Postpartum Family Planning (PPFP) Toolkit

Family planning offered in the first year postpartum provides an opportunity to meet the needs of women who want to prevent unintended pregnancies or who want to delay having more children. Yet, globally, nearly 65% of women in their first postpartum year have an unmet need for family planning services.

This toolkit provides a comprehensive collection of best practices and evidence-based tools and documents on postpartum family planning (PPFP) developed through the ACCESS-FP Program and continued under the MCHIP project. The toolkit will assist policymakers, program managers, trainers, and service providers to develop and implement effective service delivery approaches that address the family planning needs of the postpartum women they serve.

Use the navigation menu on the right side of this page to explore PPFP topics and information within the Toolkit. The tools and resources available here will help you implement a variety of PPFP-related activities. Click on the full-text resources to open or download them to your computer.

If you have an experience to share about the introduction or provision of PPFP services, we invite you to tell us about it through the feedback form where you can also suggest new resources. To find out if a resource has already been included in this toolkit, type the title in the search box. For more detailed information about this and other K4Health e-Toolkits go to the About link at the top of this page.

Learn more about MCHIP and postpartum family planning. Visit the MCHIP website or take the Global Health eLearning course (registration required).

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What are K4Health Toolkits?

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

Purpose and Audiences of this Toolkit

Development and implementation of effective PPFP programs requires attention to policy and guidelines; changes of behavior by policymakers, service providers, and the community; access to current literature, quality training programs, and service delivery; and useful monitoring, evaluation, and research. Also, presentations and posters help to communicate key information concerning PPFP. This toolkit provides information on all of these elements and contains tools and resources to help you implement a variety of PPFP-related activities.

This toolkit was developed by The ACCESS-FP Program, a USAID-sponsored global program, to improve access to and quality of postpartum family planning services. Audiences include:

- **Policy makers** will find research and information to help set national guidelines about PPFP and plan for future changes in service delivery.

- **Program managers** will find information and job aids to help them develop a strategy to respond to the needs of postpartum women.

- **Service providers** will find information and job aids to help them counsel about PPFP services.

- **Communication professionals** can use the toolkit resources to advocate, explore strategies, media and messages about PPFP.

- **Trainers** can review the latest techniques that have been used in country and for global programs.

- **Researchers** can create customized searches of scientific articles, photos, and other materials relating to PPFP.
Types of Resources in this Toolkit

This toolkit provides a source for reliable, relevant, and usable information pertaining to PPFP services. The resources were selected with health policy makers, program managers, and service providers in mind. For example, the toolkit contains:

- Up-to-date background and reference materials to design evidence-based, state-of-the-art programs.
- Job aids and other tools to increase effectiveness and quality of program activities and services.
- Powerpoint presentations and other quality information resources that can be downloaded and adapted to better serve local circumstances and languages.
- Various publication formats including books, manuals, briefs, case studies, fact sheets, newsletters, pamphlets, posters, project reports, reviews, teaching and training materials, photos, tools, and job aids.

How to Use this Toolkit

To browse the content of this toolkit, use the navigation to the right to view resources related to key program topics. You can also use the search box if you know what you are looking for or have a specific item in mind. To make the materials contained in this toolkit as accessible as possible, various tools or documents may be included within several areas of the Web site. For instance, training material developed for Albania will be included under the Country Specific and Training Tools sections.

Most of the tools are available in PDF format. If you want to modify or adapt these tools, please e-mail us. We can send the document to you in a format that is easier to adapt. Also, we would like to hear how you use and adapt the contents of the toolkit. The toolkit is an evolving resource, so please send us your ideas and suggestions for improvement.

Who Developed this Toolkit?

The ACCESS-FP Program, a USAID-sponsored global program, was initiated in 2006 with the goal of responding to the significant unmet need for family planning among postpartum women. ACCESS-FP has developed a number of strategic documents to guide program implementation, tools to use within programs, and best practices based on program experience. This toolkit compiles this collection of program documents and tools, all of which have been field-tested.

In addition, ACCESS-FP, together with the Institute of Reproductive Health (IRH) at Georgetown, has led a Lactational Amenorrhea Method (LAM) Working Group composed of representatives from 20 organizations and agencies, including USAID. This Working Group has also developed a number of tools for promoting effective LAM that are also contained in this toolkit.

How can I suggest a Resource to include in this Toolkit?
We invite you to contribute to evolving and enhancing this toolkit. If you have developed or use quality resources that you think should be included in this toolkit, please use the feedback form to suggest them. The toolkit collaborators will review and consider your suggestions.

**How can I make a Comment or give Feedback about this Toolkit?**

If you have comments about the toolkit, please use the feedback form. Your feedback will help to ensure the toolkit remains up-to-date and is continually improved. For example, you can share ideas about how you have used the toolkit in your work so that others can learn from and adapt your experiences.

**Related eLearning Courses:**
Postpartum Family Planning

**Essential Knowledge**

Postpartum family planning (PPFP) as part of a comprehensive maternal, newborn and child health approach has the potential to systematically reach a large number of women with critical, life-saving information and services. The Programming Strategies for Postpartum Family Planning document highlights elements that should be considered when planning a postpartum family planning document. Created in collaboration with WHO and USAID, this document focuses on the rationale for PPFP, general considerations when designing a PPFP program, how to integrate PPFP along the continuum of care contact points, as well as monitoring and evaluation framework.

**Preventing unintended pregnancies:** Research has demonstrated that more than 90% of
women during their first year postpartum either want to delay the next pregnancy for at least two years or avoid future pregnancies all together. Preventing unintended pregnancies is an important strategy for reducing maternal mortality, as by preventing pregnancies, exposure to obstetric risk is also reduced. An estimated one fourth (25%) of maternal mortality could be prevented through preventing these pregnancies.

**Promoting healthy pregnancy spacing**: Research findings demonstrate improved perinatal outcomes for infants born 36?59 months after a preceding birth. Experts made recommendations to the World Health Organization (WHO) to advise an interval of at least 24 months before couples attempt to become pregnant (birth-to-pregnancy interval) in order to reduce the risk of adverse maternal, perinatal and infant outcomes. Yet, many pregnancies occur during the first and second year postpartum.

This section provides some the essential knowledge pertaining to postpartum family planning. Extensive literature reviews have been conducted in order to inform program design. Annual PPFP technical meetings have been held to share lessons learned and new areas of innovation in family planning.

*French and Spanish versions of Programming Strategies for Postpartum Family Planning available*

For a step-by-step guide to help develop programming strategies for PPFP, see also PPFP Country Programming Strategies tools under the Advocacy section of this toolkit.

### Bibliographies

Scientific literature addressing PPFP, including LAM, PPIUD and MIYCN/FP Integration, is extensive and varied in content. In this section, you will find several comprehensive bibliographies, including a 2014 update and compilation of previous version on PPFP literature. These bibliographies are annotated to include summaries of the main points and topics covered in the articles.

**Resources:**

- **Postpartum Family Planning Annotated Bibliography**

Beginning in 2006, the ACCESS-FP program compiled an annotated bibliography of postpartum family planning literature to promote documented best practices and serve as a reference for both researchers and program managers. Updates to the original bibliography were made under ACCESS-FP in 2007, 2008, and 2010, and then again under the Maternal and Child Health Integrated Program, Family Planning team in 2011 and, finally, 2014. All of
these updates have been compiled into one cohesive annotated bibliography.

**FP/Immunization Integration Annotated Bibliography**

Updated bibliography of Family Planning and Immunization Integration literature. The previous FP/Immunization Bibliography was completed in mid 2010. This version of the bibliography focuses on journal articles published from 2010 or later with an emphasis on studies that were undertaken in developing countries. Also included programmatic reports. The literature review began with a search on Medline (2010?current update) using the following keywords: family planning services, immunization services, integration, child health, birth spacing, EPI, integrated services.

**Postpartum Tubal Ligation Literature Review**

While female sterilization is most commonly performed through bilateral tubal ligation, but can be performed by tubal occlusion, this paper deals only with tubal ligation (TL) in the postpartum period. For many women or couples who have completed their family, a tubal ligation in the immediate postpartum period may represent an ideal method of family planning. Having the baby and a postpartum tubal ligation (PPTL) during the same health care ?contact? can save time and costs for the woman, her family and the health care system.

While PPTL is a relatively common method of FP, many program planners, policy makers, and clinicians are unaware of the evidence supporting the practice of PPTL and addressing issues surrounding the provision of PPTL services. In response to this gap, this paper gathers evidence that is relevant to PPTL services. While not exhaustive, this synthesis reviewed gray and peer-reviewed literature, primarily from between 2000 and 2012, on experiences in the provision of PPTL services. The literature search was conducted using Medline/PubMed, PubMed Central, and Cochrane databases, as well as Google and Bing search engines. We limited our search to studies conducted in Asia, Africa, and Latin America.

**Synthesis of PPFP Program Literature**

A number of literature reviews have been done on integration and on various aspects of family planning, including the use of hormonal contraceptives among women living with HIV. The broader family planning literature is beyond the scope of this synthesis, which looked only at literature describing programmatic interventions, specifically for postpartum family planning(PPFP) programs. We were looking for program interventions that have had positive
results that can be translated into PPFP program design and implementation. While not exhaustive, this synthesis reviewed gray and peer-reviewed literature, using Medline/PubMed, PubMed Central and Cochrane databases as well as Google and Bing search engines.

• **MIYCN/FP Integration Annotated Bibliography**

In an effort to promote documented best practices, the MIYCN-FP Technical Working Group has supported the development of this annotated bibliography of Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Integration to serve as reference for both researchers and program managers. The purpose of this bibliography is to provide a brief, illustrative sample of documents describing the basic elements of MIYCN-FP integration. The documents listed here provide an overview of the rationale for integrated MIYCN-FP programs. While not exhaustive, this bibliography does contain a comprehensive compilation of materials.

**MCHIP and MCSP FP Resources**

**Resources:**

• **Immediate Postpartum FP Option Graphs**

Available in English and French, these graphs show the FP options for women in the immediate postpartum period at the community and facility levels. Options are displayed by breastfeeding status and by timing up to six weeks postpartum. The graphs give a clear visual summary of when each method is appropriate to start, based on the latest version of the WHO Medical Eligibility Criteria for Contraceptive Use.

