# STANDARD DAYS METHOD OF FAMILY PLANNING PRE-SERVICE TRAINING CURRICULUM

Institute for Reproductive Health, Georgetown University





# STANDARD DAYS METHOD OF FAMILY PLANNING PRE-SERVICE TRAINING CURRICULUM

#### I. INTRODUCTION

#### **Purpose**

The purpose of this document is to provide sample lesson plans for the Standard Days Method (SDM) of family planning that schools of medicine and nursing can use and adapt to existing pre-service training curricula. This document includes both, the key content and the suggested methodology to support facilitators/educators educational activities in the SDM.

#### Content

This document is organized in 4 chapters.

Chapter 1 Fertility Awareness-based Methods
Chapter 2 Standard Days Method, scientific background and development
Chapter 3 SDM medical eligibility criteria

Chapter 4 Counseling in the SDM

Each unit details the learning objectives, lesson plan, content, suggested methodology, time for each topic, facilitator's aids, learner handouts and bibliography. Key content is covered in each chapter and references to additional support material and bibliography are noted accordingly.

#### Suggested Methodology

These are suggested approaches designed help educators present the different topics. Each program or educator will decide if the methodology fits the structure of the curriculum in which these chapters are integrated —as well as the learning preferences of learners— and adapt it accordingly. Each suggested activity indicates the time necessary to present the topic, complete any analysis, discussions and group work and process conclusions with learners.

#### **II. CONTENTS OF EACH CHAPTER**

#### Chapter 1 Introduction to Fertility Awareness-based (FAB) Methods

- a. Menstrual Cycle
- b. Fertility Awareness-based methods
- c. Effectiveness
- d. Advantages
- e. Disadvantages

#### Chapter 2 Standard Days Method

- a. Definition
- b. Scientific basis
- c. Menstrual cycle calculation
- d. Fertile window and probability of pregnancy
- e. Efficacy Study

#### Chapter 3 SDM medical eligibility criteria

- a. Method criteria
- b. Biological criterion: Cycle length
- c. Special Circumstances
- d. Behavioral Criterion: Avoiding unprotected sex

#### Chapter 4 Counseling in the SDM

- a. Screening for method eligibility
- b. Teaching the method to clients
- c. Supporting couple's use of the method

#### III. LESSON PLANS

Chapter 1: Introduction to Fertility Awareness-based (FAB)
Methods

#### **Learning Objectives**

- Define Fertility Awareness and its relationship to family planning
- · Identify characteristics of FAB methods
- Describe the mechanism of action of FAB methods
- Identify advantages and disadvantages

| Key Content  | Learning Activity  | Time       |
|--|--------------------|------------|
| Menstrual cycle  | Lecture            | 10 minutes |
| Introduction to Fertility<br>Awareness-based<br>methods          | Lecture/Discussion | 10 minutes |
| Mechanism of action, effectiveness, advantages and disadvantages | Lecture/Discussion | 10 minutes |

#### **Key Content**

#### a. Menstrual Cycle

The menstrual cycle is the period of time beginning on the first day of a woman's period until the day before she begins her next menstrual period. Since this happens regularly, it is called a "cycle." The length of the menstrual cycle varies for each woman. For some, the cycle is as short as 21 (or even fewer) days. For others, it is as long as 35 days or more.

During each cycle, a woman's ovary releases an ovum. This process called ovulation occurs during mid-cycle. The ovum moves toward the fallopian tubes where it can be fertilized by sperm. An ovum can live up to 24 hours and when it is not fertilized, it is eliminated from the woman's body during menstruation. Hormonal changes in the woman's body that occur during the menstrual cycle produce signs and symptoms that indicate whether she is fertile or not.

#### b. Fertility Awarenes-based Methods (FAM)

Fertility Awareness-based methods help women know when during their menstrual cycle they are fertile and time sexual intercourse depending on whether they wish to prevent or achieve a pregnancy. Some FAM help women identify their fertile days by observing signs and symptoms that occur during the cycle. Other FAM use a formula to identify those days.

#### 1) Methods based on calculations

#### Calendar Rhythm

This method of family planning is based on the use of a mathematical formula to determine the fertile and infertile days of the menstrual cycle, so that unprotected intercourse can be avoided during the fertile days. The beginning of the fertile phase is determined by subtracting 18 from the length of the shortest of the previous 6 to 12 menstrual cycles. The end of the fertile phase is determined by subtracting 11 from the longest of the previous 6 menstrual cycles.

#### Standard Days Method

The Standard Days Method is a fertility awareness-based method of family planning that is appropriate for women who have cycles between 26 and 32 days long. To use this method, users count the days of the menstrual cycle, starting with the day menstrual bleeding begins, and avoid unprotected intercourse during days 8-19 of the cycle.

#### 2) Methods based on observations

#### Ovulation (Billings) method

The ovulation (Billings) method requires that users assess changes in the quality, quantity, and color of cervical mucus as a means of identifying the fertile and infertile days of the menstrual cycle.

#### Symptothermal method

This method is based on determining fertile and infertile days of the menstrual cycle through observation and interpretation of cervical mucus, basal body temperature, and other signs and symptoms of ovulation.

#### c. Effectiveness of FAM

FAM can be used successfully to avoid pregnancy when a woman can effectively identify her fertile days and the couple is able to follow the method requirements (abstaining or using another method during the fertile days). Some FAM require specialized teaching and extensive follow-up of users while others are simpler to teach and learn.

The effectiveness of FAM range from 85 to 98% (for 100 women using these methods, between 2 and 15 become pregnant every year) when used correctly.

#### d. Advantages

- FAM do not rely on supplies (medications, devices) and have no side effects
- FAM help women understand their bodies.
- FAM involve men in family planning decision making.

