Unit 19
POSTPARTUM AND POSTABORTION FAMILY PLANNING

Learning Objectives

By the end of this unit, learners will be able to:

- Define the postpartum period and postpartum family planning
- State the timing of return of fertility for breastfeeding and non-breastfeeding women after childbirth
- Discuss the unmet need for postpartum contraception
- Describe key messages for postpartum contraceptive counselling
- List postpartum contraceptive options and their timing
- Discuss postpartum contraception for women living with HIV
- Define postabortion family planning
- State the timing of return to fertility after abortion/miscarriage
- Explain the importance of postabortion family planning services
- Describe key messages for postabortion contraceptive counselling
- List postabortion contraceptive options and their timing
- Explain how infection and genital trauma affect choice or timing of postabortion contraceptive options.

Teaching Resources in this Unit

Handout

Learning Activities

Unit Assessment

Unit 19: Postpartum and Postabortion Family Planning

Key Points

- **Mothers and babies receive health benefits when subsequent pregnancies are delayed** at least 24 months after giving birth or 6 months after abortion or miscarriage (Healthy Timing and Spacing of Pregnancy (HTSP)).
- **If pregnancy is not desired, family planning should be used before a woman's fertility returns after childbirth or abortion,** which can be as soon as 28 days after childbirth and 11 days after abortion or miscarriage.
- **When a woman should and can start family planning methods after childbirth depends on her breastfeeding status, method of choice, and reproductive goals.**
- **In general, women living with HIV/AIDS can use any hormonal method**, with some restrictions for women on antiretroviral (ARV) therapy.
- **Women who have just experienced abortion or who have just been treated for postabortion complications need immediate and easy access to family planning services.**
- **Most family planning methods can be started immediately after abortion** although intrauterine contraceptive devices (IUCDs), female sterilisation and fertility awareness methods (FAM) need to be delayed if there is infection or genital injury.

19.1 The Postpartum Period

The postpartum period is defined as the year after childbirth. It is a time of transition, adjustment, and adaptation along with significant biological, social, and psychological changes. In terms of changes in the woman's body, the postpartum period starts from the first minutes after delivery of a baby and placenta, and lasts as follows:

- **Post-placental period:** The first 10 minutes after placenta delivery
- **Immediate postpartum:** Up to 48 hours after giving birth
- **Early postpartum:** 48 hours to 6 weeks after giving birth
- **Extended postpartum:** 6 weeks to 1 year after giving birth.

The postpartum period is a critical time for appropriate health interventions, as the majority of maternal and infant deaths and illness occur during this period.

19.2 Defining Postpartum Family Planning

Postpartum family planning is generally defined as the initiation and use of family planning methods following childbirth. By spacing the next pregnancy by at least 2 years, family planning can continue to have beneficial effects on the well-being of children under 5. (For more information about pregnancy spacing and family planning messages for postpartum clients, see Unit 6: Healthy Timing and Spacing of Pregnancy.)

19.3 Return to Fertility after Childbirth

The timing of a woman's return to fertility after childbirth is difficult to predict and depends on her circumstances and breastfeeding schedule. It is important for postpartum women to initiate use of a family planning method before their fertility returns in order to avoid an unintended or mistimed pregnancy.

Breastfeeding women

- For postpartum women who breastfeed **exclusively** (breastfeed often, on demand, 8 to 10 times a day, without giving any other liquids or foods to the baby), have no menses, and have an infant less than 6 months of age—which are the 3 criteria for the lactational amenorrhoea method, or LAM—there is a 1% risk of conception. Once 1 of these 3 criteria is no longer present, the woman is no longer protected from pregnancy. (For more information about LAM, see Unit 15.)

Non-breastfeeding women

- On average, women who do not breastfeed ovulate by the 45th day after childbirth, and possibly as soon as the 28th day after childbirth. (Speroff et al 2008).
- Fertility begins prior to return of menses in 2 out of 3 women.