• **Modular LARC Learning Resource Package**

This learning resource package provides trainers, facilitators, and program staff with a comprehensive resource for high-quality LARC service training using a modular, facility-based approach for capacity-building and mentorship. The integrated learning resource package consists of 10 modules and an implementation guide. The modules are designed for use in a variety of situations, including the interval, postpartum, and post-abortion periods.

The module titles include: Introduction to LARCs, Family Planning Counseling, Medical
Eligibility and Client Assessment, Quality of Care, Infection Prevention for LARCs, Copper IUDs (Copper T380A), Hormonal IUDs (LNG-IUS), Postpartum IUDs, Post-abortion IUDs, and Contraceptive Implants.

Technical Meetings

Postpartum Family Planning: PROGRESS Research Findings and Next Steps-2012

Resources:

- Postpartum Family Planning: New Research Findings and Program Implications

On July 19, 2012, at a meeting in Washington DC, the PROGRESS project presented findings from its research studies on topics related to postpartum family planning. This report provides a summary of the meeting, which offered an opportunity for partner agencies, including the U.S. Agency for International Development (USAID) and the World Health Organization (WHO), to discuss how these findings might contribute to expanding access to family planning information and services in the postpartum period.

- Postpartum Family Planning: PROGRESS Research Findings and Next Steps

FHI 360 and USAID invited key partners to attend the second in a series of End-of-Project technical meetings to be convened over the next year by the Program Research for Strengthening Services (PROGRESS) project, a five-year USAID cooperative agreement awarded to FHI 360 (2008-2013). PROGRESS researchers presented findings related to return of menses and postpartum family planning (PPFP) use, use of pregnancy tests, integration of PPFP with child immunization services, and postpartum IUD insertion. This web page contains links to the slides presented at the meeting, following the order of the agenda.
Building a Global Movement- 2011

Resources:

- Panel 1 Presentations

  Panel 1 Presentations: Postpartum Women, Family Planning, and Service Delivery Considerations

- Panel 2 Presentations

  Presentations from Panel 2: Effective Service Delivery Strategies

- Panel 3 Presentations

  Presentations from Panel 3: Selected Practice Recommendations

The Evolution of Postpartum Family Planning- 2010

Resources:

- Panel 1 Presentations

  Presentations from Panel 1: LAM and Transition: Beyond the Barriers

- Panel 2 Presentations
Presentations from Panel 2: Immediate PPFP and PNC: What we’ve learned

• Panel 3 Presentations

Presentations from Panel 3: Learning about FP/MNCH Integration

Sharing Experiences, Lessons Learned & Tools for Programming- 2009

A Review of Programmatic Approaches during the First Year Postpartum- 2008

Postpartum Family Planning Technical Consultation- 2006

PPFP CoP Measurement Subcommittee

This page includes meeting notes and other information from the PPFP Community of Practice's Measurement Subcommittee.

Resources:

• PPFP measurement meeting report - December 2017

  Notes from the first meeting of the PPFP CoP Measurement Subcommittee in December 2017.
Notes from the second PPFP CoP Measurement Subcommittee meeting, held in May 2018.

ACCESS-FP

Resources:

• ACCESS-FP End of Project Final Report

This final report summarizes key ACCESS-FP activities for the period of 1 October 2005 to 30 September 2010 and represents the five years of Program activities. ACCESS-FP was initiated 25 September 2005 as an associate award to the ACCESS Leader Program. It is a five year award with a completion date of 25 September 2010. The Program recently received an extension through 25 December 2010. The goal of ACCESS-FP is to reduce unmet need for family planning (FP) among postpartum women by strengthening FP in maternal, neonatal and child health (MNCH) service delivery programs.

• Postpartum Fertility and Contraception: An Analysis of Findings from 17 Countries

Postpartum fertility and contraception are generally not well-understood by policymakers, health service providers, or women themselves. Making use of existing Demographic and Health Survey (DHS) data for women in the first year postpartum, descriptive country profiles for the extended postpartum family planning (PPFP) period were developed for 17 countries in which the ACCESS-FP program worked since October 2005.

Advocacy
This section includes various tools and guidance useful in advocating for postpartum family planning, including PPFP programming strategy tools.

Content in the sub-pages include:

- DHS analyses from various countries, which provide evidence, by country, of the unmet need for family planning, return to fertility and pregnancy risk, and current use of contraceptives.
- A video that introduces a study in which postpartum family planning has been integrated into a community-based postnatal care program, with promising results.
- Advocacy materials specific to Maternal Infant and Young Child Nutrition/Family Planning integration and Immunization/Family Planning Integration.

Resources:

- **PPFP Country Programming Strategies Worksheets**

  These worksheets are designed to be used as a step-by-step guide to complement the WHO resource *Programming Strategies for Postpartum Family Planning*. The tool aims to guide country teams of maternal, child, and reproductive health policymakers, program managers, and FP champions in systematically planning country-specific, evidence-based ?PPFP Programming Strategies.? It takes country teams through the process to identify strategies to address short interpregnancy intervals and postpartum unmet need and to increase postpartum women?s access to family planning services, culminating in a PPFP Action Plan.

  English and French versions of the worksheets are available in Excel format and in PDF for printing purposes.

- **PPFP Infographic**
This infographic shows the various ways in which family planning can be integrated within maternal, newborn, and child health services.

**FP/Immunization**

Resources:

- Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health

Both immunization and family planning save lives. Through family planning, couples can achieve healthy timing and spacing of pregnancies. At the same time, immunizations are one of the most effective and well-utilized child-health promotion strategies globally.

**MIYCN/FP**

Resources:

- Bibliography for the Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Integration Technical Working Group

In an effort to promote documented best practices, the MIYCN-FP Technical Working Group has supported the development of this annotated bibliography of Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Integration to serve as reference for both researchers and program managers. The purpose of this bibliography is to provide a brief, illustrative sample of documents describing the basic elements of MIYCN-FP integration.

**PPFP Country Profiles from Reanalysis of**
DHS Data

This section includes descriptive country profiles for the extended postpartum period developed for key MCHIP and ACCESS-FP countries. These profiles demonstrate missed opportunities for integration of family planning by making use of existing Demographic and Health Survey (DHS) data for women two years postpartum (or 1 year postpartum in the case of ACCESS-FP countries). The profiles highlight unmet need for family planning, short birth-to-pregnancy intervals, timing of key factors related to fertility return, the relation of family planning use to relevant maternal newborn and child health care services, as well as method mix. Traditionally, unmet need for FP is calculated by asking women if their current pregnancy or previous birth was wanted. However, in these analyses, unmet need is defined prospectively regarding the woman’s desired timing for her next pregnancy. Prospective unmet need is based on fertility preferences looking forward because it is most likely to predict a woman’s need for family planning in the extended postpartum period. These profiles serve as important advocacy documents at the country level and generate knowledge to inform future programming decisions related to postpartum family planning.

Resources:

- **Ethiopia 2011 DHS Reanalysis for PPFP**

  This analysis is based on the 2011 Demographic and Health Survey (DHS) data from Ethiopia. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Rwanda 2010 DHS Reanalysis for PPFP**

  This analysis is based on the 2010 Demographic and Health Survey (DHS) data from Rwanda. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Pakistan 2006-07 DHS Reanalysis for PPFP**

  This analysis is based on the 2006-07 Demographic and Health Survey (DHS) data from Pakistan. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Bangladesh 2007 DHS Reanalysis for PPFP**
This analysis is based on the 2007 Demographic and Health Survey (DHS) data from Bangladesh. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Bihar, India 2005-06 DHS Reanalysis for PPFP**

  This analysis is based on the 2005-06 Demographic and Health Survey (DHS) data from Bihar, India. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Uttarakhand, India 2005-06 DHS Reanalysis for PPFP**

  This analysis is based on the 2005-06 Demographic and Health Survey (DHS) data from Uttarakhand, India. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Kenya 2008-09 DHS Reanalysis for PPFP**

  This analysis is based on the 2008-09 Demographic and Health Survey (DHS) data from Kenya. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Liberia 2007 DHS Reanalysis for PPFP**

  This analysis is based on the 2007 Demographic and Health Survey (DHS) data from Liberia. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **Postpartum Fertility and Contraception: An Analysis of Findings from 17 Countries**

  Postpartum fertility and contraception are generally not well-understood by policymakers, health service providers, or women themselves. Making use of existing Demographic and Health Survey (DHS) data for women in the first year postpartum, descriptive country profiles for the extended postpartum family planning (PPFP) period were developed for 17 countries in which the ACCESS-FP program worked since October 2005.

- **ACCESS-FP PPFP Country Profiles**

  These analyses were completed under the ACCESS-FP project and look at Demographic and Health Survey (DHS) data, summarizing key findings related to birth spacing and
postpartum family planning during the extended postpartum period. ACCESS-FP defined the extended postpartum period as one full year post-birth.

Videos

Capacity Building/Training

High-Quality PPFP services require service providers who are knowledgeable and competent in PPFP skills. This section includes training tools that have been used in country programs. A comprehensive PPFP learning resource package that contains participant and trainer's notebooks, PowerPoint presentations, knowledge assessments, review tools and checklists is also included in this section. Method specific learning resource packages such as postpartum IUD and LAM are designed to build competency in providers at the facility level. Often times Community Health Workers (CHWs) are the main providers of PPFP services and counseling. This section contains a training package specifically designed for CHWs.

Facility

Resources:

- Postpartum IUD Learning Resource Package

This PPIUD course aims to save lives by preparing a range of qualified service providers who can deliver high-quality PPIUD services as part of a comprehensive PPFP program.

- Modular LARC Learning Resource Package
This learning resource package provides trainers, facilitators, and program staff with a comprehensive resource for high-quality LARC service training using a modular, facility-based approach for capacity-building and mentorship. The integrated learning resource package consists of 10 modules and an implementation guide. The modules are designed for use in a variety of situations, including the interval, postpartum, and post-abortion periods.

The module titles include: Introduction to LARCs, Family Planning Counseling, Medical Eligibility and Client Assessment, Quality of Care, Infection Prevention for LARCs, Copper IUDs (Copper T380A), Hormonal IUDs (LNG-IUS), Postpartum IUDs, Post-abortion IUDs, and Contraceptive Implants.

