



DECISION-MAKING TOOL

for Family Planning Clients and Providers



A WHO FAMILY PLANNING CORNERSTONE



Department of Reproductive Health and Research
World Health Organization, Geneva



JOHNS HOPKINS
BLOOMBERG
SCHOOL OF PUBLIC HEALTH

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Decision-Making Tool

for Family Planning Clients and Providers

This tool constitutes one of the Four Cornerstones of WHO's evidence-based guidance in family planning. The technical content of this tool was developed using international evidence-based family planning guidance, including *Medical Eligibility Criteria for Contraceptive Use* (WHO, Third Edition, 2004), *Selected Practice Recommendations for Contraceptive Use* (WHO, Second Edition, 2005), and *The Essentials of Contraceptive Technology* (JHU/CCP 2003).

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Using the Decision-Making Tool for Family Planning Clients and Providers

Introduction for the Provider

This flip-chart is a tool for you and your client to use during family planning counselling. It can:

- help clients choose and use the method of family planning that suits them best;
- give you the essential information you need to offer high-quality family planning care to your clients;
- help you counsel clients more effectively.

About this Tool

- **The front section**, covered by the tabs on the side, helps new clients make decisions about a family planning method and helps meet returning clients' various needs. Counselling usually starts with one of the side tabs.
- **The methods section**, with the tabs at the bottom, provides information for you and your client on each family planning method. This information can help confirm a client's choice and help the client use a method correctly. Each method section includes information on who can and cannot use each method, side-effects, how to use the method, when to start, and what to remember.
- **The Appendices section**, the last side tab, offers more counselling aids that you can use as needed and reference pages on sexual and reproductive health topics.

Principles of this “Decision-Making Tool”

1. The client makes the decisions.
2. The provider helps the client consider and make decisions that best suit that client.
3. The client's wishes are respected whenever possible.
4. The provider *responds* to the client's statements, questions, and needs.
5. The provider *listens* to what the client says in order to know what to do next.

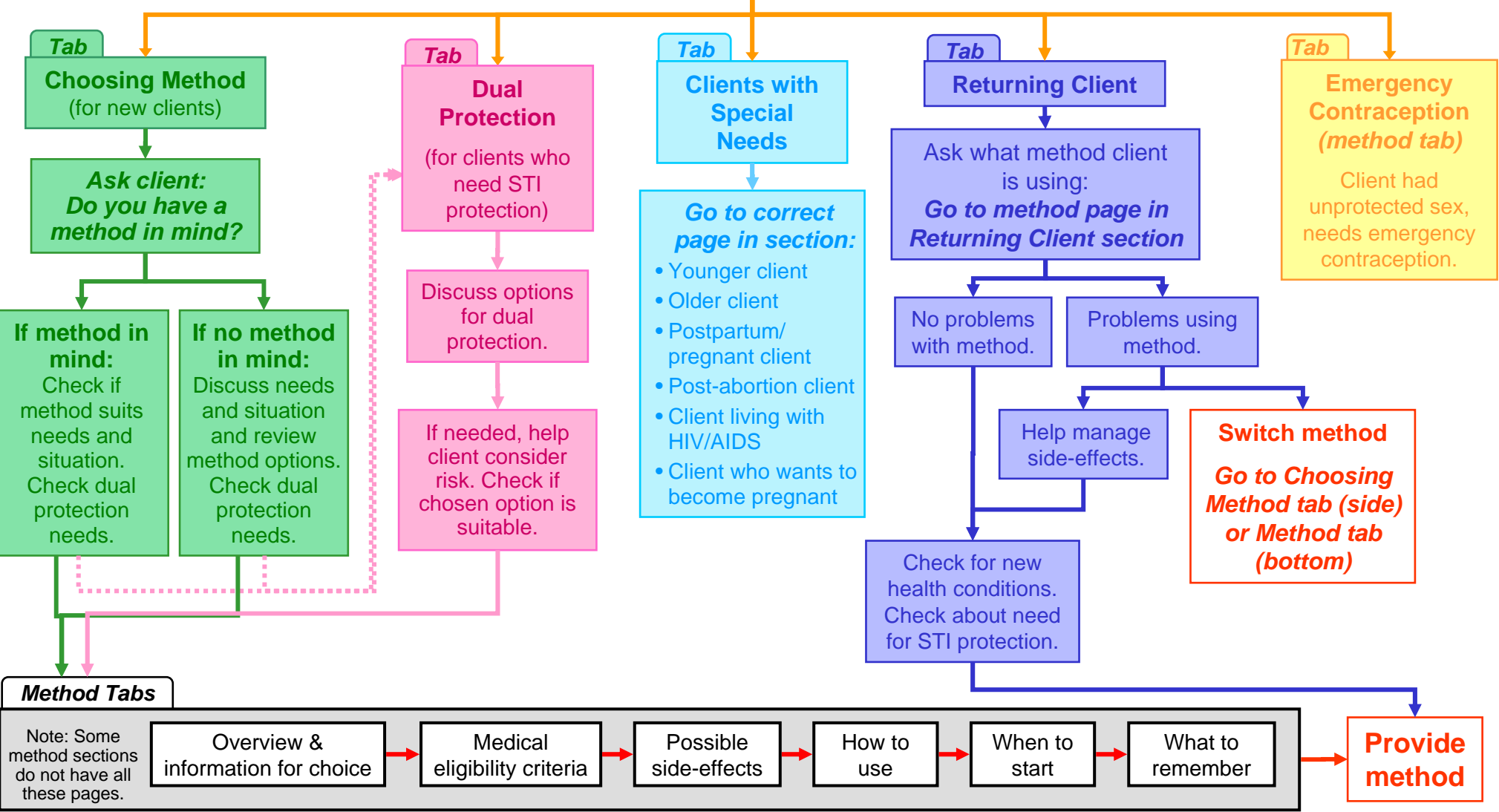
Helping clients with different needs

In the front section there are different tabs for clients with differing needs (also see flow-chart below):

- **Choosing Method tab:** New clients may need help to choose a method that best suits their needs. This tab will help you discuss these needs and help the client make a healthy choice.
- **Dual Protection tab:** All clients need to consider dual protection—protection from both sexually transmitted infections (STIs), including HIV/AIDS, and pregnancy. STIs and HIV/AIDS are a growing problem, and all clients should understand the risk and decide how to protect themselves. At first, STI risk may seem difficult to discuss, but actually, most clients welcome such discussion. Consider how to introduce the topic without expressing disapproval.
- **Special Needs tab:** Clients with special needs include younger clients, older clients, pregnant/postpartum clients, post-abortion clients, clients living with HIV/AIDS, and clients who want to become pregnant. These clients may have particular family planning needs or need special advice or counselling.
- **Returning Clients tab:** Clients returning to the clinic may be having problems with their method, may have questions, or may simply want more supplies. This tab can help you address their needs.

Using the Tool with different types of clients

This is a summary of the key steps you usually follow with the various types of family planning clients. Start here:



Preparing to use this Tool

- Studying this tool will help you become familiar with how it works and with the information in it. **Using the flip-chart will become easier with practice.**
- If this is your own personal copy, you may wish to write in it, adding things to say or other reminders.
- This guide covers only the main points. When you talk with clients, you can add information and discuss matters further, responding to the client's needs and concerns.
- Some words and pictures on the client's pages may not apply in your programme. You can cover them or cross them out. For example, you may not have every family planning method that is pictured.
- You can and should **use your own words**. In general, the text is not meant to be read to the client. Once the guide becomes familiar, a glance will remind you of key information and your next steps. Do not try to read the small type while counselling.
- However, you **may want to read aloud and discuss some key points** on the client's pages. If the client cannot read well, you may need to read more. Point to pictures if that is helpful.

Counselling icons

Many pages have small icons (symbols) on them. These icons will remind you of good counselling behaviour that is especially important at that moment. Here are the icons:



**Listen
carefully**



**Check
understanding**



**Offer
support**



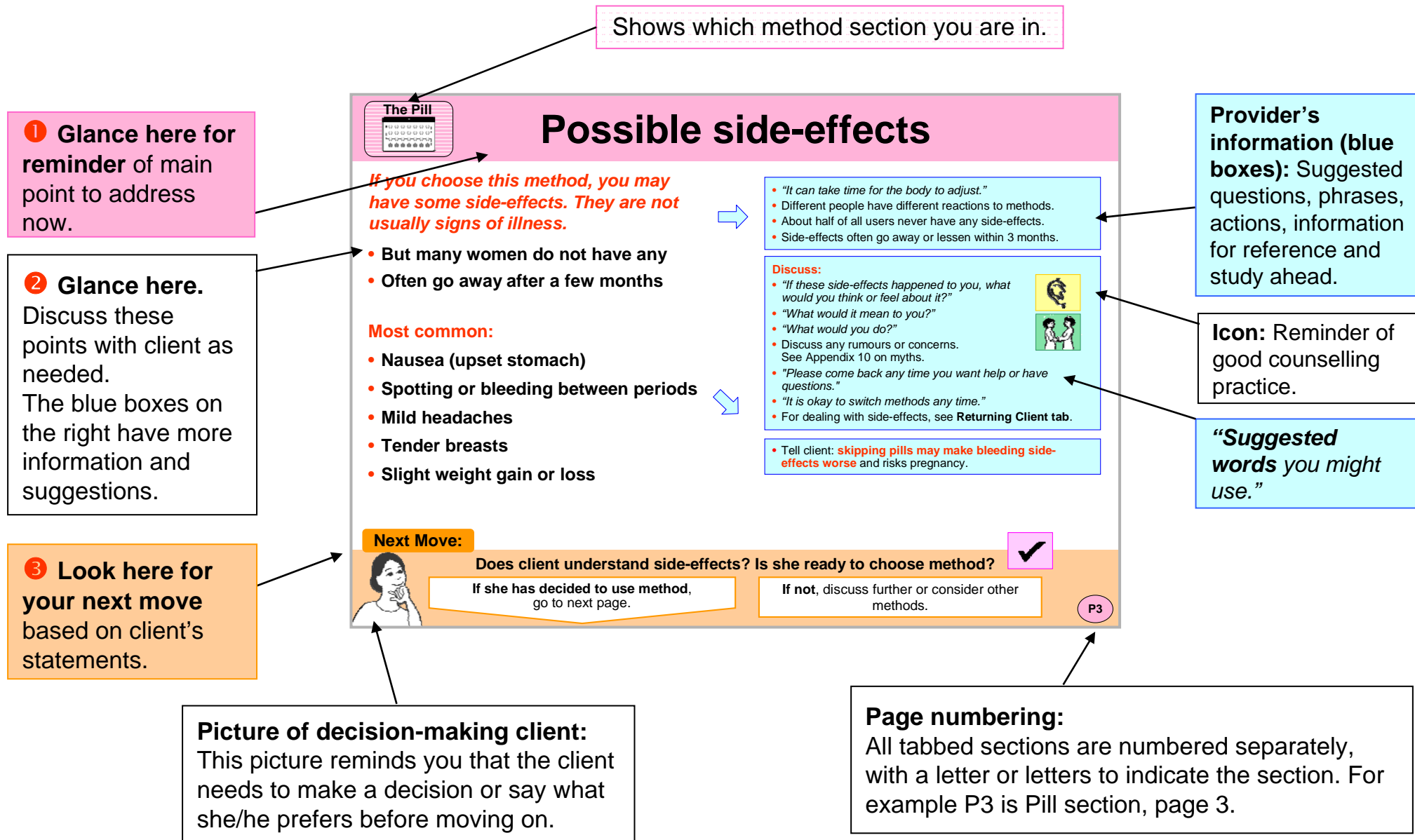
**Ask if client
has questions**

How to use this Tool with clients

- **The Tool stands up** so both you and the client can see the pages on each side. Your page shows the same words that the client sees but not the pictures. Instead, your page has more information and suggestions for you.
- **Place the Tool** where the client can easily see it. Try *not* to place the flipchart directly *between* you and the client. You can place it to the side or where both of you look at the client's side.
- **Tell the client about the Tool.** Explain that it will help meet her or his needs.
- For every client, **start with the Welcome page**, which follows this introduction. After you welcome the client, you turn to the next page. Here you **ask the client how you can help**. The client's answer usually will lead you to one of the side tabs. These pages may then lead you to a contraceptive method tab at the bottom.
- **To use the tabs, place your fingertip against the tab and slide it under the page in front of the tab.** Then flip over all the pages. **Do not lift the page with the tab on it.**
- Each page shows the client an important question or topic. To use this tool correctly, **you usually need the client's answers or information** before you can go to the next page. You can tell the client this. Then the client will know that her or his participation is important. The diagram below (page iv) shows how to use the provider's pages.



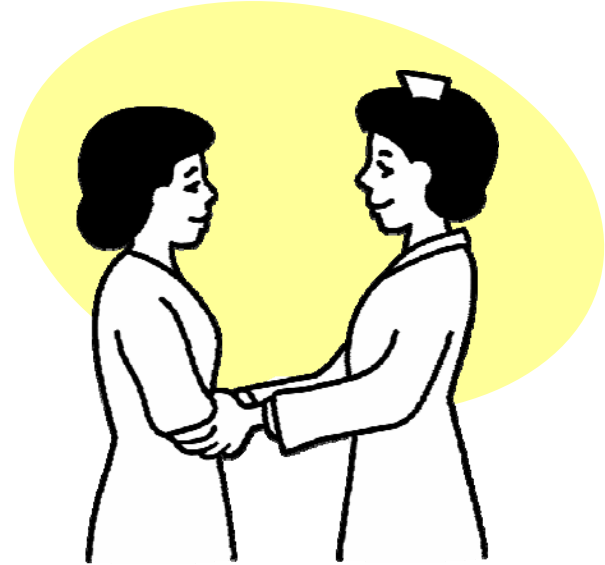
How to use the provider's pages



Welcome

Using this flipchart, we can help you:

- Choose and use a method
- Solve any problems
- Get accurate information



Please tell me about:

- Yourself
- Your needs
- Your questions



***We promise you privacy
and confidentiality***

Welcome

Using this flipchart, we can help you:



- Choose and use a method
- Solve any problems
- Get accurate information

- **Greet** client with warmth and respect.
- **Thank** client for coming.
- **Point to this flipchart.** Explain that it will help both you and the client.

Please tell me about:



- Yourself
- Your needs
- Your questions

- **Invite client to talk** and ask questions.
- Make clear that you want to **listen**.
- Explain that you **need the client to speak openly** so you can help.



We promise you privacy and confidentiality

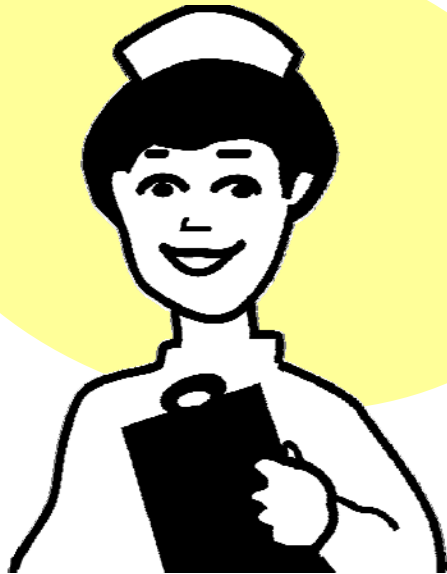


- Is meeting space **private**?
- Explain that the meeting will be **confidential**:
“What you say will not be told to others.”

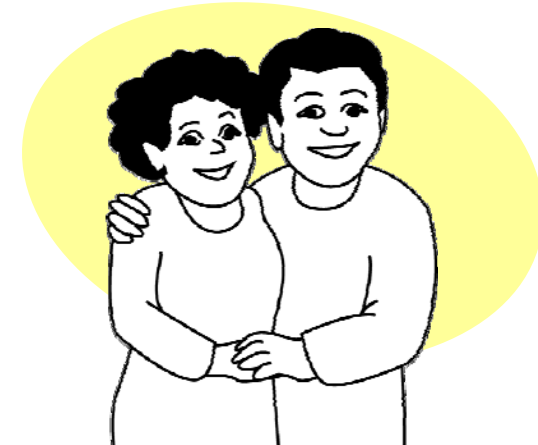
Next Move:

When client is comfortable and ready to talk, go to next page.

How can I help you today?











- Are you using a family planning method now?
- Choosing a method?
- Question or problem about a method?
- Concern about sexually transmitted infections (STIs) or HIV/AIDS?
- Worried you might be pregnant?
- Other needs?



How can I help you today?

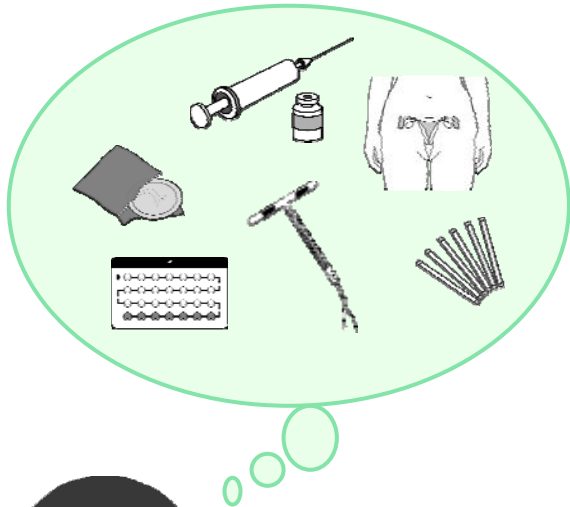
Choose next move based on client's purpose:

- **Are you using a family planning method now?**
Go to purple Returning Client tab (page RC1). 
- **New client choosing a method?**
Go to green Choosing Method tab (page CM1). 
- **Question or problem about a method?**
Go to purple Returning Client tab (page RC1) or specific method tab below.  
- **Concern about sexually transmitted infections (STIs) or HIV/AIDS?** Go to pink Dual Protection tab (page DP1). 
- **Worried you might be pregnant?** Offer advice and support, perform pregnancy test if needed, and discuss her options. **For emergency contraception, go to EC method tab.** 
- **Clients with special needs.** Some clients may need special advice or have special concerns. Go to light blue tab (page SN1) for:
 - *Younger clients*
 - *Older clients*
 - *Pregnant/postpartum clients*
 - *Post-abortion clients*
 - *Clients living with HIV/AIDS*
 - *Clients who want to become pregnant*
- **Other needs?** Offer advice and support. Refer if needed. Appendices may help with some other needs. 

Next Move:

Respond first to the client's needs.
Once client tells reason for coming, go to a tab.

Do you have a method in mind?



If you do, let's talk about how it suits you

- What do you like about it?
- What have you heard about it?

If not, we can find a method that is right for you

***Important for
choosing a method:***

***Do you need protection
from sexually transmitted
infections (STIs) or
HIV/AIDS?***



Do you have a method in mind?

If you do, let's talk about how it suits you

- What do you like about it?
- What have you heard about it?

If not, we can find a method that is right for you

(Go to next page)

**Important for
choosing a method:**

*Do you need protection
from sexually transmitted
infections (STIs) or
HIV/AIDS?*

Use this page for client who has a method in mind, to check if it suits her/his needs and situation.

Check if client understands method:

- Check what the client knows about the method and whether she/he needs more information.
- If the client's answers suggest misunderstanding or incorrect information, discuss and make it clear.



Ask questions to see if method suits client. For example:

- "Are you confident that you could remember to take a pill every day?"
- "Would you be able to come back for injections?"



Check if client would like to know about other methods.

- Explain that everyone needs to consider protection from both pregnancy *and* STIs such as HIV/AIDS.
- Encourage client to speak openly about her/his situation, her/his relationship(s) and sexual behaviour.

If client needs protection or is unsure, go to Dual Protection tab.

Next Move:

If no method in mind or if method in mind doesn't suit client, go to next page.

To discuss method in more detail, go to method tab.

For STI/HIV/AIDS protection go to Dual Protection tab.

You can find a method right for you



No method in mind? We can discuss:

- Your experiences with family planning
- What you have heard about family planning methods
- Your plans for having children
- Protection from sexually transmitted infections (STIs) or HIV/AIDS
- Your partner's or family's attitudes
- Other needs and concerns



*Now let's discuss how
a method can meet
your needs*

You can find a method right for you

No method in mind? We can discuss:

- Your experiences with family planning
- What you have heard about family planning methods
- Your plans for having children
- Protection from sexually transmitted infections (STIs) or HIV/AIDS
- Your partner's or family's attitudes
- Other needs and concerns



Helping client with no method in mind to make a decision:

- Use this page to help client think about her/his situation and life and what seems most important about a method.
- Discussing some of the topics at left can help the client consider different methods. You can say:

"Here are some things to consider when choosing a family planning method."

"What is most important to you?"

"The choice is yours. I want you to be happy with your choice."



- Explain that everyone needs to consider protection from both pregnancy *and* STIs such as HIV/AIDS.
- Encourage client to speak openly about her/his situation, her/his relationship(s) and sexual behaviour.

If client needs protection or is unsure, go to Dual Protection tab.



- The Special Needs tab or Appendices may help.

Next Move:

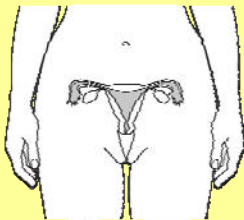
Go to next page to discuss what methods could suit the client's needs.



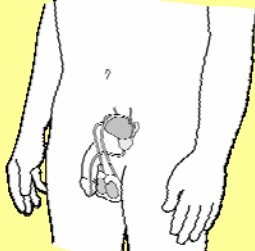
Comparing methods

**Most effective
and nothing to remember.**

**Fewer side-effects,
permanent:**

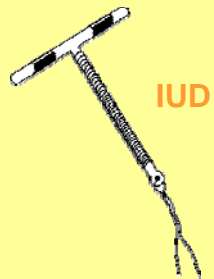


**Female
sterilization**



Vasectomy

More side-effects:



IUD



Implants

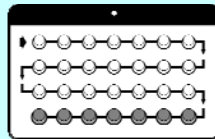
**Very effective but must
be carefully used.**

Fewer side-effects:

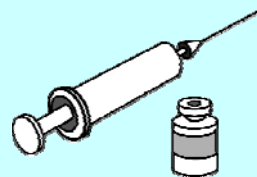


LAM

More side-effects:



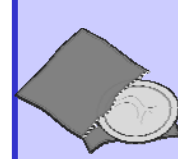
Pills



Injectables

**Effective but must be
carefully used.**

Fewer side-effects:



**Male and
female
condom**



**Vaginal
methods**



**Fertility
awareness-
based methods**

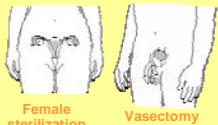
**IMPORTANT!
Only condoms
protect
against
both
pregnancy
and STIs/HIV/AIDS**



Comparing methods

Most effective and nothing to remember.

Fewer side-effects, permanent:



Female sterilization Vasectomy

More side-effects:



IUD Implants

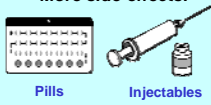
Very effective but must be carefully used.

Fewer side-effects:



LAM

More side-effects:



Pills

Injectables

Effective but must be carefully used.

Fewer side-effects:



Male and female condom

Vaginal methods

Fertility awareness-based methods

IMPORTANT!
Only condoms protect against both pregnancy and STIs/HIV/AIDS



- Use this page to help client compare methods and narrow down choices.