Women who are partially breastfeeding

- Women who are partially breastfeeding are not using LAM and, therefore, are not protected from pregnancy. Return to fertility may occur prior to resumption of menses.

19.4 Unmet Need for Postpartum Family Planning

Unmet need for family planning is defined as non-use of contraception among married women of reproductive age who are able to become pregnant and would like space or limit future pregnancies but are not currently using any method of contraception.

Data from 27 countries show that as many as two-thirds of women who gave birth in the last year have unmet need for contraception, yet as few as 3%-8% want another child within the next 2 years. Nearly 65% of women in the first year postpartum intend to use a family planning method but are not yet doing so. (Ross and Winfrey 2001). They have an unmet need for family planning.

Women in their first year postpartum and their families are a priority group to reach with family planning information and services. For this reason, it is important to systematically integrate family planning services with maternal, newborn, and infant services.

19.5 Postpartum Family Planning Counselling Messages

- Promote optimum health by advising exclusive breastfeeding and using LAM, which is 99% effective when used correctly. (See Unit 15: LAM for more information.)
- Discuss health benefits to the mother and baby of waiting at least 24 months before trying to become pregnant again. (See Unit 6: Healthy Timing and Spacing of Pregnancy for a list of benefits.)
- Discuss return to sexual activity and provide information about return to fertility.

A woman who is not exclusively breastfeeding is able to become pregnant as soon as 4 to 6 weeks after childbirth.

A woman who is exclusively breastfeeding is able to become pregnant as soon as 6 months postpartum.

Advise that, for maximum protection, a woman should not wait until the return of monthly bleeding to start a contraceptive method, but instead she should start as soon as medical guidance allows.

- Offer and discuss family planning options for postpartum women, including long-term and permanent methods (LTPM), as appropriate and according to the client's wishes.

19.6 Timing: When Postpartum Women Can Start Family Planning Methods

When a woman should and can start family planning methods after childbirth depends on her breastfeeding status, method of choice and reproductive goals.

Table 19.1: Earliest Times a Client May Start Family Planning after Childbirth

Family Planning Method	Exclusively Breastfeeding	Partially Breastfeeding or Not Breastfeeding
Lactational Amenorrhea Method	Immediately	(Not applicable)
Vasectomy	Immediately or during partner's pregnancy	
Male or female condoms	Immediately	
Copper-bearing IUCD	Within 48 hours, otherwise wait 4 weeks	
Female sterilization	Within 7 days, otherwise wait 6 weeks	
Fertility awareness methods	Start when normal secretions have returned (for symptoms-based methods like TwoDay Method) or when she has had 3 regular menstrual cycles (for calendar-based methods like Standard Days Method). This will occur later for breastfeeding women than for women who are not breastfeeding.	
Progestin-only pills (POPs)	6 weeks after childbirth	Immediately if not breastfeeding 6 weeks after childbirth if partially breastfeeding
Progestin-only injectables (DMPA)		
Implants		
Combined oral contraceptives (COCs)	6 months after childbirth	21 days after childbirth if not breastfeeding 6 months after childbirth if partially breastfeeding

(WHO/RHR and CCP, INFO Project 2007)

Use of IUCD postpartum

The IUCD is an excellent family planning method for postpartum women who do not want another pregnancy for at least 2 years. It can be inserted immediately after childbirth and up to 48 hours afterwards. IUCD insertion up to 48 hours after childbirth requires a specially trained provider. The IUCD is a long-acting method (up to 12 years with Copper T 380A) but also can be used by women who are interested in spacing for at least 2 years.

19.7 Postpartum Contraception Options for Women Living with HIV/AIDS

- In general, women living with HIV/AIDS can use any **hormonal method**—COCs, POPs, progestin-only injectables, contraceptive implants—with some restrictions for women on ARV therapy. (See table below.)
- **LAM:** If replacement feeding is acceptable, feasible, affordable, sustainable, and safe (AFASS), women living with HIV should avoid breastfeeding and not rely on LAM. But if replacement feeding does not meet these conditions, a woman living with HIV should breastfeed exclusively for the first 6 months, thereby using LAM (until her menses resumes).
- **FAM:** Women who are infected with HIV, have AIDS, or are on ARV therapy can safely use fertility awareness methods after 3 menstrual cycles or normal secretions have returned.
- **Condoms:** All clients, including clients living with HIV, should be counselled on condom use for dual protection and to prevent transmission of HIV to partners.