Community

Resources:

- Postpartum Family Planning for Community Health Workers

This LRP provides all of the tools and materials needed to conduct a three-day workshop to prepare CHWs to counsel mothers, families and communities on PPFP. The content covers counseling on suitable FP method choices?primarily for breastfeeding mothers?with a strong emphasis on LAM, and when to make the transition from LAM to another modern FP method. The package also emphasizes the importance of ?no missed opportunities? to give women appropriate PPFP messages.

Tools

Resources:

- Improving Quality of Post-Partum Family Planning in Low-Resource Settings

This framework is designed to help managers and care providers at all system levels to understand common challenges in PPFP service delivery and specific solutions that may help
to close these gaps. It outlines a new approach to improving PPFP services and outcomes, based on well-developed improvement methods that have proven effective and cost effective in other areas of health care. The framework provides a step-by-step approach for how PPFP programs can benefit from the application of improvement methods.

• **Immediate Postpartum FP Option Graphs**

Available in English and French, these graphs show the FP options for women in the immediate postpartum period at the community and facility levels. Options are displayed by breastfeeding status and by timing up to six weeks postpartum. The graphs give a clear visual summary of when each method is appropriate to start, based on the latest version of the WHO Medical Eligibility Criteria for Contraceptive Use.

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**Selected Country Experiences**
MCHIP Family Planning has several unique programs in a number of countries. Click on each country section to see the type of programming as well as country specific materials and reports.

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**Afghanistan**

**Bangladesh**

**Resources:**

1. **Behavior Change Communication and Community Mobilization Within the Healthy Fertility Study**

This brief highlights the key components of the HFS Behavior Change Communication and Community Mobilization Strategy, which is a core component of the HFS approach. The strategy aims to promote recommended MNH and FP practices and build an enabling environment and social support for MNH and FP, in order to improve health outcomes. Key HFS activities include: antenatal and postpartum home visits, community mobilization sessions, engagement of local champions, and advocacy through ward-level meetings. HFS activities use strategic, field tested messages and materials informed by formative assessment.

2. **Bangladesh 2007 DHS Reanalysis for PPFP**

This analysis is based on the 2007 Demographic and Health Survey (DHS) data from Bangladesh. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

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LAM and the Transition Barrier Analysis from Sylhet District, Bangladesh

The purpose of the "LAM and the Transition Barrier Analysis? was to gain further insight and explore the facilitators of and the barriers to the transition from LAM to other modern FP methods. The analysis was conducted within an operations research study, entitled the Healthy Fertility Study (HFS), which examined the integration of postpartum family planning services with community-based maternal and newborn health services.

Guinea

Resources:

- **LAM and the Transition Barrier Analysis: Guinea and Uganda**

  The purpose of the study was to gain better understanding of the facilitators and barriers to the transition from LAM to other modern FP methods in two African countries: Guinea and Uganda. In each country, the study was nested with Save the Children’s Family Planning Program and conducted by the program team with support from ACCESS-FP and Save the Children’s FP technical advisor.

India

Resources:

- **Bihar, India 2005-06 DHS Reanalysis for PPFP**

  This analysis is based on the 2005-06 Demographic and Health Survey (DHS) data from Bihar, India. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.
Uttarakhand, India 2005-06 DHS Reanalysis for PPFP

This analysis is based on the 2005-06 Demographic and Health Survey (DHS) data from Uttarakhand, India. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

- **PNC Poster- India**

  Postnatal care poster from India.

Kenya

Resources:

- **Kenya 2008-09 DHS Reanalysis for PPFP**

  This analysis is based on the 2008-09 Demographic and Health Survey (DHS) data from Kenya. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

Liberia

The 2007 Demographic and Health Survey (DHS) in Liberia indicated that there is a substantial unmet need for family planning (FP) using modern contraceptive methods. Of particular concern is the fact that 17% of births occur less than 24 months after the previous pregnancy, putting both mothers and their children at elevated risk of mortality. Moreover, according to an analysis of the 2007 DHS data conducted by MCHIP, less than 10% of women 6-12 months postpartum use any type of modern contraception. This same time period of 6-12 months postpartum is also when routine immunization typically takes place.

Based on previous promising experiences in other countries, MCHIP and MoHSW have developed a pilot initiative (with plans for national scale-up) to integrate family planning and routine infant immunization services. The approach requires that vaccinators provide a few short, targeted family planning messages to mothers bringing their children for routine immunization visits. For women who express interest in going for family planning services on the same day, vaccinators provide referrals to co-located family planning services. Targeted job aids and IEC
materials have also been developed to support the process of integrating services.

MCHIP is also working in several counties in Liberia to strengthen skills of family planning providers, including in postpartum and postabortion family planning counselling and service provision.

Resources:

- Process Assessment Report: Immunization & Family Planning Integration in Liberia

With the government’s commitment to reduce the high levels of unmet need for family planning, the concept of using vaccination contacts to increase access to FP and possibly immunization is supported by high levels within the Ministry of Health and Social Welfare (MOHSW). For this reason, MCHIP and the MOHSW have designed a pilot project integrating family planning and routine infant immunization services. The approach involves training vaccinators to provide a few short, targeted FP messages and same-day FP referrals to mothers bringing their infants to the health facility for vaccination. The emphasis of the approach is co-located provision of same-day services, with the vaccinators serving as the critical referral link between points of service delivery.

The process assessment was conducted through observational visits to health facilities, semistructured interviews with officers in charge (OICs) and mothers of children less than 1 year old who were already at the facility for EPI services, a preliminary review of service statistics, and interactive discussions with vaccinators and family planning providers during a refresher training. In each county, an MCHIP team conducted 1 day of site visits along with a 2-day refresher training for service providers. The primary objectives of the process assessment were to:

1. Reflect on each facility’s progress to date, gaps, and areas for improvement
2. Explore key challenges and potential solutions
3. Identify any adjustments needed for the programmatic approach
4. Refresh skills and re-energize service providers on EPI/FP integrated service provision

Liberia 2007 DHS Reanalysis for PPFP

This analysis is based on the 2007 Demographic and Health Survey (DHS) data from Liberia. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.
Mali

Resources:

- ProFam Urban Outreach: A High Impact Model for Family Planning (Mali)

This case study describes PSI's efforts to increase Malian women's access to long acting reversible contraceptives (LARCs) by integrating family planning counseling and services with routine immunization services.

Nigeria

Resources:

- Postpartum Systematic Screening in Northern Nigeria: A Practical Application of Family Planning and Maternal Newborn and Child Health Integration

Systematic screening, a USAID best practice developed by Population Council, is a simple procedure allowing health care providers to address multiple needs of a client during a single visit. A modified systematic checklist with particular sensitivity to postpartum women is necessary as they may be amenorrheic, breastfeeding and not perceive themselves to be at risk of pregnancy.

Pakistan

Resources:

- Pakistan 2006-07 DHS Reanalysis for PPFP
This analysis is based on the 2006-07 Demographic and Health Survey (DHS) data from Pakistan. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

Rwanda

Resources:

- Rwanda 2010 DHS Reanalysis for PPFP

This analysis is based on the 2010 Demographic and Health Survey (DHS) data from Rwanda. It summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of family planning (FP), and contact with key services for women during the period from the last birth through two years postpartum.

SBCC & IEC Materials

Social and Behavior Change Communication (SBCC) and demand generation activities can offer opportunities to reach postpartum women and their families with information about available family planning services and benefits of using family planning, addresses myths and misconceptions about family planning, and build family and community support for healthy timing and spacing of pregnancies. Tailoring communication messages to the postpartum period is an essential element of an effective approach. The special considerations for service delivery also require effective communication strategies.

Decisions about whether to access postpartum family planning services and select a contraceptive method are often deeply influenced by social factors, such as social norms around postpartum sexual activity and use of family planning services, religious beliefs, social support, cultural traditions, myths and rumors, local or national policies, and the role of women in reproductive health decision-making. Efforts to increase the use of postpartum family planning are much more likely to be successful and sustainable if they promote broader social change in addition to individual behavior change.
This section includes resources to support SBCC strategy development for PPFP programs, and sample Information Education Communication (IEC) materials from a variety of PPFP field programs.

### Planning and Design Tools and Resources

**Resources:**

- **A Guide for Planning and Implementing Social and Behavior Change Communication Activities for Postpartum Family Planning**

This document presents guidance for planning and implementing social and behavior change communication (SBCC) activities for postpartum family planning (PPFP), informed through global evidence and program learning. It also serves as an update to the Guide for Developing Family Planning Messages for Women in the First Year Postpartum, initially developed in 2010 by ACCESS-FP. In the years since the 2010 Guide was developed, the Maternal and Child Health Integrated Program (MCHIP), funded by the U.S. Agency for International Development (USAID), has built on the findings from ACCESS-FP. MCHIP has generated additional learning on successful strategies to enhance PPFP uptake that are integrated within broader maternal and child health program activities.

This updated guide features a refined set of principal PPFP behaviors, introduces key steps for how to design and implement SBCC for PPFP, and provides several case studies describing MCHIP’s work in this area. The guide draws from SBCC processes outlined in the C-Modules Learning Package developed under the C-Change Project and the Designing for Behavior Change curriculum developed by the CORE Group, and adapts them specifically for PPFP activities.

The intended audience for this guide is program managers and technical staff responsible for designing and implementing PPFP program activities, including international and local staff of nongovernmental organizations and representatives from ministries of health.

MCHIP has also developed a complementary e-learning course on SBCC for PPFP, available here: [http://reprolineplus.org/SBCC-PPFP-course](http://reprolineplus.org/SBCC-PPFP-course).

- **Social and Behavior Change Communication for Postpartum Family Planning e-Learning Course**
This course provides an orientation on how to design and implement social and behavior change communication (SBCC) activities for postpartum family planning (PPFP). Learning steps for strategically designing and implementing SBCC activities for PPFP helps to increase the likelihood of successful outcomes. It is designed for program managers and technical staff responsible for designing and implementing PPFP program activities, including international and local staff of nongovernmental organizations and representatives from ministries of health. The course takes about 2 hours to complete.

