In Kenya, uptake of family planning is low and the rate of unplanned pregnancies is high among both HIV infected and non HIV infected women leading to high rates of unsafe abortions, maternal morbidity and mortality and paediatric HIV infections due to mother to child HIV transmission.

A cross sectional study was done in postnatal wards of two Kenyan district hospitals where consenting women were counseled on FP and contraceptive implants. Those who consented were inserted in the ward while those who declined were advised to follow routine PNC.

Overall uptake of immediate postpartum implants was high (50.2%) and it was significantly associated with HIV status with more HIV negative mothers accepting implant (57.5%) compared to HIV positive mothers (42.9%) p=0.047.

In both HIV infected and non HIV infected group, uptake was not associated with socio-demographic factors such as age, level of education, marital status and religion, but prior knowledge of implant positively influence uptake among HIV negative women.

In conclusion uptake of immediate postpartum implant was generally good and this study has shown that early postpartum period can be used to improve access to FP, reduce unmet needs of FP and assist in achieving millennium development goals especially MDG 4,5 and 6 as well as reduce MTCT of HIV.