Important considerations:

- **Effectiveness:** Depends on how much the client has to do or remember. The most effective methods require no repeated action. You can ask: *"How important is it to you that you don't get pregnant now?"*
"Do you think you can use a method that requires repeated action (such as taking a pill or getting an injection)?"
- **Side-effects:** Side-effects of hormonal methods (pills, injectables and implants) are common at first, but may go away after a few months. The IUD may also bother some women. Discuss how client would feel, for example: *"How would you feel if this method changed your monthly bleeding?"*
- **Permanent, long- or short-term:** Sterilization and vasectomy are permanent. IUD and implants can be left in place for many years.
- **Protection from HIV/AIDS and other STIs:** Condom is the only method that protects against STIs. To help client consider options and risk, go to next page.



For more information on comparing methods, see Appendices 2 and 3.



If client finds it hard to choose:

- Find out what the client needs: To talk with partner? More information? Talk with a user? Think about it more?
- Explain to clients that they can try a method for a few weeks or months to see how they like it (except sterilization, vasectomy and implants).



Next Move:

To discuss a method in more detail, go to method tab.

For STI/HIV/AIDS protection, go to next page.



Ways to avoid both pregnancy & STIs/HIV/AIDS

You can decide



Options using family planning:

1 Condoms



Male condoms

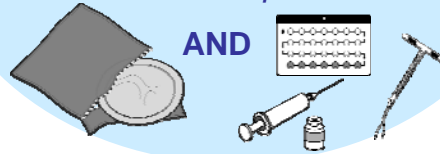
OR



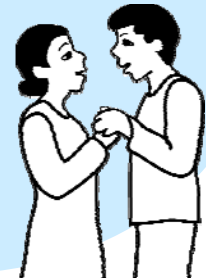
Female condoms

2 Condoms AND Another family planning method

For example:



3 Any family planning method WITH Uninfected partner



Some other options:

4 Other safe forms of intimacy



5 Delay or avoid having sex



AND for added protection from STIs/HIV/AIDS...

Reduce your number of sexual partners: one uninfected partner is safest



Ways to avoid both pregnancy & STIs/HIV/AIDS

Options using family planning:



Some other options:



* What is an uninfected partner?

Clients must consider if their partner could have an STI or HIV. Go to next page.



Introduce the topic of STIs & HIV/AIDS gently but honestly:

- “Because STIs and HIV/AIDS are a growing problem, we all need to choose ways to protect ourselves and our families.”
- Explain HIV/AIDS and STIs if needed (see Appendix 8), including possible consequences (such as pain, infertility, life-threatening illness).
- “Whether they think about it or not, everyone either takes risks or protects themselves. I want to help you make a healthy choice.”



Explain the dual protection choices:

- 1 Condoms can be very effective for family planning—when used consistently and correctly—and are the only method that also protects against STIs/HIV/AIDS.
- 2 Using condoms AND another family planning method offers more protection from pregnancy than condoms alone.
- 3 Any family planning method can be used if you and your partner are uninfected.
- 4 There are types of sexual intimacy that can be satisfying yet do not spread STIs or HIV. For best protection, no contact with partner’s semen or vaginal secretions. Avoid unprotected anal and oral sex.
- 5 Delaying or avoiding sexual activity (abstinence) can be a good choice for some adolescents or unmarried adults.

If client chooses option 4 or 5, advise on the need for protection if she/he decides to have sex: “Always keep condoms at hand in case you need them.”

Next Move:

Which option would the client like to discuss further?



If client needs help considering her/his risk, go to next page.

To discuss condom use now, go to a condom tab.

To discuss another method now, go to correct tab.

Let's consider your risk

- Some situations are more risky than others — such as having more than one sexual partner
- Often, you may not know if you or your partner has an STI or HIV
- A person with HIV can look and feel healthy
- If you are unsure of infection, tests may be available



*Do you want
to be tested
for HIV?*

Some STIs have signs and symptoms:



For a WOMAN

- Pain in your lower belly?
- Sores in or around your vagina?



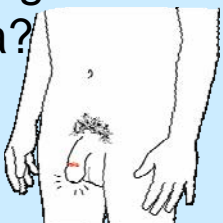
For a MAN

- Pus coming from your penis?



- Pain or burning when you urinate?

- Open sores anywhere in your genital area?



Let's consider your risk

- **Some situations are more risky than others — such as having more than one sexual partner**
- **Often, you may not know if you or your partner has an STI**
- **A person with HIV can look and feel healthy**
- **If you are unsure of infection, tests may be available**



Some STIs have signs and symptoms:

For a WOMAN

- **Pain** in your lower belly?
- **Sores** in or around your vagina?

For a MAN

- **Pus** coming from your penis?
- **Pain or burning** when you urinate?
- **Open sores** anywhere in your genital area?



- You can tell clients which situations are risky. Then ask them to think about their sexual relationships to help assess risk. Offer to discuss. (See Appendix 12 for tips on talking about sex.)

Risky situations include:

- Sex with more than one partner without always using condoms.
- Sex with a partner who may have sex with others.
- Sex for money, food, or other payment.
- Sex with a new partner who does not always use condoms.
- Having a husband who travels for work and returns now and then.
- Living in an area where HIV and other STIs are widespread.
- Adolescents may be at higher risk.

HIV testing and counselling:

- Many people do not know if they are infected with HIV. A blood test is the only sure way to know. Rapid HIV tests are cheap, easy and reliable. Positive test results need confirmation before diagnosing or counselling the client.
 - If client wants an HIV test, give test or refer for testing and counselling.
- See Appendix 8 for more information on HIV testing and counselling.**

Diagnosing STIs:

- In women, many STIs do not cause obvious signs or symptoms (such as those listed at left).
- Some obvious signs in the genital area may not be caused by STIs. Abnormal vaginal discharge and itching are often due to infections that are *not* sexually transmitted.
- If a client suspects that she/he or partner has an STI: diagnose and treat, or refer.

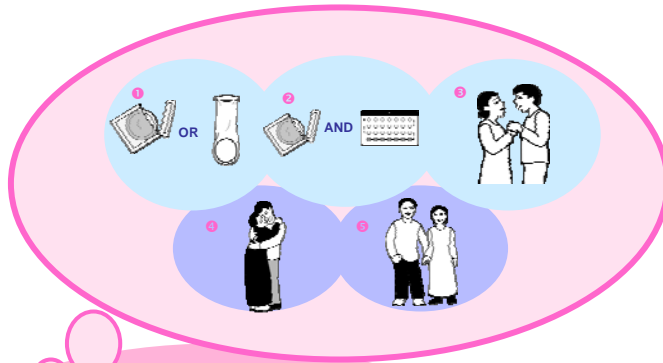
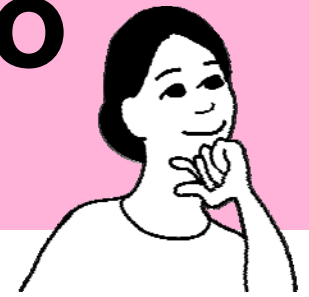
Next Move:

Once client understands STI risks and dual protection choices, go to next page.



If client wishes to be tested for HIV, offer counselling or refer.

You can choose how to protect yourself



Please consider:

- What suits you best for family planning and STI/HIV/AIDS protection?
- Will your partner agree?
- What if you can't stick to your first choice?

You can choose how to protect yourself

Please consider:

- What suits you best for family planning and STI/HIV/AIDS protection?
- Will your partner agree?
- What if you can't stick to your first choice?



- Help client consider which of the 5 options will work best for her/him.



- Explain that it is very important for clients to discuss dual protection and family planning decisions **with their partner**.
"Can you talk to your partner about this?"
"If your partner does not agree, what will you do?"
Appendix 9 has tips on helping clients talk with partners.
- Invite client to bring partner into clinic to discuss options and choices.
- **For client with family planning method in mind**, discuss how to make her/his dual protection choice work with method:
For example, *"The IUD won't protect you from STIs or HIV/AIDS. Will your partner be happy to use condoms? Or else will you and your partner stay faithful to each other?"*



- For example, if client chooses condoms, could this couple abstain if they ran out of condoms?

Next Move:

To discuss condom use now,
go to a condom tab.

To discuss another method now,
go to correct tab.

Clients with special needs

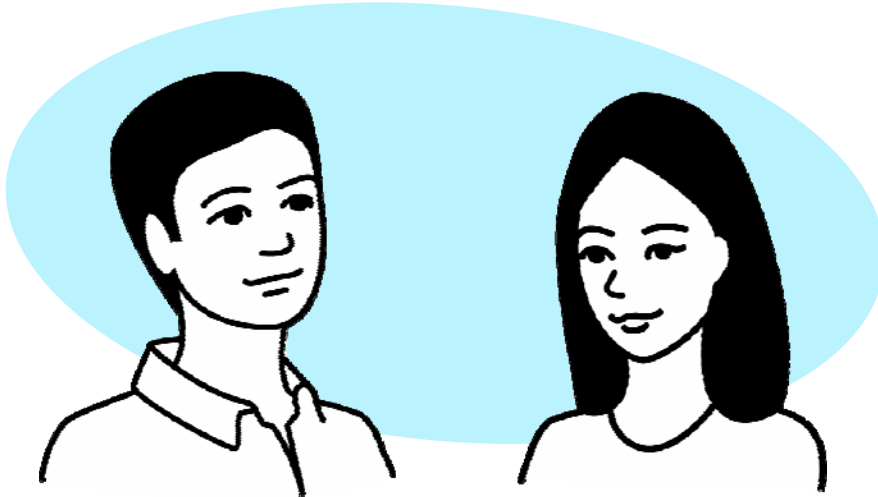
These pages help clients who may need special counselling or advice.

- Younger client.....go to next page (page SN2)
- Older client.....go to page SN3
- Pregnant/postpartum client.....go to page SN4
- Post-abortion client.....go to page SN5
- Client living with HIV/AIDS.....go to page SN6
- Client who wants to become pregnant.....go to page SN7

Next Move:

Go to correct page in this section.

How can I help?



***You are welcome
here any time***

Anything you want to discuss?

For example:

- Will parents or partner find out?
- Need contraception?
- HIV/AIDS worries?
- Partner problems?
- Pregnancy?
- About sex?
- About the body?

How can I help?

Anything you want to discuss?

For example:

- Will parents or partner find out?
- Need contraception?
- HIV/AIDS worries?
- Partner problems?
- Pregnancy?
- About sex?
- About the body?



Important points to remember when counselling adolescents:

- All younger clients (married or unmarried, male or female) have a right to family planning information and services.
- Assure privacy and confidentiality:
"No one else will know that you came here unless you give permission."
- Tell client that you can discuss embarrassing or difficult topics, and encourage client to speak openly.



Family planning for younger clients:

- A healthy adolescent can safely use any method.
- Protection against pregnancy **AND** STIs/HIV may be important (see below).
- Sterilization and vasectomy are usually not suitable as both are permanent.
- Fertility awareness-based methods may be unsuitable if her periods are irregular.
- Bone mineral density decreases slightly during DMPA use, but increases again after stopping. It is not known whether this leads to increased fracture risk.
- Does client need **emergency contraception**? If likely, go to EC tab.

Younger clients may be at risk for STIs/HIV infection:

- Explain AIDS, STIs, and risks, and **urge consistent and correct CONDOM USE**.
- Discuss other ways to stay protected (see Dual Protection tab):
 - abstinence (including avoiding or delaying having sex until older or ready);
 - other safe forms of intimacy.

Other topics to discuss:

- Is client able to talk with partner? Use Appendix 9 to help advise them.
- Could client be pregnant without knowing? Look for pregnancy signs or complications.
- Younger clients may know little about their bodies, pregnancy, family planning and STIs/HIV/AIDS. Use Appendices to help counsel.

Next Move:

For Emergency Contraception
go to EC method tab.

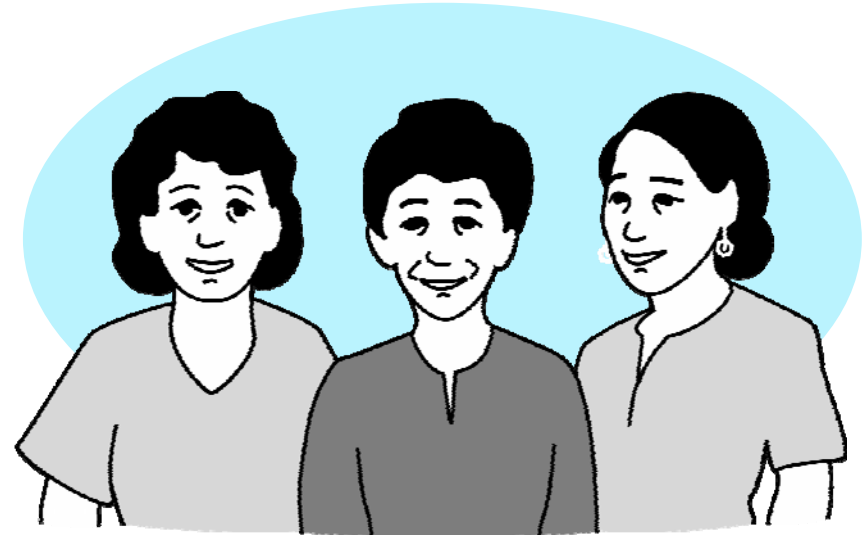
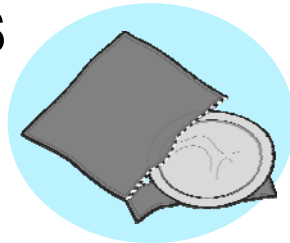
For family planning
go to Choosing Method or
Returning Client tab.

For STI and HIV/AIDS
protection
go to Dual Protection tab.

Family planning for older women

Important to consider:

- Pregnancy is possible right up to menopause
- Healthy older women can safely use any family planning method
- When to stop using family planning methods
- You must keep protecting yourself from STIs and HIV/AIDS



*Would you like to
talk more about
menopause?*

Family planning for older women

Important to consider:

- **Pregnancy is possible right up to menopause**
- **Healthy older women can safely use any family planning method**
- **When to stop using family planning methods**
- **You must keep protecting yourself from STIs and HIV/AIDS**

Would you like to talk more about menopause?

Next Move:

Continuing method? Go to Returning Client tab, or invite her to return any time she wants.

Stopping family planning? Arrange for IUD or implant removal if needed.

New client or switching: go to Choosing Method tab.

- **Pregnancy in older women carries greater risks** for her and the baby.

All methods are safe for healthy older women, but:

- Older women who are at risk for heart disease (who have high blood pressure or diabetes or who smoke) should not use the pill or monthly injectables. Help her choose another method.
- Users of fertility awareness-based methods should switch to another method as they approach menopause. Their irregular periods can make fertility awareness-based methods hard to use.
- If an older woman is already having heavy bleeding problems, IUD use may increase them further.
- Female sterilization or vasectomy may be a good choice for older couples who do not want any more children.
- Bone mineral density decreases slightly during DMPA use, but increases again after stopping. It is not known whether this leads to increased fracture risk.

- **IUDs can be left in place until after menopause.** They should be removed at least 1 year after her last menstrual period.
- **Hormonal methods** (pills, injectables, implants) affect bleeding. It may be difficult to know if the woman has reached menopause. After stopping a hormonal method, she can use condoms for 1 year. If she has no menstrual periods during that time, she no longer needs contraception.

- Sexually active older women can still be at risk for STI or HIV infection, even if they no longer need contraception. See Dual Protection tab.

- **For tips about menopause, see Appendix 11.**

Family planning after childbirth

- Let's plan for the future
- **Pregnant now?**
You can think about family planning methods NOW
- **Recently gave birth?**
Are you breastfeeding?



Family planning after childbirth

- **Let's plan for the future**



- Explain that if she is not fully (or nearly fully) breastfeeding, she can become pregnant again as soon as 4 weeks after childbirth.
- Ask her about her plans for having more children. Go to page SN7 to discuss birth spacing.

- **Pregnant now?**

You can think about family planning methods NOW



Encourage her to think about family planning during her pregnancy.

- If she wants female sterilization immediately after childbirth, she should plan for delivery in a hospital or health centre. **Immediate sterilization must be done within 7 days after delivery. Otherwise she must wait 6 weeks.**
- If she wants to have an **IUD** inserted immediately after childbirth, she should plan for delivery in a hospital or health centre. **Immediate insertion must be done within 48 hours after delivery. Otherwise she must wait 4 weeks.**
- If she is at risk for STIs/HIV/AIDS, she should use condoms during pregnancy.

- **Recently gave birth?**

Are you breastfeeding?



If breastfeeding:

- Explain that if she is fully (or nearly fully) breastfeeding in the first 6 months after childbirth, this protects her against pregnancy (as long as she remains amenorrhoeic) (**see LAM method tab**). Exclusive breastfeeding is also best for the baby's health.
- Tell her about other methods in case she stops LAM or wants additional protection.
- Other good methods while breastfeeding are nonhormonal methods such as condoms, IUD, vasectomy, sterilization. Progestogen-only methods can also be used while breastfeeding (the mini-pill, long-acting injectables, implants). See chart in Appendix 7 for when to start methods after childbirth.

If not breastfeeding:

- See chart in Appendix 7 for when to start methods after childbirth.

Next Move:

For information on LAM, go to method tab.

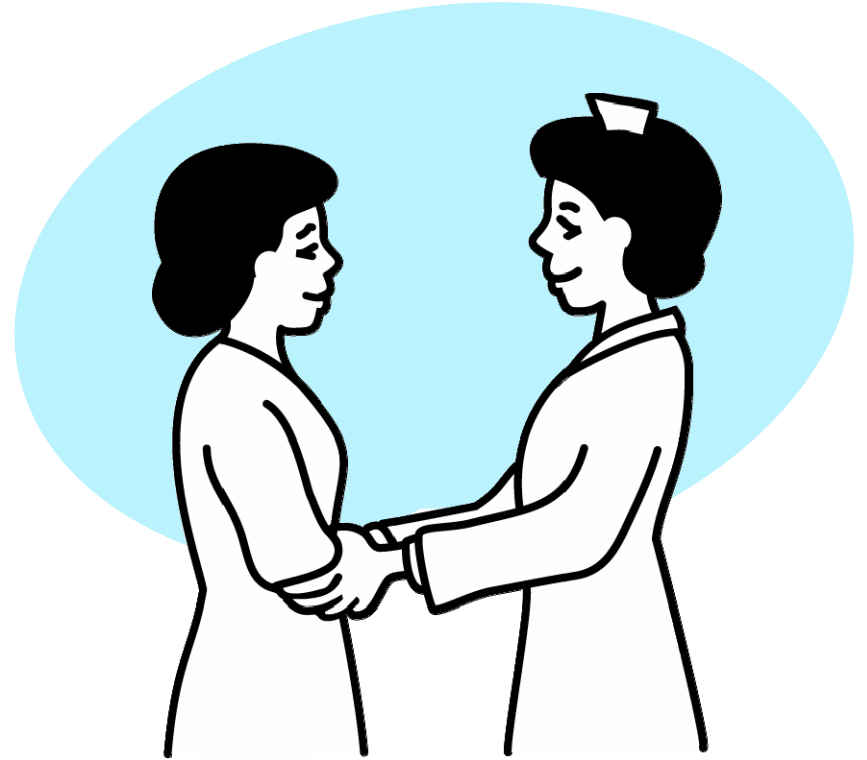
For other family planning methods, go to Choosing Method or method tab.

For antenatal clients, arrange a follow-up visit for after childbirth.

Family planning after abortion

Let's discuss your needs:

- You can get pregnant again quickly
- I can help you choose and use a method
- All family planning methods are safe now if you have no infection



Family planning after abortion

Let's discuss your needs:

- You can get pregnant again quickly
- I can help you choose and use a method
- All family planning methods are safe now if you have no infection



Offer support to women who have recently had an abortion.

- They may need special counselling and advice.
- Encourage her to speak openly.
- If her story suggests other social or health concerns, such as sexual or other violence, offer help or refer for care. See Appendix 13.



- **Explain that she can become pregnant as soon as 2 weeks after an abortion.**
- If she has no post-abortion complications or infection, **she can safely use any family planning method.** She can start all methods immediately post-abortion, unless she has an infection or if using the diaphragm (see below).
- Discuss her experiences with family planning.
- For fertility awareness-based methods, give special counselling for correct use. She should abstain or use another method for 3 months before using Standard Days Method.
- **Explain emergency contraception** (see EC method tab). Offer emergency contraceptive pills to take home in case she needs them in the future.

If an infection is evident or suspected:

- Treat infection or refer for treatment.
- Advise her to avoid intercourse until the infection is ruled out or fully cured.
- Delay female sterilization and IUD insertion until infection is ruled out or fully cured. Offer other methods to use in the meantime.

After second trimester abortion:

- For female sterilization and IUD insertion, provider may need special training because of changed uterine size and position of the fallopian tubes.
- Delay fitting diaphragm for 6 weeks. Offer other methods now.

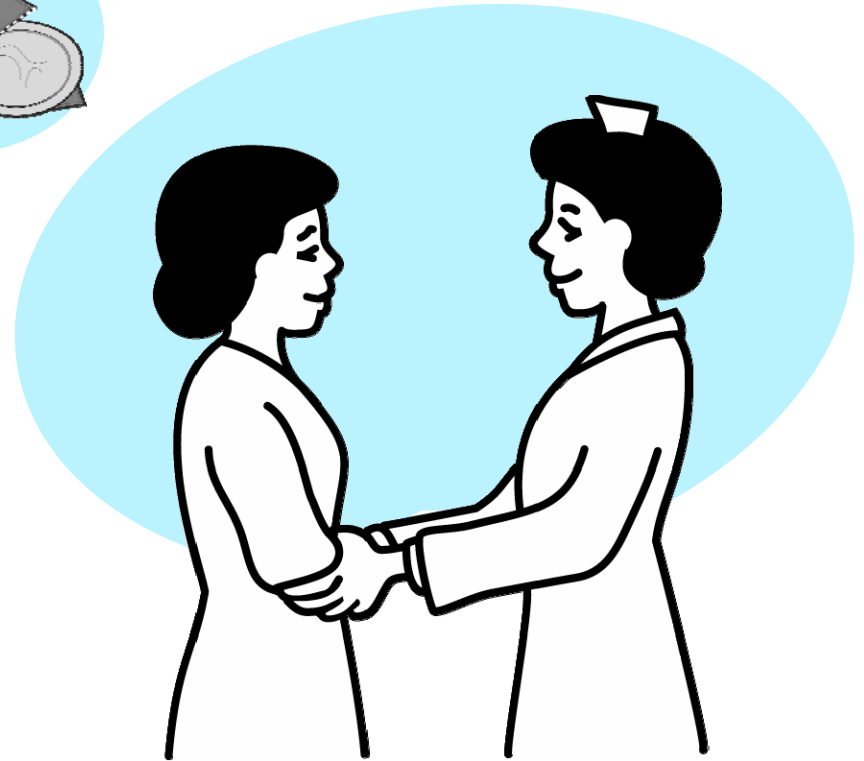
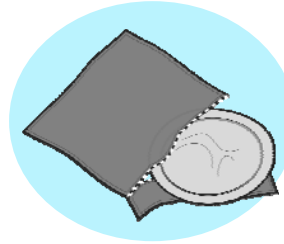
Next Move:

For family planning
go to Choosing Method or method tab.