The course outlines seven principal PPFP behaviors and introduces key steps for how to design and implement SBCC for PPFP. The course draws from SBCC processes outlined in the C-Modules Learning Package developed under the C-Change Project and the Designing for Behavior Change curriculum developed by the CORE Group, and adapts them specifically for PPFP activities.

- **A Guide for Developing Messages for Women in the First Year Postpartum**

  The Guide to Developing Messages for PPFP was developed to give guidance to program managers on how to include PPFP messages in FP, MNCH and other health programs.

### Formative Assessment Reports

**Resources:**

- **LAM and the Transition Barrier Analysis from Sylhet District, Bangladesh**

  The purpose of the LAM and the Transition Barrier Analysis was to gain further insight and explore the facilitators of and the barriers to the transition from LAM to other modern FP methods. The analysis was conducted within an operations research study, entitled the Healthy Fertility Study (HFS), which examined the integration of postpartum family planning services with community-based maternal and newborn health services.

- **LAM and the Transition Barrier Analysis: Guinea and Uganda**
The purpose of the study was to gain better understanding of the facilitators and barriers to the transition from LAM to other modern FP methods in two African countries: Guinea and Uganda. In each country, the study was nested with Save the Children's Family Planning Program and conducted by the program team with support from ACCESS-FP and Save the Children's FP technical advisor.

Information Education Communication (IEC) Materials

Resources:

- Egypt SMART Project SBCC Materials

The SMART project—a USAID-funded MCHIP project that focuses on improving maternal and neonatal health and nutrition—works through community development associations in Upper and Lower Egypt to train physicians and CHWs to improve newborn care, nutrition, and the use of modern family planning methods. A brochure highlighting key information on Postpartum Family Planning, including messages on LAM + transition, was incorporated within community activities. A LAM counseling tool, featuring fictional case scenarios, was also incorporated within SMART activities.

- Bangladesh Healthy Fertility Study SBCC Materials

The Healthy Fertility Study (HFS), conducted in eight unions of Sylhet District in Bangladesh, was funded by the United States Agency for International Development (USAID). The study began in 2007 as a partnership of the Bangladesh Ministry of Health and Family Welfare (MoHFW), the Bangladeshi nongovernmental organization Shimantik, the Center for Data Processing and Analysis, ACCESS-FP, and the Johns Hopkins Bloomberg School of Public Health (JHU). In December 2010, the study transitioned from ACCESS-FP to the USAID-funded Maternal and Child Health Integrated Program (MCHIP). The study integrated postpartum family planning within a community-based maternal and newborn health (MNH) program, which has demonstrated results in reducing newborn mortality. Key HFS activities included: antenatal and postpartum home visits, community mobilization sessions, engagement of local champions, and advocacy through ward-level meetings. HFS activities use strategic, field tested information and materials informed by formative assessment. Content includes postpartum return to fecundity and pregnancy risk after delivery, the benefits of PPFP and healthy timing and spacing of pregnancy, postpartum contraceptive options, benefits of exclusive breastfeeding, and LAM + transition. SBCC materials incorporated within the approach are available below.

- PNC Poster- India

Postnatal care poster from India.

- Liberia: Family Planning is Good for the Family! (Brochure)

This brochure, designed for a demonstration project in Bong and Lofa Counties in Liberia, explains how family planning benefits fathers, mothers, and babies. The brochure
is designed to complement family planning messages shared by vaccinators during routine immunization contacts at health facilities.

The approach employed by MCHIP and the Liberian MOHSW involved vaccinators providing a few short, targeted family planning and immunization messages and same-day family planning referrals to mothers bringing their infants to the health facility for routine immunization. The emphasis of the approach was co-located provision of same-day services, with the vaccinators serving as the critical referral link between points of service delivery.

- **Kenya Counseling Cards, Job Aids, and other SBCC Materials**

The Kenya Ministry of Public Health and Sanitation, Department of Family Health through the Divisions of Nutrition and Reproductive Health are working collaboratively, with support from the USAID-funded Maternal and Child Health Integrated Program (MCHIP), to initiate a demonstration program integrating MIYCN with FP services. The main objective of this initiative is to enhance and strengthen the intersection between nutrition and FP interventions in order to improve maternal and child outcomes through pregnancy spacing and better nutrition practices. Integrated service delivery can increase utilization of both FP and nutrition services. This integrated approach reinforces messages about the importance of exclusive breastfeeding during the initial six months, continuation of breastfeeding when offering complementary food, and transition to another modern method of FP when the LAM criteria are no longer met. The Ministry of Health, with support from MCHIP, has initiated activities in Bondo District of Nyanza Province on a demonstration basis (in 6 health facilities and adjacent community units), with potential for scale-up to other regions.

Communication materials developed to support the approach include the following:

- Counseling Card for Community Health Workers
- Job Aid for Facility Providers: Overarching
- Job Aid for Facility Providers: Service Specific
- MICYN-FP Brochure for Clients
- Poster

- **Postpartum Family Planning: Tools for Creating Choice**

This package of materials contains communication tools and job aids to support women in postpartum family planning.

**Other Related Resources**

**Resources:**

- **Summary Report of PPFP BCC Demand Generation**
- **Online Forum**
The Maternal and Child Health Integrated Program (MCHIP) hosted a two week online discussion forum on "Behavior Change Communication and Demand Generation for Postpartum Family Planning" from September 28 to October 7, 2011 through the Postpartum Family Planning Community of Practice (PPFP COP).

Global Learning /M&E

Monitoring, evaluation and research are important accompanying components for public health programming. However, resources may not always be available especially in resource-limited settings. Over the years, ACCESS-FP and MCHIP accumulate valuable experiences in using data collection platforms where possible, measuring process and outcome in a highly relevant, cost-efficient manner, and conducting special studies as needed when implementing PPFP programs.

In this section of the toolkit, a recommended set of performance and outcome indicators for varies PPFP program are included. Qualitative and quantitative methodologies based on epidemiological sampling models, participatory appraisals, and country-specific data collection tools can also be found under country examples.

M&E

Resources:

• Monitoring Postpartum Family Planning: A challenge for routine information systems

The purpose of this brief is to share examples of how to capture the number of women who receive family planning before discharge after giving birth in a facility? one important element
of postpartum family planning (PPFP). The brief includes examples from four countries. These approaches are used in facilities where the USAID-funded Maternal and Child Survival Program supports PPFP implementation. They are not yet part of national health management information systems (HMIS).

• Postpartum Family Planning Indicators

A set of indicators developed to measure postpartum family planning programs.

Program Learning

Resources:

• LAM and the Transition Barrier Analysis from Sylhet District, Bangladesh

The purpose of the LAM and the Transition Barrier Analysis? was to gain further insight and explore the facilitators of and the barriers to the transition from LAM to other modern FP methods. The analysis was conducted within an operations research study, entitled the Healthy Fertility Study (HFS), which examined the integration of postpartum family planning services with community-based maternal and newborn health services.

• LAM and the Transition Barrier Analysis: Guinea and Uganda

The purpose of the study was to gain better understanding of the facilitators and barriers to the transition from LAM to other modern FP methods in two African countries: Guinea and Uganda. In each country, the study was nested with Save the Children?s Family Planning Program and conducted by the program team with support from ACCESS-FP and Save the Children?s FP technical advisor.

• Postpartum Systematic Screening in Northern Nigeria: A Practical Application of Family Planning and Maternal
Newborn and Child Health Integration

Systematic screening, a USAID best practice developed by Population Council, is a simple procedure allowing health care providers to address multiple needs of a client during a single visit. A modified systematic checklist with particular sensitivity to postpartum women is necessary as they may be amenorrheic, breastfeeding and not perceive themselves to be at risk of pregnancy.

An Evaluation of ACCESS-FP's Work in Albania: Postpartum and Postabortion Family Planning

Between March 2008 and October 2009, ACCESS-FP conducted an evaluation to determine the effectiveness of program activities. In particular, the level and quality of FP counseling provided to postpartum and postabortion clients were assessed. In addition, clients' attitudes toward FP and knowledge about contraception for postabortion women, and contraceptive use after six months delivery or abortion were examined.

LAM & Transition

The Lactational Amenorrhea Method (LAM) is a modern, temporary contraceptive method based on natural infertility resulting from certain patterns of breastfeeding. LAM represents the natural integration of maternal health with infant and child health. While LAM is an effective modern contraceptive method for the woman, it also provides the perfect nutrition for the infant up through six months of age. When the infant transitions from only breastmilk to breastmilk plus the introduction of foods, the woman who wants to delay pregnancy, transitions from LAM to another modern method of contraception.

All postpartum women who meet the following three criteria can use LAM:

1. Menstrual bleeding has not resumed;

AND 2. The infant is fully or nearly fully breastfed frequently, day and night;
AND 3. The infant is under six months of age.

Expanding access to LAM with high quality services helps expand women’s contraceptive choice and can facilitate use of other family planning methods during a critical time in a woman’s reproductive life, following the birth of a child. Additional resources about LAM Essential Knowledge; Advocacy and Policy; Training; Information, Education, and Communication Tools (IEC); Program Experiences; Monitoring and Evaluation (M & E); and Research are available in the Maternal Infant and Young Child Nutrition and Family Planning (MIYCN-FP) Integration Toolkit.

**Advocacy**

**Capacity Building/Training**

**Program Learning**

Resources:

- **LAM and the Transition Barrier Analysis from Sylhet District, Bangladesh**

  The purpose of the ?LAM and the Transition Barrier Analysis? was to gain further insight and explore the facilitators of and the barriers to the transition from LAM to other modern FP methods. The analysis was conducted within an operations research study, entitled the Healthy Fertility Study(HFS), which examined the integration of postpartum family planning services with community-based maternal and newborn health services.

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Program and conducted by the program team with support from ACCESS-FP and Save the Children’s FP technical advisor.

**Bibliography**

**Postpartum IUD**

This section of the Postpartum Family Planning (PPFP) Toolkit provides a comprehensive collection of best practices and evidence-based tools and documents on postpartum IUD (PPIUD) services from ACCESS-FP, EngenderHealth, FHI 360, Jhpiego, MCHIP, Population Council, PSI, and other key organizations. This information will assist policymakers, program managers, trainers, and service providers to develop and implement effective service delivery approaches that address the family planning needs of the postpartum women who are interested in PPIUDs.

