

## Recommendations for Postpartum Family Planning Funders

Postpartum family planning (PPFP) programming in health facilities is widely considered evidence-based and effective; however, **recent research suggests otherwise** in sub-Saharan Africa.

- Across sub-Saharan Africa, the majority of postpartum women are likely **largely protected from pregnancy** for the first year postpartum due to widespread abstinence and amenorrhea (lack of a period) from breastfeeding ([Cleland et al. 2015](#); [DHS](#))
- Three recent studies found **limited to no effect on reducing unintended pregnancies** from facility-based programs despite increasing contraceptive uptake ([Rohr et al. 2024](#); [Coulibaly et al. 2021](#); [Guo et al. 2022](#)). Previous research has typically evaluated its effects on contraceptive use, failing to measure pregnancy outcomes
- Given that empowering women to avert unwanted pregnancies is a key goal of family planning uptake, these findings **significantly undermine PFP's usefulness** in sub-Saharan Africa

### 1) Reduce funding for PFP programming in sub-Saharan Africa

- Recent research has found **limited to no effects** on unintended pregnancies from facility-based PFP programming ([Rohr et al. 2024](#); [Coulibaly et al. 2021](#); [Guo et al. 2022](#)).
- Unmet need for family planning is typically **lower than average** among postpartum women in sub-Saharan Africa due to widespread abstinence and amenorrhea ([Cleland 2015](#); [DHS](#))
- Recent research raises **concerns about provider coercion** in facility-based family planning; early postpartum LARCs present particular concerns ([Senderowicz. 2019](#)).
- Given the urgent need for family planning in these regions, other interventions such as radio-based messaging and direct provision of contraceptives are **far more promising**.

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

- 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](#)). However, their cost-effectiveness may be lower than other FP interventions.
- Location: Consider countries where durations of postpartum abstinence and amenorrhea **are low** while rates of maternal and child mortality are high; however, the options are few.
- Coercion: Reduce the likelihood of provider coercion, particularly related to long-acting methods, by training providers to **center client concerns and preferences**.

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