## Immunization Programme

Vaccine	When to Receive	
For Pregnant women		
тт-1	Early in pregnancy at first contact	
TT-2	4weeks after TT-1	
TT-Booster	If pregnancy occurs with in three years of last TT vaccinations*	
For infants		
BCG	At birth (for institutional deliveries) or along with DPT-1	
Hepatitis B 0	At birth for institutional delivery, preferably within 24 hours of delivery	
OPV-0	At birth, if delivery is in institution	
OPV1, 2 and 3	At 6 weeks, 10 weeks and 14 weeks	
DPT1, 2 and 3	At 6 weeks, 10 weeks and 14 weeks	
Hepatitis B1, 2 and 3	At 6 weeks, 10 weeks and 14 weeks	
Measles	9–12 months	
Vitamin A (1st dose)	At 9 months, with measles	
For children		
DPT booster	1st booster at 16–24 months	
OPV booster	16–24 months	
JE	16–24 months	
MR	16–24 months	
	2nd dose at 16 months, with DPT/OPV booster. 3rd to 9th doses	
Vitamin A (2nd to 9th dose)	are given at an interval of 6 month till 5 years of age.	
DPT booster	2nd booster at 5 years of age	
т	10 years and 16 years	

## ज्ञारखण्ड सरकार



Family Planning Services Now Available at Immunization Centres



## Family Planning and Immunization Integrated Services

Methods	Benefits	Limitations
Lactational Amenorrhea Method (LAM)	<ul> <li>Good for mother and new born</li> <li>Can be used right after delivery; no delay</li> <li>No additional supplies/materials/expense</li> <li>98% effective if all three criteria met <ol> <li>Exclusive breast feeding, day &amp; night</li> <li>Monthly bleeding has not returned</li> <li>Baby is less than six months old</li> </ol> </li> <li>Transition to another contraceptive method if any of the three criteria expires</li> </ul>	<ul> <li>Does not protect against STIs, including HIV/AIDS</li> <li>Short-term method – can be used only for six months</li> </ul>
Standard Days Method	<ul> <li>Safe for nearly all women</li> <li>It is a simple and natural method to use does and not need external supplies.</li> <li>Has no side effects or complications</li> <li>95% effective if used correctly</li> <li>Using the colored cycle beads, the woman can identify the days when unprotected intercourse should be avoided.</li> </ul>	<ul> <li>Postpartum women need to wait until they have three months in a row of regular menstrual bleeding before they can initiate SDM</li> <li>Less effective in women who have cycles shorter than 26 days or longer than 32</li> <li>Provides no protection from STI/HIV</li> </ul>
Intra Uterine Contraceptive Device (IUCD)	<ul> <li>Safe for nearly all women</li> <li>Can be inserted right after delivery or within the first 48 hours</li> <li>Delay insertion until after six weeks postpartum, if not inserted during first 48 hours postpartum</li> <li>&gt;99% effective</li> <li>Can provide protection for 5-10 years, but when removed, fertility return without delay.</li> <li>Has no effect on breast feeding</li> </ul>	<ul> <li>First few cycles of bleeding may be heavier, more painful than usual</li> <li>Does not protect against STIs, including HIV/AIDS</li> <li>Requires a trained provider to insert and remove.</li> </ul>
Oral Contraceptive Pills (COCs)	<ul> <li>Safe for nearly all women</li> <li>About 99% effective, if used correctly</li> <li>Must remember to take a pill every day No delay in return of fertility after stopping</li> <li>On cancer while positive information, mey harm some women.</li> <li>Make menstrual cycles regular and menstrual bleedings light</li> <li>Delay start until 6 months for breast feeding woman and 3 weeks for non-breast feeding woman</li> </ul>	<ul> <li>Require daily uptake</li> <li>Have common side effects, such as headaches, dizziness, nausea, breast tenderness (all diminish after the first three months of use)</li> <li>Provide no protection from STI/HIV</li> <li>Require access to re-supply</li> </ul>
Emergency Contraceptive Pills(ECPs)	<ul> <li>Safe for all women</li> <li>Can prevent pregnancy, if taken within 72 hours after unprotected sexual intercourse</li> </ul>	<ul> <li>Not as effective as most of the regular contraceptive methods</li> <li>Does not protect against STIs, including HIV/AIDS</li> </ul>

## Family Planning and Immunization Integrated Services

Methods	Benefits	Limitations
Condom	<ul> <li>Can protect against pregnancy and some sexually transmitted infections, including HIV</li> <li>Can be used after delivery as soon as couple resumes intercourse</li> <li>Safe for everyone and have no side effects</li> <li>98% effective if used consistently and correctly (although correct and consistent use may be hard to achieve)</li> </ul>	<ul> <li>Must have reliable access to resupply</li> <li>About 85% effective as commonly used</li> <li>Must be used correctly with every act of sexual intercourse to be effective</li> <li>Requires partner cooperation</li> </ul>
Female Sterilization	<ul> <li>Provides permanent protection for women and couples who are certain that they don't want any more children</li> <li>Simple procedure, with no side effects.</li> <li>&gt;99% effective</li> <li>Can be done immediately or within the first seven days postpartum. Also can be done any other time starting at six weeks postpartum</li> </ul>	<ul> <li>Does not protect against STIs, including HIV/AIDS</li> <li>Requires surgical procedure</li> <li>Cannot be reversed. If woman is unsure about ending fertility, she should choose another method</li> </ul>
No-Scalpel Vasectomy (NSV) (For husbands)	<ul> <li>Provides permanent protection for men and couples who are certain that they don't want any more children</li> <li>Can be done any time, even when wife/partner is pregnant</li> <li>&gt;99% effective</li> <li>Safe and simple surgical procedure</li> </ul>	<ul> <li>Does not protect against STIs, including HIV/AIDS</li> <li>Requires surgical procedure</li> <li>Not effective for the first 3 months after the procedure. During that time, couples should use other methods of contraception, such as condoms or pills</li> </ul>