**What are postpartum intrauterine device (PPIUD*) services?**

Providing PPIUD service adds a valuable long-acting method to PPFP that can be provided after informed and voluntary choice through counseling and decision-making during antenatal care or pre-discharge. **Women who request a PPIUD have several opportunities to receive one:**

- **Postplacental**: insertion within 10 minutes after placental expulsion
- **Intracaesarean**: insertion before closing the uterine incision
- **Pre-discharge**: insertion from 10 minutes up to 48 hours postpartum
- **Interval IUD**: can be provided after 4 weeks postpartum (Visit the IUD Toolkit for more information about interval IUD services.)

Antenatal care and the immediate postpartum period are valuable opportunities for women and couples to learn about and access family planning services. This is especially true today as more
women are accessing the formal health care system during pregnancy and delivery through focused antenatal care (FANC) and emphasis on skilled birth attendants at delivery.

Operationalization of PPIUD services requires integration of family planning with maternal and newborn health services. As a result, the audience for training is somewhat different from the typical audience for interval IUD courses. Also, some thought must be given to ensuring an update in all family planning methods appropriate to women in the postpartum to ensure choice. Antenatal care and labor and delivery providers might benefit from refreshers in contraceptive technology.

This section of the toolkit is divided into several pages. Look to the navigation menu on the right under the title Postpartum IUD to link to specific information on advocating for PPIUD; training; planning & programming; information, education, & counseling; monitoring & evaluation; and country experience.

Do you have PPIUD experience that is not represented in this toolkit? To suggest an additional resource or share your perspective, please email us at toolkits@k4health.org or visit our feedback form.

*In many English-speaking countries, the term postpartum intrauterine contraceptive device (PPIUCD) is used to refer to the service. In this Toolkit, the term postpartum IUD (PPIUD) will be used.

## Advocating for PPIUD

Implementing PPIUD services requires more than just training maternal health workers. Program managers also need to advocate for this service in order to overcome barriers to PPIUD services, policies, and country strategies. This section of the Toolkit contains a number of materials that can be adapted and used to advocate for PPIUD services.

- A recent paper published by MCHIP provides an overview of integration of PPIUD into
maternal health services in several countries. This document, which outlines the rationale for providing PPIUD services, key themes from country programs, and results that indicate that PPIUD services are feasible and acceptable to clients and providers, might be helpful to senior directors in maternal and/or reproductive health. Recent programmatic experience of more than 65,000 women who have chosen PPIUDs shows that spontaneous expulsions are between 2-6%. PPIUDs are cost-effective and can be inserted by a mid-level skilled birth attendant. Policymakers are now accepting evidence that family planning is a low-cost intervention that reduces maternal, infant, and under-five child mortality.

- To advocate for PPIUD services, program managers will find these presentations helpful: Addressing Unmet Need and Increasing Contraceptive Options and Services with Postpartum Family Planning, part of a panel presentation for the FIGO conference October 2012 and Postpartum IUDs: At the Intersection of FP and Maternal Health, a presentation at a PPIUD technical conference in Washington, D.C., hosted by MCHIP and RESPOND in July 2011.

- The annotated bibliography, updated in 2012, includes an editorial from Indian colleagues that eloquently advocates for PPIUDs.

- A video highlights Bihar, India, where PPIUD is promoted as an option to meet the needs of postpartum women for family planning services. One innovative aspect of this work focuses on educating male family members on the significant impact that appropriate birth spacing and the use of family planning methods, including the postpartum IUD, can have on the health of mothers and newborns.

Do you have PPIUD experience that is not represented in this toolkit? To suggest an additional resource or share your perspective, please email us at toolkits@k4health.org or visit our feedback form.

Resources:

- **Annotated Bibliography of Postpartum Intrauterine Contraceptive Device**

To further understanding on PPIUDs, MCHIP explored journal articles published from 2000 to the present June 2012. The literature review began by searching on Medline, key words, postpartum IUD. The search was focused on Cooper T 380 A intrauterine devices, although a few studies included Mirena IUDS. MCHIP asked experts in the field for contributions.

- **Addressing Unmet Need and Increasing Contraceptive**
Options and Services with Postpartum Family Planning

This presentation offers evidence of the need for postpartum family planning and the benefits of long acting methods including the IUD for postpartum women and their families.

- Importance of PPIUCD in the perspective of present Indian population scenario (editorial)

Provision of IUCD in the immediate postpartum period offers and effective and safe method for spacing and limiting births. Taking advantage of the immediate postpartum period for counselling on family planning, IUCD is a good option as a contraceptive method. The increased institutional deliveries are the opportunity to provide women easy access to immediate PPIUCD services. The popularity of immediate post-partum IUCD insertion in countries as diverse as China, Mexico, and Egypt support the feasibility of this approach. PPIUCD has a huge potentiality and abundant scope in India and if widely used it will have a strong impact on population control and will prevent unplanned pregnancy and its sequelae.

(excerpt)

- A Husband's Role in Family Planning in India: Jitendra Kumar's Story

This video highlights a program in Bihar, India, where PPIUD is promoted as an option to meet the needs of postpartum women for family planning services. One innovative aspect of this work focuses on educating male family members on the significant impact that appropriate birth spacing and the use of family planning methods, including the postpartum IUD, can have on the health of mothers and newborns.

- Postpartum IUDs: At the Intersection of FP and Maternal Health

This presentation sets the stage for discussion of postpartum family planning, postpartum IUD, and unmet need for postpartum family planning. The slides highlight the rationale for benefits of offering the IUD as a postpartum contraceptive option.

- Program Learning for Postpartum Intrauterine
Contraceptive Device (PPIUCD) Integration with Maternal Health Services: Programmatic Experience from Multiple Countries

This paper describes country experiences from recent MCHIP, PSI, and FHI 360 programs that have integrated PPIUCD into maternity services. The paper stresses the importance of the evaluation of key programmatic considerations when implementing PPIUCD services.

Training

Quality postpartum IUD (PPIUD) service provision requires providers who are knowledgeable and competent not only in PPIUD insertion, but also postpartum family planning (PPFP) counseling. Training should cover both counseling skills and practice on anatomic models to develop competency with standard steps before providing PPIUDs to postpartum women under trainers' supervision. One of the most important steps in training is follow-up post-training to support the newly-trained providers shortly after training and on an ongoing basis. India has an example of follow-up guidelines.

Sensitization and counseling among antenatal clients are essential to generate demand for the service and should begin well in advance of the training. This should be supplemented with counseling among women in the labor ward (who are not in active labor) as soon as trained providers are available to offer the service. It is important to ensure that the client load is sufficient for trainees to build competence in IUD insertion. One program that trained midwives found that 4 supervised IUD insertions were required on average to reach competency.

Available training materials for PPIUD services are:

- Access-FP's Postpartum IUD Learning Resource Package (Updated by MCHIP in 2013), which includes key guidance on PPFP and PPIUD. Specifically, this package includes training on counseling, initiating PPIUD services, following up with clients, and management
of potential problems. This 4 or 5 day competency-based training is detailed in the reference manual and trainer’s guide, which contain exercises, checklists, assessment tools, and guidance on mentoring in the clinical setting. The package also includes a learner’s guide that provides the learner with materials for active participation in the training.

- **An animated training video** that shows the entire PPIUD insertion procedure, including how to place the IUD high in the fundus.

- **ACQUIRE’s Postpartum Intrauterine Device Training Package (2008)**, which includes a trainer’s manual and a participant’s handbook, which are divided into 10 modules, with appendices. The trainer’s manual features learning objectives and instructions for conducting each session as well as learning tools and other resources trainers can use to support the sessions. The participant’s handbook contains the technical content; therefore, trainers need a copy of each book to conduct the training successfully.

In addition to these training materials, this section of the Toolkit includes counseling tools and information, training guidance, and checklists. To see lessons learned from a variety of country programs, please visit the Country Experiences section of the toolkit.

Do you have PPIUD experience that is not represented in this toolkit? To suggest an additional resource or share your perspective, please email us at toolkits@k4health.org or visit our feedback form.

**Resources:**

- **Postpartum IUD Learning Resource Package**

  This PPIUD course aims to save lives by preparing a range of qualified service providers who can deliver high-quality PPIUD services as part of a comprehensive PPFP program.

- **Providing Long-Acting Reversible Contraception (LARC) Learning Resource Package (Modular/Facility-Based)**

  The purpose of this learning resource package is to provide trainers, facilitators and program staff with a comprehensive resource for high-quality long-acting reversible contraception (LARC) services using a modular, facility-based approach for training, capacity building and mentorship. The integrated learning package consists of an implementation guide and ten modules, including counseling, infection prevention, quality of care and information on both hormonal and non-hormonal (the Copper T 380A) intrauterine devices and contraceptive implants (single and two-rod). The modules are designed for use in a variety of situations including interval, post-partum and post-abortion periods and should be implemented at the facility level using a modular training approach.
For related interval LARC training resources using a group-based training approach please see the LARC Learning Resource Package (Interval: Group Based/Single Dose).

- **Standards for Postpartum Family Planning and Postpartum IUCD Training Sites (India)**

  Standards include performance standards for counseling and services; training site client load; and Objective Structured Clinical Evaluation of participants.

- **Guidelines for Conducting Post-Training Supportive Supervision Visits to PPFP/PPIUCD Facilities**

  Post-training supportive supervision (SS) visits to the facilities are essential to help providers and facilities to initiate and scale up PPFP/PPIUCD services at their health centers/hospitals, translate updated competencies into action in providing services to clients and ensure the quality of PPFP/PPIUCD services as per standards (checklists).

  The purpose of the guidelines for supportive supervision is an effort to maximize the outcome of the SS visits by:

  - Listing major steps of implementing supportive supervision visits for PPFP/PPIUCD services.
  - Reminding the key tools that can be used for effective supportive supervision.