The WHO MEC classifications for hormonal methods and copper-bearing IUCDs for women at high risk for or living with HIV are listed in Table 19.2.

Table 19.2: MEC Classifications for Women Living with or at High Risk of HIV

HIV Status/Condition	MEC Categories for Hormonal Methods	MEC Categories for Copper-Bearing IUCD
High risk of HIV:	Category 1	Category 2
HIV infected	Category 1	Category 2
Has AIDS	Category 1	Category 3 for insertion, Category 2 for continued use
Clinically well on antiretroviral therapy	Category 2*	Category 2 for insertion and continued use
Not clinically well on antiretroviral therapy	Category 2*	Category 3 for insertion, Category 2 for continued use

* The exception to this is if the woman is using Ritonavir-boosted protease inhibitors. In these cases, use of COCs and POPs is contraindicated (MEC category 3). Use of implants for these women is Category 2 and use of DMPA is Category 1.

19.8 Defining Postabortion Family Planning

Postabortion family planning is the initiation and use of family planning methods at the time of treatment for an abortion, or before fertility returns after an abortion (within 11-14 days after the abortion occurred).

Importance of postabortion family planning

Women who have just experienced abortion or who have just been treated for postabortion complications need immediate and easy access to family planning services. Ideally, these services should be integrated with postabortion care and offered immediately postabortion, increasing the likelihood that these women use contraception to avoid unintended pregnancy. (WHO/RHR and CCP, INFO Project 2007).

Reducing the incidence of induced abortion through family planning use can avert many associated problems:

- 20 million unsafe abortions occur each year globally.
- 70,000 women die from complications of unsafe abortion each year.
- 1 in 8 pregnancy-related deaths are due to unsafe abortion.
- Family planning could prevent 90% of maternal mortality associated with unsafe abortion.

Factors contributing to repeat unsafe abortions

- Lack of recognition of the problem of unsafe abortion and clients' needs for family planning
- Lack of family planning services for some groups, for example, adolescents
- Family planning services not integrated with postabortion emergency services

19.9 Postabortion Counselling

A woman who has had an abortion needs support. A woman who has faced the double risk of pregnancy and unsafe induced abortion especially needs help and support. Good counselling gives a postabortion client much needed support. In particular, the counsellor should:

- Try to understand what the client has been through
- Treat her with respect and avoid judgment and criticism
- Ensure privacy and confidentiality
- Ask if she wants someone she trusts to be present during counselling.

Postabortion counselling messages

A woman has important choices to make after receiving postabortion care. To make decisions about her health and fertility, she needs to know:

- **Fertility returns quickly**—within 11 days after a first-trimester abortion or miscarriage and within 4 weeks after a second-trimester abortion or miscarriage. Therefore, she needs protection from pregnancy almost immediately.
- **She can choose from among many different family planning methods** that can be started at once (see When to Start Contraceptive Methods, Section 19.10). Methods that women should not use immediately after giving birth pose no special risks after abortion.
- She can wait before choosing a contraceptive method for ongoing use, but she should consider using a backup method in the meantime if she has sex. If a woman decides not to use contraceptives at this time, providers can offer information on available methods and where to obtain them. Also, providers can offer condoms, oral contraceptives, or emergency contraceptive pills for women to take home and use later.
- **To avoid infection, she should not have sex until bleeding stops**—about 5 to 7 days. If being treated for infection or vaginal or cervical injury, she should wait to have sex again until she has fully healed.
- **She should wait at least 6 months before trying to become pregnant.** Waiting at least 6 months reduces the chances of low birth weight, premature birth, and maternal anaemia. (For more information about the benefits of healthy spacing of pregnancies after abortion or miscarriage, see Unit 6: Healthy Timing and Spacing of Pregnancy.)