#### e. Disadvantages

- Like other methods, except for certain barrier methods, FAM do not protect against sexually transmitted infections (STIs).
- Certain conditions make it more difficult for women to use FAM and require more counseling and follow-up, such as recent childbirth, currently breastfeeding, recently began menstruating, recently stopped using a hormonal method, or approaching menopause.
- Successful use requires male participation, which may be challenging in some cases.
- FAM may not be appropriate for women with cycles outside the 26-32 day range, those who are unable to correctly recognize their fertility signals or those with persistent reproductive tract infections that affect signals of fertility.

#### **Additional Reading Materials:**

- Family Health International. Network: Fertility Awareness. Research Triangle Park, NC: Family Health International, 17(1): Fall 1996. Available on the internet at <a href="http://www.fhi.org/en/RH/Pubs/Network/v17">http://www.fhi.org/en/RH/Pubs/Network/v17</a> 1/index.htm
- Mtawali G, Pina M, Angle M, Murphy C. The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers. Chapel Hill, NC: Intrah PRIME, 1997. Available on the internet at http://www.prime2.org/prime2/pdf/MenCyc.pdf
- Jennings V, Arevalo M, Kowal D. Fertility Awareness-Based Methods, 317-329 in Hatcher RA, Trussell J, Stewart F, Nelson AD, Cates W, Guest F, Kowal D. eds. Contraceptive Technology 18th ed. New York: Ardent Media, Inc., 2004. Available on the internet
   at http://www.irb.org/pdf/Contraceptive%20Tech%20Chapter%2015%20EAB%20Chapter%2015%20EAB
  - at <a href="http://www.irh.org/pdf/Contraceptive%20Tech%20Chapter%2015%20FAB%2">http://www.irh.org/pdf/Contraceptive%20Tech%20Chapter%2015%20FAB%2</a> OMethods.pdf

#### **Handouts:**

- The Menstrual Cycle
- Fertility Awareness-based Methods (FAM)

#### Chapter 2: Standard Days Method

#### **Learning Objectives**

- Identify the basic characteristics of the SDM
- Describe the science underlying the SDM and its development
- Describe the mechanism of action

| Key Content                          | Learning Activity  | Time       | Materials  |
|--------------------------------------|--------------------|------------|--|
| SDM scientific basis and development | Lecture/Discussion | 20 minutes | <ul> <li>PowerPoint<br/>slides &amp; speaker<br/>notes</li> <li>SDM Fact Sheet</li> <li>SDM Field Notes</li> </ul> |

#### **Key Content**

#### a. SDM Definition

The Standard Days Method (SDM) is an effective new natural method of family planning developed through scientific analysis of the fertile time in the woman's menstrual cycle. The SDM is based on the fact that there is an identifiable "fertile window" during the woman's menstrual cycle—several days before ovulation and a few hours after—when she can become pregnant. To prevent pregnancy, users avoid unprotected intercourse by using a condom or abstaining on days 8-19 of the cycle—a formula based on computer analysis of 7,500 menstrual cycles. The method is most appropriate for women who can avoid unprotected sex on the woman's fertile days and whose cycles are usually between 26 and 32 days long (approximately 80% of cycles are in this range).

#### b. Scientific Basis

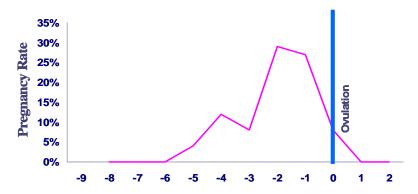
The SDM was developed by the Institute for Reproductive Health, Georgetown University with support from the U.S. Agency for International Development. To develop this method, researchers used data from a number of published studies as well as a large data set from the World Health Organization.<sup>iii</sup> First, a computer model was designed to assess the potential efficacy of the method and identify for whom it would be appropriate.<sup>iv</sup> With this model, researchers analyzed the probability of pregnancy on different cycle days as well as the probability of ovulation occurring on different cycle days. Avoiding unprotected intercourse on days 8 through 19 provided maximum protection while minimizing the number of days to avoid intercourse.

#### c. Fertile Window and Probability of Pregnancy

The SDM is based on reproductive physiology. A woman is fertile five days before ovulation plus the day of ovulation. This is because of the life span of the sperm,

which remain viable in the woman's reproductive tract for up to five days, and the fact that the ovum can be fertilized for up to 24 hours following ovulation. Ovulation occurs around the mid-point of the menstrual cycle (+/- 3 days). Thus, a woman's fertile "window" (days in the menstrual cycle when she can get pregnant) begins as early as five days prior to ovulation and lasts up to 24 hours after ovulation.

#### Probability of Pregnancy from Intercourse on Days Relative to Ovulation



Source: Institute for Reproductive Health; data taken from Wilcox A et al, Post-ovulatory aging of the human oocyte and embryo failure. Human Reproduction 1998; 13: 394-397.

If a woman has unprotected sex 6 or more days before she ovulates, the chance she will get pregnant is virtually zero. If she has unprotected sex 5 days before she ovulates, her probability of pregnancy is about 5%. Then, her probability of pregnancy rises steadily until the two days prior to ovulation. If she has unprotected sex on either of these two days, she has a 25-30% chance of becoming pregnant. From that point, the probability of pregnancy declines rapidly. By 12-24 hours after she ovulates, a woman is no longer able to get pregnant during that cycle.

| Contraceptive Fail % of women who beca |             |             |
|--|-------------|-------------|
|  | Correct Use | Typical Use |
| No Method                              | 85          | 85          |
| Spermicides                            | 18          | 29          |
| Diaphragm                              | 6           | 16          |
| Condom                                 | 2           | 15          |
| OC                                     | 0.3         | 8           |
|  |             |             |
| Standard Days Method                   | 5           | 12          |

Adapted from Hatcher R, ed, et al, Contraceptive Technology 18th edition, 2004

#### d. Efficacy Study

To determine the contraceptive efficacy of the SDM, a prospective, multi-center efficacy study was conducted with nearly 500 women 18 to 39 years of age in Bolivia, Peru, and the Philippines. The results of the study found that the SDM was more than 95% effective with correct use and more than 88% effective with typical use, which included women who had unprotected intercourse during the fertile days as well as those who did not. This is similar to the efficacy of most other user-dependent methods. The results suggest that in spite of the requirement that couples modify their sexual behavior when the woman is fertile; the SDM provides significant protection against unplanned pregnancies and is well accepted by couples in a wide range of settings. The method was used correctly in about 97% of the cycles. Similar typical-user failure rates have been reported in other studies conducted in several countries.