  These guidelines have been compiled in order to help Program and Clinical staff in planning and implementing supportive supervision. These guidelines will also help India Country Office (ICO) team to provide uniform standardized guidance and support to state teams. (excerpt)

- **Feasibility of training Zambian nurse-midwives to perform postplacental and postpartum insertions of intrauterine devices**

  Abstract: OBJECTIVE: To explore the feasibility of competency-based training of Zambian nurse-midwives in postplacental and postpartum intrauterine device (PPIUD) insertion and to
estimate learning curves for this procedure. METHODS: A pilot service-delivery project was conducted, involving 9 nurse-midwives who participated in a 10-day PPIUD insertion training course at the University Teaching Hospital, Lusaka, Zambia. US and Zambian clinicians taught the didactic and practical curriculum. Checklists were used for standardization and a pelvic model was developed to achieve PPIUD insertion competency in the classroom before moving to clinical practice. Patients were recruited during prenatal visits, in early labor, and postpartum. Informed, voluntary consent was obtained. All clinical PPIUD insertions were supervised or performed by experienced trainers. RESULTS: All 9 nurse-midwives achieved competency on the pelvic model after 3 attempts. During the training period, 38 PPIUDs were inserted in postpartum women; no complications occurred. By the end of training, 4 of the nurse-midwives were deemed competent to independently insert PPIUDs. On average, 4 PPIUD insertions were needed to achieve clinical competency. CONCLUSIONS: Concentrated, competency-based training in PPIUD insertion is feasible in an African setting. Replication of such training could increase the popularity and prevalence of PPIUD use among African women.

**Reinvigorating the Postpartum IUD Using a Low-Cost Simulation Model**

This presentation details the new PPIUD model developed by Laerdal and Jhpiego.

**Postpartum Intrauterine Contraceptive Device Study Tour Report**

In June 2011, MCHIP and the GOI organized a PPIUCD study tour for eight delegates from other countries in the Southern hemisphere to provide south-to-south learning on PPIUCD.

**Clinical Skills Checklist: Postplacental (Instrumental) Insertion of the IUD**

This checklist is to be used by both learners and trainers. Learners can study this tool along with the corresponding chapter in the Reference manual to learn about and practice the correct steps needed to provide PPIUD services. Trainers can use this tool to assess the learner’s competency in this clinical skill.

**Course Preparation Timeline**
This planning checklist shows a suggested timeline for preparing a PPIUD Clinical Skills Course.

- **Modular LARC Learning Resource Package**

  This learning resource package provides trainers, facilitators, and program staff with a comprehensive resource for high-quality LARC service training using a modular, facility-based approach for capacity-building and mentorship. The integrated learning resource package consists of 10 modules and an implementation guide. The modules are designed for use in a variety of situations, including the interval, postpartum, and post-abortion periods.

  The module titles include: Introduction to LARCs, Family Planning Counseling, Medical Eligibility and Client Assessment, Quality of Care, Infection Prevention for LARCs, Copper IUDs (Copper T380A), Hormonal IUDs (LNG-IUS), Postpartum IUDs, Post-abortion IUDs, and Contraceptive Implants.

- **Insertion Steps for Post Placental IUCD Insertion**

  This illustrated job aid offers a step-by-step guide to post-placental IUCD insertion.

- **PPIUCD Pre-insertion Screening Screening Checklist**

  This checklist allows providers to confirm information about a woman and her clinical situation prior to inserting an IUCD.

- **PSI PPIUD Training Checklist**

  This simple checklist outlines the steps that need to be taken to prepare for PPIUD training in the classroom and the clinic.

- **Counseling et consentement éclairé sur le diu en période postpartum**

  Cette présentation en 17 diapos introduit le concept de counseling et choix éclairé pour le
Planning & Programming

Creating a cadre of competent providers is essential, but capacity building and training is just one of many key program considerations. We must ensure that trainings translate into routine service delivery at scale by establishing the following program elements:

- strategic site selection for pilot programs
- commodity security and a reliable logistics system
- sound strategies for demand creation and effective client communication
- a clear record-keeping protocol and measurable indicators for M&E
- supportive supervision to ensure quality care
- well-established linkages and referrals between PPIUD insertion and follow-up care
- carefully-planned, systematic scale-up of successful programs

This section of the Toolkit houses information and tools for rolling out PPIUD services, including clinical guidelines, lessons learned, program models and timelines, and service delivery tools. For example, the MCHIP and RESPOND Report of Postpartum IUD Technical Meeting provides a summary of PPIUD programs initiated by several organizations. The appendix addresses some of the supply, demand, and advocacy strategies that the participants discussed. Also, in addition to serving as a reference for trainers and learners, the PPIUD Services Reference Manual for Providers, located on the Capacity Building & Training page of the PPIUD section of this Toolkit, contains helpful guidance for program managers. Chapter 8 focuses on PPIUD clinical services and offers information on program considerations, performance standards, recordkeeping, and minimum criteria for PPIUD service provision.

Do you have PPIUD experience that is not represented in this toolkit? To suggest an additional resource or share your perspective, please email us at toolkits@k4health.org or visit our feedback form.

Resources:

- **Postpartum IUD Programming Considerations**

  This document elaborates on several key considerations for PPIUD programming. These include issues around training and post-training support, demand creation, and scaling up.

- **MCHIP and PSI Report of PPIUD Services: Start-Up to Scale-Up Regional Meeting, Burkina Faso**

  In February 2014, MCHIP and PSI’s Support for International Family Planning Organization (SIFPO) program convened a regional meeting in West Africa to advance integration of postpartum intrauterine device (PPIUD) services into maternal health services. A total of 48 participants from 11 countries shared successes and challenges based on their country experiences.

  The meeting provided an interactive forum to exchange learning around implementing quality PPIUD services. It also featured presentations and discussion on the global evidence for PPFP and PPIUD specifically, the launch of the French version of the WHO Programming Strategies for Postpartum Family Planning, and an opportunity to visit PPIUD sites in Burkina Faso. During the meeting, country teams analyzed the status of PPIUD introduction or scale-up in their countries using a scale-up matrix (template provided below) and worked on drafting country-team action items.
The meeting report is available in both English and French versions.

- **MCHIP and PSI Report of PPIUCD Services: Start-Up to Scale-Up Regional Meeting, Zambia**

  In April 2013, MCHIP and Population Services International (PSI) convened a regional meeting in Africa to advance integration of postpartum intrauterine contraceptive device (PPIUCD) services into maternal health services. A total of 59 participants from 10 countries shared successes and challenges based on their country experiences. The meeting entailed: focused discussions on the role of advocacy, community engagement, and service delivery strategies within programs that offer PPIUCD; an opportunity to observe PPIUCD services in Zambia; a forum to discuss successes and challenges to implementing quality PPIUCD services; and an opportunity to develop tools for drafting country-team action items. Presentations on country experiences in India, Tanzania, and Zambia are also available.

- **Course Preparation Timeline**

  This planning checklist shows a suggested timeline for preparing a PPIUD Clinical Skills Course.

- **Model of Progress for India PPIUCD Scale Up**

  This PPIUCD scale-up model depicts global, national, and program-level actions needed for sustainable scale-up of a PPIUCD program.

- **Program Learning for Postpartum Intrauterine Contraceptive Device (PPIUCD) Integration with Maternal Health Services: Programmatic Experience from Multiple Countries**

  This paper describes country experiences from recent MCHIP, PSI, and FHI 360 programs that have integrated PPIUCD into maternity services. The paper stresses the importance of the evaluation of key programmatic considerations when implementing PPIUCD services.
Client Follow-up Card: Cu-T 380A inserted immediately after delivery

This follow-up card provides a record of helpful information for the client, including dates of scheduled check-ups, of when the IUD becomes ineffective, and of removal. The back side of the card contains information about situations in which a client would need to visit the hospital.

• PSI PPIUD Training Checklist

This simple checklist outlines the steps that need to be taken to prepare for PPIUD training in the classroom and the clinic.

Demand Generation & IEC

Provider support and informed consumer demand are essential for sustaining a successful PPIUD program. Political will and provider training lay the groundwork for implementation, but without client demand, providers quickly lose skills, confidence, and motivation to offer PPIUD services.

While this section of the Toolkit is divided into information, education and communication (IEC) targeting either providers or potential clients, it is important to note that in practice, the two facets are mutually reinforcing and should be seen as complementary elements of the IEC framework.
Do you have PPIUD experience that is not represented in this toolkit? To suggest an additional resource or share your perspective, please email us at toolkits@k4health.org or visit our feedback form.

Provider Materials

Providers and other clinic staff are often the primary and most trusted source of information and advice for patients seeking a family planning method. Any staff with whom patients have contact, from cleaning staff to a delivery nurse, have the potential to encourage or dissuade women from a family planning method.

Whether at an understaffed public health center or a private practice where "time is money," providers first need to be motivated to offer and proactively counsel clients on PPIUD and other postpartum family planning services. What motivates an individual provider to integrate PPIUD will vary, from the altruistic desire to meet the needs of postpartum patients, to professional recognition, to opportunities for additional income generation. Demotivating factors are equally diverse and might include the additional time required to offer a PPIUD, misconceptions about its safety, or a lack of confidence in one's PPIUD insertion skills.

Communicating benefits & addressing barriers to PPIUD

The following messages emphasize the benefits of PPIUD from a provider perspective, and can be integrated into communications materials to generate provider support for PPIUD. Note that it is important for program planners to identify the perceived benefits and costs of individual providers and tailor sensitization accordingly.

- **Access.** PPIUD provision creates an opportunity to reach women who might not otherwise access clinical family planning services.
- **Time.** PPIUD insertion takes only a few seconds and eliminates the need for a separate family planning consultation.

- **Safety.** PPIUD insertion is a safe procedure, with risk of perforation or infection similar to that of interval insertion (very low). The risk of expulsion may be higher with postpartum insertion, but it can be significantly reduced by proper insertion technique (high fundal placement).

- **Equipment.** Additional commodities beyond standard delivery equipment are not required (gloves, speculum, forceps).

**Resources:**

- **PPIUCD Alert**

  This newsletter illustrates successful country examples of PPIUCD program implementation. The publication also offers information on essential program components and includes a chart that contains appropriate responses to provider and client concerns.

- **Counseling Guide for PPFP/PPIUD Counseling**

  Based on the GATHER Technique, this guide provides a framework for counseling—both general and specific to women interested in the PPIUD.

- **ANC and PPFP Provider Counseling Guide**

  Chart that compares various PPFP methods, benefits, limitation, and appropriate time for uptake after delivery.