A woman receiving postabortion care may need other reproductive health services. In particular, a provider can help her consider if she might have been exposed to a sexually transmitted infection.

19.10 When to Start Contraceptive Methods after Abortion

Can be started immediately

- Combined oral contraceptives
- Progestin-only pills
- Progestin-only injectables
- Contraceptive implants
- Male and female condoms

Can be started once infection is ruled out or resolved

- IUCDs
- Female sterilisation
- Fertility awareness methods

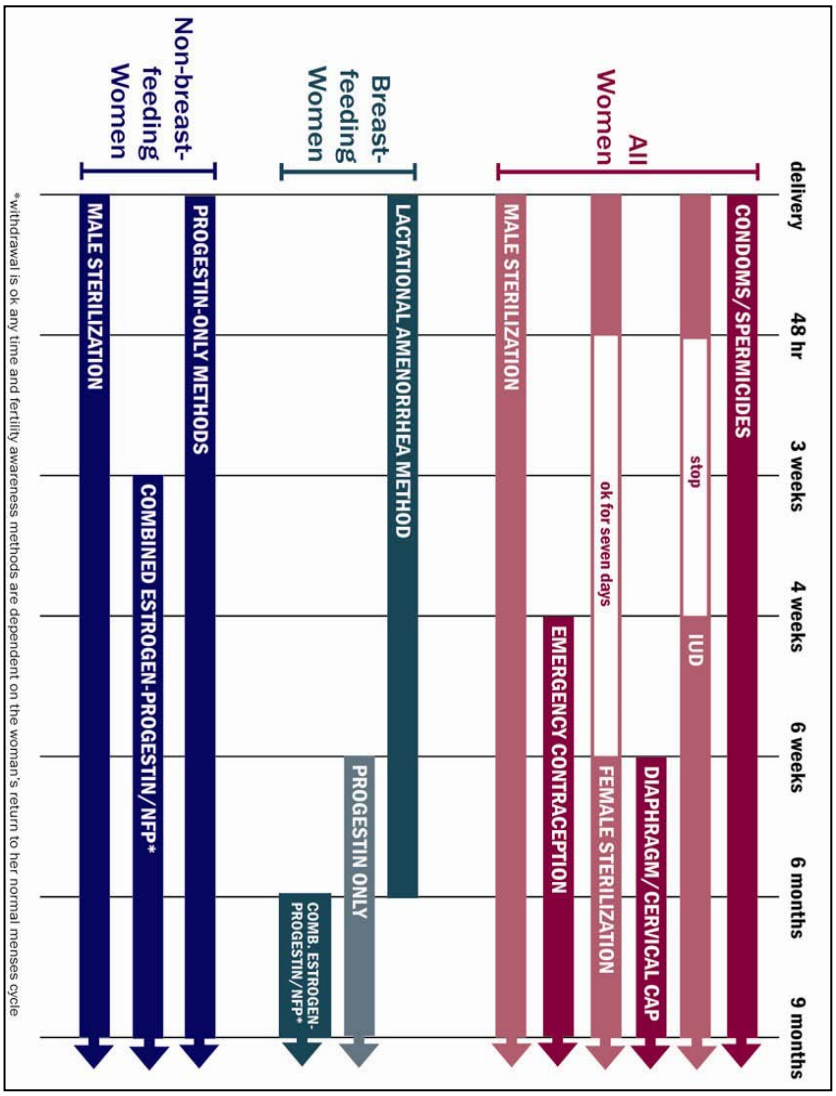
Can be started once any injury to the genital tract has healed

- IUCDs
- Female sterilisation
- Fertility awareness methods

Special considerations

- ***IUCD* insertion** immediately after a second-trimester abortion requires a specifically trained provider.
- ***Female sterilisation*** must be decided upon in advance, and not while a woman is sedated, under stress or in pain. Counsel carefully and be sure to mention available reversible methods as another option.
- ***Fertility awareness methods****:* A woman can start symptoms-based methods like the TwoDay Method once she has no infection-related secretions or bleeding due to injury to the genital tract. She can start calendar-based methods like the Standard Days Method with her next monthly bleeding, if she does not have bleeding due to injury to the genital tract.