#### **Additional Reading Materials:**

- Arévalo, Marcos, Jennings Victoria, and Sinai Irit. Efficacy of a new method of family planning: The Standard Days Method. *Contraception* 65 (2002); 333-338. Available on the Internet at http://linkinghub.elsevier.com/retrieve/pii/S0010782402002883
- SDM Field Notes. Washington, DC: Institute for Reproductive Health. Available
  on the internet at <a href="http://www.irh.org/pdf/Field%20Notes-SDM">http://www.irh.org/pdf/Field%20Notes-SDM</a> A New Effective Sept14.pdf
- Jennings V, Lundgren R. Standard Days Method: A Simple Effective Natural Method. USAID Global Health Technical Briefs 2004. Available on the internet at <a href="http://www.maqweb.org/techbriefs/tb3sdm.shtml">http://www.maqweb.org/techbriefs/tb3sdm.shtml</a>

#### **Handouts:**

SDM Fact Sheet

#### Chapter 3: SDM Medical Eligibility Criteria

#### **Learning Objectives**

- Describe the medical eligibility criteria
- Explain criteria for starting SDM use
- Identify special circumstances that may delay SDM use
- Calculate correctly cycle length

| Key Content                  | Learning Activity                  | Time       | Materials                        |
|------------------------------|------------------------------------|------------|----------------------------------|
| Medical eligibility criteria | Lecture/Discussion                 | 45 minutes | <ul> <li>WHO Handout</li> </ul>  |
|                              | <ul> <li>Group Activity</li> </ul> |            | <ul><li>Provider Job</li></ul>   |
|                              |                                    |            | Aids                             |
|                              |                                    |            | <ul> <li>Case Studies</li> </ul> |

#### **Key Content**

#### a. Method Criteria

#### Criteria for SDM Use:

- 1) Women with regular menstrual cycles between 26 and 32 days long
- 2) Couples who can avoid unprotected sex during the woman's fertile days

The SDM is appropriate for many people. But like all methods of family planning, it is not right for all who may want to use it. According to the World Health Organization's "Medical Eligibility Criteria for Contraceptive Use" (2004), the SDM does not have any negative effect on a women's health. However, to use the SDM successfully, women should have regular menstrual cycles between 26 and 32 days long. Couples should be able to avoid unprotected sex during the woman's fertile days to prevent pregnancy.

Women who have more than one cycle outside this range in a year should not use the SDM to prevent pregnancy, since the method would be less effective for them. Like most other family planning methods, the SDM does not protect against STDs.

Women who recently gave birth or are breastfeeding and those who recently used a hormonal contraceptive may have to wait to start using the SDM. Special counseling is required to determine method eligibility for women under these circumstances.

Clear and simple service delivery guidelines are effective in helping providers screen potential clients for method eligibility. A set of job aids for providers is being used by a wide range of service providers.

#### b. Biological Criterion: Cycle Length

The SDM is appropriate for women with menstrual cycles between 26 and 32 days long. A woman who usually gets her period every month has cycles in this range. The cycle length includes all days between the first day of her last period and the day *before* she expects her next period. Some women may not know the exact length of their menstrual cycle. Simple questions asked to the woman provide a good approximation of cycle length that enables the provider to assess eligibility and decide whether to offer the method at the time of the client visit.

Before offering the method, determine if the woman's cycles are between the 26 to 32 day range by asking a few simple questions:

- Do your periods usually come when you expect them?
- Do your periods usually come about a month apart?(periods that come about a month apart indicate her cycles are between 26 and 32 days long)

#### c. Special Circumstances

Most women can use the SDM but some may need to wait to start using it. Following are special circumstances that may delay starting the SDM.

#### **Recent Pregnancy**

Women who have been pregnant recently must wait until they meet the following criteria in order to use the SDM:

| Post partum Can use the SDM once they have had four consecutive periods (i.e. three menstrual cycles), and their two most recent periods were about a month apart (26 to 32 days long) | Breastfeeding Can use the SDM once they have had four consecutive periods (i.e. three menstrual cycles), and their two most recent periods were about a month apart (26 to 32 days long) |
|--|--|
| Emergency Contraception Can use the SDM if their cycles prior to using this method were about a month apart (26 to 32 days long)   |  |

#### **Previous Use of Other Methods**

Women who have recently used other methods of family planning must meet the following criteria before starting the SDM:

# Pill, patch, ring, 1-month shot, implant, hormonal IUD

Can use the SDM after two consecutive periods are about a month apart (26 to 32 days long) after stopping the hormonal method

#### **Three-Month Injectable**

Can use the SDM if three months have passed since the last injection and their two most recent periods are about a month apart (26 and 32 days long)

#### d. Behavioral Criterion: Avoiding Unprotected Sex

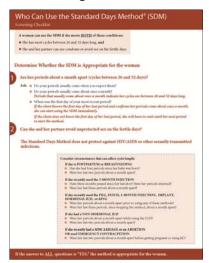
The SDM can be used successfully if the couple is willing and able to avoid unprotected intercourse during the fertile days when the woman can get pregnant. Both partners must agree to use the method, and it is important that the couple can discuss and decide when to have intercourse. The couple should avoid unprotected sex during days 8 through 19 of her menstrual cycle.