For STI and HIV/AIDS protection
go to Dual Protection tab.

Clients living with HIV/AIDS

- You need continued protection from STIs and HIV/AIDS
- Pregnancy can be risky for you and your child
- You can find a family planning method that is right for you



Clients living with HIV/AIDS

• You need continued protection from STIs and HIV/AIDS



- HIV-positive clients **need continuing protection** from other STIs and from HIV reinfection.
- **Correct and consistent condom use**, alone or with another method, protects against both pregnancy and infection. See Dual Protection tab and Condom tab to advise on correct and consistent use of condoms.



• Pregnancy can be risky for you and your child



- **Pregnancy may carry major health risks** for HIV-positive women and their babies. See page SN7 to help counsel women who wish to have children.
- Risks include: transmission of HIV to the baby (during pregnancy, delivery, or breastfeeding), miscarriage, anaemia, wasting, preterm labour, stillbirth, low birth weight and other complications.
- Refer her to an HIV prevention and treatment programme, if available, for her and her child.



• You can find a family planning method that is right for you



- Advise on effective family planning methods** (see chart in Appendix 3), including condom use for dual protection (see above).
- Some methods are not appropriate** for a woman living with HIV/AIDS:
- A woman who has untreated AIDS cannot use the IUD. If she has HIV (but not AIDS) or successfully treated AIDS she **can use** the IUD, however.
 - Fertility awareness-based methods may be difficult to use if she has AIDS or is taking antiretroviral drugs, because of changes to the menstrual cycle and higher body temperatures.
 - Recently given birth? HIV can be passed to the baby in breast milk. To see if LAM can be used, go to LAM tab, page 2.
 - Taking rifampicin for tuberculosis? Usually cannot use pills, monthly injectables or implants.
 - Should not use spermicides, or diaphragm *with* spermicides.

Next Move:

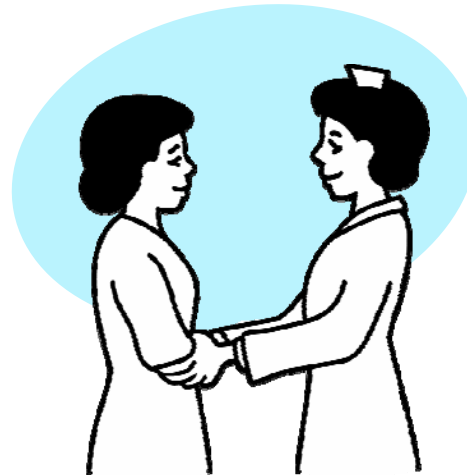
For family planning
go to Choosing Method
or method tab.

For STI and HIV/AIDS protection
go to Dual Protection tab.

For HIV treatment
refer for care, if possible.

Do you want to become pregnant?

- Spacing pregnancies 2 to 3 years apart is healthier for you and your child
- If you are having problems getting pregnant, we can offer advice and support
- For women living with HIV, we can offer advice and support



Do you want to become pregnant?

- **Spacing pregnancies 2 to 3 years apart is healthier for you and your child**



- Discuss appropriate method options for women who want to space their births. Go to Choosing Method tab.
- Explain that she can become pregnant soon after stopping most contraceptive methods, except after stopping long-acting injectables, when there is usually a delay of several months (see method tab page L11).

- **If you are having problems getting pregnant, we can offer advice and support**



- Some couples may have problems conceiving. Explain that this is common, especially among older couples.
- If a client suspects that she/he or partner has an STI now: diagnose and treat, or refer. Many cases of infertility are caused by past STIs.
- Advise the couple to keep trying to conceive for at least 1 year before offering infertility counselling or treatment. They should have sexual intercourse regularly to increase chances of conception.
- **See Appendix 11b** for tips on infertility counselling.



- **For women living with HIV, we can offer advice and support**



- Like other women, some women with HIV want to have children. Offer her counselling and advice. Be supportive and respect her wish to have children, but explain that this carries risks for her and her baby (see page SN6). It may also be harder to become pregnant if she lives with HIV.
- Also, discuss the need to plan treatment and care for herself and her family if she or other family members become ill.
- The risk of HIV transmission to the baby can be reduced by: taking appropriate antiretroviral drugs to avoid mother-to-child transmission; choosing elective caesarian section (if appropriate); choosing a safe way to feed her baby (see LAM method tab, page L2); and by using condoms during pregnancy to avoid reinfection with HIV and other STIs.



Refer her to an HIV centre to assess treatment needs, as appropriate.

Next Move:

For family planning
go to Choosing Method
or method tab.

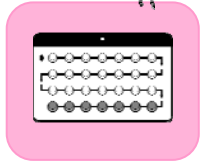
For infertility treatment
refer for care, if possible.

For HIV treatment
refer for care, if possible.

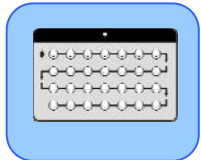
What method are you using?



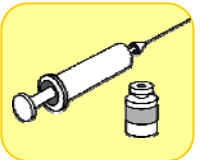
- IUD



- The Pill



- The Mini-Pill



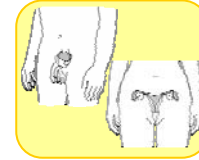
- Long-Acting Injectable



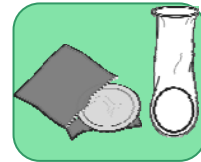
- Monthly Injectable



- Implants



- Vasectomy or Female Sterilization



- Condoms (Male or Female)



- Vaginal Methods



- LAM



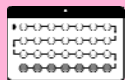
- Fertility Awareness-Based Methods



What method are you using?



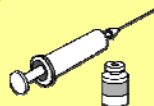
IUD.....next page



The Pill.....page RC 4



The Mini-Pill.....page RC 6



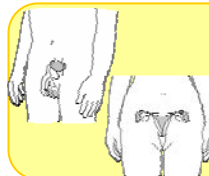
**Long-Acting
Injectable.....page RC 8**



**Monthly
Injectable.....page RC 10**



Implants.....page RC 12



**Vasectomy or
Female Sterilization**

.....page RC 14



**Condoms (Male
or Female).....page RC 15**



Vaginal Methods.....page RC 17



LAM.....page RC 19



**Fertility Awareness-
Based Methods.....page RC 21**

Next Move:

Go to the correct page to help returning client.

IUD return visit

How can I help?

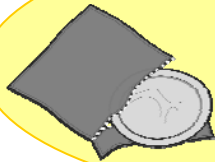
- Are you happy using the IUD?
- We can check it for you
- Any questions or problems?

Let's check:

- For any new health conditions
- Need condoms too?



**Remember: IUD does
not protect you
against STIs or
HIV/AIDS!**



IUD return visit

How can I help?

- Are you happy using the IUD?
- We can check it for you
- Any questions or problems?



A pelvic exam may be useful after first menstrual period or 3 to 6 weeks after insertion.

- Check for partial or complete expulsion, pelvic infection.

IUD removal: If client is happy with the IUD, she can keep it until the end of its effectiveness (10 years after insertion for Copper T 380A).



To help manage side-effects and other problems, go to next page.

Wants to switch methods?

"It's okay to change methods if that is what you decide."

Wants to stop family planning? Discuss reasons, consequences, next steps.

• Arrange IUD removal if client wishes.



Let's check:

- For any new health conditions



Check for any infections or other problems in the reproductive tract.

- She can keep the IUD in the following circumstances:
 - while unexplained vaginal bleeding is being assessed,
 - receiving treatment for PID or STIs,
 - awaiting treatment of cervical, endometrial, or ovarian cancer,
 - if she returns with HIV (infection) or AIDS (illness): clients with AIDS should be closely monitored for pelvic infection.
- If client returns with pelvic TB, she should have the IUD removed.

- Need condoms too?



Check how client is preventing STIs/HIV/AIDS. If not protected, go to **Dual Protection tab**. Give condoms if needed.

Next Move:

Continuing? Invite her to return any time or when IUD needs removal.

Help with problems?
Go to next page.

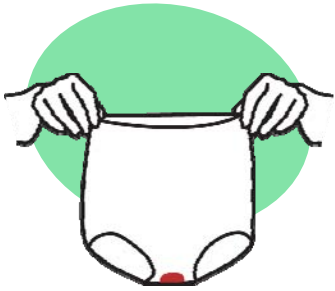
Switching? Discuss other methods.
Go to **Choosing Method tab**.



Help using the IUD



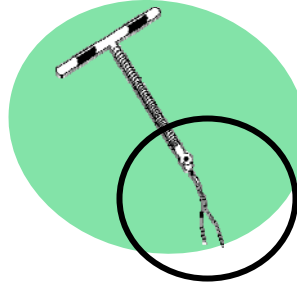
Any questions or problems? We can help.



- Having bleeding problems?



- Cramps or pain?



- IUD strings changed length or are missing?



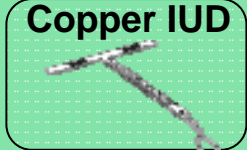
- Think you might be pregnant?



- Others?



Happy to continue with the IUD, or want to switch methods?



Help using the IUD

Any questions or problems?
We can help.

• Having bleeding problems?



If problems, listen to client's concerns.

- Take all comments seriously. Don't dismiss concerns.
- Answer questions respectfully.



• Cramps or pain?



Irregular, prolonged, or heavy bleeding:

- Heavier menstrual periods and spotting between periods are both common in first 3 to 6 months after insertion.
- Ibuprofen or similar medication can reduce bleeding (NOT aspirin).
- If bleeding problems continue, a pelvic exam may be necessary. Refer or treat any abnormal condition found. Check for anaemia. If clinical signs of anaemia, suggest IUD removal.
- If she finds the bleeding unacceptable, suggest IUD removal.

• IUD strings changed length or are missing?



Lower abdominal pain can suggest PID or ectopic pregnancy:

- Refer, or diagnose and treat as appropriate.

• Think you might be pregnant?



- IUD could be out of place (expulsion or partial expulsion). Perform pelvic exam. If out of place, IUD needs to be removed. She can use emergency contraception if she had unprotected sex in the past 5 days. See EC tab.

• Others?

- If she is pregnant, recommend IUD removal if strings are visible or can be retrieved safely from cervical canal. Explain small risk of miscarriage. If strings are NOT visible and IUD cannot be safely retrieved, arrange for doctor or nurse to monitor pregnancy closely.

Next Move:

Does client want to keep using the IUD or switch methods?

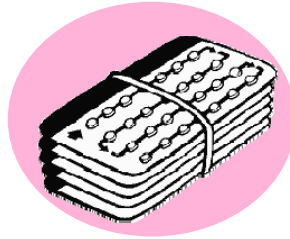
Continuing? Reassure client. Check for new health conditions. (See previous page) Invite her to return any time or when IUD needs removal.

Switching? Discuss other methods.
Go to **Choosing Method** tab.

The pill return visit

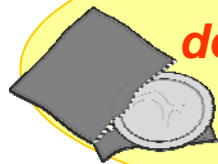
How can I help?

- Are you happy using the pill?
Want more supplies?
- Any questions or problems?

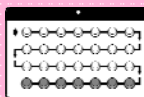


Let's check:

- For any new health conditions
- Need condoms too?



**Remember: The pill
does not protect you
against STIs or
HIV/AIDS!**



The pill return visit

How can I help?

- Are you happy using the pill?
Want more supplies?
- Any questions or problems?



- If **client is satisfied**, check for any new health conditions before giving resupply. See below.
- Can give up to a year's supply of pills.



- To help manage side-effects and other problems, go to next page.
- Wants to switch methods?
"It's okay to change methods if that is what you decide."
- Wants to stop family planning? Discuss reasons, consequences, next steps.



Let's check:

- For any new health conditions
- Need condoms too?



Check for new health conditions that may affect method use:

- Check her blood pressure once a year, if possible.
- Client should usually **stop using the pill** and choose another method if:
 - she has developed high blood pressure;
 - she has more frequent or more severe headaches (migraine);
 - she reports certain other new health conditions or problems (see list in Pill tab page P2).
- If she has started taking rifampicin or medicine for seizures, provide condoms to use with the pill or, if she is on long-term treatment, help her choose another method.



- Check how client is preventing STIs/HIV/AIDS. If not protected, go to **Dual Protection tab**. Give condoms if needed.

Next Move:



Continuing? Can give up to a year's supply of pills. Offer condoms.

Help with problems?
Go to next page.

Switching? Discuss other methods.
Go to **Choosing Method tab**.



Help using the pill



Any questions or problems? We can help.



- Nausea or vomiting?



- Bleeding changes?



- Headaches?



- Tender breasts?

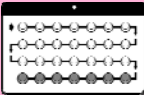


- Others?

- Having trouble remembering to take your pills? Missed pills?



Happy to continue taking the pill, or want to switch methods?



Help using the pill

Any questions or problems?
We can help.



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.



Reassure client that side-effects are normal:

- Most are not harmful or signs of illness and often go away after 3 months or so.
- Client may have more than one side-effect.
- Switching to a different brand may help.

• Nausea or vomiting?



- **Vomiting within 2 hours** after taking active pill: take another active pill from separate pack. **Nausea** may be reduced by taking pills after a meal.
- **Severe diarrhoea or vomiting for more than 2 days:** Follow instructions for missed pills.

• Bleeding changes?



- **Spotting or bleeding between periods** is common, especially in the first few months of pill-taking. Also caused by skipping pills, vomiting or diarrhoea, or by taking rifampicin or seizure medications.

• Headaches?



- **Mild headaches:** Take pain relief pills if needed.
- If headaches become more frequent or severe (migraine) while using the pill, she usually should switch to another method.

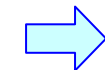
• Tender breasts?

• Others?



- Some women also report slight weight gain or loss, dizziness, amenorrhoea (no monthly bleeding), mood changes and less sex drive.

• Having trouble remembering to take your pills? Missed pills?



- For what to do if she **missed pills**, see Pill tab page P5.
- *"What would help you remember? What else do you do regularly every day?"*
- When is easiest time to take the pills? At a meal? At bedtime?
- Check: *"Would another method be better?"*

Next Move:

Does client want to continue the pill or switch methods?

Continuing? Check for new health conditions. (See previous page.) Give up to another year's supply of pills. Offer condoms.

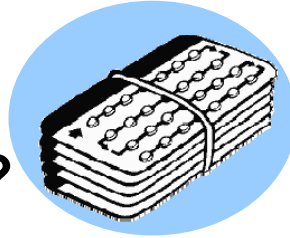
Switching? Discuss other methods. Go to **Choosing Method** tab.



The mini-pill return visit

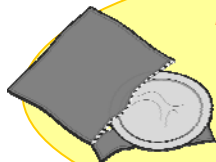
How can I help?

- Are you happy using the mini-pill? Want more supplies?
- Any questions or problems?

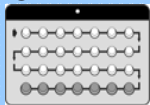


Let's check:

- For any new health conditions
- Need condoms too?



**Remember: The mini-pill
does not protect you
against STIs or
HIV/AIDS!**



The mini-pill return visit

How can I help?

- Are you happy using the mini-pill? Want more supplies?



- If client is **satisfied**, check for any new health conditions before giving resupply. See below.
- Can give up to a year's supply of pills.

- Any questions or problems?



- To help manage side-effects and other problems, go to next page.
- Wants to switch methods? *"It's okay to change methods if that is what you decide."* When a mini-pill user stops breastfeeding, she may want to switch to the pill.
- Wants to stop family planning? Discuss reasons, consequences, next steps.



Let's check:

- For any new health conditions



Check for new health conditions that may affect method use:

Client should usually **stop using the mini-pill** and choose another method if:

- she has developed heart disease or had a stroke;
- she sees a bright spot before bad headaches (migraine aura);
- she reports certain other new health conditions or problems (see list in Mini-Pill tab page MP2).

- Need condoms too?



- Check how client is preventing **STIs/HIV/AIDS**. If not protected, go to **Dual Protection tab**. Give condoms if needed.

Next Move:

Continuing? Can give up to a year's supply of pills. Offer condoms.

Help with problems?
Go to next page.

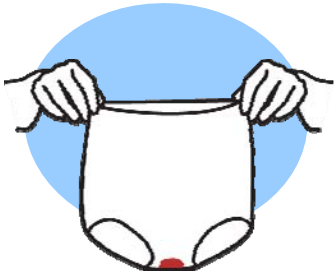
Switching? Discuss other methods.
Go to **Choosing Method tab**.



Help using the mini-pill



Any questions or problems? We can help.



- **Bleeding changes?**



- **Nausea or vomiting?**



- **Headaches?**



- **Tender breasts?**

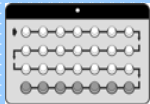


- **Others?**

- **Having trouble remembering to take your pills?**
Missed pills?



Happy to continue taking the mini-pill, or want to switch methods?



Help using the mini-pill

**Any questions or problems?
We can help.**



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.



Reassure client that side-effects are normal:

- Most are not harmful or signs of illness.
- Client may have more than one side-effect.

• **Bleeding changes?**



Irregular periods, spotting or bleeding between periods, missed period:

- Reassure her that this is common. Usually not harmful, not a sign of illness.
- If she has stopped breastfeeding, and the continued bleeding changes bother her, she may want to switch to the pill or another method.
- If not breastfeeding and periods have been regular but then stopped, check for pregnancy (see Appendix 1 or do pregnancy test).

• **Nausea or vomiting?**



- **Vomiting within 2 hours** after taking pill: take another pill from a separate packet.

• **Headaches?**



- **Severe diarrhoea or vomiting for more than 2 days:** keep taking pills if possible AND use condoms or avoid sex until she has taken a pill each day for 2 days in a row after the sickness has ended.

• **Tender breasts?**



- **Mild headaches:** Take pain relief pills if needed.
- Some women also report dizziness.

• **Others?**



• **Having trouble remembering to take your pills? Missed pills?**

- For what to do if she **missed pills**, see Mini-Pill tab page MP4.
- *"What would help you to remember? What else do you do regularly every day?"*
- When is the easiest time to take the pills? At a meal? At bedtime?
- Check: *"Would another method be better?"*

Next Move:



Does client want to continue the mini-pill or switch methods?

Continuing? Check for new health conditions. (See previous page). Give up to another year's supply of pills. Offer condoms.

Switching? Discuss other methods.
Go to **Choosing Method** tab.

Returning Client: the mini-pill



Long-acting injectable return visit

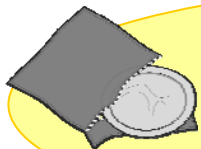
How can I help?

- Are you happy using the injectable?
Need next injection?
- Late for injection?
- Any questions or problems?

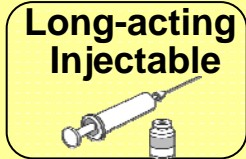


Let's check:

- For any new health conditions
- Need condoms too?



**Remember: Injectables
do not protect you
against STIs or HIV/AIDS!**



Long-acting injectable return visit

How can I help?

- Are you happy using the injectable? Need next injection?



- Late for injection?



- Any questions or problems?



Let's check:

- For any new health conditions



- Need condoms too?



- If client is satisfied, check for any new health conditions before giving repeat injection. See below.
- **Remember to use safe injection procedures!** (see Long-acting Injectable tab page LI5).

- **Up to 2 weeks late:** can have injection without need for extra protection.
- **More than 2 weeks late:** she can have next injection if reasonably certain she is not pregnant (for example, she has not had sex since intended injection date). She should use condoms or avoid sex for 7 days after injection. Consider emergency contraception if she had sex *after* the 2 week "grace period."
- **Discuss how she can remember next time.**

- **To help manage side-effects and other problems, go to next page.**
- **Wants to switch methods?**
"It's okay to change methods if that is what you decide."
- **Wants to stop family planning?** Discuss reasons, consequences, next steps.



Client should usually **stop long-acting injectables** and choose another method if:

- she has developed high blood pressure;
- she sees a bright spot before bad headaches (migraine aura);
- she reports certain other new health conditions or problems (see list in Long-acting Injectable tab page LI2).

- **Check how client is preventing STIs/HIV/AIDS.** If not protected, go to **Dual Protection tab**. Give condoms if needed.

Next Move:

Continuing? Give injection.
Remind client of date to return for next injection.

Help with problems?
Go to next page.

Switching?
Discuss other methods.
Go to **Choosing Method tab**.



Help using long-acting injectable



Any questions or problems? We can help.



- **Bleeding changes?**



- **Put on weight?**



- **Headaches?**



- **Others?**



Happy to continue with injections, or want to switch methods?



Help using long-acting injectable

Any questions or problems?
We can help.



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.



Reassure client that side-effects are normal:

- Most are not harmful or signs of illness.
- Client may have more than one side-effect.

• **Bleeding changes?**



- **Spotting, bleeding between periods.** Common with long-acting injectable. If spotting or bleeding persists and you suspect a problem, check for infections. If bleeding caused by STI or pelvic infection, she can continue using injectable during treatment.
- **No monthly bleeding (amenorrhoea).** Common, especially after 1st year of use. Not harmful, not a sign of illness.
- **Very heavy bleeding.** Rare. *If bleeding continues*, check for an abnormal condition and for anaemia (low iron). If the bleeding threatens her health, or she finds it unacceptable, help her choose another method.

• **Put on weight?**



- Weight gain is common, usually 1 to 2 kg each year. Changing diet may help.

• **Headaches?**



- **Mild headaches:** Take pain relief pills if needed.

• **Others?**



- Some women also report dizziness, moodiness, nausea, and/or less sex drive.

Next Move:



Does client want to continue the long-acting injectable or switch methods?

Continuing? Check for new health conditions. (See previous page). Give injection. Remind client of date to return for next injection.

Switching? Discuss other methods. Go to **Choosing Method** tab.



Monthly injectable return visit

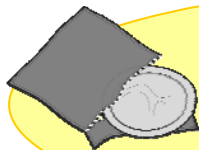
How can I help?

- Are you happy using the injectable?
Need next injection?
- Late for injection?
- Any questions or problems?



Let's check:

- For any new health conditions
- Need condoms too?



**Remember: Injectables
do not protect you
against STIs or HIV/AIDS!**



Monthly injectable return visit

How can I help?

• Are you happy using the injectable? Need next injection?



- If client is satisfied, check for any new health conditions before giving repeat injection. See below.
- **Remember to use safe injection procedures!** (see Monthly Injectable tab page MI5).

• Late for injection?



- **Up to 7 days late:** can have injection without need for extra protection.
- **More than 7 days late:** she can have next injection if reasonably certain she is not pregnant (use Appendix 1 or do pregnancy test). She should use condoms or avoid sex for 7 days after injection. Consider emergency contraception if she had sex *after* the 7-day “grace period.”
- **Discuss how she can remember next time.**

• Any questions or problems?



- **To help manage side-effects and other problems, go to next page.**
- **Wants to switch methods?**
“It’s okay to change methods if that is what you decide.”
- **Wants to stop family planning?** Discuss reasons, consequences, next steps.



Let's check:

• For any new health conditions?