When Postpartum Family Planning Methods Can Be Started after Childbirth



Postpartum and Postabortion Family Planning Case Studies

(Adapted from Family Health International 1996)

1. A 20-year-old woman is 2 weeks postpartum after giving birth to her first child. She is generally healthy and is breastfeeding. She possibly wants more children.

   What contraceptive methods can she initiate at this time?

2. A 32-year-old woman is immediately postpartum after giving birth by caesarean section. This is her fourth healthy child. She is generally healthy and is planning to breastfeed.

   What contraceptive methods can she initiate at this time?

3. A 23-year-old woman is 6 week postpartum after giving birth to her second child, who died soon after delivery. She had a difficult pregnancy and is not planning to have another child soon.

   What contraceptive methods can she initiate at this time?

4. A 26-year-old woman is 4 months postpartum after giving birth to her first child. She is breastfeeding, and both mother and child are healthy. She wants to postpone her next pregnancy for a few years.

   What contraceptive methods can she initiate at this time?

5. A 28-year-old woman is 2 weeks postpartum with her third child. She is breastfeeding but does not want to rely on LAM. She wants to use another method and feels strongly about not having more children.

   What contraceptive methods can she initiate at this time?

6. A 29-year-old woman experienced a first-trimester uncomplicated miscarriage 2 weeks ago. She would like to get pregnant again but wants to delay it for a few months.

   What contraceptive methods can she initiate at this time?

7. A 36-year-old woman underwent a second-trimester abortion 1 week ago, complicated by an infection that has not yet completely resolved. She does not want any more children.

   What contraceptive methods can she initiate at this time?

Postpartum and Postabortion Family Planning Case Studies Answer Key

1. A 20-year-old woman is 2 week postpartum after giving birth to her first child. She is generally healthy and is breastfeeding. She possibly wants more children.

   What contraceptive methods can she initiate at this time?

   LAM, male and female condoms

2. A 32-year-old woman is immediately postpartum after giving birth by caesarean section. This is her fourth healthy child. She is generally healthy and is planning to breastfeed.

   What contraceptive methods can she initiate at this time?

   LAM, male and female condoms, copper IUCD (up to 48 hours postpartum or delay 4 weeks), female sterilisation (if discussed and consent given in advance) or vasectomy (if discussed and consent given in advance)

3. A 23-year-old woman is 6 weeks postpartum after giving birth to her second child, who died soon after delivery. She had a difficult pregnancy and is not planning to have another child soon.

   What contraceptive methods can she initiate at this time?

   She may be interested in a long-term method such as implants or copper IUCD. Other appropriate methods include injectables, COCs, and POPs. FAM and male and female condoms are also possibilities.

4. A 26-year-old woman is 4 months postpartum after giving birth to her first child. She is breastfeeding, and both mother and child are healthy. She wants to postpone her next pregnancy for a few years.

   What contraceptive methods can she initiate at this time?

   She may be interested in a long-term method such as implants or copper IUCD. Other appropriate methods include injectables, COCs, and POPs. FAM and male and female condoms are also possibilities.

5. A 28-year-old woman is 2 weeks postpartum with her third child. She is breastfeeding but does not want to rely on LAM. She wants to use another method and feels strongly about not having more children.

   What contraceptive methods can she initiate at this time?