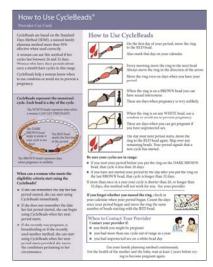


Couples who use the Standard Days Method may choose to manage their fertile days in different ways. Some couples prefer to avoid intercourse completely during the fertile days. Other couples prefer to use condoms or other barrier methods during the fertile days.

#### **Provider Job Aids:**

#### Screening Checklist and Provider Cue Card





#### **Additional Reading Materials:**

- Medical Eligibility Criteria for Contraceptive Use 3rd Ed. Geneva: World Health Organization, 2004. Available on the internet at <a href="http://www.who.int/reproductive-health/publications/mec/">http://www.who.int/reproductive-health/publications/mec/</a>
- Provider Job Aids Packet for Counseling Clients in the SDM
- Sample SDM service protocol

#### **Handouts:**

- Case Studies Estimating Cycle Length and Regularity
- Case Studies Special Circumstances
- Case Studies Answer Sheets

#### Chapter 4: Counseling in the SDM

#### **Learning Objectives**

- Identify the essential components of an SDM counseling session.
- Practice using the job aids that support each component.

| Key Content                      | Learning Activity            | Time       |
|----------------------------------|------------------------------|------------|
| Components of SDM                | Lecture/Discussion           | 5 minutes  |
| Counseling                       |                              |            |
| Screening for method eligibility | Case studies for role play   | 30 minutes |
| Teaching method use              | Role Play                    | 15 minutes |
| Supporting couple's use          | Discussion<br>Group activity | 20 minutes |

#### **Key Content**

#### **Components of SDM Counseling:**

# **SCREEN** to determine if the SDM is appropriate for the woman and her partner

- Determine if the client's menstrual cycle length is 26 to 32 days.
- Determine if there is any circumstance or condition that may affect the woman's cycle length (recent pregnancy or use of other methods).
- Help the client decide whether this method will work for her and her partner.
- Determine when the woman can start using the SDM.

#### **TEACH** the client how the SDM works and check her understanding

- Describe the SDM to the client and explain how to use Cycle Beads.
- Confirm that the client understood the key points for using the method, repeat, and clarify.

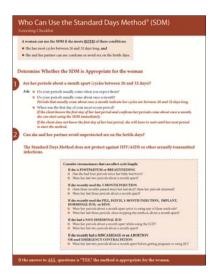
#### **SUPPORT** couple's use of the SDM

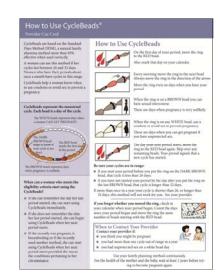
- Identify problems the couple may have using the SDM and encourage behaviors that will support correct use of the method.
- Help the couple identify possible solutions to the problems they have identified.
- Explore, with the client, ways of talking with her partner about the method and how to handle and negotiate avoiding unprotected sex on days when she can get pregnant.

 Remind the client to return to the clinic if she has questions or is not satisfied with the method. Schedule a follow-up visit if necessary.

# **Provider Job Aids used in SDM Counseling**

Screening Checklist and Provider Cue Card





#### a. Screening for Method Eligibility

To determine if the woman's cycle is between 26 and 32 days long, the appropriate length for SDM users, the provider asks some simple questions:

- Do your periods usually come when you expect them?
- Do your periods usually come about a month apart?

Periods that come about a month apart indicate her cycles are between 26 and 32 days long. If the woman knows the first day of her last period, she can start using the method immediately. Since she remembers when her last period started, she is able to place the ring on the bead for today.

Having her periods every month is a good indicator that her cycles are within that range. If the woman knows the first day of her last period, she can start using the method immediately. Since she remembers when her last period started, she is able to place the ring on the bead for today.

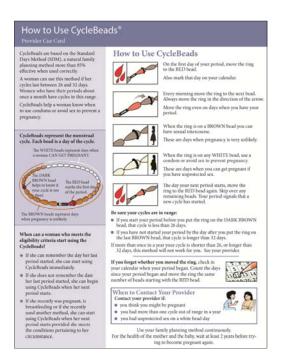
However, if she does not remember the date, she needs to wait until the day her next period starts to use SDM. Because she does not remember the date her last period started, she wouldn't be able to know where to place the ring to begin using the SDM.

| Criteria   | a for Starting the SDM   |
|--|--|
| Date of last period known                              | Start immediately  |
| Date of last period unknown                            | Start of first day of next period  |
| Pill, patch, ring, 1-month shot, implant, hormonal IUD | Cycles before using method were about a month apart. Wait until 2 consecutive periods are about a month apart after stopping the method. |
| 3-month injection                                      | Wait for the Injections 90-day period of protection expires, and 2 consecutive periods are about a month apart.                          |
| Postpartum/breastfeeding                               | Start after 4 periods and two most recent are about one month apart.   |

#### b. Teaching the Method to Clients

1) Describe the SDM to the client and explain how to use CycleBeads.

The key concepts are listed on the Provider Cue Card.



2) Confirm that the client knows how to use CycleBeads.

Give her CycleBeads and a calendar. Ask her to show how she plans to use the method. Ask her:

- Using CycleBeads and the calendar, show me how you will use the method.
- What do you do when you get your period?
- When do you move the ring?
- Do you move the ring on days of menstrual bleeding?
- What do the brown beads mean?
- What do the white beads mean?
- How will you keep from getting pregnant?
- How will you explain CycleBeads to your partner?
- What will you do if you or your partner want to have sexual intercourse on a day you can get pregnant (white-bead days)?
- What should you do if your period comes before you put the ring on the dark brown bead?
- What should you do if your period has not started by the day after you

move the ring to the last brown bead?

- How comfortable do you feel going home with this method?

#### c. Supporting Couple's Use of the Method

The SDM does not protect against sexually transmitted infections (STIs) or HIV/AIDS. It is important for the provider to help the woman or couple assess if either partner is at risk. If so, they should be counseled about the importance of consistent condom use.