- Check her blood pressure once a year, if possible.
- Client should usually **stop monthly injectable** and choose another method if:
 - she has developed high blood pressure;
 - she has more frequent or more severe headaches (migraine);
 - she reports certain other new health conditions or problems (see list on Monthly Injectable tab page MI2).

• Need condoms too?



- **Check how client is preventing STIs/HIV/AIDS.** If not protected, go to **Dual Protection tab**. Give condoms if needed.

Next Move:



Continuing? Give injection.
Remind client of date to return for next injection.

Help with problems?
Go to next page.

Switching?
Discuss other methods.
Go to **Choosing Method tab**.



Help using monthly injectable



Any questions or problems? We can help.



- **Bleeding changes?**



- **Headaches?**



- **Tender breasts?**



- **Others?**



***Happy to continue
with injections, or want to
switch methods?***



Help using monthly injectable

Any questions or problems?
We can help.



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.

Reassure client that side-effects are normal:

- Most are not harmful or signs of illness.
- Client may have more than one side-effect.



• **Bleeding changes?**



- **Spotting, bleeding between periods.** Common with monthly injectable. But, if caused by STI or pelvic infection, she can continue using injectable during treatment.
- **Some women report amenorrhoea (no monthly bleeding).**

• **Headaches?**



- **Mild headaches:** Take pain relief pills if needed.
- If headaches become more frequent or severe (migraine) while using a monthly injectable, she should usually switch to another method (but not the pill).

• **Tender breasts?**

• **Others?**



- Some women also report slight weight gain, dizziness.

Next Move:



Does client want to continue the monthly injectable or switch methods?

Continuing? Check for new health conditions. (See previous page). Give injection. Remind client of date to return for next injection.

Switching? Discuss other methods. Go to **Choosing Method** tab.



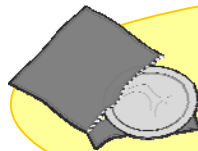
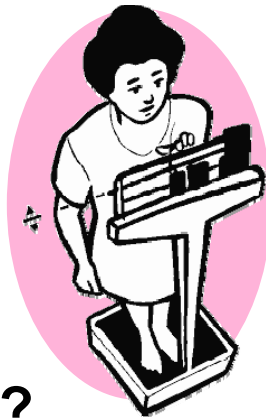
Norplant implants return visit

How can I help?

- Are you happy using implants?
- Any questions or problems?
- Time to have implants removed or replaced?

Let's check:

- Your weight
- For any new health conditions
- Need condoms too?



**Remember: Implants
do not protect you
against STIs or HIV/AIDS !**



Norplant implants return visit

How can I help?

- Are you happy using implants?
- Any questions or problems?
- Time to have implants removed or replaced?

Let's check:

- Your weight
- For any new health conditions
- Need condoms too?

• If client is satisfied, check for any new health conditions. See below.

• To help manage side-effects and other problems, go to next page.

• Wants to switch methods?

"It's okay to change methods if that is what you decide."

"You can have the capsules taken out any time you want."

• Wants to stop family planning? Discuss reasons, consequences, next steps.



When to remove or replace implants?

- Norplant implants need to be removed or replaced 4 to 7 years after insertion, depending on client's weight. Check when her implants were inserted.
- If possible, check her weight:
 - Still weighs less than 70 kg: Should replace or remove implants after 7 years.
 - Weighs 70 to 79 kg: Should replace or remove implants after 5 years.
 - Weighs 80 kg or more: Should replace or remove implants after 4 years.
- See Implants tab (page IM4) for removal procedure.

Client should usually **stop using implants** if:

- she has developed heart disease or had a stroke;
- she sees a bright spot before bad headaches (migraine aura);
- she reports certain other new health conditions or problems (see list in Implants tab page IM2).

• Check how client is preventing STIs/HIV/AIDS. If not protected, go to **Dual Protection** tab. Give condoms if needed.

Next Move:

Continuing? Remind client to return when implants need removing.

Help with problems?
Go to next page.

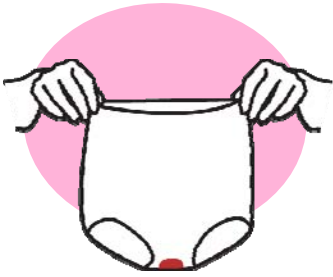
Switching? See Implants tab (page IM4) for removal procedure. Discuss other methods. Go to **Choosing Method** tab.



Help using implants



Any questions or problems? We can help.



- **Bleeding changes?**



- **Infection in the insertion site?**



- **Headaches?**



- **Others?**



Happy to continue with implants, or want to switch methods?



Help using implants

**Any questions or problems?
We can help.**



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.

Reassure client that side-effects are normal:

- Most are not harmful or signs of illness.
- Client may have more than one side-effect.



• **Bleeding changes?**



- **Spotting or light bleeding between periods.** Common, especially during the first year of use. If spotting or bleeding persists and you suspect a problem, check for infections. If bleeding caused by STI or pelvic infection, she can keep implants during treatment.

- **No monthly bleeding (amenorrhoea).** Reassure that bleeding changes are normal and not harmful, not a sign of illness.

- **Very heavy bleeding.** Rare, but requires care. Check for abnormal condition. If none found, **treat as follows:**

- ibuprofen or mefenamic acid; not aspirin; or
- 1 cycle of low-dose combined pills (if client can use estrogen).

• **Infection in the insertion site?**



- Clean site with soap and water or antiseptic, if available. No need to remove implants.
- **If abscess,** incise and drain abscess. Remove implants. Offer another method.
- Perform wound care. Give oral antibiotics for 7 days.

• **Headaches?**



Other side-effects usually go away within 1 year of use.

- **Mild headaches:** Take pain relief pills if needed.
- Some women also report tender breasts, lower abdominal pain, dizziness, nervousness, nausea, acne, weight gain or loss, hair loss, and/or hair growth on face.

• **Others?**



Next Move:

Does client want to continue using implants or switch methods?

Continuing? Check for new health conditions. (See previous page). Remind client to come back at the right time to have implants replaced.

Switching? See Implants tab (page IM4) for removal procedure. Discuss other methods. Go to **Choosing Method** tab.



Vasectomy or female sterilization return visit

We will need to examine the incision site

How else can I help?

- Any questions or problems?
- Need condoms too?

Remember: Vasectomy and female sterilization do not protect you against STIs or HIV/AIDS!



For women with sterilization:

- Remember to come back if you think you might be pregnant



Vasectomy or female sterilization return visit

We will need to examine the incision site



- Examine the incision site and check for infection or abscess.
- Remove stitches, if necessary.



How else can I help?

• Any questions or problems?



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.

Wound painful, hot, swollen, with pus (infection or abscess):

- Clean site with soap and water, or antiseptic if available.
- If abscess, incise and drain it.
- Perform wound care. Give oral antibiotics for 7 to 10 days.

Ongoing pain after vasectomy:

- A very small number of men report chronic ongoing pain in their testicles or scrotum after vasectomy. This pain can last for 1 to 5 years or more. Refer for diagnosis and treatment if possible.
- He can take ibuprofen or similar drugs to relieve the pain.

• Need condoms too?



After vasectomy:

- Remind client to use condoms or another effective method for 3 months after vasectomy. Provide condoms if needed.

Check how client is preventing STIs/HIV/AIDS.

- If not protected, go to **Dual Protection tab**. Give condoms if needed.

For women with sterilization:

• Remember to come back if you think you might be pregnant



- Pregnancy after sterilization is rare but can occur.
- If she may be pregnant, rule out ectopic pregnancy. Refer if needed.

Next Move:

Invite client to return any time she/he wishes, or if she/he wants other available reproductive health care.

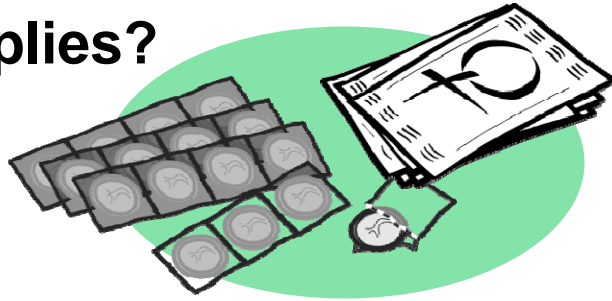
After vasectomy: Provide condoms or another method (go to **Choosing Method tab**).



Condoms return visit

How can I help?

- Are you happy using condoms?
Want more supplies?



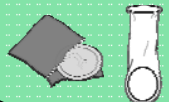
- Any questions or problems?



Let's check:

- Are you able to use condoms every time? Does your partner agree to use condoms?





Condoms return visit

How can I help?

- Are you happy using condoms? Want more supplies?



- If client is satisfied, provide more condoms.

- Any questions or problems?



- To help manage problems, go to next page.
- Wants to switch methods?
"It's okay to change methods if that is what you decide."
- Wants to stop family planning? Discuss reasons, consequences, next steps.



Let's check:

- Are you able to use condoms every time? Does your partner agree to use condoms?



- Explain risks of not using a condom every time. Suggest also using another family planning method.
- Discuss ways to make condom use more comfortable:
 - woman can help man put on male condom
 - man or woman can practice putting on a condom by him/herself
 - man can help insert female condom
 - try a different brand.
- Practice with client how to talk with partner. Use Appendix 9.

Next Move:

Continuing?
Give supply of condoms.

Help with problems?
Go to next page.

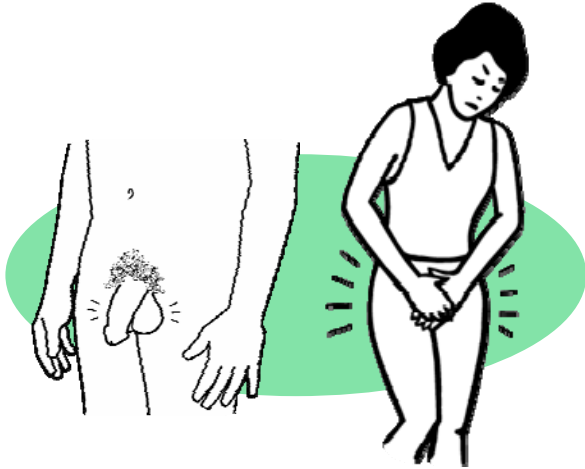
Switching?
Discuss other methods.
Go to **Choosing Method** tab.



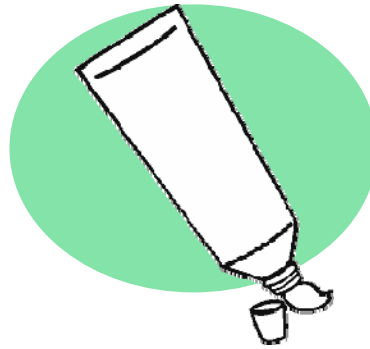
Help using condoms



Any questions or problems?



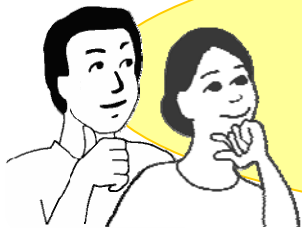
- **Condom causes itching?**



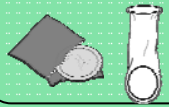
- **Need more lubrication?**



- **Broken or slipped condom?**



***Happy to continue using
condoms, or want to switch methods?
Remember: Condoms are the only method
that protect you against STIs or HIV/AIDS!***



Help using condoms

Any questions or problems?



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.



• Condom causes itching?



- Lubricants can help reduce dryness or irritation (see below), but some lubricants can cause irritation.
- If itching continues, could be due to infection or reaction to latex.

• Need more lubrication?



For male latex condoms:

- Use only **WATER-BASED** lubricants, not oil-based. Can use glycerine or clean water.
- Oils weaken latex condoms. Avoid oil-based materials such as cooking oil, baby oil, coconut oil, petroleum jelly, butter.

For female condoms:

- Any kind of lubricant can be used.
- Adding lubricant can reduce noise during sex and makes sex smoother.

• Broken or slipped condom?



- If condom breaks or slips off, may need to use emergency contraception (see Emergency Contraception tab).
- Clients at high risk of STI or HIV may also need **post-exposure prophylaxis** treatment.
- If male condoms break often, try using lubricant. Also, make sure they are not damaged or old. Inspect the condom package and **check the expiry or manufacturing date**. Review instructions for use (see Male Condom tab page MC2 or Female Condom tab page FC2).

Next Move:

Does client want to continue using condoms or switch methods?

Continuing? Give supplies of condoms.

Switching? Discuss other methods.
Go to **Choosing Method** tab.

Returning Client: condoms



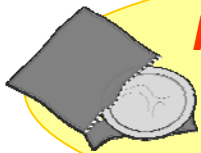
Vaginal methods return visit

How can I help?

- Are you happy using this method?
Want more supplies of spermicides?
Or need new diaphragm?
- Any questions or problems?

Let's check:

- For any new health conditions
- Need condoms too?



**Remember: Vaginal methods
do not fully protect against
STIs or HIV/AIDS!**



Vaginal methods return visit

How can I help?

- Are you happy using this method?
Want more supplies of spermicides?
Or need new diaphragm?



- **If client is satisfied, check for any new health conditions.** See below.
- Diaphragm should be replaced when it becomes stiff or thin or develops holes.
- Diaphragm should be refitted after childbirth.

- Any questions or problems?



- **To help manage problems, go to next page.**
- **Wants to switch methods?**
"It's okay to change methods if that is what you decide."
- **Wants to stop family planning?** Discuss reasons, consequences, next steps.



Let's check:

- For any new health conditions



- If at high risk for HIV infection, client should **stop using spermicides**. Help her **choose another method** if she wants.

- Need condoms too?



- **Check how client is preventing STIs/HIV/AIDS.** If not protected, go to **Dual Protection tab**. Give condoms if needed.

Next Move:

Continuing? Give more supplies if needed.

Help with problems?
Go to next page.

Switching?
Discuss other methods.
Go to **Choosing Method tab**.



Help using vaginal methods



Any questions or problems?



- Problems inserting the diaphragm?



- Itching, rash, irritation?
- Painful urination?



Happy to continue using vaginal methods, or want to switch methods?



Help using vaginal methods

Any questions or problems?



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.



• **Problems inserting the diaphragm?**



- Carefully explain insertion procedure again.
- She can try inserting it at the clinic. Check for correct placement.
- Diaphragm may need refitting if she has given birth recently.

• **Itching, rash, irritation?**



If using spermicides:

- Check for infection (signs: abnormal vaginal discharge, redness and/or swelling of the vagina, and itching of the vulva), and treat or refer as appropriate.
- If no infection, client may be allergic to spermicide. Suggest a different type or brand.

If using diaphragm:

- Suggest she remove the diaphragm promptly (but not sooner than 6 hours after sex), and clean and dry it thoroughly.
- If problem continues, she may need to switch to another method or refit diaphragm.

• **Painful urination?**



- If she has a urinary tract infection, treat with antibiotics.

Next Move:

Does client want to continue using diaphragm/spermicides or switch methods?

Continuing? Give more supplies of spermicides if needed.

Switching? Discuss other methods.
Go to **Choosing Method** tab.



LAM return visit

How can I help?

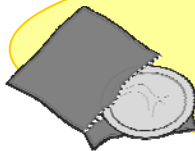
- Are you happy using LAM?
- Need another method now? You do if:
 - Baby over 6 months
 - Or periods returned
 - Or stopped fully breastfeeding



- Any questions or problems?

Let's check:

- Need condoms too?



Remember: LAM does not protect you against STIs or HIV/AIDS!



LAM return visit

How can I help?

- Are you happy using LAM?
- Need another method now?
You do if:
 - Baby over 6 months
 - Or periods returned
 - Or stopped fully breastfeeding



- Any questions or problems?



Let's check:

- Need condoms too?



- **Help her choose a different method of contraception when:**
 - the baby reaches 6 months,
 - or her periods return,
 - or she stops fully (or nearly fully) breastfeeding (whichever comes first).
- **Can also use another method while breastfeeding:** condoms, IUD, mini-pill, implants, or long-acting injectable do not interfere with breastfeeding. From 6 months after the birth, she can also use the pill or monthly injectable.

- **To help manage problems, go to next page.**
- **Wants to switch methods?** See box above.
"It's okay to change methods if that is what you decide."
- **Wants to stop family planning?** Discuss reasons, consequences, next steps.



Next Move:

Continuing?

Remind her to come back when baby is 6 months old or periods return or she stops fully breastfeeding (whichever comes first).

Help with problems?

Go to next page.

Switching?

Discuss other methods.
Go to **Choosing Method tab**.



Help using LAM



- Any questions or problems?
- Difficulties or concerns with breastfeeding?



*Happy to continue
using LAM, or want to switch
methods?*



Help using LAM

• Any questions or problems?



• Difficulties or concerns with breastfeeding?



If problems, listen to client's concerns.

- **Take all comments seriously.** Don't dismiss concerns.
- **Answer questions** respectfully.



Not enough milk? Possible help:

- Breastfeed baby more often.
- Drink plenty of fluid and eat healthy foods.
- Get more rest.

Nipples cracked?

- She can continue breastfeeding.
- To help healing, she can feed baby more often, starting on less sore nipple; let nipples dry in the air after breastfeeding.
- Check how she holds the baby while breastfeeding. Advise correct position if needed.
- Look for signs of thrush (fungus infection).

Sore breasts?

- *With fever and tiredness? Breasts red and tender? Hurt when touched?* Breasts may be infected. Treat for infection. Advise the client to keep breastfeeding often.
- *If no infection, are breasts tender only in certain places? Lumps? Breasts full, hard, and tender?* May be plugged milk ducts or engorgement (congestion). Advise changing position when breastfeeding. Advise her on proper breastfeeding position.

Next Move:

Does client want to continue using LAM or switch methods?

Continuing?

Remind her to come back when baby is 6 months old or periods return or she stops fully breastfeeding (whichever comes first).

Switching?

Discuss other methods.
Go to **Choosing Method** tab.



Returning Client: LAM



Standard Days Method return visit

How can I help?

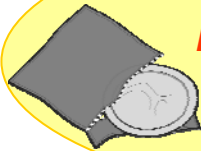
- Are you happy using this method?
- Any questions or problems?

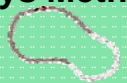
Let's check:

- Are your periods still regular?
- Need condoms too?



**Remember: Standard Days
Method does not protect
you against STIs or
HIV/AIDS !**





Standard Days Method return visit

How can I help?

- Are you happy using this method?
- Any questions or problems?



- If client is satisfied, check that periods are still regular. See below.

- To help manage problems, go to next page.



- Wants to switch methods?
"It's okay to change methods if that is what you decide."
- Wants to stop family planning? Discuss reasons, consequences, next steps.

Let's check:

- Are your periods still regular?
- Need condoms too?



- To use method effectively she must have regular cycles between 26 and 32 days long.
- If she has had more than two cycles shorter than 26 days or longer than 32 days within one year of use, the method may be less effective. She may want to choose another method.

- Needs pregnancy protection for fertile "white bead" days?

- Check how client is preventing STIs/HIV/AIDS. If not protected, go to **Dual Protection** tab. Give condoms if needed.

Next Move:



Continuing?

Offer condoms to use on fertile days if needed.

Help with problems?

Go to next page.

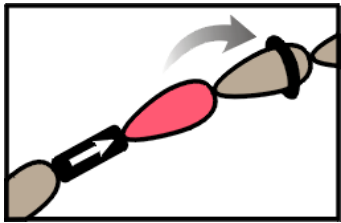
Switching?

Discuss other methods.
Go to **Choosing Method** tab.

Help using Standard Days Method



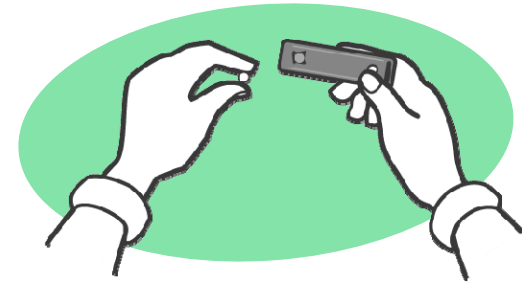
Any questions or problems?



- Problems remembering to move ring?



- Difficult to use condoms or avoid intercourse on fertile days?



- Had unprotected intercourse on a fertile day?



***Happy to continue
using this method, or want to
switch to another?***



Help using Standard Days Method

Any questions or problems?

- **Problems remembering to move ring?**
- **Difficult to use condoms or avoid intercourse on fertile days?**
- **Had unprotected intercourse on a fertile day?**



- She can **mark the first day of her cycle on her calendar**. She can then count the days from the first day of her cycle and move the rubber ring to that bead.



- Discuss if counseling with her partner may help.
- She can show her partner the CycleBeads and point out that pregnancy is possible on these days.
- Practice with the client how to talk with partner. See Appendix 9.
- If appropriate, discuss sexual pleasure without penetration.
- Check: *"Would another method be better?"*



- She can consider using **emergency contraception** if she had unprotected intercourse on a fertile day. See Emergency Contraception tab.

Next Move:



Continuing?

Offer condoms to use on fertile days if needed, and emergency contraception in case she needs it.

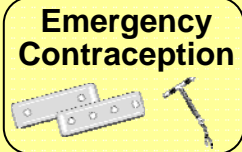
Switching?

Discuss other methods.
Go to **Choosing Method tab**.

Emergency Contraception



- There are safe methods to prevent pregnancy after unprotected sex
- How long ago did you have unprotected sex?
- Could you have been exposed to STIs/HIV?



Emergency Contraception (EC)

- There are safe methods to prevent pregnancy after unprotected sex
- How long ago did you have unprotected sex?



— Up to 5 days ago?



— More than 5 days ago?



- Could you have been exposed to STIs/HIV?



- “This can happen to anyone.”
- Let client tell her story now if she wishes.
- Offer support without judging the client.



- Client may want to consider EC if:
 - no method was used
 - a method was used incorrectly (for example, missed pills, late for injection)
 - method failed (for example, broken condom, expelled IUD)
- If she can answer “yes” to any of the questions in Appendix 1, she is probably not fertile and would not need EC. However, if she is worried, she can still use EC.

Emergency contraceptive pills:

- She should **take pills as soon as possible** after unprotected intercourse. They can be taken up to 5 days after. See next page.

Emergency copper IUD:

- More effective than pills, but those at high risk for STIs should not use it (see IUD tab page IUD2).
- Can also be used up to 5 days after unprotected intercourse (see page EC4).
- Good choice for women who want to keep using an IUD.

- Counsel as appropriate.

- If she had unprotected intercourse where circumstances suggest HIV or STI transmission, offer and start **post-exposure prophylaxis (PEP) for HIV immediately** (within 72 hours) and/or presumptive STI treatment, if available, or refer for further counselling, support and treatment.

Next Move:

Does client want to use emergency contraception?



