Opportunities to Talk About Birth Spacing and Family Planning Along the Reproductive Health Journey

By integrating postpartum family planning (PPFP) into maternal, newborn, and child health services, health providers can increase the likelihood that every new mother will leave the clinic having made an informed choice about family planning. From health checks during pregnancy to her young child’s checkups and immunization visits more than a year after birth, there are many contact points that serve as opportunities for family planning education.

**ANTENATAL CARE**

Given that closely spaced pregnancies are associated with adverse pregnancy outcomes, antenatal care visits with a skilled health provider are a good time to discuss options for preventing a pregnancy too soon, including those that can be initiated on the day of birth.

**PREVENTION OF MOTHER-TO-CHILD TRANSMISSION**

While women living with HIV have the right to have the number of children they want, family planning is one of the four pillars for preventing the transmission of HIV from a mother to her child. PPFP ensures that the mother’s health and that of her children is maximally protected.

**LABOR & DELIVERY**

Family planning counseling for all women who give birth in a facility before they are released ensures a critical group of women are educated about birth spacing. It is recommended couples wait 24 months before becoming pregnant again to ensure optimal health for the woman and her baby.

**POSTNATAL CARE**

The immediate postpartum period is when couples generally have multiple encounters with the health care system. Providing contraception during this time is cost-effective and efficient because it doesn’t require significant increases in staff, supervision or infrastructure.

**IMMUNIZATION**

Immunization services are wide reaching, and the majority of women in Africa and Asia seek immunization services for their children, providing an ideal opportunity to reach many mothers with PPFP counseling. However, integrating PPFP should not overburden vaccinators or distract them from their life-saving work. Although integration is ideal, monitoring its effects on both family planning uptake and immunization coverage is essential.

**NUTRITION**

Immunization services are wide reaching, and the majority of women in Africa and Asia seek immunization services for their children, providing an ideal opportunity to reach many mothers with PPFP counseling. However, integrating PPFP should not overburden vaccinators or distract them from their life-saving work. Although integration is ideal, monitoring its effects on both family planning uptake and immunization coverage is essential.

**CHILD HEALTH**

In areas where child health visits are standard, these checkups give health providers the opportunity to ask mothers of children under age 2 if they are protected against unintended pregnancy and to make referrals.

**POLICY MAKERS**

Policymakers are critical to ensure that family planning services are effectively integrated into maternal, newborn, child health and nutrition services.

**COMMUNITY**

50% of births occur outside of a health facility, meaning these women are less likely to have access to information about postpartum family planning. Community health workers can bring information and services to women and men in the communities where they live.

**WHAT IS PPFP?**

Postpartum family planning (PPFP) is the prevention of unwanted and closely spaced pregnancies through the first 12 months following childbirth. PPFP reduces both child and maternal mortality because it improves healthy timing and spacing of future pregnancies and limits unwanted pregnancies for those who have completed their families.

**The Lactational Amenorrhea Method (LAM) is a modern method of postpartum family planning which encourages exclusive breastfeeding and offers optimal infant nutrition. At 6 months, when complementary foods are introduced, the mother should transition to another form of contraception.**