

ANC COUNSELING GUIDE: IMMEDIATE POSTPARTUM FAMILY PLANNING

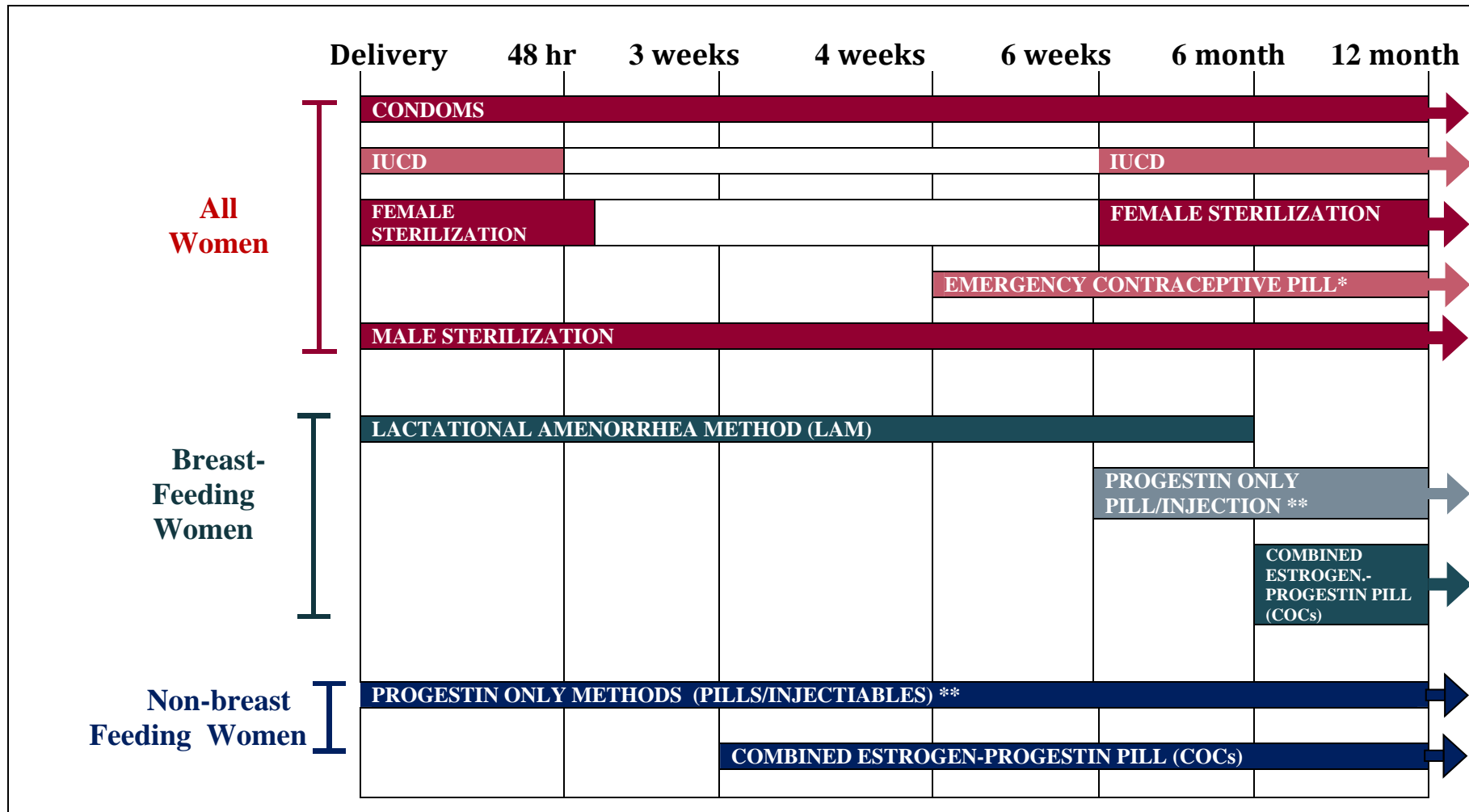
METHODS	BENEFITS	LIMITATIONS	CLIENT ASSESSMENT/CONSIDERATIONS
Postpartum IUCD	Used right after delivery; long term protection 99% effective. Immediate return of fertility upon removal.	Heavier, painful menses (first few cycles). Does not protect against STIs/ HIV.	Not appropriate for women who have: Chorioamnionitis; ROM >18 hrs; PPH
Progestin Only Pills	Woman can start 6 weeks postpartum, even if breastfeeding. About 99% effective. Immediate return of fertility after stopping pills.	Must be taken daily. Bleeding changes may be experienced. Does not protect against STIs/ HIV.	Not appropriate for women who have: cirrhosis or active liver disease, blood clot in legs or lungs, history of breast cancer or take medications for TB or seizures.
Condom	Can prevent pregnancy, some STIs and HIV. Can be used once couple resumes intercourse.	Must have reliable access to resupply. About 85% effective.	Must be used correctly with EVERY act of sex. Can provide supply before discharge.
Postpartum Ligation	Permanent method of FP. Simple procedure >99% (not 100%) effective. Serious complications are rare.	Does not protect against STIs/HIV. Requires surgical procedure.	For women who certainly want no more children. Hospital must be set up to offer the surgery. Can be done in first 7 days postpartum.
LAM	Good for mother and newborn. Start immediately after birth. 98% effective if all 3 criteria met.	Does not protect against STIs/ HIV. Short-term method-reliable for 6 months. Use another method if any criteria not met.	Effective if ALL 3 criteria present: exclusive breastfeeding day & night; menses not returned; baby less than six months old.
Male Sterilization	Permanent method for men. Simple procedure 99% effective. Serious complications are rare. No weakness or difficulty during intercourse.	Does not protect against STIs/HIV Requires use of condoms or another contraceptive for three months post-procedure to be effective.	Appropriate for those couples who have decided to limit family; are aware of the permanent nature of the method. Men who do not have infection of the genitalia.
Emergency Contraception 1. Emergency Contraceptive Pills (ECPs) 2. IUCD	Safe, easy to use and available at chemist shop or at health center. Can be used by all women. 85% effective if used within 120 hours (5 days) after an unprotected intercourse. IUCD for Emergency Contraception can be continued as a regular method if appropriate.	Not a regular FP method, intended for emergency use only. A regular FP method use required Not effective once implantation of fertilized ovum has begun. Effectiveness dependent on the time of use after the unprotected intercourse.	Not effective in pregnant women. Should not be used as an abortifacient. IUCD not appropriate for women who have: Cervical cancer or trophoblastic disease; Abnormality in the structure of the uterus (fibroids, septum); risk of STIs.



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SAFE TIMES FOR POSTPARTUM INITIATION OF VARIOUS METHODS OF FAMILY PLANNING



* This is to be used only in emergency. For a regular contraceptive use, take advice from ANM/Doctor at government health centre.

** This is available in private sector.

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