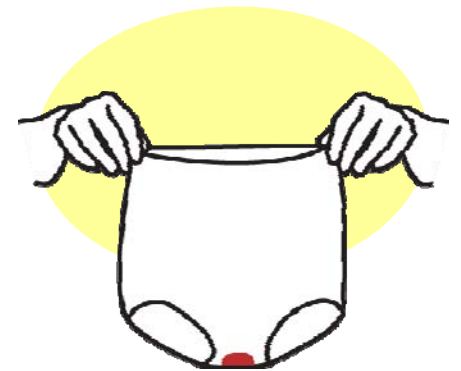
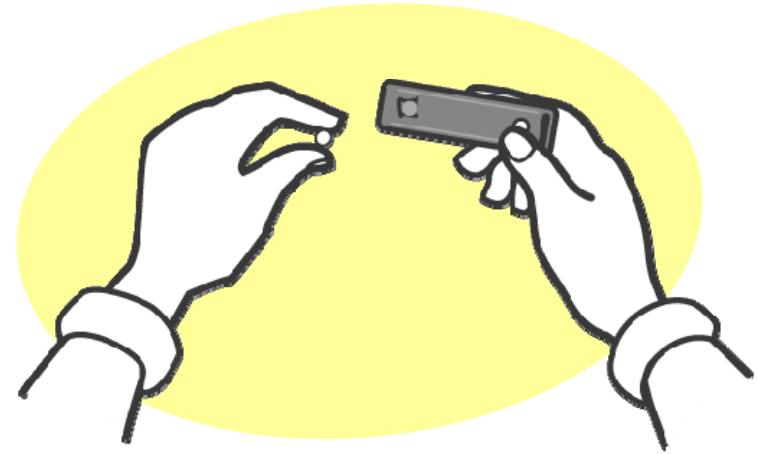
For **EC pills** information
go to **next page**.

For **emergency copper IUD** information
go to **page EC4**.



Emergency Contraceptive Pills

- Need to be taken as soon as possible after unprotected sex
- Do not cause abortion
- Might cause nausea, vomiting, spotting or bleeding
- Do not prevent pregnancy the next time you have sex
- Not for regular use





Emergency Contraceptive Pills (ECPs)

- **Need to be taken as soon as possible after unprotected sex**



- **She should take pills as soon as possible after unprotected intercourse, ideally take within 72 hours (3 days).** They can be taken up to 120 hours (5 days) after, but become less effective with each day that passes.
- If she had *other* acts of unprotected sex since her last menstrual period, she may already be pregnant and ECPs would then not work. If she takes ECPs when already pregnant, they do not harm pregnancy. **She should return if next menstrual period is more than 1 week late.**

- **Do not cause abortion**



Levonorgestrel-only ECPs

- Work better and cause less nausea and vomiting than combined ECPs.
- **Dosage:** Take 1.5 mg of levonorgestrel in a single dose.

Combined estrogen-progestogen ECPs

- Use if levonorgestrel-only pills are unavailable.
- **Dosage:** Take 2 doses of 100 mcg of ethinylestradiol plus 0.5 mg of levonorgestrel, 12 hours apart.

- **Might cause nausea, vomiting, spotting or bleeding**



- **“ECPs prevent pregnancy. They do not cause abortion.”** They work mainly by stopping ovulation (see Appendices 4 & 5).

- **Do not prevent pregnancy the next time you have sex**



- If she is taking combined estrogen-progestogen pills, she can take antinausea medicine (meclazine hydrochloride) to prevent nausea.
- If she vomits within 2 hours after taking ECPs, she should return for another dose as soon as possible.
- She may have spotting or bleeding a few days after taking pills.

- **Not for regular use**



- **Discuss:** ECPs do not protect against future acts of sexual intercourse. (See next page for continuing protection.)
- Less effective than most regular methods.



Next Move:

If she chooses ECPs, provide them and go to **next page**.

For **emergency copper IUD** information go to **page EC4**.

Need continuing protection?

Please consider:

- Could unprotected intercourse happen again?
- Do you need dual protection from pregnancy and STIs/HIV/AIDS?
- Can you always choose when you have sex?
- Do you have a regular method? Are you satisfied with it?



*Do you want to know your
family planning choices?*

Need continuing protection?

Please consider:

- Could unprotected intercourse happen again?
- Do you need dual protection from pregnancy and STIs/HIV/AIDS?
- Can you always choose when you have sex?
- Do you have a regular method? Are you satisfied with it?



- Invite client to tell her story.
- If story suggests STI exposure, refer for treatment. Discuss condoms if appropriate.



- If at risk for STIs, discuss dual protection from pregnancy AND from STIs/HIV/AIDS. Go to Dual Protection tab.



- Use Appendix 9 to discuss communication with partners.
- If story suggests coercion or violence, refer for more help if possible. See Appendix 13.



- **Can start another method straightaway**, including pills.
- If client chooses no regular method now, offer ECPs and condoms with instructions for use.

Next Move:

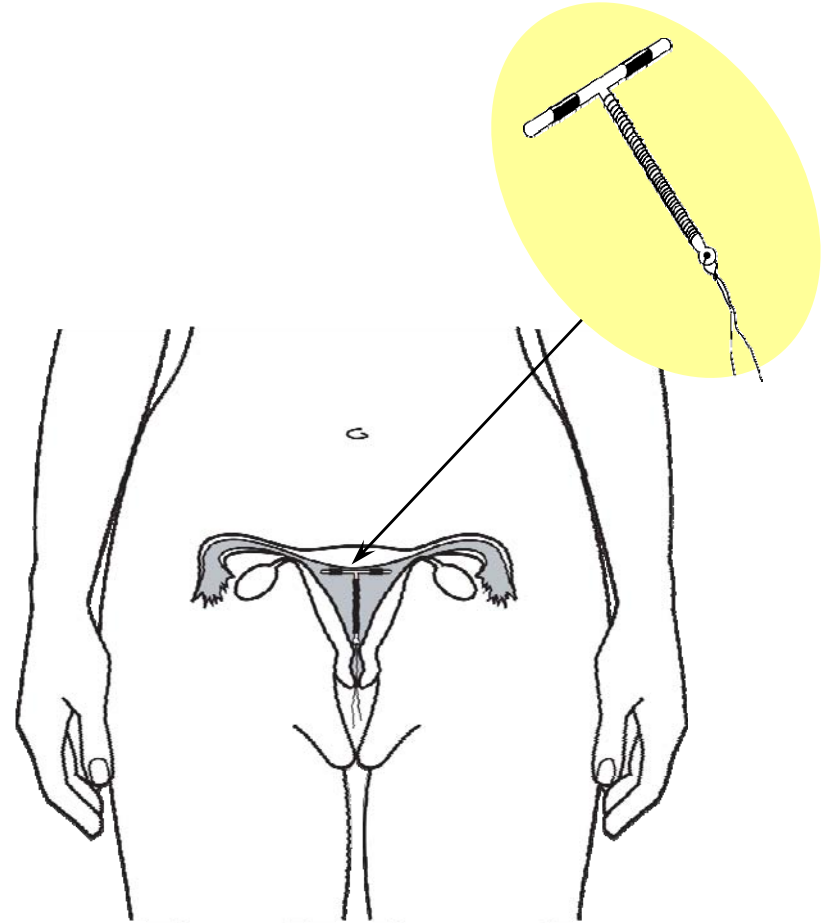
If she chooses continuing contraception, go to **Choosing Method** tab.

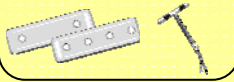
For **emergency copper IUD** information go to **next page**.



Emergency Copper IUD

- Can use if had unprotected sex in the last 5 days
- Doctor, nurse, or midwife places IUD in womb. Can cause some cramps.
- IUD can be taken out later or left in place for continuing contraception





Emergency Copper IUD

- **Can use if had unprotected sex in the last 5 days**
- **Doctor, nurse, or midwife places IUD in womb. Can cause some cramps.**
- **IUD can be taken out later or left in place for continuing contraception**



- Very effective; more effective than ECPs.
- If you can estimate the time of her ovulation, she can also have the IUD inserted more than 5 days after unprotected sex, as long as it is not inserted more than 5 days after ovulation.
- There has been no research on the mechanism of action of the IUD used for emergency contraception.



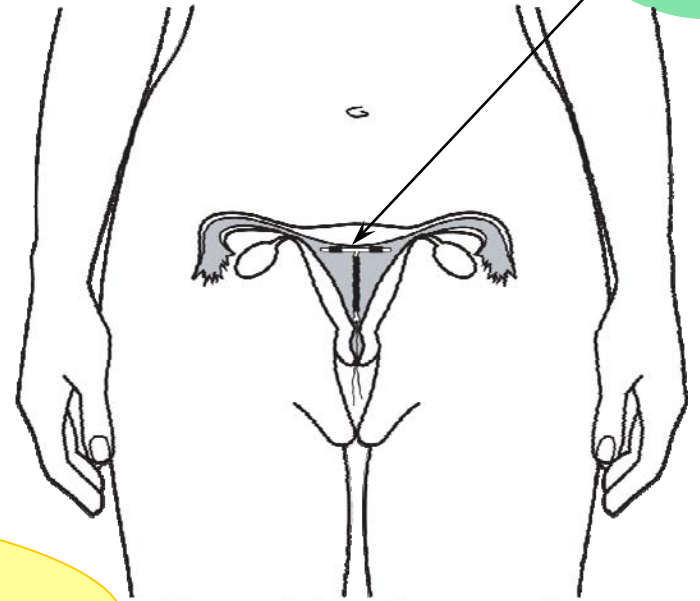
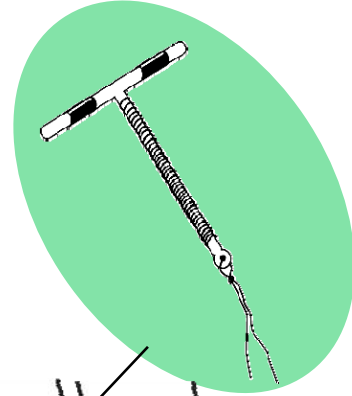
- Can use as long-term contraceptive method if she is medically eligible, or can be removed at any time.
- If kept in place, IUD keeps working up to 10 years.
- If emergency IUD does not prevent pregnancy, the IUD will need to be taken out.

Next Move:

If she chooses emergency copper IUD, go to **Copper IUD tab** to check medical eligibility for IUD use (page IUD2) and for information on IUD insertion.

Copper IUD

- Small device that fits inside the womb
- Very effective
- Keeps working up to 10 years, depending on type
- We can remove it for you whenever you want
- Very safe
- Might increase menstrual bleeding or cramps
- No protection against STIs or HIV/AIDS



Do you want to know more about the IUD, or talk about a different method?

Copper IUD

- **Small device that fits inside the womb**
- **Very effective**
- **Keeps working up to 10 years, depending on type**
- **We can remove it for you whenever you want**
- **Very safe**
- **Might increase menstrual bleeding or cramps**
- **No protection against STIs or HIV/AIDS**



About the IUD:

- Small flexible plastic frame with copper sleeves and/or wire.
- Give client a sample IUD to hold.
- Works mainly by stopping sperm and egg from meeting.
- Most women can use IUDs, including women who have never been pregnant.

- Very effective, with little to remember.

- Copper T 380A lasts for 10 years.

- For older women: should be removed 1 year after last menstrual period (menopause).

- Can soon become pregnant when IUD taken out.

Check for concerns, rumours: “What have you heard about the IUD?” (See Appendix 10 on myths about contraception.)



Explain common myths:

- IUD does not leave the womb and move around inside the body.
- IUD does not get in the way during intercourse, although sometimes the man may feel the strings.
- IUD does not rust inside the body, even after many years.

- **Side-effects** usually get better after first 3 months (see page IUD3).

- **For STI/HIV/AIDS protection, also use condoms.**

Next Move:

“Do you want to know more about the IUD, or talk about a different method?”

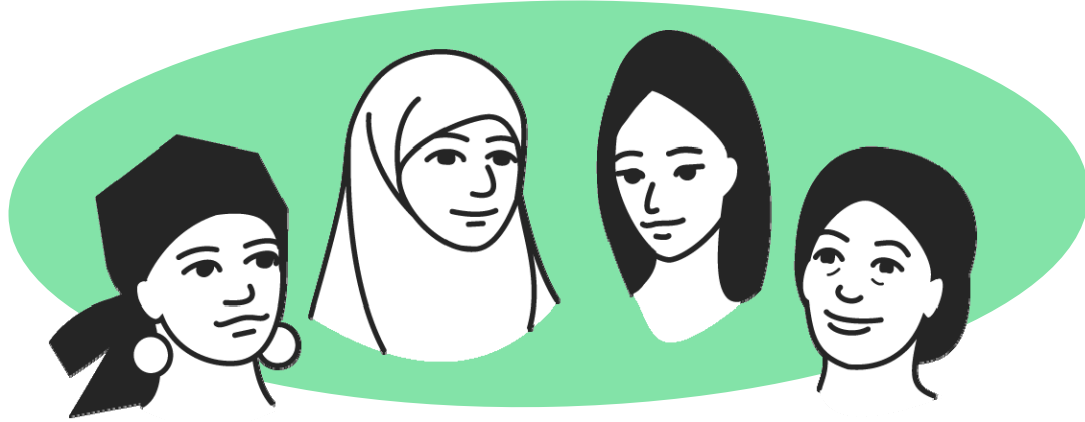
If client wants to know more about the IUD, go to next page.

To discuss another method, go to a new method tab or to Choosing Method tab.



Who can and cannot use the IUD

Most women can safely use the IUD



But usually cannot use IUD if :



- May be pregnant



- Gave birth recently (more than 2 days ago)



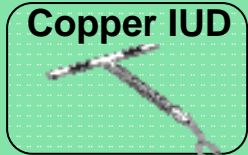
- At high risk for STIs



- Unusual vaginal bleeding recently



- Infection or problem in female organs



Who can and cannot use the IUD

Most women can safely use the IUD. But usually cannot use IUD if:

- May be pregnant →
- Gave birth recently (more than 2 days ago) →
- At high risk for STIs →
- Unusual vaginal bleeding recently →
- Infection or problem in female organs →

"We can find out if the IUD is safe for you. Usually, women with any of these conditions should delay insertion or use another method."

- If in any doubt, use pregnancy checklist in Appendix 1 or perform pregnancy test.

- IUD should not be inserted between 48 hours and 4 weeks after childbirth because of expulsion risk.

- If at high risk for chlamydia or gonorrhoea infection.

Those at high risk for these STIs include anyone who:

- has more than 1 sex partner without always using condoms;
- has sex partner who may have sex with others without always using condoms.

- Unusual bleeding should be assessed before IUD insertion.

STI or Pelvic Inflammatory Disease (PID):

- Treat PID, chlamydia, gonorrhoea or purulent cervicitis BEFORE inserting IUD. Offer to treat partner too.
- Can insert IUD if client has genital ulcer disease or vaginitis (bacterial vaginosis, trichomonas vaginalis), but check risk for chlamydia or gonorrhoea. Treat infections.

HIV or AIDS:

- If client has HIV, can insert IUD.
- If client has AIDS, do not insert IUD. But if client is being treated with antiretroviral drugs and is healthy, can insert IUD.

Infection after childbirth or abortion:

- Any infections should be fully treated before IUD insertion.

Cancer in female organs or pelvic tuberculosis (TB):

- Do not insert IUD if known cervical, endometrial or ovarian cancer; benign or malignant trophoblast disease; pelvic TB.

Next Move:

Client able to use the IUD:
go to next page.

Client unable to use the IUD:
help her choose another method.

Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*

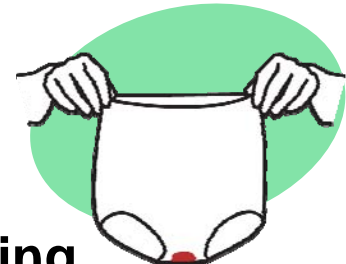
After insertion:

- Some cramps for several days
- Some spotting for a few weeks



Other common side-effects:

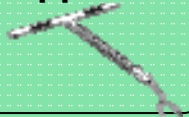
- Longer and heavier periods
- Bleeding or spotting between periods
- More cramps or pain during periods



May get less after a few months

*How would you feel about
these side-effects?*





Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.

After insertion:

- Some cramps for several days
- Some spotting for a few weeks

Other common side-effects:

- Longer and heavier periods
- Bleeding or spotting between periods
- More cramps or pain during periods

May get less after a few months

- "It can take time for the body to adjust."
- Different people have different reactions to methods.

Discuss:

- "If these side-effects happened to you, what would you think or feel about it?"
- "What would it mean to you?"
- Discuss any rumours or concerns. (See Appendix 10).
- "Please come back any time you want help or have questions."
- "It is okay to switch methods any time."
- For dealing with side-effects, see **Returning Client tab**.



- For cramps after insertion, can take aspirin, paracetamol, or ibuprofen.

- For longer, heavier and more painful periods, she can take ibuprofen or a similar medication (NOT aspirin).

- Cramps and bleeding usually get less after 3 to 6 months.

Next Move:

Does client understand side-effects? Is she happy to use method?



If so, go to next page.

If not, discuss further or consider other methods.



What will happen when you get your IUD

Steps:

- 1 Pelvic examination
- 2 Cleaning the vagina and cervix
- 3 Placing IUD in the womb through the cervix

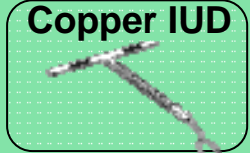
- May hurt at insertion
- Please tell us if it hurts
- Rest as long as you like afterwards
- May have cramps for several days after insertion



Afterwards:
you can check
your IUD from
time to time



*Are you ready to
choose this method?
What questions do
you have?*



What will happen when you get your IUD

Steps:

- ① Pelvic examination
- ② Cleaning the vagina and cervix
- ③ Placing IUD in the womb through the cervix

- May hurt at insertion
- Please tell us if it hurts
- Rest as long as you like afterwards
- May have cramps for several days after insertion

Afterwards: you can check your IUD from time to time

Next Move:

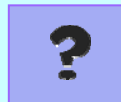


Does client understand IUD insertion procedure? Is she ready to choose method?

If she has decided to use method, go to next page.

If not, discuss further or consider other methods.

- Ask if she has any questions or concerns.
- Explain who will do the procedure.
- No anaesthesia needed. Woman stays awake.



- If it is her first pelvic exam, explain exam, including position during exam. Let client hold a speculum. Explain its use.

- Done slowly and gently.
- Show sample IUD with arms folded in inserter.

- Any immediate pain usually lasts 30 minutes at most.

When to check:

- Once a week in first month.
- After a menstrual period from time to time.

How to check:

- Wash hands, sit in squatting position, insert a finger into vagina and feel for IUD strings at cervix. Don't pull on the strings.

If **unable to feel strings**, or strings feel longer or shorter, she should come back to the clinic. IUD may have been expelled, and she may need emergency contraception.

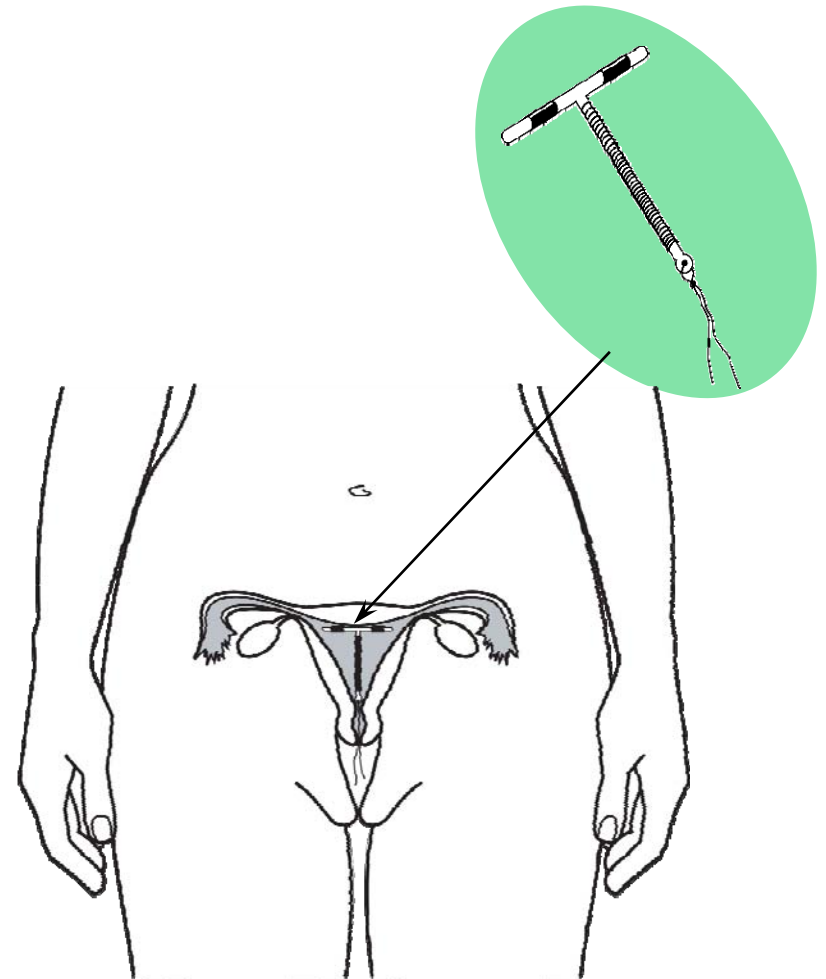


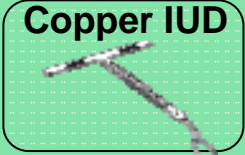
You may be able to get your IUD now

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant
- IUD can be inserted in first 2 days after you give birth



Would you like to get your IUD now?





You may be able to get your IUD now

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant
- IUD can be inserted in first 2 days after you give birth



- **If menstrual bleeding started in last 12 days**, can insert IUD now.
- **If menstrual bleeding started more than 12 days ago**, can insert IUD now if reasonably certain she is not pregnant (use pregnancy checklist in Appendix 1). **No need to wait for next menstrual period.**



Insertion after childbirth:

- Can insert **within 48 hours** after birth. Special training needed.
- Can also insert **after 4 weeks** after birth. Must be reasonably certain she is not pregnant.
- Between 48 hours and 4 weeks after birth, delay insertion. Offer condoms or another method if she is not fully breastfeeding.

After miscarriage or abortion:

- Can insert immediately after abortion. If in the first 7 days after abortion, no extra protection is needed.

If switching from another method:

- If she has been using a reliable method correctly (including LAM) or has had no sex since last period, **you can insert the IUD now**, not only during menstruation.

If infection:

- Can insert after infection is fully treated and cured. Offer condoms or another method to use in the meantime.

Next Move:

Is she ready to get her IUD now?

If she can **get her IUD now**, prepare for insertion or arrange appointment for insertion as soon as possible.

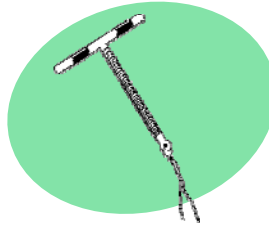
If she must wait, offer condoms or another method.





What to remember

- Your kind of IUD:



- When to have IUD taken out:



- Bleeding changes and cramps are common. Come back if they bother you.
- Come back for a check-up in 3 to 6 weeks or after next menstrual period

*Anything else I can
repeat or explain?
Any other questions?*

See a nurse or doctor if:

- Missed a menstrual period, or think you may be pregnant

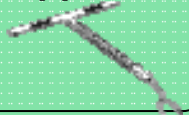


- Could have an STI or HIV/AIDS

- IUD strings seem to have changed length or are missing



- Bad pain in lower abdomen



What to remember

- Your kind of IUD
- When to have IUD taken out
- Bleeding changes and cramps are common. Come back if they bother you.
- Come back for a check-up in 3 to 6 weeks or after next menstrual period

• See a nurse or doctor if:

- Missed a menstrual period, or think you may be pregnant
- Could have an STI or HIV/AIDS
- IUD strings seem to have changed length or are missing
- Bad pain in lower abdomen



- Give client an information card or copy of client's page and explain. Tell her to keep card in a safe place.
- Copper T 380A lasts for 10 years.
- For older women, IUD should be left in place until 1 year after last menstrual period (menopause) for full protection from pregnancy.