- **Provider Flip Chart for PPIUCD**

  20 page illustrated flipchart on PPIUCD designed for use by providers.

- **PPIUCD Provider Brochure from India**
2 page informational leaflet on Copper-T 380A for providers. Discusses advantages, eligibility and complications of PPIUCD.

• ANC Leaflet for Clients- Mali

This informational leaflet for clients includes referral information.

• Interval IUCD & Postpartum IUCD: Tools for Creating Choices

This package of materials contains communication tools and job aids to support women and men choose IUCD.

Client Materials

A common pitfall with PPIUD programs is failure to link services with consumer demand. Even with the best trained providers, lack of informed client demand for PPIUD can undermine a PPIUD program. Therefore, it is crucial to tailor client messages to the unique perspectives of the target audience.
Passively providing information on postpartum IUDs is unlikely to motivate many women to seek this service. Program planners should choose communication channels that reach and engage the audience—whether through testimonials of satisfied PPIUD clients or education activities with trusted local providers.

Similarly, messages need to be linked to concrete actions. It is not enough to tell women and their partners that PPIUDs are great?women need to know where they can go, and when, to access services. Personalized, interactive channels (such as a hotline or community IPC agent) can be especially effective in providing next-step information to potential clients.

**Communicating benefits & addressing barriers to PPIUD**

The following attributes of postpartum IUDs may serve as a starting point for communications activities. Of course, one size does not fit all, and program planners must explore what is important to the women in their target audience to create messages that resonate with them.

- **Convenience.** Clients are already at the health facility with a skilled provider who can provide PPIUD service.
- **Lactation.** An IUD will not interfere with the quantity or quality of breast milk.
- **Comfort.** PPIUD insertion creates minimal discomfort for the patient, as the cervix is already open and post-insertion side effects are masked by postpartum side effects (cramping/bleeding).
- **Choice.** The postpartum IUD provides an alternative to sterilization for couples interested in spacing or limiting future pregnancies.

**Resources:**

- **TV Advertisement for PPIUCD**

  This short tv advertisement was created by PSI India for the Ministry of Health and Family Welfare - Family planning division to promote the Post partem IUCD insertion (PPIUCD). This was released on the occasion of World Population Day - 11 July 2013.

- **PPIUCD Delivery Room Poster- Pakistan**

  PPIUCD poster to be hung in the delivery room.

- **PPIUCD Poster for ANC Ward- Pakistan**
PPIUCD poster to be hung up in the ANC ward.

- **PPIUCD Client Follow up Card- India**

  2 sided card with patient information, follow-up appointment date, and emergency symptoms.

- **Client Brochures for PPIUCD**

  Two PPIUCD informational brochures for mothers: Su Futuro Depend de Mi, and, Que es el DIU?

- **PPIUCD Client Brochure from Nepal**

  Two page brochure about IUCD

- **PPIUCD Client Brochure from India**

  2 sided illustrated brochure about PPIUCD

- **PPIUCD Client Brochure from Pakistan**

  2 page information leaflet on PPIUCD

- **PPFP/PPIUCD Client Brochure from Rwanda**

  Double-sided informational brochure on PPIUCD and PPFP from Rwanda

- **IUCD Poster from Nepal**
Color poster on IUCD from Nepal.

* PPIUCD Poster for ANC Ward- India

Color poster about PPIUC- to be hung in ANC ward.

* PPIUCD Poster for PNC Ward- India

PPIUCD poster from India- to be hung in PNC ward.

* PPIUCD Delivery Room Poster- Mali

PPIUCD poster from Mali to be hung in delivery room

**Monitoring, Evaluation & Research**

As more facilities offer PPIUD, tracking service delivery through routine monitoring systems is essential to ensure the effectiveness and quality of the implementation through standardized indicators. Several operations research studies have examined feasibility of PPIUD services, providers’ perspectives, and women’s experience. While promising results are encouraging, recommendations for future programming are continually evolving through lessons learned.

This section of the Toolkit includes examples of M&E tools as well as research results from
PPIUD programs around the world. We invite program managers to share relevant PPIUD monitoring, evaluation and research materials with us by emailing us at toolkits@k4health.org or visiting our feedback form.

Resources:

- **Assessing the Feasibility of Postpartum IUD Provision in Rwanda**

  The Ministry of Health, with support from FHI 360 and Jhpiego, conducted a study to evaluate the feasibility of offering postpartum IUD services in hospitals and health centers in Rwanda, with the goal of scaling up the service nationwide. Based on the study findings, participants in a national dissemination meeting recommended that the MoH scale up the intervention as a means of expanding contraceptive options for postpartum women and increasing access to this highly effective contraceptive method. (excerpt)

- **Examining the Feasibility of Postpartum IUD Services in Rwanda**

  This presentation describes a study that examined the feasibility of PPIUD services in Rwanda. The presentation identifies facilitating factors and barriers to provision of this service and concludes with next steps.

- **Postpartum IUD (PPIUD) in Paraguay. A case series of 3000 cases (Journal Article)**

  Published in the online journal *Contraception*, this article discusses intrauterine devices as effective as immediate and long-acting contraception in the postpartum period. This case series reviews the experience in one hospital in Paraguay over a 10-year period of time.

- **ACCESS-FP PPIUCD Data Collection Tools**
These data collection tools, which include a service provider questionnaire, a client pre-discharge questionnaire, and a client follow-up questionnaire, were initially used in Kenya and can be found in the report, An Assessment of Postpartum Intrauterine Contraceptive Device Services in Embu, Kenya.

- **Program Learning for Postpartum Intrauterine Contraceptive Device (PPIUCD) Integration with Maternal Health Services: Programmatic Experience from Multiple Countries**

  This paper describes country experiences from recent MCHIP, PSI, and FHI 360 programs that have integrated PPIUCD into maternity services. The paper stresses the importance of the evaluation of key programmatic considerations when implementing PPIUCD services.

- **Postpartum IUCD Insertion Register Form**

  This postpartum IUCD insertion register template can be used as-is or adapted to meet a particular program's needs.

- **Postpartum IUD (PPIUD) in Paraguay: Review of 3000 Cases (Presentation)**

  This presentation describes a study of PPIUD services in Paraguay, shares findings, and discusses the implications of those findings for practice.

- **Modular LARC Learning Resource Package**

  This learning resource package provides trainers, facilitators, and program staff with a comprehensive resource for high-quality LARC service training using a modular, facility-based approach for capacity-building and mentorship. The integrated learning resource package consists of 10 modules and an implementation guide. The modules are designed for use in a variety of situations, including the interval, postpartum, and post-abortion periods.

  The module titles include: Introduction to LARCs, Family Planning Counseling, Medical
Country Experiences

This section of the Toolkit offers examples of country experiences intended to demonstrate strategies, challenges, and lessons learned from postpartum IUD initiatives around the world. Here one can find arguments for why PPIUD is an important service in particular countries; examinations of the feasibility and the success of PPIUD programs in various places; scale-up models used in various locations in India; and more. This section of the Toolkit will be updated periodically to reflect new experiences and research findings.

Do you have PPIUD experience that is not represented in this toolkit? To suggest an additional resource or share your perspective, please email us at toolkits@k4health.org or visit our feedback form.

Click on the blue balloons on the map to see program examples from particular countries.

View PPIUD Country Examples in a larger map

Resources:
Expanding Contraceptive Options for Postpartum Women in Ethiopia: Introducing the Postpartum IUD

This technical brief explores the process through which Pathfinder’s Integrated Family Health Program (IFHP+) has expanded availability of postpartum family planning, including the postpartum IUD, in Ethiopia.

• **PPIUCD in Tanzania: Start-up Experience and Scale-up Plan**

Presented by the National Family Planning Coordinator of the Tanzania Ministry of Health, this presentation explores Tanzania’s experience with integrating intrauterine contraceptive device (PPIUCD) services into the newly-developed national postpartum care and integrated community maternal, newborn and child health guidelines. The presentation was part of the "PPIUCD Services: Start-Up to Scale-Up Regional Meeting" held in Zambia in April 2013. Convened by MCHIP and PSI's Support for International Family Planning Organization (SIFPO) program, with funding from USAID, the regional meeting brought together international and regional experts to advance integration of PPIUCD services into maternal health services. The meeting report is also available.

• **PPIUD - Zambian Experience**

This presentation explores Zambia’s experience with introducing postpartum intrauterine contraceptive device (PPIUD) services in Lusaka, Zambia. The presentation was part of the "PPIUCD Services: Start-Up to Scale-Up Regional Meeting" held in Zambia in April 2013. Convened by MCHIP and PSI’s Support for International Family Planning Organization (SIFPO) program, with funding from USAID, the regional meeting brought together international and regional experts to advance integration of PPIUCD services into maternal health services. The meeting report is also available.

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- **PPIUCD Services in India: The Journey from Start to Scale-up**

  This presentation details Jhpiego/India's experience with scaling up postpartum intrauterine contraceptive device (PPIUCD) services and was presented at the "PPIUCD Services: Start-Up to Scale-Up Regional Meeting" held in Zambia in April 2013. Convened by MCHIP and PSI's Support for International Family Planning Organization (SIFPO) program, with funding from USAID, the regional meeting brought together international and regional experts to advance integration of PPIUCD services into maternal health services. The meeting report is also available.

- **Importance of PPIUCD in the perspective of present Indian population scenario (editorial)**

  Provision of IUCD in the immediate postpartum period offers and effective and safe method for spacing and limiting births. Taking advantage of the immediate postpartum period for counselling on family planning, IUCD is a good option as a contraceptive method. The increased institutional deliveries are the opportunity to provide women easy access to immediate PPIUCD services. The popularity of immediate post-partum IUCD insertion in countries as diverse as China, Mexico, and Egypt support the feasibility of this approach. PPIUCD has a huge potentiality and abundant scope in India and if widely used it will have a strong impact on population control and will prevent unplanned pregnancy and its sequelae. (excerpt)

- **Examining the Feasibility of Postpartum IUD Services in Rwanda**

  This presentation describes a study that examined the feasibility of PPIUD services in Rwanda. The presentation identifies facilitating factors and barriers to provision of this service and concludes with next steps.
Strengthening Family Planning and Pre-Service Nursing and Midwifery Education in India

This presentation describes the need and opportunity for postpartum family planning, and postpartum IUD in particular, in India. The presentation shares information about how PPFP and PPIUCD services were initiated and scaled up in India and offers lessons learned from the process.