There are three key elements in determining whether the SDM can work for the couple prior to initiating use. However, these elements touch on issues that are highly personal in nature and exploring them requires sensitivity and skill. It is often easier to discuss contraceptive history and menstrual cycles with a client, than it is to discuss relationships and interactions between partners. In this section, you will find some guidelines for addressing these key issues for supporting the couple's use of the method.

- Identify potential problems the couple may have using the SDM and encourage behaviors that will support correct method use.
- Help the woman identify possible solutions to the problems she has identified.
- Schedule a follow-up visit if necessary.

During this process, it is important to remember that good interviewing and counseling skills will help the client share information and actively participate in the counseling process. It is important for the provider to be non-judgmental—remember that judgment can be communicated with words, facial expression, tone of voice, and body language.

#### **Additional Reading Materials**

- "Counseling Basics," pp. 84-90 of Counseling Clients in the Standard Days Method: A Training for Service Providers. Washington, DC: Georgetown University, Institute for Reproductive Health, 2004.
- Engender health counseling guide (full citation needed)
- JHU/CCP counseling guide (ditto)

#### **Handouts**

- Sexuality and Couple Communication
- Supporting Couple's Use of the Method
- Role Play Couple's Use of the Method

in M. Arevalo et al. "Efficacy of a new method of family planning: the Standard Days Method",

Contraception 65 (2002) 333-338.

M. Arevalo et al. "A fixed formula to define the fertile window of the menstrual cycle as the basisiof

a simple method of Natural Family Planning", Contraception 60 (1999); 357-60. World Health Organization (WHO). Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use. second edition 2003.

World Health Organization (WHO). A prospective multicentre trial of the ovulation method of natural family planning II. The effectiveness phase. Fertility and Sterility 1981: 36:591-8. 

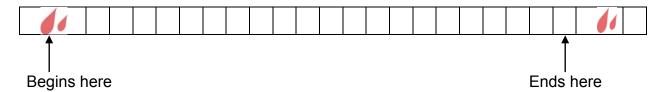
R. Hatcher, ed., et al. Contraceptive Technology, 18<sup>th</sup> edition, 2004.

vi Ibid.

| PARTICIPANT | HANDOUTS |  |
|-------------|----------|--|
|             |          |  |
|             |          |  |

# **The Menstrual Cycle**

## **Diagram of the Menstrual Cycle**



The menstrual cycle begins on the first day of the period and ends the day before the next period starts.

- Q. How long does a woman's menstrual cycle last if the first day of her period is October 2, she has menstrual bleeding for 3 days, and her period arrives again on October 31?
- A. See bottom right of page for answer.

# Fertility Awareness-based (FAB) Methods

1) Methods based on calculations or counting

#### Calendar Rhythm Method

This method of family planning is based on the use of a mathematical formula to determine the fertile and infertile days of the menstrual cycle, so that unprotected intercourse can be avoided during the fertile days. The beginning of the fertile phase is determined by subtracting 18 from the length of the shortest of the previous 6 to 12 menstrual cycles. The end of the fertile phase is determined by subtracting 11 from the longest of the previous 6 menstrual cycles.

Effectiveness: Estimates of pregnancy rates for the Calendar Rhythm Method vary widely, partially because the estimates come from flawed studies. One relatively recent study reported a first-year pregnancy rate of 5% with correct use. The probability of pregnancy during the first year of typical use of the Calendar Rhythm Method is estimated to be about 13%, although no well-designed prospective studies have been conducted.

#### Standard Days Method

The Standard Days Method is a fertility awareness-based method of family planning that is appropriate for women who have cycles between 26 and 32 days long. To use this method, users count the days of the menstrual cycle, starting with the day menstrual bleeding begins, and avoid unprotected intercourse during days 8-19 of the cycle.

Effectiveness: The first-year probability of pregnancy for women using the Standard Days Method is about 5% with correct use and 12% with typical use. The efficacy study on which these percentages are based included women from their first cycle of method use, and providers who offered the method received 2-3 days training in the method and had no prior experience with the method.

#### 2) Methods based on observations

#### Ovulation (Billings) method

The ovulation (Billings) method requires that users assess changes in the quality, quantity, and color of cervical mucus as a means of identifying the fertile and infertile days of the menstrual cycle. The fertile time begins when cervical secretions are first observed until 4 days past the last day in which secretions are observed to be clear, stretchy, and slippery.

Effectiveness: The first-year probability of pregnancy for methods based on using only cervical secretions to identify the beginning and end of the

fertile time is about 3% among perfect users and 22% among typical users. Most efficacy studies on the ovulation method do not enroll women until they have completed 3 cycles of use, and most use providers with extensive training and experience with the method.

#### Symptothermal method

This method is based on determining fertile and infertile days of the menstrual cycle through observation and interpretation of cervical mucus, basal body temperature, and other signs and symptoms of ovulation. In general, cervical secretions are used to identify the beginning of the fertile time, and basal body temperature measurements help to identify the end of the fertile time.

Effectiveness: The first-year probability of pregnancy among couples who use two or more fertility indicators (usually cervical secretions and basal body temperature, but other indicators such as cervix position or a calendar calculation may be used in conjunction with these) are about 2–3% among perfect users and as high as 13–20% among typical users. Most studies of the Symptothermal Method include women with at least 3 cycles of use and involve experienced providers.

Source: Jennings V, Arevalo M, Kowal D. Fertility Awareness-Based Methods, 317-329 in Hatcher RA, Trussell J, Stewart F, Nelson AD, Cates W, Guest F, Kowal D. eds. Contraceptive Technology 18th ed. New York: Ardent Media, Inc., 2004.