- Make appointment to check IUD is still in place and no infection.
- Encourage her to come back any time to discuss problems or have the IUD removed.



Return Signs:

- "These signs mean a doctor or nurse should check if a problem is developing."
- "I want you to know about them and remember them."



- She should tell other health care providers that she has an IUD.

Last Moves:

"Do you feel confident you can use this method successfully? Is there anything I can repeat or explain?"

Remember to offer condoms for dual protection!

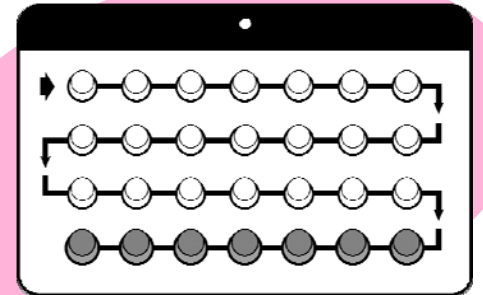
Last, most important message:

"Come back any time you have questions or want the IUD removed."

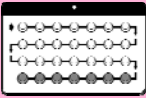


The Pill

- Take a pill every day
- Can be very effective
- Very safe
- Helps reduce menstrual bleeding and cramps
- Some women have side-effects at first—not harmful
- No protection against STIs or HIV/AIDS



*Do you want to know more about
the pill, or talk about a
different method?*



The Pill

- Take a pill every day
- Can be very effective
- Very safe
- Helps reduce menstrual bleeding and cramps
- Some women have side-effects at first—not harmful
- No protection against STIs or HIV/AIDS

Next Move:

About the combined pill:

- Contains both estrogen and progestogen hormones.
- Works mainly by stopping ovulation (see Appendices 4 & 5).

- “Would you remember to take a pill each day?”
- No need to do anything at time of sexual intercourse.

- **Very effective if taken every day.** But if woman forgets pills, she may become pregnant.
- **Easy to stop:** A woman who stops pills can soon become pregnant.

- Pills are not harmful for most women's health. Some clients may be concerned that the pill causes cancer, but studies show that the risk is very low for almost all women. The pill can even protect against some types of cancer. (See Appendix 10.)
- Serious complications are rare. They include heart attack, stroke, blood clots in deep veins of the legs or lungs.
- Less menstrual bleeding can help reduce anaemia.
- **Check for concerns, rumours:** “What have you heard about the pill?”
- **Explain common myths:** Pills are dissolved into blood. They do not collect in stomach. (Also see Appendix 10.)



- **Side-effects** often go away after first 3 months (see page P3).

- **For STI/HIV/AIDS protection, also use condoms.**

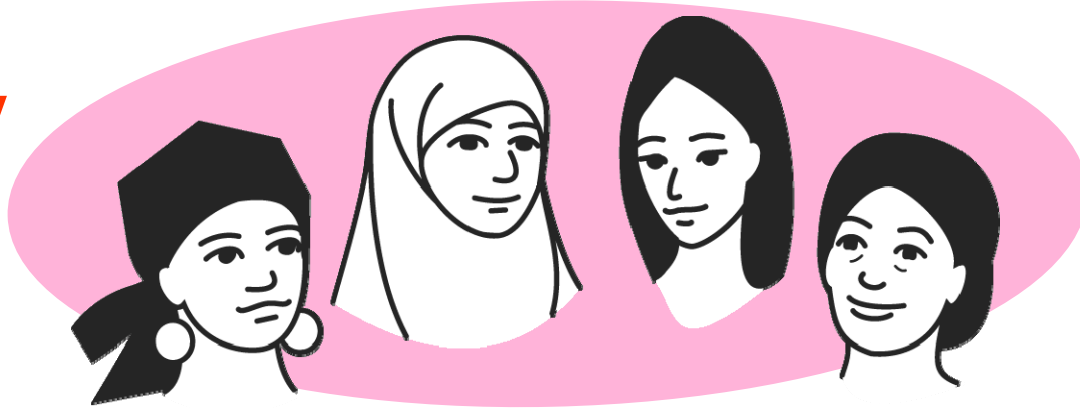
“Do you want to know more about the pill, or talk about a different method?”

If client wants to know more about the pill,
go to next page.

To discuss another method, go to a new
method tab or to Choosing Method tab.

Who can and cannot use the pill

Most women can safely use the pill



But usually cannot use the pill if:



- Smoke cigarettes AND age 35 or older



- High blood pressure



- Gave birth in the last 3 weeks



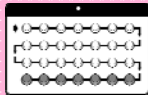
- Breastfeeding 6 months or less



- May be pregnant



- Some other serious health conditions



Who can and cannot use the pill

**Most women can safely use the pill.
But usually cannot use the pill if:**

- **Smoke cigarettes AND age 35 or older**
- **High blood pressure**
- **Gave birth in the last 3 weeks**
- **Breastfeeding 6 months or less**
- **May be pregnant**

- **Some other serious health conditions:**
*Usually cannot use with any of these serious health conditions
(if in doubt, check handbook or refer)*

*What is a migraine?

Ask: "Do you often have very painful headaches, perhaps on one side or throbbing, that cause nausea and are made worse by light and noise or moving about? Do you see a bright spot in your vision before these headaches?" (migraine aura)

Next Move:

Client able to use the pill:
go to next page.

"We can find out if the pill is safe for you. Usually, women with any of these conditions should use another method."

- Check blood pressure (BP) if possible. If systolic BP 140+ or diastolic BP 90+, help her choose another method (but not a monthly injectable). (If systolic BP 160+ or diastolic BP 100+, also should not use long-acting injectable.)
- If BP check not possible, ask about high BP and rely on her answer.

- If in doubt, use pregnancy checklist in Appendix 1 or perform pregnancy test.

- Ever had stroke or problem with heart or blood vessels.
- Migraine headaches*: She should not use the pill if she is over 35 and has migraines, or at any age if she has migraine aura. Women under 35 who have migraines *without* aura and women with ordinary headaches CAN usually use the pill.
- Ever had breast cancer.
- Has 2 or more risk factors for heart disease, such as hypertension, diabetes, smokes, or older age.
- Gallbladder disease.
- Has ever had blood clot in lungs or deep in legs. Women with superficial clots (including varicose veins) CAN use the pill.
- Soon to have surgery? She should not start if she will have surgery making her immobile for more than 1 week.
- Serious liver disease or jaundice (yellow skin or eyes).
- Diabetes for more than 20 years, or severe damage caused by diabetes.
- Takes pills for tuberculosis, fungal infections, or epilepsy (seizures/fits).

Client unable to use the pill: help her choose another method, but not monthly injectable.

Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*

- But many women do not have any
- Often go away after a few months

Most common:



- Nausea
(upset stomach)



- Spotting
or bleeding
between periods



- Mild
headaches



- Tender
breasts



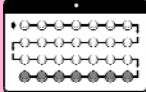
- Dizziness



- Slight
weight gain
or loss



*Do you want to try
using this method and
see how you like it?*



Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.

- But many women do not have any
- Often go away after a few months

Most common:

- Nausea (upset stomach)
- Spotting or bleeding between periods
- Mild headaches
- Tender breasts
- Dizziness
- Slight weight gain or loss



- “It can take time for the body to adjust.”
- Different people have different reactions to methods.
- About half of all users never have any side-effects.
- Side-effects often go away or lessen within 3 months.

Discuss:

- “If these side-effects happened to you, what would you think or feel about it?”
- “What would it mean to you?”
- “What would you do?”
- Discuss any rumours or concerns. See Appendix 10 on myths.
- “Please come back any time you want help or have questions.”
- “It is okay to switch methods any time.”
- For dealing with side-effects, see **Returning Client** tab.



- Tell client: **skipping pills may make bleeding side-effects worse** and risks pregnancy.

Next Move:

Does client understand side-effects? Is she ready to choose method?

If she has decided to use method,
go to next page.

If **not**, discuss further or consider other
methods.



How to take the pill

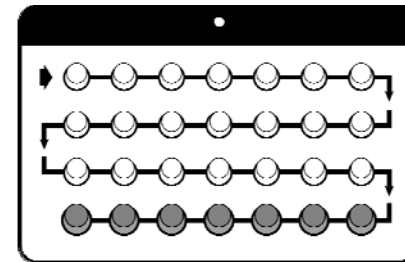
- Take one pill each day, by mouth



If you use the 28-pill pack:

- Once you have finished all the pills in the pack, start new pack on the next day

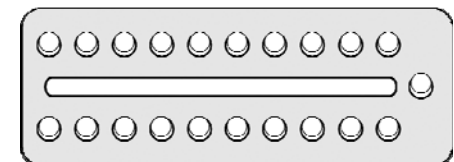
28-pill
pack

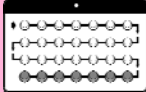


If you use the 21-pill pack:

- Once you have finished all the pills in the pack, wait 7 days before starting new pack

21-pill
pack





How to take the pill

- Take one pill each day, by mouth



- Give client her pill packs to hold and look at.

- **Most important instruction.**
- Show how to **follow arrows** on pack.

If you use the 28-pill pack:

- Once you have finished all the pills in the pack, start new pack on the next day



If you use the 21-pill pack:

- Once you have finished all the pills in the pack, wait 7 days before starting new pack



Discuss

- Easy to remember to take pills?
- “What would help you to remember? What else do you do regularly every day?”
- Easiest time to take the pills? At a meal? At bedtime?
- Where to keep pills.
- What to do if pill supply runs out.



- **Caution the client:** Waiting too long between packs greatly increases risk of pregnancy.
- With 28-pill pack: No waiting between packs.
- With 21-pill pack: 7 days with no pills (for example, last pill of old pack on a Saturday, then first pill of new pack on the **following** Sunday).



Next Move:

Does client understand how to take the pill?

Discuss further if needed, or go to next page.



If you miss pills

If you miss pills:

- **ALWAYS** take a pill as soon as you remember, and continue taking pills, one each day



But if you miss 3 or more pills or start a pack 3 or more days late:

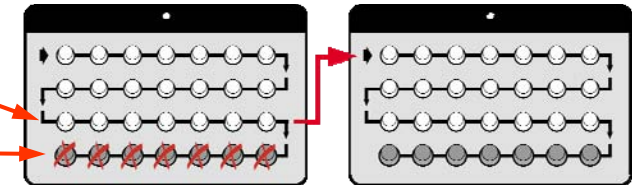


- You must also use condoms or avoid sex for the next 7 days



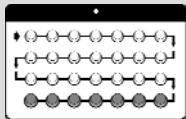
- **AND** if you miss 3 or more pills in week 3:

Also skip the reminder pills (or the pill-free week) and go straight to the next pack



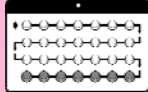
If you miss a reminder pill (28-day packs only):

Reminder pills →



- Throw away the missed pill(s) and continue taking pills, one each day





If you miss pills

If you miss pills:

- **ALWAYS** take a pill as soon as you remember, and continue taking pills, one each day



But if you miss 3 or more pills or start a pack 3 or more days late:

- You must also use condoms or avoid sex for the next 7 days
- **AND** if you miss 3 or more pills in *week 3*: Also skip the reminder pills (or the pill-free week) and go straight to the next pack



If you miss a reminder pill (28-day packs only):

- Throw away the missed pill(s) and continue taking pills, one each day



Key counselling messages about missed pills:

- As soon as she remembers that she missed active pills, she must take an active pill and then continue with the rest of the pack. Depending on when she remembers, this may mean she needs to take 2 pills on the same day or even at the same time.
- No need for condoms or avoiding sex if she misses just 1 or 2 pills.
- **Starting late is the same as missing pills.** If she starts a pack 3 or more days late, she needs to use condoms or avoid sex for the next 7 days.
- **Emergency contraception** can be considered if she misses 3 or more pills in the first week or starts a pack 3 or more days late.
- **Skipping reminder pills** or the pill-free week is not harmful. She may have no menstrual bleeding that month.

What to do with extra missed pills (if she misses more than 1 pill):

- If she has pill packs marked with days of the week, or wants to start each pack on the same day of the week, she should take the first missed pill, but **throw out** the other pills that were missed.
- Otherwise, she can just continue the pack where she stopped.

- **28-day packs** contain 7 **reminder pills** (week 4). These pills do not contain hormones.
- **21-day packs** have no reminder pills, but usually the user waits 7 days and then starts a new pack. Starting sooner is not dangerous.

- **If she often misses pills, other methods may be more suitable.**

Next Move:

Does client understand what to do if she misses pills?

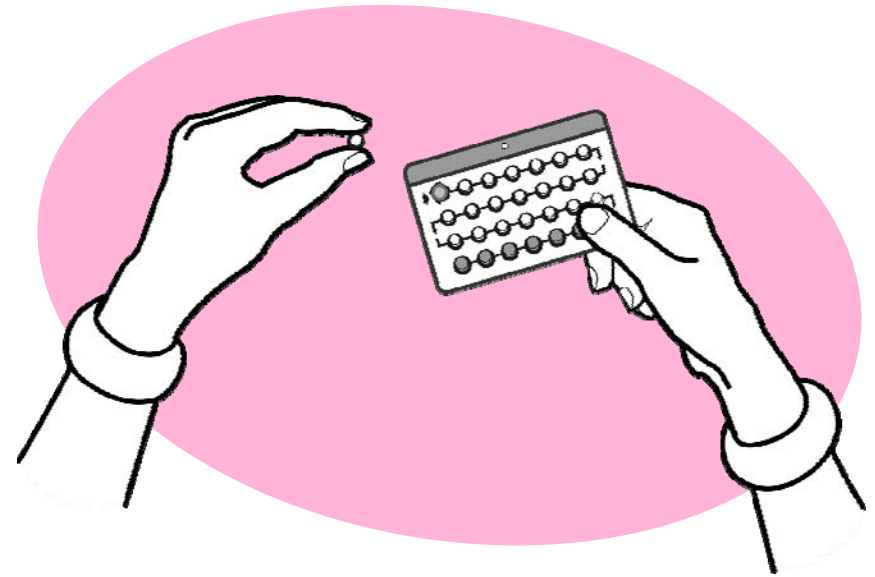
Give condoms for back-up when needed.

Discuss further if needed, or go to next page.

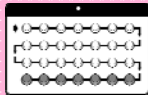


You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



Would you like to start now?



You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



If menstrual bleeding started in past 5 days:

- She can start NOW. No extra protection needed.

If menstrual bleeding started more than 5 days ago or if amenorrhoeic (not having menstrual periods):

- She can start NOW if reasonably certain she is not pregnant (use pregnancy checklist in Appendix 1). **No need to wait for next menstrual period** to start pills.
- She should **avoid sex or use condoms for 7 days** after taking first pill.

After childbirth, if breastfeeding:

- Can start from 6 months after childbirth.
- If baby is less than 6 months old, give her condoms to use in the meantime.

After childbirth, if NOT breastfeeding:

- Can start from 3 weeks after childbirth.

After miscarriage or abortion:

- Can start immediately after abortion. If in the first 7 days after abortion, no extra protection is needed.

If switching from another method:

- If switching from the mini-pill or implants, **now** is the best time to start.
- If switching from injectable, should start pills at time she would have had repeat injection.
- If switching from IUD, and menstrual bleeding started more than 5 days ago, can start pills now but leave IUD in place until the next menstrual period.

Next Move:

Client ready to start now?

If **yes**, give her up to a year's supply of pills. Help her to take the first pill now if she wishes.

If **not**, give her pills to take home. Ask her to start on the first day of next menstrual period (or if breastfeeding, when baby reaches 6 months). **Give condoms** to use until then. Explain their use.





What to remember

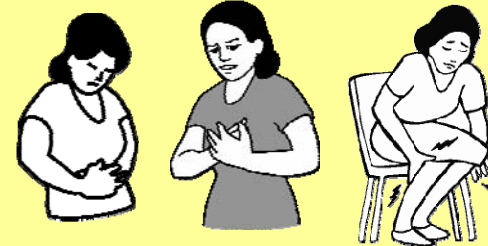
- Take one pill each day
- If you miss pills, you can get pregnant
- Side-effects are common but rarely harmful. Come back if they bother you.
- Come back for more pills before you run out, or if you have problems



*Anything else I can repeat or explain?
Any other questions?*

See a nurse or doctor if:

- Severe, constant pain in belly, chest, or legs



- Very bad headaches

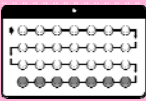


- A bright spot in your vision before bad headaches



- Yellow skin or eyes





What to remember

- Take one pill each day
- If you miss pills, you can get pregnant
- Side-effects are common but rarely harmful. Come back if they bother you.
- Come back for more pills before you run out, or if you have problems

- See a nurse or doctor if:
 - Severe pain in belly, chest, or legs
 - Very bad headaches
 - A bright spot in your vision before bad headaches (migraine aura)
 - Yellow skin or eyes

- Make sure she knows what to do if she misses pills.

- If possible, plan for a follow-up contact **3 months** after starting pills. Always plan a yearly follow-up visit.
- Invite client to return any time she wants more pills or help, information, or a new method.

Return Signs:

- “In many cases these signs are not related to taking the pill. But a doctor or nurse needs to check if a serious problem is developing and if you can continue taking the pill.”
- “I want you to know about them and remember them.”

- If another health care provider asks about her medications, she should mention that she is using the pill.

Last Moves:

“Do you feel confident you can use this method successfully?
Is there anything I can repeat or explain?”

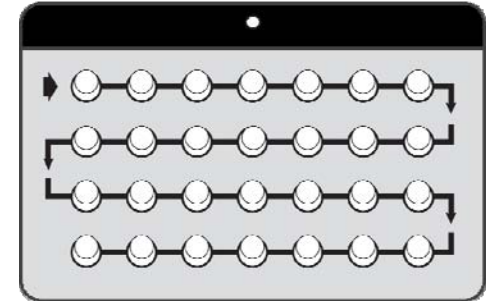
Remember to offer condoms for dual protection and/or back-up!

Last, most important message: **“Take a pill each day.”**



The Mini-Pill

- Good method while breastfeeding
- Take a pill at same time every day
- Very safe
- Women who are not breastfeeding may notice changes in monthly bleeding
- No protection against STIs or HIV/AIDS



***Different from the pill
Ask your provider***



***Do you want to know more about
this method, or talk about a
different method?***



The Mini-Pill

- **Good method while breastfeeding**



About the mini-pill:

- Contains only progestogen. OK for women who cannot take estrogen.
- Works mainly by thickening cervical mucus and by stopping ovulation (see Appendices 4 & 5).
- Very effective when breastfeeding.
- Easy to stop: A woman who stops pills can soon become pregnant.

Compared with the combined pill:

- Better if breastfeeding. Does not affect quality or amount of breastmilk.
- **Taking pills on time** is even more important. For women not breastfeeding, taking a pill more than a few hours late can increase pregnancy risk.
- Fewer side-effects except for bleeding changes.

- **Take a pill at same time every day**



- *"Would you remember to take a pill at the same time each day?"*

- No need to do anything at time of sexual intercourse.

- **Very safe**



- Pills are not harmful for health.

Check for concerns, rumours:

"What have you heard about the mini-pill?"

- **Explain common myths:** Pills are dissolved into blood. They do not accumulate in stomach. (Also see Appendix 10.)



- **Women who are not breastfeeding may notice changes in monthly bleeding**



- **Side-effects:** see page MP3.

- **No protection against STIs or HIV/AIDS**



- **For STI/HIV/AIDS protection, also use condoms.**

Next Move:

"Do you want to know more about the mini-pill, or talk about a different method?"

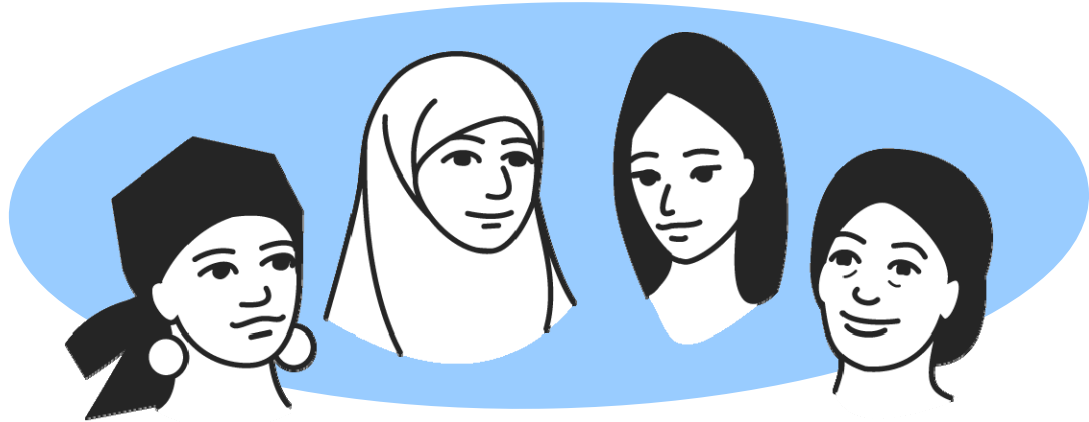
If client wants to know more about the mini-pill, go to next page.

To discuss another method, go to a new method tab or to Choosing Method tab.



Who can and cannot use the mini-pill

Most women can safely use the mini-pill



But usually cannot use the mini-pill if:



- **Breastfeeding 6 weeks or less**



- **May be pregnant**



- **Some other serious health conditions**



Who can and cannot use the mini-pill

**Most women can safely use the mini-pill.
But usually cannot use the mini-pill if:**

- **Breastfeeding 6 weeks or less**
- **May be pregnant**
- **Some other serious health conditions:**

*Usually cannot use with any of these serious health conditions
(if in doubt, check handbook or refer)*

"We can find out if the mini-pill is safe for you. Usually, women with any of these conditions should use another method."

- Give pills and tell her to start when baby is 6 weeks old.

- If in doubt, use pregnancy checklist in Appendix 1 or perform pregnancy test.

- Ever had breast cancer.
- Serious liver disease or jaundice (yellow skin or eyes).
- Has blood clot in lungs or deep in legs. Women with superficial clots (including varicose veins) CAN use the mini-pill.
- Takes pills for tuberculosis (TB), fungal infections, or epilepsy (seizures/fits).

- Most women who have had stroke or problems with heart or blood vessels CAN use the mini-pill.

Next Move:

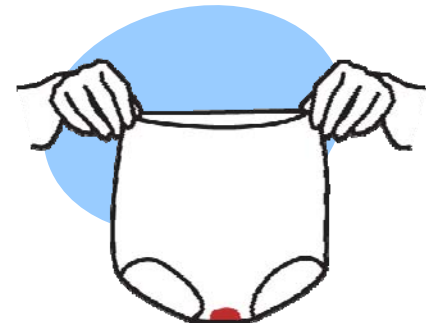
Client able to use the mini-pill:
Go to next page.