   Since she wants no more children, she might be interested in female sterilisation (or vasectomy if she is in a stable relationship) if these permanent methods were discussed and consent given in advance. While vasectomy can be conducted at any time (with backup until it takes effect), she would need to wait until she is 6 week postpartum to undergo female sterilisation (and use a backup method in the interim). Also, long-term methods like IUCD and implants would be appropriate, but she would need to wait until she is 4 weeks postpartum to have an IUCD inserted and 6 weeks postpartum to get implants. At 6 weeks postpartum she could also initiate POPs or injectables. Until she is 4 weeks postpartum, however, the only methods she may use are male and female condoms.

6. A 29-year-old woman experienced a first-trimester uncomplicated miscarriage 2 weeks ago. She would like to get pregnant again but wants to delay it for a few months.

   What contraceptive methods can she initiate at this time?

   Male and female condoms, COCs, POPs, FAM

7. A 36-year-old woman underwent a second-trimester abortion 1 week ago, complicated by an infection that has not yet completely resolved. She does not want any more children.

   What contraceptive methods can she initiate at this time?

   Since she wants no more children, she might be interested in female sterilisation (or vasectomy if she is in a stable relationship) if these permanent methods were discussed and consent given in advance. While her partner could have a vasectomy at any time (with backup methods until it takes effect), she could undergo female sterilisation after the infection has resolved. Also, long-term methods like implants and an IUCD would be appropriate. She could have the IUCD inserted by a specially trained provider after the infection has resolved, but she could have implants inserted immediately. She could also immediately start using shorter-term methods like male and female condoms, injectables, or COCs. Fertility awareness methods probably would not be a good choice because she does not want any more children, and this method is less reliable than others. At any rate, she would need to wait until after the infection resolved to start symptoms based methods.

Postpartum and Postabortion Family Planning Quiz Questions

Questions 1–5: Indicate whether the following statements are **true** or **false by writing a "T" for true or an "F" for false in the space provided before each statement.**

1. It is difficult to predict with certainty when fertility will return after childbirth.
2. Breastfeeding alone usually protects a woman from becoming pregnant.
3. A postpartum woman's fertility usually returns after her menses begin again.
4. Non-breastfeeding women may ovulate by 4 weeks after childbirth.
5. A postpartum woman should start using a family planning method immediately after her first monthly bleeding.

Questions 6–11: Circle the letter that offers the best response to each question.

6. Early postpartum is defined as:
    a. The first 2 weeks after giving birth
    b. The first 10 minutes after placenta delivery
    c. From 48 hours after giving birth until the woman leaves facility
    d. From 48 hours to 6 weeks after giving birth
    e. From 6 weeks to 1 year after giving birth
7. What percent of women in the first year postpartum intend to use a family planning method, but are not yet doing so?
    a. 25%
    b. 45%
    c. 55 %
    d. 65%
    e. 75%
8. Contraceptive options for a woman who is exclusively breastfeeding a 2-month-old baby include:
    a. COCs
    b. LAM
    c. FAM
    e. Copper-bearing IUCD
    f. Sterilisation
    g. LAM, IUCD, Sterilisation
    h. All of the above
9. An IUCD may be inserted postpartum (circle all that apply):
    a. Anytime within 48 hours of childbirth
    b. Anytime within 4 days of childbirth
    c. 2 weeks after childbirth or later
    e. 4 weeks after childbirth or later

10. Postpartum contraception options for a woman at 3 weeks postpartum, who is HIV-infected, does not have AIDS, and is not breastfeeding include:
    a. COCs
    b. Progestin-only injectables
    c. Contraceptive implants
    d. Copper-bearing IUCD
    e. Sterilisation
    f. COCs, progestin-only injectables, and contraceptive implants
    g. COCs, progestin-only injectables, contraceptive implants, and sterilisation
11. After a first-trimester abortion/miscarriage, fertility usually returns:
    a. Within 2 days
    b. Within 5 to 7 days
    c. Within 7 days
    d. Within 11 days
    e. In 14 to 20 days
12. What is postpartum family planning?