## **SDM Fact Sheet**

#### **General Information:**

- The Standard Days Method (SDM) can be used by women with menstrual cycles between 26 and 32 days long<sup>1</sup>. The SDM works by helping a woman know which day of her menstrual cycle she is on and whether she can get pregnant that day. On days she can get pregnant (8 to 19 of her cycle), the couple either uses a condom or abstains from sex.
- This method has no side effects and is 95% effective when used correctly<sup>2</sup>. For every 100 women who use it correctly during one year, fewer than 5 will get pregnant.
- The SDM can be stopped at any time, either to switch methods or to get pregnant.
- The SDM does not protect against sexually transmitted diseases, including HIV/AIDS.
- Counseling is needed and provided at most public health facilities.
- Counseling is needed and provided at most public health facilities.

#### Must not be used by women who:

- Do not have regular menstrual cycles between 26 and 32 days.
- Are unwilling or unable to abstain from sex or use a barrier method during fertile days (8 through 19 of the menstrual cycle).
- Have a partner that does not cooperate in family planning.
- Cannot keep track of her cycle days by moving the ring daily.
- Have not had their menstruation back since childbirth or has recently used a hormonal method of contraception.

#### How to use

- A string of color-coded beads called CycleBeads can help women track the days when they can get pregnant and the days when pregnancy is very unlikely.
- CycleBeads have:
  - A RED bead to indicate the first day of menstrual bleeding
  - BROWN beads to indicate non-fertile days
  - WHITE beads to indicate the fertile days
  - A darker brown bead that helps a woman to monitor her cycle length and know if it is shorter than 26 days.

<sup>&</sup>lt;sup>1</sup> A woman who usually gets her period every month has cycles in this range.

<sup>&</sup>lt;sup>2</sup> Arévalo M, Jennings V, Sinai I. Efficacy of a New Method of Family Planning: the Standard Days Method, Contraception, 2002, 65:333-338.

- Each bead represents a day of the cycle. On the first day of her menstrual period, the woman moves the black ring to the red bead. She moves it forward one bead each day, always in the direction marked by the arrow. The cylinder with the arrow does not count as a day.
- When the ring is on the red bead or in the dark beads there is very low likelihood of pregnancy.
- When the ring is on a white bead days 8 through 19 there is a high likelihood of getting pregnant if the woman has unprotected sex. On white-bead days, she should use a condom or abstain.
- If the woman starts her period before she moves the ring to the darker brown bead, her cycle is less than 26 days long. If she moves the ring to the last brown bead and does not start her period by the next day, her cycle is longer than 32 days. If either of these occurs more than once within twelve months, she should consider another method.
- The following also will help women use the method correctly:
  - It is recommended that the woman marks in a calendar the day her period started, as a back up in case she does not remember if she moved the black ring to the next bead.
  - A way to help the woman to not forget to move the ring, is doing
    it every day at the same hour, i.e., before going to bed.
- The woman should be screened for cycle length between 26 to 32 days long and she and her partner must be trained on method use.
- Using a barrier method such as the condom which provides dual protection against pregnancy and STI, including HIV/AIDS.

#### Monitoring cycle length

 The string of beads helps the woman to monitor her cycle length. If she starts her period before she moves the ring to the darker brown bead, her cycle is less than 26 days long. If she moves the ring to the last bead and does not start her period by the next day, her cycle is longer than 32 days. If either of these occurs more than once in twelve months, she should consider another method.

#### Side effects

 No physical side effects, but requires woman's awareness of fertile days and cooperation from her partner.

#### Other benefits

Increases male participation in family planning and reproductive health.
 When men are given information on SDM, correct use increases and pregnancy rates are lower.

- The SDM may appeal to couples who are not currently using any method, those relying on a traditional method and those who are dissatisfied with their current or past method.
- Can be used by women who cannot use or prefer not to use a method that contains hormones or requires a medical procedure.
- Helps women become more aware of their cycle and fertility.

#### Following up

No routine follow up is needed for the Standard Days Method. However, clients may benefit from a brief counseling session after the first cycle of use to assess their cycle length and their ability to use the method correctly as well as their satisfaction with the method. At a follow up session, the following issues should be addressed:

- Check if her most recent menstrual cycle was within the 26 to 32-day range.
  If this is the first time her cycle is outside the 26 to 32 day range, she may
  continue to use the method with caution. She should return if she has a
  delayed or early period again.
- Determine whether she wants to continue using the method and can avoid unprotected vaginal intercourse on days 8 through 19.
- Determine if the couple is able to use the method correctly.
- If the woman thinks she may be pregnant or if 42 days or more have passed since her last period started, test for pregnancy.
- She should see her provider if she has unprotected vaginal intercourse during a "white-bead" day when she can get pregnant.

# **Case Studies – Cycle Length and Regularity**

#### Instructions:

- 1. In this activity, you will analyze two case studies and apply the SDM eligibility criteria. When solving these case studies, use the Screening Checklist for located in the *Job Aids Packe*t. Spend 10 minutes solving two case studies.
- 2. Turn to the person next to you and work in pairs to practice:
  - Estimating the length of the menstrual cycle
  - Applying the method eligibility criteria and criteria for starting the method (use the Screening Checklist).
- 3. After 10 minutes the facilitator will invite volunteers to read a case at a time, provide the answer and comment on any issues, difficulties, or questions that may have come up while solving the cases.

Read the case information and answer the questions for each case.

#### Case 1 — Anne

Date of last menstrual period: April 2

Date she expects next period: Next month about the same time

Date of visit to the clinic: April 15

Note: Anne knows the first day of her last period was April 2, because it was the day before her daughters 4<sup>th</sup> birthday. But usually she doesn't keep track. She thinks she expects her next period at the beginning of the next month, but is not sure. Her periods are pretty regular. More or less, she says, I think I'm regular. She has come to the city for family planning and lives far away from any health services. She and her husband communicate well and want to use a natural method.

- Is her cycle in range?
- Can she use the method?
- If the method was suitable for her, when could she start using it?
- What recommendations would you make to her?