Client unable to use the mini-pill:
Help her choose a method without hormones.

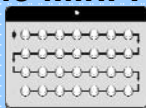
Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*

- **Common (when not breastfeeding):**
irregular bleeding, spotting, no monthly bleeding
- **Less common:** headache, tender breasts, dizziness



*Do you want to try
using this method and
see how you like it?*



Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.



- **Common (when not breastfeeding):**
irregular bleeding, spotting,
no monthly bleeding



- **Less common:**
headache, tender breasts, dizziness



- "It can take time for the body to adjust."
- Different people have different reactions to methods.

Discuss:

- "If these side-effects happened to you, what would you think or feel about it?"
- "What would it mean to you?"
- "What would you do?"
- Discuss any **rumours or concerns**.
See Appendix 10 on myths.



- Most breastfeeding women do not have regular periods and so often do not notice effect of mini-pills on menstrual bleeding.
- In non-breastfeeding women, irregular periods, spotting, light bleeding between periods, and amenorrhoea (no bleeding) are common and normal.
- Tell client: **skipping pills may make bleeding side-effects worse** and risks pregnancy.

- Can take aspirin, paracetamol or ibuprofen for headache.

- Invite client to return for help any time.
- "It is okay to switch methods any time."
- For dealing with side-effects, see **Returning Client tab**.

Next Move:

Does client understand side-effects? Is she ready to choose method?



If she has decided to use method,
go to next page.

If not, discuss further or consider other
methods.



How to take the mini-pill

- Take one pill each day at the same time
- Once you have finished all the pills in the pack, start a new pack the following day
- Late taking a pill?
 - Take it as soon as you remember
 - You may need to follow special instructions if more than 3 hours late





How to take the mini-pill

- Take one pill each day at the same time
- Once you have finished all the pills in the pack, start a new pack the following day
- Late taking a pill?
 - Take it as soon as you remember
 - You may need to follow special instructions if more than 3 hours late



- Give client her pill packs to hold and look at.

- **Most important instruction:** Take pill at same time each day. If not breastfeeding, taking a pill even a few hours late increases risk of pregnancy. (Breastfeeding itself helps prevent pregnancy.)

- No wait between packets.
- All pills are active (they all contain hormones).

Discuss

- “What would help you remember to take a pill on time each day?”
- Easiest time to take the pills?
- Where to keep pills?
- What if pill supply runs out?

If you miss a pill by more than 3 hours and are:

- **Not breastfeeding OR breastfeeding but periods have returned:** Avoid sex or use condoms for the next 2 days.
- **Breastfeeding AND periods have NOT returned:** No special instructions. No extra protection needed.



Special Instructions

- Give client condoms to take home.

Next Move:

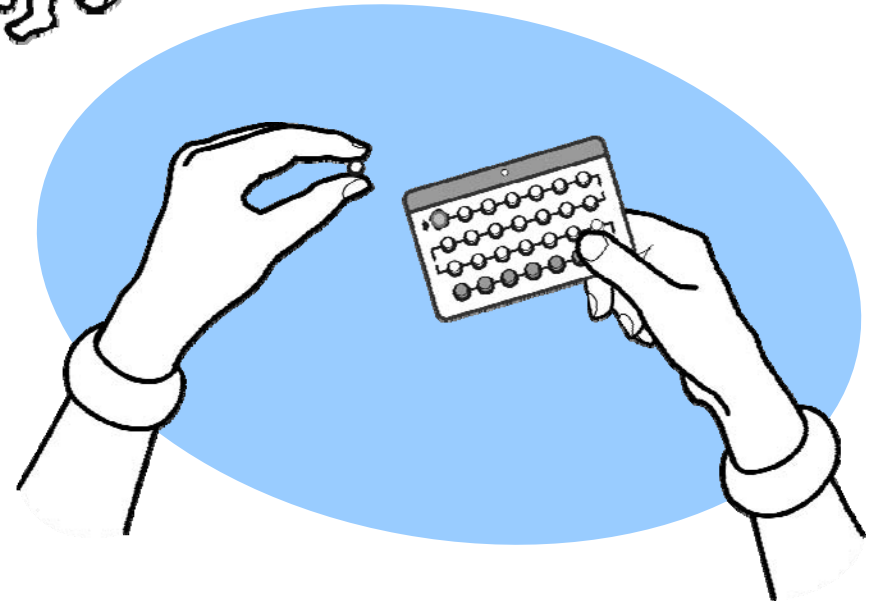
Does client understand how to take the mini-pill and what to do if she misses pills?

Discuss further if needed, or go to next page.



You may be able to start today

- Can start today if you have been fully breastfeeding at least 6 weeks
- If not breastfeeding, you can start any day of the menstrual cycle if we can be sure you aren't pregnant





You may be able to start today

- Can start today if you have been fully breastfeeding at least 6 weeks
- If not breastfeeding, you can start any day of the menstrual cycle if we can be sure you aren't pregnant



After childbirth, if breastfeeding:

- If **fully (or nearly fully) breastfeeding**, can start pills from 6 weeks after childbirth. No extra protection needed if she is between 6 weeks and 6 months after giving birth and her periods have not returned.
- If **partially breastfeeding**, best to start 6 weeks after birth. Waiting longer risks pregnancy.

After childbirth, if NOT breastfeeding:

- Can start immediately after childbirth. If in the first 4 weeks after birth, no extra protection is needed.

If menstrual bleeding started in past 5 days:

- She can start NOW. No extra protection needed.

If menstrual bleeding started more than 5 days ago or if amenorrhoeic (not having menstrual periods):

- She can start NOW if reasonably certain she is not pregnant (use pregnancy checklist in Appendix 1). **No need to wait for next menstrual period** to start pills.
- She should **avoid sex or use condoms for 48 hours** after taking first pill.

After miscarriage or abortion:

- Can start immediately after abortion. If in the first 7 days after abortion, no extra protection is needed.

If switching from another method:

- If switching from the pill or implants, **now** is the best time to start.
- If switching from an injectable, should start pills at time she would have had repeat injection.
- If switching from IUD, and menstrual bleeding started more than 5 days ago, can start pills now but leave IUD in place until the next menstrual period.

Next Move:

Client ready to start now?

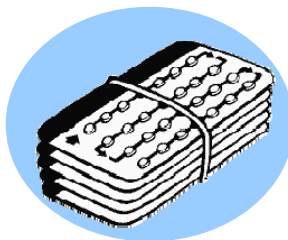
If **yes**, give her up to a year's supply of pills.
Discuss when would be a good time for her to take her first pill.

If **not**, give her pills to take home.
Explain the correct time to start.
Give condoms to use until then. Explain their use.



What to remember

- Take a mini-pill every day at the same time each day
- If you are late taking pills, you can get pregnant
- Side-effects are common but rarely harmful. Come back if they bother you.
- Come back for more pills before you run out, or if you have problems



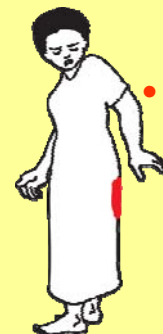
*Anything else I can repeat or explain?
Any other questions?*

See a nurse or doctor if:

- A bright spot in your vision before bad headaches



- Unusually heavy or long bleeding



- Yellow skin or eyes



- May be pregnant, especially if pain or soreness in belly





What to remember

- Take a mini-pill every day at the same time each day
- If you are late taking pills, you can get pregnant
- Side-effects are common but rarely harmful. Come back if they bother you.
- Come back for more pills before you run out, or if you have problems

- See a nurse or doctor if:
 - A bright spot in your vision before bad headaches (migraine aura)
 - Unusually heavy or long bleeding
 - Yellow skin or eyes
 - May be pregnant, especially if pain or soreness in belly



- Invite client to return any time she wants more pills or help, information, or a new method.
- If possible, plan for a follow-up contact **3 months** after starting pills. Always plan a yearly follow-up visit.
- If breastfeeding, invite her to come back when she stops breastfeeding. She may want to switch to another method at that time.



Return Signs:

- *"In many cases these signs are not related to taking the mini-pill. But a doctor or nurse needs to check if a serious problem is developing and if you can continue taking the mini-pill."*
- *"I want you to know about them and remember them."*



- Bleeding that is more than 8 days long or twice as heavy as usual.

- If another health care provider asks about her medications, she should mention that she is using the mini-pill.

Last Moves:

*"Do you feel confident you can use this method successfully?
Is there anything I can repeat or explain?"*

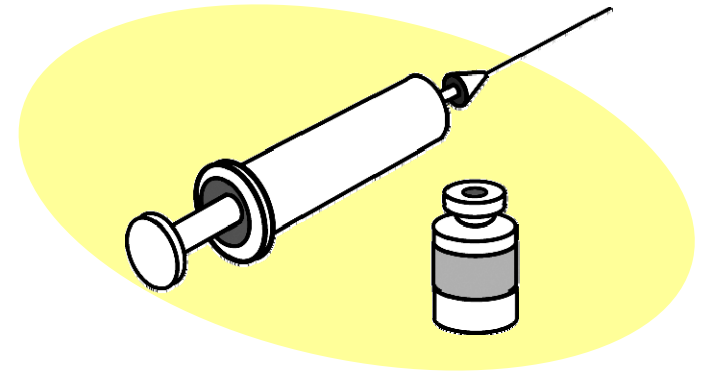
Remember to offer condoms for dual protection and/or back-up!

Last, most important message: **"Take a pill each day at the same time."**



Long-Acting Injectable

- An injection every 2 or 3 months, depending on type
- Very effective
- Often takes longer to get pregnant after stopping
- Very safe
- Changes monthly bleeding
- No protection against STIs or HIV/AIDS



Do you want to know more about this method, or talk about a different method?



Long-Acting Injectable

- An injection every 2 or 3 months, depending on type



About the long-acting injectable:

- DMPA and NET-EN are two types of long-acting injectable.
- Contains progestogen but not estrogen hormones.
- Works mainly by stopping ovulation (see Appendices 4 & 5).
- No supplies needed at home.

- Very effective



- “Would you be able to come back on time for injections?”
- “How would you remember?”

- Often takes longer to get pregnant after stopping



- **Very effective**, provided client returns for injection at right time.
- “Are you looking for a method that is easy to use effectively?”

- Very safe



- After stopping this injectable, there is a delay of several months before most women can get pregnant, and for some women it may be even longer. It does not make women permanently infertile.

- Changes monthly bleeding



- Injectables are not harmful for health. For breastfeeding women, they do not affect the quality of the breastmilk.

- **Check for concerns, rumours:**
“What have you heard about these injectables?”

- **Explain common myths.** (Also see Appendix 10.)



- No protection against STIs or HIV/AIDS



- **Side-effects:** see page LI3.

- **For STI/HIV/AIDS protection, also use condoms.**

Next Move:

“Do you want to know more about this injectable, or talk about a different method?”

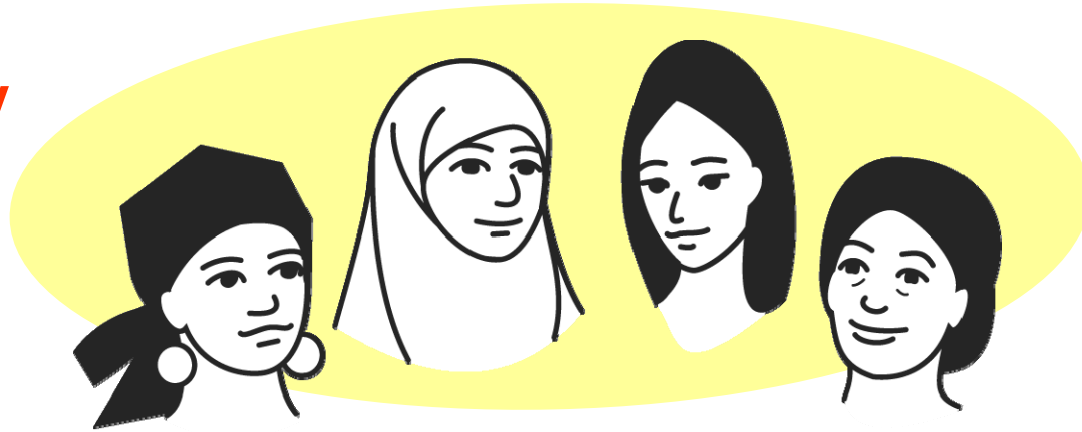
If client wants to know more about this injectable, go to next page.

To discuss another method, go to a new method tab or to Choosing Method tab.



Who can and cannot use a long-acting injectable

Most women can safely use this injectable



But usually cannot use this injectable if:



- **Very high blood pressure**



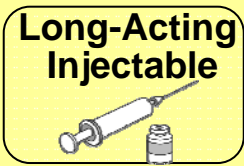
- **Breastfeeding 6 weeks or less**



- **May be pregnant**



- **Some other serious health conditions**



Who can and cannot use a long-acting injectable

Most women can safely use this injectable. But usually cannot use if:

- **Very high blood pressure**
- **Breastfeeding 6 weeks or less**
- **May be pregnant**
- **Some other serious health conditions**

Usually cannot use with any of these serious health conditions (if in doubt, check handbook or refer)



"We can find out if you can use this injectable safely. Usually, women with any of these conditions should use another method."

- Check blood pressure (BP) if possible. If systolic BP 160+ or diastolic BP 100+, help her choose another method (but not the pill or monthly injectables).
- If BP check not possible, ask about high BP and rely on her answer.

- Ask her to come back when baby is 6 weeks old. Urge her to keep breastfeeding.

- If in doubt, use pregnancy checklist in Appendix 1 or perform pregnancy test.

- Ever had stroke or problem with heart or blood vessels.
- Has 2 or more risk factors for heart disease, such as hypertension, diabetes, smokes, or older age.
- Diabetes for more than 20 years, or severe damage caused by diabetes.
- Has blood clot in lungs or deep in legs. Women with superficial clots (including varicose veins) CAN use this injectable.
- Ever had breast cancer.
- Unexplained vaginal bleeding: if the bleeding suggests a serious condition, help her choose a method without hormones to use until unusual bleeding is assessed.
- Serious liver disease or jaundice (yellow skin or eyes).

Next Move:

Client able to use injectables:
Go to next page.

Client unable to use injectables:
Help her choose another method.

Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*



- **Very common:**
Changes to monthly
bleeding



- **Common:**
Weight gain



- **Less common:**
Some others



*Do you want to try
using this method and
see how you like it?*



Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.



- “It can take time for the body to adjust.”
- Different people have different reactions to methods.

Discuss:

- “If these side-effects happened to you, what would you think or feel about it?”
- “What would it mean to you?”
- “What would you do?”
- Discuss any **rumours or concerns**. See Appendix 10 on myths.



• Very common: Changes to monthly bleeding



Important to explain menstrual changes:

- Expected and common, especially during first few months of use.
- **Irregular bleeding and spotting** are common at first.
- **Amenorrhoea (no monthly bleeding)** occurs often after several months of use. Does not permanently affect fertility. Rarely a sign of pregnancy. Explain that blood does not build up inside body.
- **Heavy bleeding** is rare.

Also very common: Bone mineral density decreases slightly during DMPA use, but increases again after stopping. It is not known whether this leads to increased fracture risk.

• Common: Weight gain



- Averages 1 to 2 kg each year but sometimes can be more.

• Less common: Some others



- **Less common side-effects:** mild headaches, dizziness, mood changes, upset stomach (nausea), less sex drive.

- Invite client to return for help any time.
- “It is okay to switch methods any time.”
- For dealing with side-effects, see **Returning Client tab**.

Next Move:

Does client understand side-effects? Is she ready to choose method?

If she has decided to use method,
go to next page.

If not, discuss further or consider other methods.



You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



Would you like to start now?



You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



If menstrual bleeding started in past 7 days:

- She can start NOW. No extra protection needed.

If menstrual bleeding started more than 7 days ago or if amenorrhoeic (not having menstrual periods):

- She can start NOW if reasonably certain she is not pregnant (use pregnancy checklist in Appendix 1). **No need to wait for next menstrual period** to start injections.
- She should **avoid sex or use condoms for 7 days** after first injection.

After childbirth, if breastfeeding:

- If **fully (or nearly fully) breastfeeding**, can start from 6 weeks after childbirth. No extra protection needed if she is between 6 weeks and 6 months after giving birth and her periods have not returned
- If **partially breastfeeding**, best to start 6 weeks after birth. Waiting longer risks pregnancy.

After childbirth, if NOT breastfeeding:

- Can start immediately after childbirth. If in the first 4 weeks after birth, no extra protection is needed.

After miscarriage or abortion:

- Can start immediately after abortion. If in the first 7 days after abortion, no extra protection is needed.

If switching from another method:

- If switching from pills or implants, **now** is the best time to start.
- If switching from a monthly injectable, should start at time she would have had repeat injection.
- If switching from IUD, and menstrual bleeding started more than 7 days ago, can start injections now but leave IUD in place until the next menstrual period.

Next Move:

Client ready to start now?

If **yes**, prepare to give first injection.

If **not**, arrange another visit (during next menstrual period would be best).
Give condoms to use until then. Explain their use.



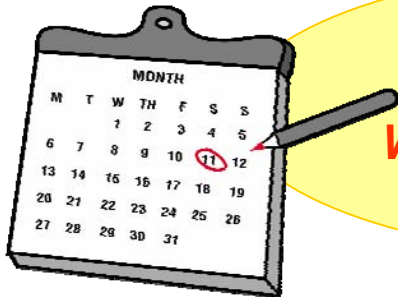
Getting your injection

Your injection:

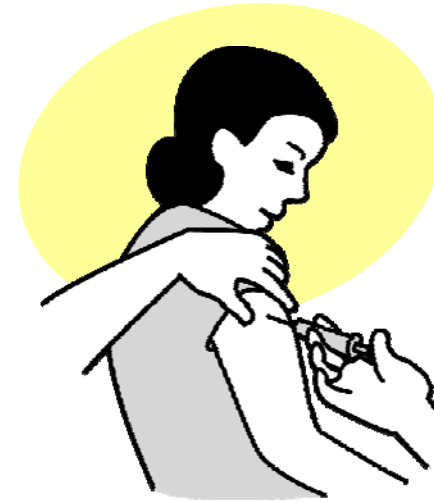
- Either in your arm or your buttock
- Don't rub the injection site afterwards

When to come back:

- For DMPA, every 3 months
- For NET-EN, every 2 months
- Come back even if you are late



*Can you
mark a calendar?
What else will help you
remember?*





Getting your injection

Your injection:

- Either in your arm or your buttock
- Don't rub the injection site afterwards



1. Give injections in a clean, designated area of the room.
 2. Wash your hands with soap and water. If client's skin is visibly dirty, wash injection site. No need to swab skin.
 3. If available, use **disposable syringe and needle** from a new, sealed package for each injection (not damaged and within the expiry date). Never reuse disposable syringes and needles. If disposable syringes and needles are NOT available, use ones that have been **sterilized with proper equipment and technique**. Throw away or resterilize any needles that touch hands, surfaces, or non-sterile objects.
 4. If possible, use single-dose vials. Check expiry date. Shake gently. If using a multi-dose vial, check when opened. Pierce with a **STERILE** needle. No need to swab septum (vial top). Don't leave needles in the septum.
 5. Insert sterile needle deep into upper arm (deltoid muscle) or into buttock (gluteal muscle, upper outer portion). Inject.
 6. Do not massage the injection site. Tell client not to rub site.
 7. **Dispose of needles and syringes properly.** After injection, do not recap needles. Place in sharps container immediately after use.
- See handbook or clinic guidelines for more information.

When to come back:

- For DMPA, every 3 months
- For NET-EN, every 2 months
- Come back even if you are late



- "Do you think you can remember when to come back? What will help you remember?" For example, will some event take place at about that time?
- **Both DMPA and NET-EN repeat injections can be given up to 2 weeks early or up to 2 weeks late.** No extra protection needed.
- **If more than 2 weeks late**, she should use condoms or avoid sex until she can get an injection. She may still be able to have the injection. Page RC8 of the returning client section explains what to do if client is late.

Next Move:

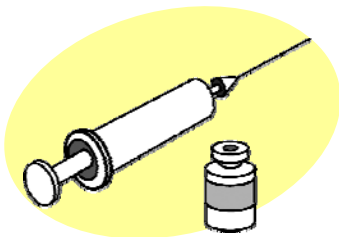
Confirm that client understands **how often to return** and **what to do if late**. If not, discuss further.





What to remember

- Name of your injectable:



- When to come for next injection:



- Bleeding changes and weight gain are common. Come back if they bother you.

*Anything else I can
repeat or explain?
Any other questions?*

See a nurse or doctor if:

- A bright spot in your vision before bad headaches



- Unusually heavy or long bleeding



- Yellow skin or eyes



What to remember

- **Name of your injectable**
- **When to come for next injection**
- **Bleeding changes and weight gain are common. Come back if they bother you.**



- You can give client a copy of client's page and write information on the sheet.
- Write date of next injection and note how often to return (every 3 months for DMPA; every 2 months for NET EN).

- Give her condoms in case she is more than 2 weeks late for injection.

- **See a nurse or doctor if:**
 - A bright spot in your vision before bad headaches (migraine aura)
 - Unusually heavy or long bleeding
 - Yellow skin or eyes



Return Signs:

- *"In many cases these signs are not related to the injections. But a doctor or nurse needs to check if a serious problem is developing and if you can continue getting injections."*
- *"I want you to know about them and remember them."*

- Bleeding that is more than 8 days long or twice as heavy as usual.

- If another health care provider asks about her medications, she should mention that she is using a long-acting injectable.

Last Moves:

*"Do you feel confident you can use this method successfully?
Is there anything I can repeat or explain?"*

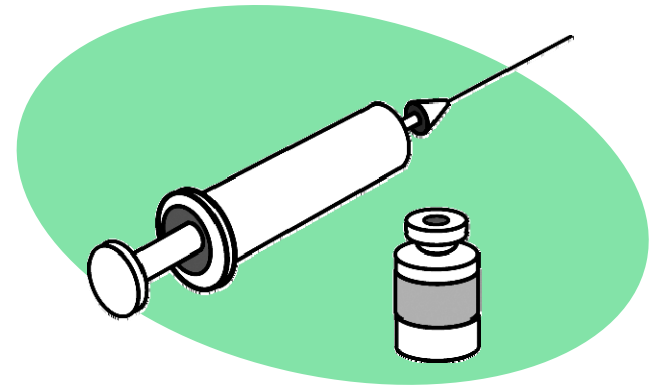
Remember to offer condoms for dual protection and/or back-up!

Last, most important message: "Remember to come back for your next injection."



Monthly Injectable

- An injection every month
- Very effective
- Easy to stop
- Very safe
- Some women have side-effects at first—not harmful
- No protection against STIs or HIV/AIDS



Do you want to know more about this method, or talk about a different method?



Monthly Injectable

- An injection every month
- Very effective
- Easy to stop
- Very safe
- Some women have side-effects at first—not harmful
- No protection against STIs or HIV/AIDS



About the monthly injectable:

- Monthly injectables include Cyclofem and Mesigyna.
- Contains both estrogen and progestogen hormones.
- Works mainly by stopping ovulation (see Appendices 4 & 5).
- These injectables have effects similar to the pill's.
- No supplies needed at home.