Scaling up of PPFP/PPIUCD services in 16 States of India: Fact Sheet

This eight-page brief details the scaling up of PPFP/PPIUCD services in 16 States of India, providing background and information on site selection, materials development, the assessment process, national level developments, trainings, and results to date.

A Husband's Role in Family Planning in India: Jitendra Kumar's Story

This video highlights a program in Bihar, India, where PPIUD is promoted as an option to meet the needs of postpartum women for family planning services. One innovative aspect of this work focuses on educating male family members on the significant impact that appropriate birth spacing and the use of family planning methods, including the postpartum IUD, can have on the health of mothers and newborns.

Postpartum IUD (PPIUD) in Paraguay. A case series of 3000 cases (Journal Article)

Published in the online journal Contraception, this article discusses intrauterine devices as effective as immediate and long-acting contraception in the postpartum period. This case series reviews the experience in one hospital in Paraguay over a 10-year period of time.

Model of Progress for India PPIUCD Scale Up
This PPIUCD scale-up model depicts global, national, and program-level actions needed for sustainable scale-up of a PPIUCD program.

- Postpartum IUD (PPIUD) in Paraguay: Review of 3000 Cases (Presentation)

This presentation describes a study of PPIUD services in Paraguay, shares findings, and discusses the implications of those findings for practice.

Conferences & Online Forums

MCHIP Staff in Washington, DC and in the field have presented a number of posters and PowerPoint presentations in a variety of venues across the globe. These posters and presentations can be used in training, generating advocacy for PPFP, and sharing best practices with colleagues.

Conferences

PPFP Technical Meetings

Resources:

- 2013 - PPFP Technical Meeting - Report and Presentations
On May 27, 2013, the Maternal Child Health Integrated Program (MCHIP) held the 6th annual PPFP technical meeting in Kuala Lumpur, Malaysia, as a satellite event at the Women Deliver Conference. This marked the first time that the PPFP technical meeting has been held outside of Washington, D.C. The meeting provided an opportunity for implementers and field practitioners to share technical updates and progress on implementation of PPFP programs.

Four sessions were conducted, with two concurrent sessions held in the morning and two concurrent sessions held in the afternoon. The morning sessions presented experiences with 1) FP Integration with MNH Services, and 2) Integration with Child Health and Nutrition Services, while the afternoon sessions covered 3) Community-based PPFP and Demand Creation, and 4) Health Systems Issues with PPFP and Advocacy.

The meeting report and presentations from the meeting sessions are available below.

**Online Forums**

Since 2007, the PPFP Community of Practice on the IBP Knowledge Gateway has hosted online discussion forums on a variety of PPFP topics. Summary reports from the most recent forums are available in the resources below.

**2013**  Monitoring and Evaluation of PPFP Integration  
Postpartum Tubal Ligation  
Postpartum Use of Progestin-Only Contraceptive Methods

**2012**  Return to Fertility & Pregnancy Risk After Delivery  
Integrated Service Delivery of Immunization and Family Planning

**2011**  Behavior Change Communication and Demand Generation for Postpartum Family Planning  
Maternal, Infant, and Young Child Nutrition and Family Planning Integration

**2010**  Guide to Developing Family Planning Messages for Women in the First Year Postpartum  
LAM and the Transition to Other Modern Methods [revisited]

**2009**  Postpartum Intrauterine Contraceptive Devices  
Strategies for Community-Based Postpartum Family Planning

**2008**  PPFP Contraceptive Technology  
Key Messages for Postpartum Family Planning

**2007**  Healthy Timing and Spacing of Pregnancy  
LAM and the Transition to Other Modern Methods

To access full discussion postings from previous forums, please join the PPFP Community of Practice.

**Resources:**
2013 PPFP Community of Practice Online Forum - M&E of PPFP Integration

Summary report and resources from the online discussion forum on Monitoring and Evaluation (M&E) of Postpartum Family Planning Integration, hosted by the Maternal and Child Health Integrated Program (MCHIP) from September 24 to October 31, 2013. The forum was held through the Postpartum Family Planning Community of Practice (PPFP COP) on the Implementing Best Practices Knowledge Gateway. The online discussion forum began with a webinar presenting an overview of key issues and examples of M&E of integrated PPFP programming. Written discussion postings from guest experts then explored ways to determine the benefits of integrated PPFP programming, evaluate the influence of integration, and interpret and report results.

2012 PPFP Community of Practice Online Forums

Summaries of online forums held on the PPFP Community of Practice on the IBP Knowledge Gateway website.

Integration Opportunities

Postpartum family planning is integrated at a variety of points in the continuum of care. From antenatal visits to routine immunization visits, postpartum family planning should be counseled and systematically offered when appropriate.
MCHIP Family Planning co-leads several inter-agency working groups that focus on integrated service delivery efforts. For more information or to join any of the working groups, please email Elizabeth Sasser (esasser@jhpiego.net).

The Maternal, Infant, and Young Child Nutrition-Family Planning (MIYCN-FP) Integration Working Group was established by the Maternal and Child Health Integrated Program (MCHIP) and its partners. This working group brings together the Postpartum Family Planning Community of Practice, the Lactational Amenorrhea Method (LAM) Working Group and the Nutrition community. Jump to MIYCN-FP.

The Family Planning-Immunization working group was established by the Maternal and Child Health Integrated Program (MCHIP) and FHI 360. The purpose of the working group is to share lessons and guidance from field experiences and research initiatives on the optimal ways to link family planning and immunization services so that the reach and effectiveness of both interventions are enhanced. Jump to FP/Immunization.

The Postpartum IUD working group was established by MCHIP and is co-led with PSI. PPIUD programs are no stand-alone programs, but rather providers and programmers need to address ANC, intrapartum care, active management of the third stage of labor (AMTSL) and the immediate postpartum period. It is in this context that the Postpartum Family Planning Community of Practice and the Long-Acting and Permanent Methods Community of Practice, plan to work together to address the resurging attention to PPIUD as a safe and effective method that increases options for postpartum women (including breastfeeding women). Jump to the PPIUD page.

Resources:

- **A Path to Planned Pregnancies: Opportunities to Talk About Birth Spacing and Family Planning Along the Reproductive Health Journey**

  This infographic displays the many contact points that serve as opportunities for family planning education including: antenatal care, prevention of mother-to-child transmission, labor & delivery, nutrition, postnatal care, immunization, and child health.

Additional Resources & Links

The Related Links section provides high-quality online sources of additional information on PPFP topics, including healthy timing and spacing (HTSP) of pregnancies; the Lactational
Amenorrhea Method (LAM) of contraception and other contraceptive methods; and breastfeeding and other maternal, infant, and child nutrition topics.

Please visit the web sites referenced in this section for more in-depth information on cutting-edge efforts to improve postpartum family planning outcomes.

**Toolkits**

**Resources:**

- **Lactational Amenorrhea Method Toolkit**

  The Lactational Amenorrhea Method (LAM) is a modern, temporary contraceptive method based on natural infertility resulting from certain patterns of breastfeeding. All postpartum women who meet the following three criteria can use LAM:
  1. Menstrual bleeding has not resumed; AND
  2. The infant is fully or nearly fully breastfed frequently, day and night; AND
  3. The infant is under six months of age

  This toolkit, developed by the LAM Interagency Working Group, is for health policy makers, program managers, service providers, and others who are interested in adding or improving existing LAM services, or who need accurate, evidence-based information about the method. Expanding access to LAM with high quality services helps fulfill women’s right to contraceptive choice and can facilitate use of other family planning methods during a critical time in a woman’s reproductive life, following the birth of a child.

- **Healthy Timing and Spacing of Pregnancy (HTSP) Toolkit**

  Healthy timing and spacing of pregnancy (HTSP) is an approach to family planning that helps women and families delay, space, or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. HTSP works within the context of free and informed contraceptive choice and takes into account fertility intentions and desired family size.

  This toolkit for policy makers, program managers, and service providers includes:

  - research papers that discuss the evidence for the benefits of HTSP
  - international policy guidance from organizations such as the World Health Organization, UNFPA, and USAID
- training manuals and materials and job aids
- client and public education materials
- resources for advocating with policy makers and community members.

- **Family Planning Methods Toolkits**

  Click on this link to access toolkits on a range of contraceptive methods, including condoms, implants, injectables, IUDs, oral contraceptives, and the standard days method.

- **PMTCT Toolkit**

  Despite tremendous achievements over the past decade in the reduction of maternal to child transmission of HIV, persistent unmet need exists for preventing MTCT. In low- and middle-income countries especially, too few women are receiving HIV prevention and treatment services to protect themselves or their children. The global community has committed itself to accelerate progress and scale up prevention of MTCT efforts with the goal of eliminating new pediatric HIV infections by 2015 and improving maternal, newborn, and child survival and health in the context of HIV.

- **MIYCN-FP Toolkit**

  The Maternal, Infant, and Young Child Nutrition-Family Planning (MIYCN-FP) Integration Working Group was established by the Maternal and Child Health Integrated Program (MCHIP) and its partners. This working group brings together the Postpartum Family Planning Community of Practice, the Lactational Amenorrhea Method (LAM) Working Group and the Nutrition community.

**PPFP Community of Practice**

The Postpartum Family Planning Community of Practice (PPFP COP) was established in 2007 to encourage global dialogue and information exchange around essential PPFP technical and programming issues. Since 2007, the Community of Practice has hosted more than 10 online discussion forums to engage with technical experts and share field experiences around a range of PPFP topics.
To join the community, visit https://knowledge-gateway.org/ppfp.

Community members are encouraged to share announcements, events, new resources, requests for information, etc. related to PPFP. To submit a message to the moderator for dissemination to the community, email ppfp@ibp.wa-research.ch or log into the community website to start a new discussion.

Resources:

- **2012 PPFP Community of Practice Online Forums**

  Summaries of online forums held on the PPFP Community of Practice on the IBP Knowledge Gateway website.

**Source URL:** https://www.k4health.org/toolkits/ppfp