fertility post-abortion and the healthy timing and spacing of pregnancy.
- Train providers (particularly nurses and midwives) on counseling women on early return to fertility and FP after a spontaneous or induced abortion, providing youth-friendly PAC, care seeking for gender-based violence, and administering and removing long-acting reversible contraceptives (LARCs).
- Measure PAFP progress, especially by adding the following suggested PAFP indicators to national health management information systems (HMIS):
 - Percentage of post-abortion clients who were counseled on family planning (disaggregated by age group, <20 years vs. ≥ 20 years)
 - Percentage of post-abortion clients who leave the facility with a modern contraceptive (disaggregated by type of method and age group, <20 years vs. ≥ 20 years)

POSTPARTUM FAMILY PLANNING

- Include quality counseling on postpartum contraceptive options to help women understand return to fertility postpartum, and healthy timing and spacing of pregnancy for those who desire a subsequent pregnancy.
- Offer quality counseling about postpartum contraceptive options during every antenatal care visit so that a woman has time to consider her options and discuss them with her partner, and document any decisions or plans that arise from that counseling (so that they can be revisited at subsequent contacts).
- Incorporate targeted strategies to reach young first-time mothers aged 15–24 years with PFP information and services. Encourage providers to offer voluntary contraceptive counseling and to encourage positive gender norms with young mothers and their partners, as well as nurturing care for infants.
- Ensure access to the full range of appropriate contraceptive methods at the service delivery point according to the [WHO Medical Eligibility Criteria](#).
- Lactational Amenorrhea Method (LAM) can only be used during the first six months postpartum. For LAM to be effective, all three of the following criteria need to be met: the woman's menses must not have returned; the woman must fully or nearly fully breastfeed; and the infant must be less than six months of age.
 - Exclusive breastfeeding (EBF) for six months should be promoted both for its protective contraceptive effects as LAM, and for the growth and development of the baby.
 - Transition to another modern method of contraception when the infant is six months of age, or sooner if not fully breastfeeding or if menses has returned.
- Offer contraceptive services and counseling as part of facility-based childbirth care prior to discharge from the health facility.
- Community health workers (CHWs) can help mothers initiate EBF/LAM, progestin-only pills, or condoms as part of a home birth; they can also advise mothers on continuing LAM and transitioning to another method when they no longer meet the three LAM criteria. CHWs can follow up with postpartum mothers to initiate, resupply, or provide a referral for the FP method of their choice. CHWs can also educate communities on the benefits of PFP.



KEY RESOURCES (CONT.)

[Developing Composite Indicators for Integrated FP, Maternal, Newborn, and Child Health, and Nutrition Services](#)

[WHO Medical Eligibility Criteria for Contraceptive Use, 2015 edition](#)

[Track20 Country-Specific PFP Opportunity Briefs](#)

[Programming Strategies for Postpartum Family Planning](#)

[FHI360 Contraceptive Technology and Reproductive Health Series: Lactational Amenorrhea Method Module](#)

[WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience](#)

[Statement for Collective Action for Postpartum Family Planning](#)

[Family Planning: A Global Handbook for Providers, 2018 edition](#)

[Selected Practice Recommendations for Contraceptive Use, 2016 edition](#)

- Offer voluntary contraceptive services to women in communities; engage community health resource persons, such as community volunteers and traditional birth attendants, to provide quality PFP information, counseling, and referral to women in communities; strengthen linkages between the health facilities and communities for referrals for women who want a PFP method; and ensure contraceptive service provision to women in their homes or at outreach sites.
- Measure PFP progress:
 - Ensure documentation at service delivery point of PFP counseling during pregnancy and method choice.
 - Incorporate the following suggested PFP indicators into HMIS:
 - Percentage of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge (disaggregated by age group, <20 years vs. ≥20 years).
 - Percentage of women who deliver in a facility and receive counseling on FP prior to discharge (disaggregated by type of method and age group, <20 years vs. ≥20 years).

FAMILY PLANNING AND IMMUNIZATION INTEGRATION

- Offer family planning information and services proactively to women and their partners in the postpartum period during routine child immunization contacts. Provide key messages on FP and a referral to FP services during the vaccination contact. By the same token, train FP providers to screen women with young infants to ensure that the child is on schedule for vaccines.
- Ensure that strategies and policies related to child immunization include FP as an intervention that improves outcomes, and ensure that the FP strategy recognizes immunization visits as a key opportunity for reaching postpartum women to promote healthy birth spacing and voluntary contraceptive use. FP clinics should reinforce infant/child immunization schedules with postpartum women.
- Ensure that the immunization program is robust and capable of reaching those most in need of immunization, family planning, and other services.
- Monitor both immunization rates and FP uptake, and listen to any community concerns to ensure that integration does not have any negative effect on either service.



QUESTIONS?

If you have questions about this guidance, or any other element of the commitment process, contact FP2030 staff at commitments@fp2030.org.

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