#### Case 2 — Lori

Date of last menstrual period: April 8

Date she expects next period: May 6, period is always regular

Date of visit to the clinic: April 14

Note: Lori says she is very regular. Her periods come each month, when she expects them. (She looks at a calendar and points to April 8, the first day of her last period. Then she counts four weeks and says she expects her next period will be about May 6.) Lori and her husband are both interested in this method. She is not breastfeeding and has never used a hormonal method of family planning.

- Is her cycle in range?
- Can she use the Standard Days Method?
- If the method were suitable for her, when could she start using it?
- What recommendations would you make to her?

#### Case 3 — Pat

Date of last menstrual period:

Date she expects next period:

Date of visit to the clinic:

March 31

Not sure

April 15

Note: The first day of Pats last period was March 31. There are times when her periods come about the same time each month. However, usually she does not know when to expect her period. Sometimes her periods come about every month and a half. Sometimes two months or more go by and she still has not had her period. Her periods have always been irregular. She and her husband communicate well and agree that they do not want to have children at this time.

- Is her cycle in range?
- Can she use the method?
- If the method were suitable for her, when could she start using it?
- What recommendations would you make to her?

## Case Studies – Special Circumstances

#### Case 1 — Vicki

Date last menstrual period: October 25

Date expects next period: November 24, period is always regular

Date of visit to clinic: October 30

Note: Vicki stopped using oral contraceptives four months ago. Her cycles prior to using the pill were regular every month, and they are regular now.

- Is her cycle in range?
- Can she use the Standard Days Method?
- If the method were suitable for her, when could she start using it?
- What recommendations would you make to her?

#### Case 2 — Emma

Date last menstrual period: May 19
Date expects next period: June 16
Date of visit to clinic: May 28

Note: Emma has been breastfeeding her son for the last 15 months, and she started getting her period regularly about eight months ago. Emma's husband travels often, at least twice a month and for several days at a time. They have been using condoms for the last several months, but don't like having to use them all the time. They both have decided to use a natural method.

- Is her cycle in range?
- Can she use the method?
- If the method were suitable for her, when could she start using it?
- What recommendations would you make to her?

#### Case 3 — Martha

Date last menstrual period: October 14

Date expects next period: Not sure. Her period is often very light and

sometimes doesn't come at all. However, before she began using the 3-month injection,

her period came each month.

Date of visit to clinic: November 29

Note: Martha has used the 3-month contraceptive injection for about 2 years. Her injection was due about 6 weeks ago. She wants a natural method because she is overweight and thinks it is because of the injection. She also doesn't like that she doesn't get her period regularly.

• Is her cycle in range?

Can she use the method?

If the method were suitable for her, when could she start using it?

What recommendations would you make to her?

#### Case 4 — Sally

Date last menstrual period: August 12

Date expects next period: Not sure, but more likely around the same time

in September.

Date of visit to clinic: August 22

Note: Sally doesn't keep track of her cycles, but she knows her periods come just about every month. She also has several days of spotting between periods. She was tired of the spotting and the heavy flow during her periods and had her IUD removed today. Her husband supports her decision to choose a new contraceptive.

- What is her cycle length?
- Can she use the method?
- If the method were suitable for her, when could she start using it?
- What recommendations would you make to her?

# **Answer Sheet for Case Studies – Cycle Length and Regularity**

|   | Case 1   | Case 2  | Case 3  |
|---|--|---|---|
|   | Anne   | Lori  | Pat   |
| Is her cycle in range?  | Probably within the 26 to 32-day range   | Probably within the 26 to 32-day range  | No  |
| Can she use<br>the Standard<br>Days<br>Method ?                   | Yes  | Yes   | No, because she has irregular cycles            |
| If the method is suitable for her, when could she start using it? | Immediately  | Immediately   | The method is not suitable for her.             |
| What do you recommend for this situation ?                        | <ul> <li>Give standard advice.</li> <li>Reinforce monitoring cycle length over time. Make sure she knows how to check for short or long cycles.</li> <li>Confirm that both partners can avoid unprotected sex on her fertile days and agree how to handle these days.</li> <li>Place the ring on the correct bead.</li> <li>If she has already had sex during this cycle, explain that she may already be pregnant.</li> </ul> | Give standard advice.     Reinforce monitoring cycle length over time. Make sure knows how to check for short or long cycles.     Confirm that both partners can avoid unprotected sex on her fertile days.     Place ring on the correct bead. | Provide other family planning options or refer. |

# Answer Sheet for Case Studies - Special circumstances

|   | Case 1<br>Vicki  | Case 2<br>Emma  | Case 3<br>Martha   | Case 4<br>Sally   |
|---|--|---|--|---|
| Is her cycle in<br>range?   | Probably within the 26 to<br>32-day range  | Probably within the 26 to 32-<br>day range  | Unknown  | Probably within the 26 to 32-day range  |
| Can she use the<br>Standard Days<br>Method?                       | Yes  | Yes   | Not at this time   | Yes   |
| If the method is suitable for her, when could she start using it? | Immediately  | Immediately   | Not yet  | Immediately   |
| What do you<br>recommend for<br>this situation?                   | Standard Advice.  • Monitor cycle length over time. Make sure she knows how to check for short or long cycles.  • Confirm that both partners can avoid unprotected sex on her fertile days.  • Place the ring on the correct bead. | Emphasize discussing the method with her partner and agreeing in advance how to handle her fertile days.     Place the ring on the correct bead.     If she already had sex during this cycle explain that she may already be pregnant.     Emphasize explanation on checking for short or long cycles. | Wait for her periods to resume and to have a cycle within the 26 to 32-day range.     Use another method of family planning in the meantime. | Talk to partner right away about avoiding unprotected sex since you are already on white bead days. Emphasize explanation on checking for short or long cycles. |

# **Sexuality and Couple Communication**

# Introduction to Sexuality and Couple Communication

Before asking a woman or couple directly about sexuality, it is important to start with a brief introduction to the subject. Otherwise, they may wonder why you are asking questions about this and think you may be prying. Some ways of doing this are presented below:

- "Before we talk about NFP methods, it is important to know a bit more about your relationship as a couple."
- "We've learned from experience that talking about sexual issues helps people use NFP better."
- "I don't know if you have this problem, but tension at home is a problem for some women who come to see me. Some feel too uncomfortable bringing up the subject themselves, so let me ask you..."

