



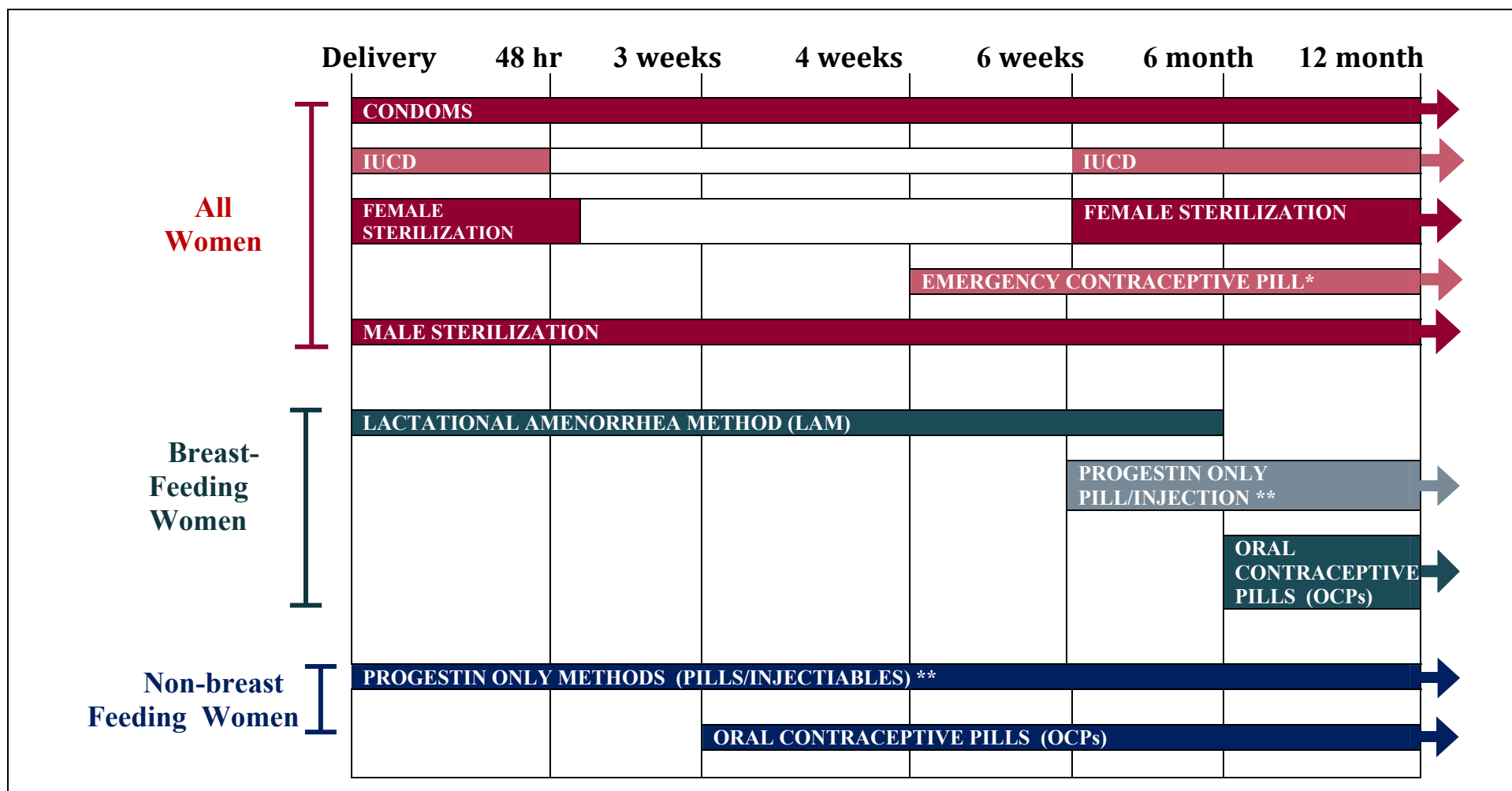
DAKSHATA



COUNSELING GUIDE: IMMEDIATE POSTPARTUM FAMILY PLANNING

METHODS	BENEFITS	LIMITATIONS	CLIENT ASSESSMENT/CONSIDERATIONS
Postpartum IUCD	<ul style="list-style-type: none"> Used right after delivery; long term protection 99% effective. Immediate return of fertility upon removal. 	<ul style="list-style-type: none"> Heavier, painful menses (first few cycles). Does not protect against STIs/ HIV. 	Not appropriate for women who have: <ul style="list-style-type: none"> Chorioamnionitis; ROM >18 hrs; PPH
Progestin Only Pills	<ul style="list-style-type: none"> Woman can start 6 weeks postpartum, even if breastfeeding. About 99% effective. Immediate return of fertility after stopping pills. 	<ul style="list-style-type: none"> Must be taken daily. Bleeding changes may be experienced. Does not protect against STIs/ HIV. 	Not appropriate for women who have: cirrhosis or active liver disease, blood clot in legs or lungs, history of breast cancer or take medications for TB or seizures.
Condom	<ul style="list-style-type: none"> Can prevent pregnancy, some STIs and HIV. Can be used once couple resumes intercourse. 	<ul style="list-style-type: none"> Must have reliable access to resupply. About 85% effective. 	<ul style="list-style-type: none"> Must be used correctly with EVERY act of sex. Can provide supply before discharge.
Postpartum Ligation	<ul style="list-style-type: none"> Permanent method of FP. Simple procedure >99% (not 100%) effective. Serious complications are rare. 	<ul style="list-style-type: none"> Does not protect against STIs/HIV. Requires surgical procedure. 	<ul style="list-style-type: none"> For women who certainly want no more children. Hospital must be set up to offer the surgery. Can be done in first 7 days postpartum.
LAM	<ul style="list-style-type: none"> Good for mother and newborn. Start immediately after birth. 98% effective if all 3 criteria met. 	<ul style="list-style-type: none"> Does not protect against STIs/ HIV. Short-term method-reliable for 6 months. Use another method if any criteria not met. 	Effective if ALL 3 criteria present: exclusive breastfeeding day & night; menses not returned; baby less than six months old.
Male Sterilization	<ul style="list-style-type: none"> Permanent method for men. Simple procedure 99% effective. Serious complications are rare. No weakness or difficulty during intercourse. 	<ul style="list-style-type: none"> Does not protect against STIs/HIV Requires use of condoms or another contraceptive for three months post-procedure to be effective. 	<ul style="list-style-type: none"> Appropriate for those couples who have decided to limit family; are aware of the permanent nature of the method. Men who do not have infection of the genitalia.
Emergency Contraception 1. Emergency Contraceptive Pills (ECPs) 2. IUCD	<ul style="list-style-type: none"> Safe, easy to use and available at chemist shop or at health center. Can be used by all women. 85% effective if used within 120 hours (5 days) after an unprotected intercourse. IUCD for Emergency Contraception can be continued as a regular method if appropriate. 	<ul style="list-style-type: none"> Not a regular FP method, intended for emergency use only. A regular FP method use required Not effective once implantation of fertilized ovum has begun. Effectiveness dependent on the time of use after the unprotected intercourse. 	<ul style="list-style-type: none"> Not effective in pregnant women. Should not be used as an abortifacient. IUCD not appropriate for women who have: Cervical cancer or trophoblastic disease; Abnormality in the structure of the uterus (fibroids, septum); risk of STIs.

SAFE TIMES FOR POSTPARTUM INITIATION OF VARIOUS METHODS OF FAMILY PLANNING



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

** This is available in private sector.