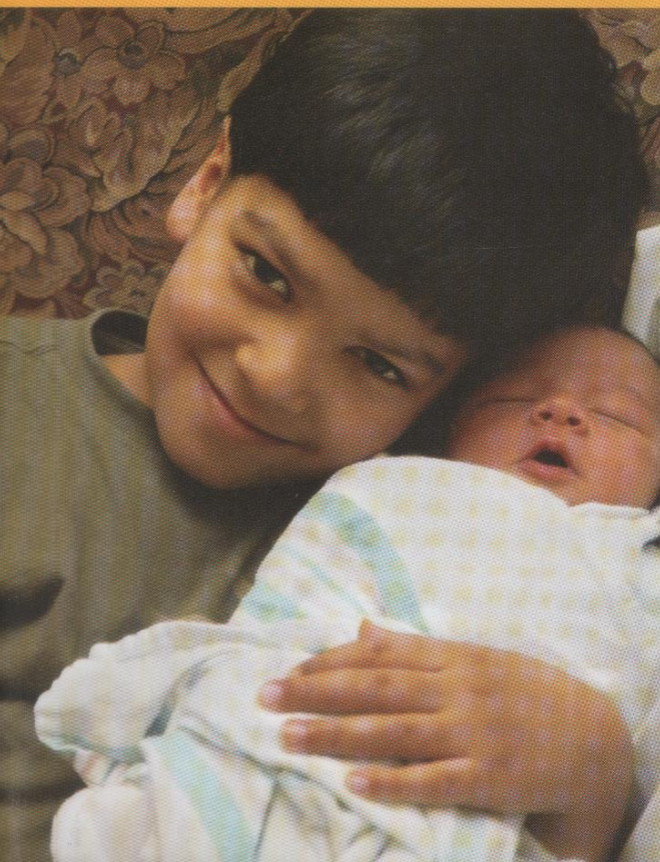


**What you should
know about
family planning
AFTER
CHILDBIRTH?**



- The period after child birth presents an ideal and timely opportunity to initiate effective contraception.
- A new mother can get pregnant even before she starts getting her periods after delivery. Since ovulation (Release of eggs from the ovaries) occurs two weeks before menstruation, a new mother should not wait until she gets her menstrual period again to start a birth control method.
- Deciding which method to initiate following delivery depends on whether she continues to breast feed or not.
- Breast feeding provides many benefits to the mother and the baby in the short and long term.

Advantages of planning after childbirth

- Prevents unwanted pregnancies.
- Provides an adequate time for the body to prepare for the next pregnancy.
- Helps to space the pregnancies.

Available Family Planning Options

- Effect of breast feeding

Breast feeding reduces the chances of ovulation which may be accompanied by absent periods due to hormonal changes. This is known as lactational amenorrhoea.

This is successful,

1. When the mother is within the first 6 months after delivery
2. When the baby is exclusively breastfed
3. When the mother doesn't have periods

- **Barrier Methods (Condoms)**

An important characteristic of all barrier methods is that they do not affect breast feeding.

Accordingly, barrier methods are appropriate for all women regardless of breast feeding status.

Condoms can be used as and when needed.

It helps to prevent Sexually Transmitted Infections, as well.

- **Combined oral contraceptives (Pills)**

It contains oestrogen and progestin and can be offered to non-breast feeding women from two weeks after delivery.

It is not an ideal method of contraception for breast feeding mothers as it reduces the amount of breast milk production.

A breast feeding woman can start pills 6 months after delivery.

- **Depot medroxyprogesterone acetate (DMPA injections)**

An injectable progestin Can be started 6 weeks after the delivery.

minimal adverse effect on breast feeding and infant's growth.

Injections should be taken every 3 months.

- **Subdermal implants**

This is the size of a match stick implanted beneath the skin.

Can be inserted 6 weeks after the delivery.

Provides protection for 5 years.

Fertility returns quickly after removal.

- **Intrauterine devices (IUDs)**

Is an appropriate choice, regardless of breast feeding status.

Copper IUDs can be safely inserted within the first 48 hours or 4 weeks following delivery without any adverse outcomes. It provides protection for 10-12 years.

- **Surgical Sterilization**

If the couple has completed their family, permanent sterilization will be the ideal method. However, as an alternative, an efficient, long acting temporary method is recommended, (Copper T IUD- refer early) when sterilization is not desired.

Eligible criteria for male/female sterilization

1. Having at least two living children
2. Youngest child should be over 2 years of age if you have only two living children
3. Female should be more than 26 years of age

The female sterilization can be done either within 48 hours after delivery or 6 weeks after delivery. Male sterilization can be done anytime if the previously mentioned criteria are met.

Post Partum Contraception at a glance:

FP method	Fully or Nearly fully Breast Feeding (BF)	Partially or not Breast Feeding (BF)
LAM	Immediately	N/A
IUD	Within 48 hours of delivery, or at 4 – 6 weeks, after delivery	
OCP	6 months after child birth (CB)	3 weeks after child birth if not BF, or 6 weeks after CB if partially BF
DMPA and Implants	6 weeks after CB	Immediately if not BF 6 weeks after CB if partially BF
Female sterilization	Within 3 days, otherwise wait 6 weeks	
Vasectomy	Immediately or during partners pregnancy	
Condoms	Immediately	



enriching relationships

The Family Planning Association of Sri Lanka
FPA Sri Lanka, the Pioneer in Sexual and Reproductive Health in Operation offers a range of SRH Services since 1953, through its center for family health.

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Obtain information, medical advice or counseling services on reproductive health using these methods