# Immunization Programme

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

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Family Planning Services Now Available at Immunization Centres

You can avail services from:
- Your ASHA/ANM worker
- Your local PHC

A Small Family is a Happy Family

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## Family Planning and Immunization Integrated Services

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

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