Postpartum Family Planning (PPFP) is a service delivery strategy that expands access to family planning through integration within the existing continuum of maternal, newborn, and child health services, resulting in important health benefits by ensuring healthy timing and spacing of pregnancies and in the fulfillment of desired family size.

The timing around childbirth and the first two years postpartum (the “extended postpartum period”) offers multiple opportunities to deliver family planning services to postpartum women by leveraging their contacts with the health system. This resource demonstrates those opportunities, beginning during antenatal care and continuing through the extended postpartum period. It identifies the types of clients in need of services and the methods available in different settings, scheduled alongside the typical health system contacts that a postpartum woman might experience in her community or at a health facility. Altogether, it serves as a guide for decision makers in both family planning and maternal and child health sectors to the pathway of opportunities for postpartum women to adopt family planning.

A facility birth offers a golden opportunity to counsel on healthy spacing of pregnancies, the conditions that trigger a return to fecundity, and family planning (FP) options. In addition, women can initiate several methods before discharge from a facility including: permanent methods (both male and female sterilization), IUDs (copper-bearing and progestin-releasing IUDs), implants, and POPs, as well as LAM with or without EC.

Uptake will likely be higher when counseling is initiated antenatally. Counseling a woman multiple times has also been shown to increase acceptance of PPFP. Coordination between facility providers working in antenatal care (ANC), labor and delivery, and FP helps improve organization of PPFP services.

Ideally, many women will opt to start a highly effective method at birth. However, those who do not or who opt for LAM will benefit from integration or linkages with FP during return visits to the facility for postnatal care, well-child, or immunization visits, or even for sick child visits.

It is not recommended for vaccinators to provide full FP counseling or method provision without concurrence from the immunization program and unless privacy can be assured. But intra-facility referrals can increase PPFP uptake. Here, too, coordination between vaccinators and FP providers is critical.

Adequate documentation of integrated services at birth or tracking of intra-facility referrals, if continuously reviewed, can help facility teams improve quality and uptake.

**Immediate Postpartum Options:**

- **Not-Breastfeeding**
  - COCs
  - POPs
  - LAM & EC
  - Condoms

- **Breastfeeding**
  - POPs
  - LAM & EC
  - Condoms

**Learn more about PPFP:**

Visit [www.familyplanning2020.org](http://www.familyplanning2020.org) to learn about the PPFP Strategies and access resources from the PPFP Toolkit at [https://www.k4health.org/toolkits/ppfp](https://www.k4health.org/toolkits/ppfp).
The timing of return to sexual activity sometimes occurs soon after birth, even where cultural practices suggest or assume a delay. For this reason, it should be assumed that all postpartum women, even early postpartum women, are potentially at risk of pregnancy in the postpartum period.