13. Define unmet need for postpartum contraception:

14. List 3 key messages for postpartum contraceptive counselling:

15. Define postabortion family planning:

16. It is vitally important to integrate family planning services as a part of postabortion care because:

17. List 3 key messages of postabortion counselling:

18. What contraceptive methods can be started immediately after abortion?

19. Explain how infections or genital trauma affect choice or timing of postabortion contraceptive options:

Postpartum and Postabortion Family Planning Quiz Questions Answer Key

T 1. It is difficult to predict with certainty when fertility will return after childbirth.

F 2. Breastfeeding alone usually protects a woman from becoming pregnant.

F 3. A postpartum woman's fertility usually returns after her menses begin again.

T 4. Non-breastfeeding women may ovulate by 4 weeks after childbirth.

F 5. A postpartum woman should start using a family planning method immediately after her first monthly bleeding.

6. Early postpartum is defined as:

d. From 48 hours to 6 weeks after giving birth

7. What percent of women in the first year postpartum intend to use a family planning method, but are not yet doing so?

d. 65%

8. Contraceptive options for a woman who is exclusively breastfeeding a 2-month-old baby include:

f. LAM, IUCD, Sterilisation

9. An IUCD may be inserted postpartum (tick all that apply):

a. Anytime within 48 hours of childbirth
d. 4 weeks after childbirth or later

10. Postpartum contraception options for a woman at 3 weeks postpartum, who is HIV-infected, does not have AIDS, and is not breastfeeding include:

f. COCs, progestin-only injectables, and contraceptive implants

11. After a first-trimester abortion/miscarriage, fertility usually returns:

d. Within 11 days

12. What is postpartum family planning?

The initiation and use of family planning methods following childbirth

13. Define unmet need for postpartum contraception:

Non-use of contraception among married women of reproductive age who are able to become pregnant and would like to space or limit future pregnancies but are not currently using any method of contraception

14. List 3 key messages for postpartum contraceptive counselling:

Any 3 of the following:

- **Discuss health benefits to the mother and baby of waiting at least 24 months before trying to become pregnant again.**
- **Discuss return to sexual activity and provide information about return to fertility.**
- Advise that mother can use the lactational amenorrhoea method (LAM), which is 99% effective when used correctly, if exclusively breastfeeding, menses has not returned, and the baby is less than 6 months old.

- **Offer and discuss options for family planning methods for postpartum women, as appropriate and according to the woman's wishes.**

15. Define postabortion family planning:

    The initiation and use of family planning methods at the time of treatment for an abortion, or before fertility returns after an abortion (within 11-14 days after the abortion occurred)

16. Including family planning services as a part of postabortion care is important because:

    Women who have experienced an abortion are more likely to use contraception to avoid unintended pregnancies if family planning services are available immediately following treatment for the abortion. Death due to unsafe abortions is a worldwide problem; providing family planning services as part of postabortion care could save lives and prevent trauma by reducing unintended pregnancies.

17. List 3 key messages of postabortion counselling:

    Any 3 of the following:
    - Fertility returns quickly, within 11 days after a first-trimester abortion or miscarriage and within 4 weeks after a second-trimester abortion or miscarriage. Therefore, the woman needs protection from pregnancy almost immediately.
    - She can choose from among many different family planning methods that she can start at once.
    - She can wait before choosing a contraceptive for ongoing use, but she should consider using a backup method in the meantime if she has sex.
    - To avoid infection, she should not have sex until bleeding stops—about 5 to 7 days.
    - It is recommended that she wait at least 6 months before trying to become pregnant again.

18. What contraceptive methods can be started immediately after abortion?
    - COCs
    - Progestin-only pills
    - Progestin-only injectables
    - Contraceptive implants
    - Male and female condoms
    - Vasectomy
    - (Delay IUCD, female sterilisation, and FAM until any infection is resolved or injury healed)

19. Explain how infections or genital trauma affect choice or timing of postabortion contraceptive options.

    Infections need to be treated and resolved, and genital trauma needs to heal before the woman can begin using FAM, have an IUCD inserted, or undergo female sterilisation.

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