

# Recommendations for Postpartum Family Planning

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# The Postpartum period

- The WHO MEC 2015 in developing the PFP guidance, aligned to the WHO PNC guidance.
  - considers the extended postpartum period – up to **12 months**
- Very **high unmet need** for contraception has been reported especially in the immediate postpartum period.
- The postpartum period represents a **missed opportunity**

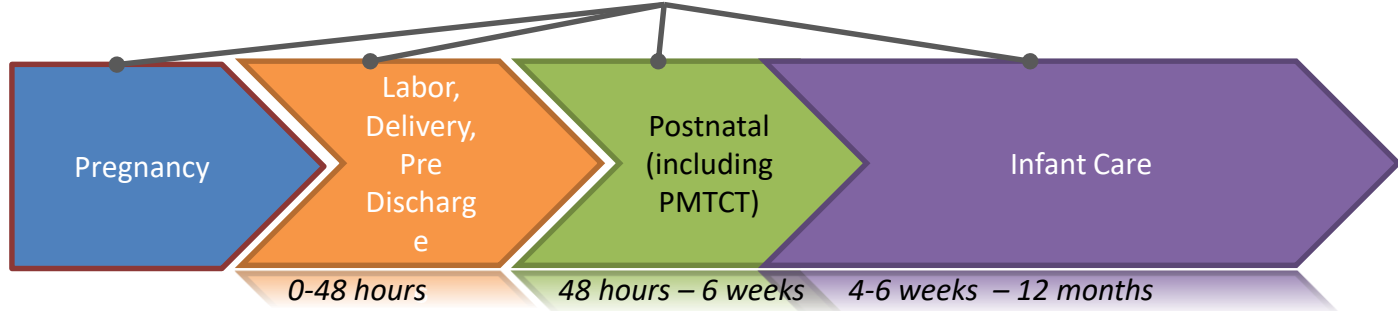
# Complexity of postpartum family planning decision-making

- Breastfeeding status
- Uterine involution
  - Affects eligibility for barrier methods, tubal sterilization
- Venous thromboembolism risk
- IUD expulsion risk
- Presence of other morbidities e.g. HIV, TB
- Persistence of effects of pregnancy related severe morbidities



# PPFP Continuum of care

## CONTACT POINTS



***START WHEREVER YOU CAN ALONG THE PPF CONTINUUM OF CARE – YOU CAN MAKE A DIFFERENCE!***



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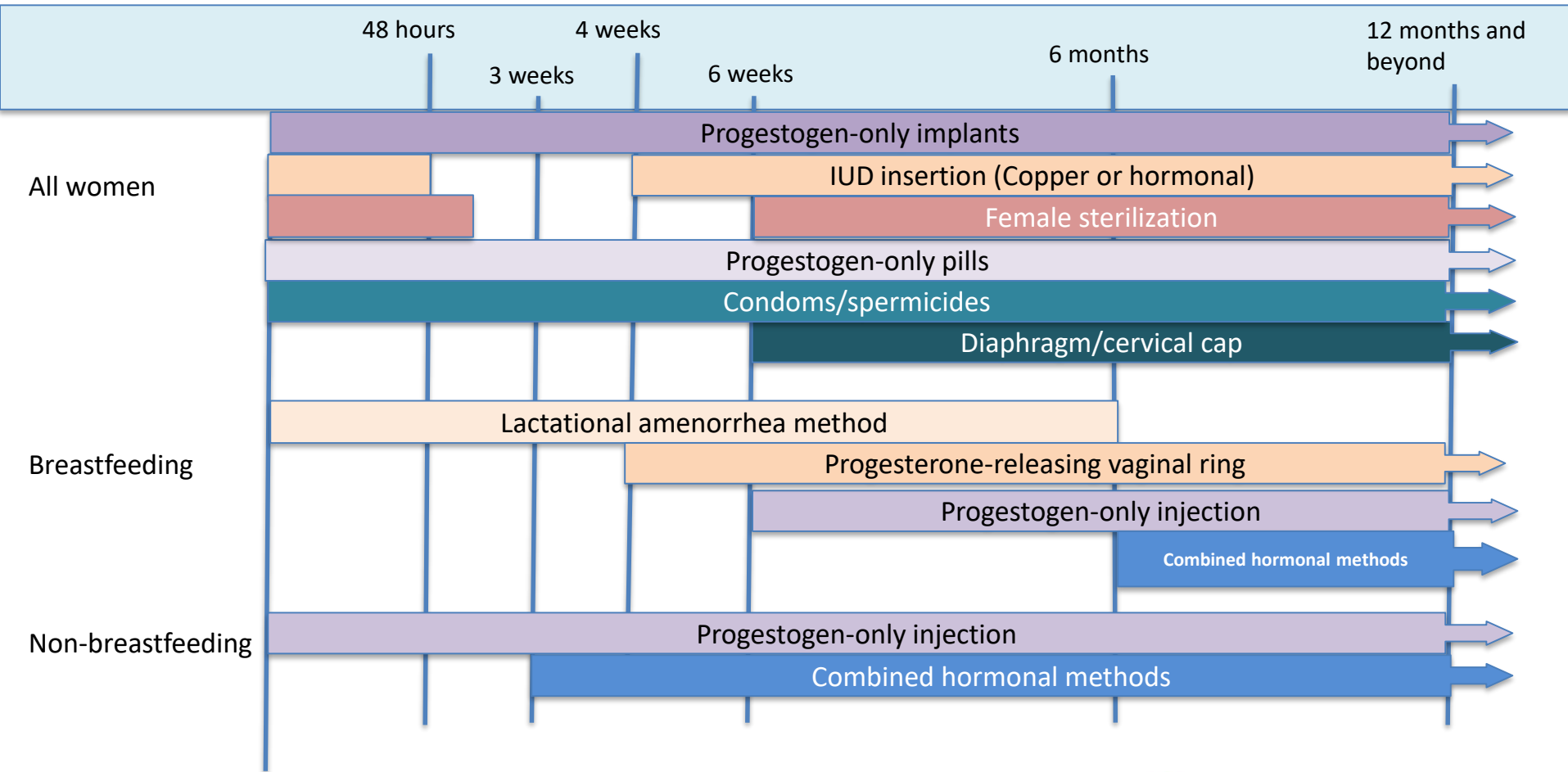


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# LAM recommendations

- With few exceptions, most women can use LAM, if they meet the following criteria:
  - amenorrhoea;
  - fully or nearly fully breastfeeding; and
  - infant < 6 months
- Not recommended for women using certain medications (i.e., high doses corticosteroids, radioactive drugs, certain anticoagulants)

# SUMMARY CONTRACEPTIVE METHOD ELIGIBILITY POSTPARTUM



# WHO MEC 5<sup>th</sup> edition recommendations: Postpartum, non-breastfeeding women

Time period	COC/Patch/Ring	CIC	POP	DMPA/NET-En	LNG/ETG implants
<b>&lt; 21 days</b>					
a) without other VTE risk factors	3	3	1	1	1
b) with other VTE risk factors	4	4	1	1	1
<b>≥ 21 days to 42 days</b>					
a) Without other VTE risk factors	2	2	1	1	1
b) With other VTE risk factors	3	3	1	1	1
> 42 days	1	1	1	1	1

Other risk factors for VTE: immobility, transfusion at delivery, BMI >30 kg/m<sup>2</sup>, postpartum haemorrhage, immediate post-caesarean delivery, pre-eclampsia or smoking

Thank You



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