### **Exploring Sexuality Issues**

Unlike what people generally assume, women often have a desire, but don't know how to share their doubts and concerns with a professional, including those related to sexuality. So don't be afraid to ask either indirect or direct questions, when appropriate.

#### **Indirect Questions:**

- "Some couples experience a lot of stress in their marriage. Are there times when you have stress? How do you handle it?"
- "When you use NFP, it is important to realize that you will need to abstain from sex for several days in a row to keep from getting pregnant. How do you feel about that?"
- "Does your spouse ever want to have sex when you don't want to? What happens in this situation?"

#### **Direct Questions:**

- "Will the fact that you need to abstain for several days every cycle cause a problem in your relationship?"
- "Has your spouse ever forced you to have sex against your will?"

# Support the Couple's Use of the Method

#### What is involved in supporting the couple's use of the method?

There are three key elements in determining whether the SDM can work for the couple prior to initiating use. However, these elements touch on issues that are highly personal in nature and exploring them requires sensitivity and skill. It is often easier to discuss contraceptive history and menstrual cycles with a client, than it is to discuss relationships and interactions between partners. In this section, you will find some guidelines for addressing these key issues for supporting the couple's use of the method:

- Identify potential problems the couple may have using the SDM and encourage behaviors that will support correct method use.
- Help the woman identify possible solutions to the problems she has identified.
- Schedule a follow-up visit if necessary.

During this process, it is important to remember that good interviewing and counseling skills will help the client share information and actively participate in the counseling process. It is important for the provider to be non-judgmental—remember that judgment can be communicated with words, facial expression, tone of voice, and body language.

# Identify potential problems the couple may have using the SDM and encourage behaviors that will support correct method use.

Explain to the woman that you would like to talk about the couple's relationship in order to help them use the method correctly. Acknowledge that many women feel uncomfortable talking about their relationship and emphasize that the SDM is a method that requires both partners' participation and cooperation. To set the stage for sensitive questioning, let her know that you understand that these questions may make her feel uncomfortable, and reassure her that your conversation will be confidential. Encourage her to be honest and open so that you can work together to decide if the method is right for her. Assure her that this information will remain confidential—you will not discuss the information she shares with you with anyone else, including her partner, without her permission.

#### Ask the client:

- What are some ways that you can imagine your partner participating in using CycleBeads?
- How will you let your partner know which days you can or cannot have unprotected intercourse?
- What are some ways that you can think of to prevent pregnancy during the fertile (white bead) days? What do you think that your partner will want to do to prevent pregnancy on the white bead days?
- How will you and your partner decide on a pregnancy prevention plan for the white bead days?
- How do you think your partner will react to avoiding unprotected intercourse on the days you can get pregnant (white-bead days)? What about you?
- Do you think you and your partner may have any problems using the SDM? What problems might you have?

Use open-ended questions to get a sense of the client's context and situation. Close-ended questions (which can be answered with a "yes" or "no") are useful when you need specific information, but you will get only the information that you ask for. By engaging the client in problem solving, the counselor can support her in finding solutions that will work in her situation.

Be alert to potential sources of problems such as rigid adherence to typical sex roles in sexual decision making (the man decides, the women submits), alcohol or other drug use, domestic violence, and long periods of separation due to travel/work schedules.

# Help the women identify possible solutions to the problems she has identified.

Depending on the problems she identified, discuss whether the SDM is a method that she and her partner can use successfully. Some of the issues that could come up, such as serious substance involvement and domestic violence, may require referrals for counseling or other follow-up. Make sure that women who are not good candidates for this method, due to relationship issues, has the opportunity to discuss other pregnancy prevention options. If the SDM appears to be a good option for the couple, explore ways to facilitate communication among partners about the fertile days. Ask how both partners might react to avoiding unprotected sex on the white-bead days and discuss ways to deal with difficulties that might arise.

#### Suggestions for involving partners:

- Talk with your partner when you are both in relaxed and positive moods.
- Explore ways to let your partner know when you do and do not want to have sex, with and without words.
- Display CycleBeads in a prominent place.
- Involve your partner in moving the ring.
- Suggest that your partner talk with the provider, individually or as a couple.
- Think of ways to solve any problems you have identified.

#### Suggestions for Managing the Fertile (white-bead) Days:

- Have intercourse on more of the days when pregnancy is very unlikely (brown-bead days).
- Talk ahead of time with your partner about what you should do if he wants to have sex on days you can get pregnant (white-bead days).
- If alcohol or other drug use may be a problem, talk with your partner ahead
  of time about what to do if one of you have been drinking or using other
  drugs and wants to have sex.
- Sleep apart or with children.
- Plan work or travel around days when you can get pregnant (white-bead days).
- Find other ways partners can satisfy each other.
- Find other ways to spend time with your partner.

#### Plan a follow-up visit if necessary.

Ask the client to return with her CycleBeads and Calendar around the date she expects her next period. Invite her to come back any time she has any questions or concerns.

# Role Play – Couple's Use of the Method

In this activity, you will take turns playing the role counselor and client. The participant in the role of the client will use the information in the case to respond to the counselor's questions when screening for method eligibility. The participant in the role of the counselor will complete the screening using the Provider Calendar and Job Aid for Initial Visit located in the *SDM Job Aids Packet*. Spend 20 minutes role playing.

After completing the role plays (one per participant), the facilitator will invite volunteers to read a case at a time, provide the answer and comment on any issues, difficulties, or questions that may have come up while solving the cases.

Read the case information and answer the questions for each case.