

## Recommendations for Postpartum Family Planning Funders

### 1) Consider reducing funding for PPFP programming

- Recent research suggests that facility-based programs may have **limited to no effect on reducing unintended pregnancies** despite increasing contraceptive uptake. Given that empowering women to avert unwanted pregnancies is a key goal of family planning uptake, this significantly undermines the usefulness of PPFP programming.
  - *Of the three studies that have measured effects on pregnancy rates, two ([Rohr et al. 2024](#) and [Coulibaly et al. 2021](#)) found no effect, and one ([Guo et al. 2022](#)) found only a 0.7% decrease in short-spaced pregnancies.*
- Unmet need for family planning is typically **lower than average** among postpartum women since the majority of African women are likely protected from pregnancy by abstinence or amenorrhea (lack of a period) due to breastfeeding for the entire first year postpartum ([Cleland et al. 2015](#); [DHS](#)).
- Recent research raises **concerns about provider coercion** in facility-based family planning; early postpartum LARCs present particular concerns ([Senderowicz, 2019](#)).

### 2) When funding PPFP programming, consider essential factors

- Implementation Quality: Assess implementation quality based on rigorous data, prioritizing programs that secure provider buy-in and go beyond self-reported behavior.
- Timing: Pregnancy risk in the early postpartum period is minimal. While pregnancy risk increases for women at immunization sessions, previous studies have struggled with implementation due to provider time pressure ([Vance et al. 2014](#)).
- Type: Community-based programs may be more impactful than those at facilities, based on their effects on short-spaced pregnancy rates ([Karra et al 2022](#); [Baqui et al 2018](#)).
- Location: Consider countries where durations of postpartum abstinence and amenorrhea (see [StatCompiler](#)) are low while rates of maternal and child mortality are high.
- Coercion: Reduce the likelihood of provider coercion, particularly as relates to long-acting reversible contraception (LARCs), by using counseling materials that promote discussion of multiple methods and training providers to center client concerns and preferences in counseling sessions.