- “Would you be able to come back on time for injections?”
- “How would you remember?”

- **Very effective**, provided client comes back at right time for injection.
- A woman who stops injections can soon become pregnant.

- Injections are not harmful for most women's health. For more information see Appendix 10.
- Serious complications are rare. They may include heart attack, stroke, blood clots in lung or deep veins of the legs.
- **Check for concerns, rumours:** “What have you heard about these injections?”
- **Explain common myths.** (Also see Appendix 10.)



- **Side-effects** often go away after first 3 months (see page MI3).

- **For STI/HIV/AIDS protection, also use condoms.**

Next Move:

“Do you want to know more about this injectable, or talk about a different method?”

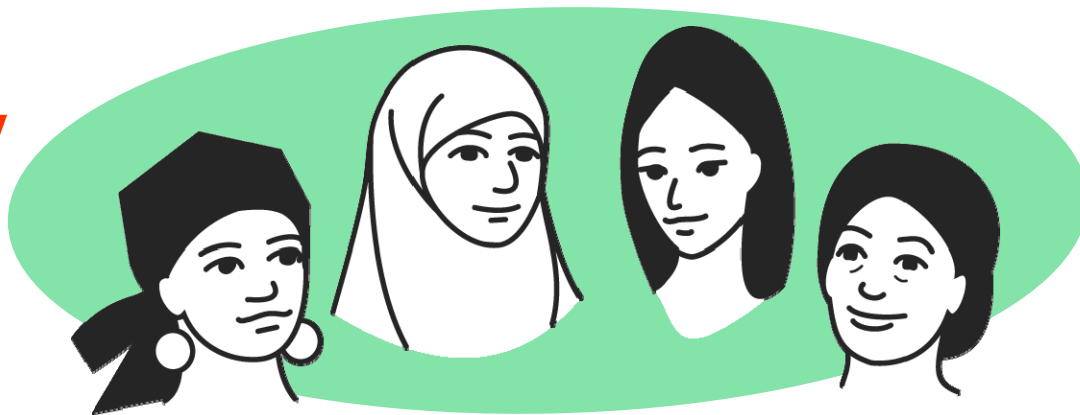
If client wants to know more about this injectable, go to next page.

To discuss another method, go to a new method tab or to Choosing Method tab.



Who can and cannot use a monthly injectable

Most women can safely use this injectable



But usually cannot use this injectable if:



- **Smokes heavily AND age 35 or older**



- **High blood pressure**



- **Gave birth in the last 3 weeks**



- **Breastfeeding 6 months or less**



- **May be pregnant**



- **Some other serious health conditions**



Who can and cannot use a monthly injectable

Most women can safely use this injectable. But usually cannot use if:

- Smokes heavily AND age 35 or older
- High blood pressure
- Gave birth in the last 3 weeks
- Breastfeeding 6 months or less
- May be pregnant
- Some other serious health conditions:

*Usually cannot use with any of these serious health conditions
(if in doubt, check handbook or refer)*

*What is a migraine?

Ask: "Do you often have very painful headaches, perhaps on one side or throbbing, that cause nausea and are made worse by light and noise or moving about? Do you see a bright spot in your vision before these headaches?" (migraine aura)

"We can find out if you can use this injectable safely. Usually, women with any of these conditions should use another method."

- Light smoking (fewer than 15 cigarettes/day) is OK. Risk increases with age and number of cigarettes.
- Check blood pressure (BP) if possible. If systolic BP 140+ or diastolic BP 90+, help her choose another method (but not the pill). (If systolic BP 160+ or diastolic BP 100+, also should not use long-acting injectable.)
- If BP check not possible, ask about high BP and rely on her answer.
- If in doubt, use checklist in Appendix 1 or perform pregnancy test.
- Ever had stroke or problem with heart or blood vessels.
- Migraine headaches*: She should not use a monthly injectable if she is over 35 and has migraines, or at any age if she has migraine aura. Women under 35 who have migraines *without* aura and women with ordinary headaches CAN usually use a monthly injectable.
- Ever had breast cancer.
- Has 2 or more risk factors for heart disease, such as hypertension, diabetes, smokes, or older age.
- Has ever had blood clot in lungs or deep in legs. Women with superficial clots (including varicose veins) CAN use this injectable.
- Soon to have surgery? She should not start if she will have surgery making her immobile for more than 1 week.
- Serious liver disease or jaundice (yellow skin or eyes).
- Diabetes for more than 20 years, or severe damage caused by diabetes.
- Takes pills for tuberculosis, fungal infections, or epilepsy (seizures/fits).

Next Move:

Client able to use monthly injectable:
Go to next page.

Client unable to use monthly injectable:
Help her choose another method, but not the pill.

Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*

- But many women don't have any
- Often go away after a few months

Most common:



- Nausea
(upset stomach)



- Spotting or
bleeding
between periods



- Mild
headaches



- Tender
breasts



- Dizziness



- Slight weight
gain



*Do you want to try
using this method and
see how you like it?*



Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.

- But many women do not have any
- Usually go away after a few months

Most common:

- Nausea (upset stomach)
- Spotting or bleeding between periods
- Mild headaches
- Tender breasts
- Slight weight gain



- *"It can take time for the body to adjust."*
- Different people have different reactions to methods.
- Some women never have any side-effects.
- Side-effects often go away or lessen within 3 months.

Discuss:

- *"If these side-effects happened to you, what would you think or feel about it?"*
- *"What would it mean to you?"*
- *"What would you do?"*
- Discuss any rumours or concerns. See Appendix 10 on myths.
- *"Please come back any time you want help or have questions."*
- *"It is okay to switch methods any time."*
- For dealing with side-effects, see **Returning Client** tab.



Next Move:

Does client understand side-effects? Is she ready to choose method?



If she has decided to use method,
go to next page.

If not, discuss further or consider
other methods.



You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



Would you like to start now?



You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



If menstrual bleeding started in past 7 days:

- She can start NOW. No extra protection needed.

If menstrual bleeding started more than 7 days ago or if amenorrhoeic (not having menstrual periods):

- She can start NOW if reasonably certain she is not pregnant (see questions in Appendix 1). **No need to wait for next menstrual period** to start injections.
- She should **avoid sex or use condoms for 7 days** after first injection.

After childbirth, if breastfeeding:

- Can start from 6 months after childbirth.
- If baby is less than 6 months old, give her condoms or the mini-pill to use in the meantime.

After childbirth, if NOT breastfeeding:

- Can start from 3 weeks after childbirth.

After miscarriage or abortion:

- Can start immediately after abortion. If in the first 7 days after abortion, no extra protection is needed.

If switching from another method:

- If switching from pills or implants, **now** is the best time to start.
- If switching from a long-acting injectable, should start at time she would have had repeat injection.
- If switching from IUD, and menstrual bleeding started more than 7 days ago, can start now but leave IUD in place until the next menstrual period.

Next Move:

Client ready to start now?

If yes, prepare to give first injection.

If not, arrange another visit (during next menstrual period would be best).
Give condoms to use until then. Explain their use.



Getting your injection

Your injection:

- Either in your arm or your buttock
- Don't rub the injection site afterwards

When to come back:

- Every 4 weeks
- Come back even if you are late



*Can you
mark a calendar?
What else will help you
remember?*





Getting your injection

Your injection:

- **Either in your arm or your buttock**
- **Don't rub the injection site afterwards**



1. Give injections in a clean, designated area of the room.
 2. Wash your hands with soap and water. If client's skin is visibly dirty, wash injection site. No need to swab skin.
 3. If available, use **disposable syringe and needle** from a new, sealed package for each injection (not damaged and within the expiry date). Never reuse disposable syringes and needles. If disposable syringes and needles are NOT available, use ones that have been **sterilized with proper equipment and technique**. Throw away or resterilize any needles that touch hands, surfaces, or non-sterile objects.
 4. If possible, use single-dose vials. Check expiry date. Shake gently. If using a multi-dose vial, check when opened. Pierce with a **STERILE** needle. No need to swab septum (vial top). Don't leave needles in the septum.
 5. Insert sterile needle deep into upper arm (deltoid muscle) or into buttock (gluteal muscle, upper outer portion). Inject.
 6. Do not massage the injection site. Tell client not to rub site.
 7. **Dispose of needles and syringes properly.** After injection, do not recap needles. Place in sharps container immediately after use.
- See handbook or clinic guidelines for more information.

When to come back:

- **Every 4 weeks**
- **Come back even if you are late**



- "Do you think you can remember when to come back? What will help you remember?" For example, will some event take place at about that time?
- **Can be given up to 7 days early or 7 days late.** No extra protection needed.
- **If more than 7 days late**, she should use condoms or avoid sex until she can get an injection. She may still be able to have the injection. Page RC11 in the returning client section explains what you can do if the client is late.

Next Move:

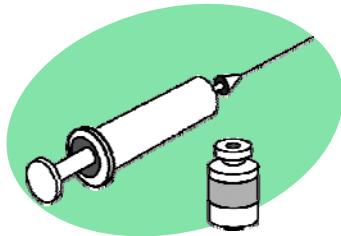
Confirm that client understands **when to return** and **what to do if late**. If not, discuss further.





What to remember

- Name of your injectable:



- Day of the week when you come for your injection (every 4 weeks)



- Side-effects are common but rarely harmful. Come back if they bother you.

*Anything else I can
repeat or explain?
Any other questions?*

See a nurse or doctor if:

- Severe, constant pain in belly, chest, or legs



- Very bad headaches



- A bright spot in your vision before bad headaches



- Yellow skin or eyes





What to remember

- Name of your injectable
- Day of the week when you come for your injection (every 4 weeks)
- Side-effects are common but rarely harmful. Come back if they bother you.



- You can give client a copy of client's page and write information on the sheet.



- Give her condoms in case she is more than 7 days late for injection.

- See a nurse or doctor if:
 - Severe pain in belly, chest, or legs
 - Very bad headaches
 - A bright spot in your vision before bad headaches (migraine aura)
 - Yellow skin or eyes



Return Signs:

- "In many cases these signs are not related to the injections. But a doctor or nurse needs to check if a serious problem is developing and if you can continue getting injections."
- "I want you to know about them and remember them."

- If another health care provider asks about her medications, she should mention that she is using a monthly injectable.

Last Moves:

*"Do you feel confident you can use this method successfully?
Is there anything I can repeat or explain?"*

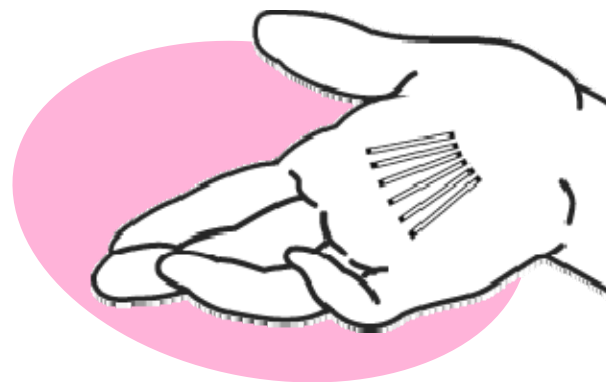
Remember to offer condoms for dual protection and/or back-up!

Last, most important message: **"Remember to come back for your next injection."**



Norplant Implants

- 6 small plastic tubes placed under skin of upper arm
- Very effective
- Last up to 7 years, depending on your weight
- Very safe
- Usually change monthly bleeding
- No protection against STIs or HIV/AIDS



Do you want to know more about this method, or talk about a different method?



Norplant Implants

- 6 small plastic tubes placed under skin of upper arm
- Very effective
- Last up to 7 years, depending on your weight
- Very safe
- Usually change monthly bleeding
- No protection against STIs or HIV/AIDS

Next Move:

“Would you like to know more about implants, or talk about a different method?”

If client wants to know more about implants, go to next page.

To discuss another method, go to a new method tab or to Choosing Method tab.

About Norplant implants:

- Contain progestogen but not estrogen hormones.
- Work mainly by thickening the cervical mucus and by stopping ovulation (see Appendices 4 & 5).
- Soft capsules that are just visible under the skin. Do not leave noticeable scar if inserted and removed correctly.
- Inserted and removed by trained personnel in simple surgical procedure.

- **Very effective with nothing to remember** for up to 7 years.
“Are you looking for a method that is easy to use effectively?”

- Heavy women may need them removed after 4 or 5 years (see page IM4). Another set of capsules can be inserted if client wants to continue using implants.
- Can get pregnant soon after capsules are taken out.

- Implants are not harmful for health. They do not bother her or affect strength. For breastfeeding women, they do not affect the quality of breastmilk.

- **Check for concerns, rumours:**
“What have you heard about implants?”

- **Explain common myths.** Capsules do not break inside the body. They are bendable. (Also see Appendix 10.)



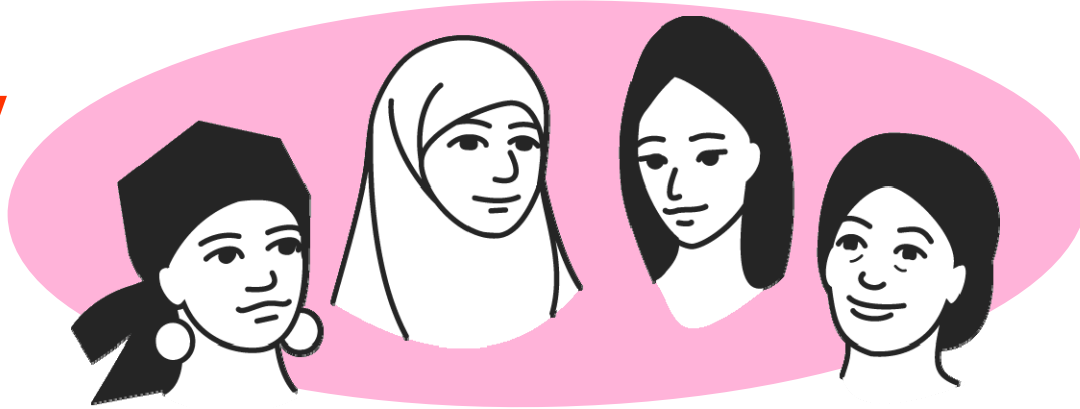
- **Side-effects:** see page IM3.

- **For STI/HIV/AIDS protection, also use condoms.**



Who can and cannot use implants

Most women can safely use implants



But usually cannot use implants if:



- **Breastfeeding 6 weeks or less**



- **May be pregnant**



- **Some other serious health conditions**



Who can and cannot use implants

**Most women can safely use implants.
But usually cannot use implants if:**

- **Breastfeeding 6 weeks or less**
- **May be pregnant**
- **Some other serious health conditions**

*Usually cannot use with any of these serious health conditions
(if in doubt, check handbook or refer)*

"We can find out if Norplant implants are safe for you. Usually, women with any of these conditions should use another method."

- Ask her to come back when baby is 6 weeks old. Urge her to keep breastfeeding.

- If in doubt, use pregnancy checklist in Appendix 1 or perform pregnancy test.

- Has blood clot in lungs or deep in legs. Women with superficial clots (including varicose veins) CAN use implants.
- Ever had breast cancer.
- Unexplained vaginal bleeding: if the bleeding suggests a serious condition, help her choose a method without hormones to use until unusual bleeding is assessed.
- Serious liver disease or jaundice (yellow skin or eyes).
- Takes pills for tuberculosis (TB), fungal infections, or seizures (fits).

Next Move:

Client is able to use implants:
Go to next page.

Client is unable to use implants:
Help her choose another method.

Possible side-effects

*If you choose this method, you may have some side-effects.
They are not usually signs of illness.*

- **Very common:**
Light spotting or bleeding
- **Common:**
Irregular bleeding, no monthly bleeding
- **Less common:** Some others



*How would you
feel about these
side-effects?*



Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.

• **Very common:**
Light spotting or bleeding



• **Common:**

— Irregular bleeding



— No monthly bleeding

• **Less common:** Some others



- “It can take time for the body to adjust.”
- Different people have different reactions to methods.

Discuss:

- “If these side-effects happened to you, what would you think or feel about it?”
- “What would it mean to you?”
- “What would you do?”
- Discuss any **rumours or concerns**. See Appendix 10 on myths.



Important to explain menstrual changes:

- Expected and common.
- **Amenorrhoea (no monthly bleeding):** Does not permanently affect fertility. Rarely a sign of pregnancy. Explain that blood does not build up inside body.

Less common side-effects:

- Headaches, lower abdominal pain, dizziness, breast tenderness, upset stomach (nausea), nervousness.
- Can take paracetamol or ibuprofen for headache.

Rare side-effects:

- Acne or rash, change in appetite, weight gain, hair loss or more hair on face.

- Invite client to return for help any time.
- “It is okay to switch methods any time. Please come back if you want the implants taken out.”
- For dealing with side-effects, see **Returning Client tab page RC 13**.

Next Move:

Does client understand side-effects? Is she happy to use method?



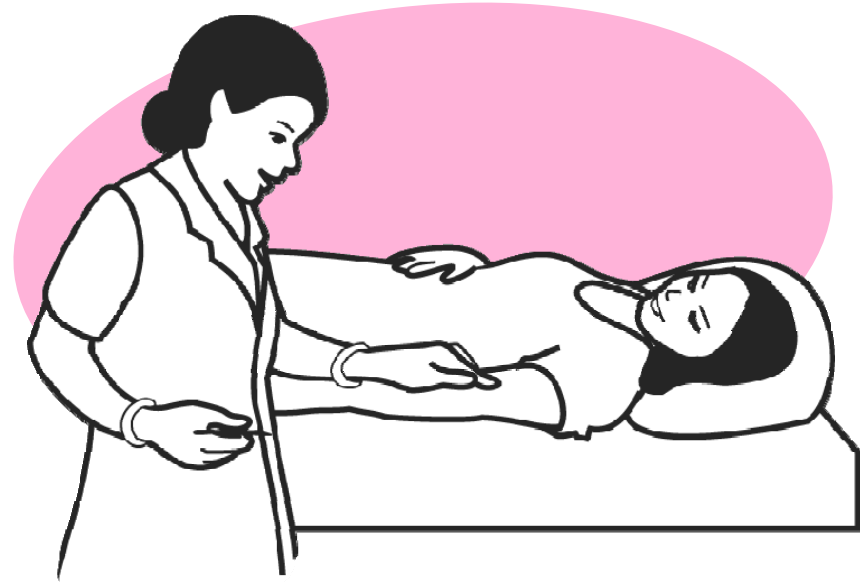
If so, go to next page.

If not, discuss further or consider other methods.



Implant insertion and removal

- Insertion and removal should be quick and easy
- Injection prevents pain
- Provider puts 6 capsules just under the skin of inside upper arm
- Provider bandages opening in skin and wraps the arm — no stitches
- Need to be removed after 4 to 7 years, depending on your weight



***Are you ready to
choose this method?
What questions do
you have?***



Implant insertion and removal

- Insertion and removal should be quick and easy



- Explain that procedure will be done by a specially trained provider.
- Insertion usually takes 5 to 10 minutes.
- Removal usually takes about 15 minutes, sometimes longer.

- Injection prevents pain



- Let her feel a sample capsule.
- If possible, show her a photo of capsules under skin.

- Provider puts 6 capsules just under the skin of inside upper arm



- Local anaesthetic stops pain during insertion. Woman stays awake.

- Provider bandages opening in skin and wraps the arm — no stitches



- Insertion and removal are done gently.
- Just one small opening in the skin. May be slight pain, swelling, bruising for a few days.
- Keep area dry for 5 days. Can remove bandage after 5 days.
- *"Please come back if arm stays sore for more than 5 days or if opening becomes red or has yellow liquid."*

- Need to be removed after 4 to 7 years, depending on your weight



When to remove or replace implants?

- Norplant implants need to be removed or replaced 4 to 7 years after insertion, depending on client's weight, as the method becomes less effective in heavier women.
- **Weights less than 70 kg:** She can keep implants for up to 7 years unless her weight reaches 70 kg or more.
- **Weights 70 to 79 kg:** She should come back after 5 years to have implants removed unless her weight reaches 80 kg or more.
- **Weights 80 kg or more:** She should come back after 4 years to have implants removed.
- All women can have new implants or another method.

Next Move:

Does client understand the insertion and removal procedure? Is she ready to choose method?

If she has decided to use method,
go to next page.

If not, discuss further or consider other
methods.

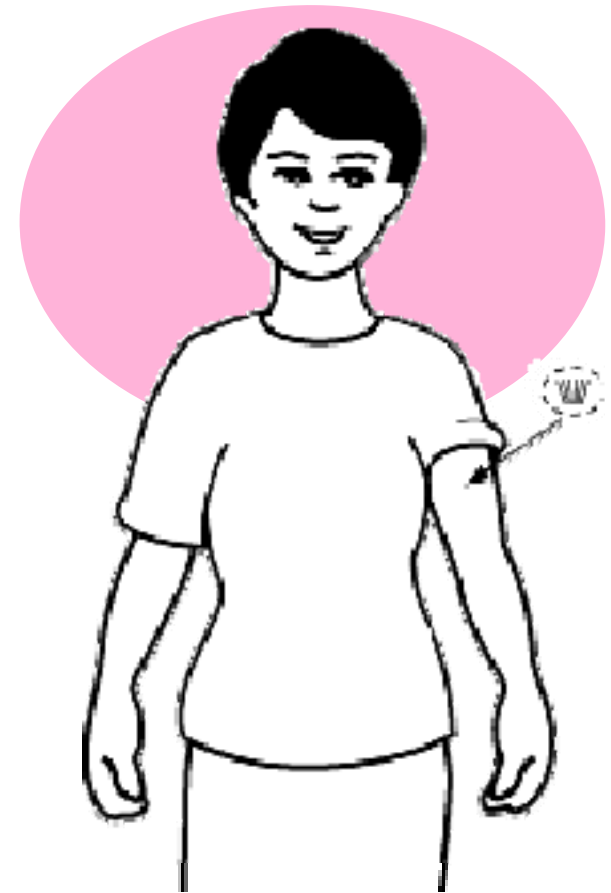


You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



Would you like to start now?





You may be able to start today

- You can start any day of the menstrual cycle if we can be sure you aren't pregnant



If menstrual bleeding started in past 7 days:

- She can start NOW. No extra protection needed.

If menstrual bleeding started more than 7 days ago or if amenorrhoeic (not having menstrual periods):

- She can start NOW if reasonably certain she is not pregnant (use pregnancy checklist in Appendix 1). **No need to wait for next menstrual period** to get implants.
- She should **avoid sex or use condoms for 7 days** after insertion.

After childbirth, if breastfeeding:

- If **fully (or nearly fully) breastfeeding**, can start from 6 weeks after childbirth. No extra protection needed if she is between 6 weeks and 6 months after giving birth and her periods have not returned.
- If **partially breastfeeding**, best to start 6 weeks after giving birth. Waiting longer risks pregnancy.

After childbirth, if NOT breastfeeding:

- Can start immediately after childbirth. If in the first 4 weeks after giving birth, no extra protection is needed.

After miscarriage or abortion:

- Can start immediately after abortion. If in the first 7 days after abortion, no extra protection is needed.

If switching from another method:

- If switching from pills, **now** is the best time to start.
- If switching from an injectable, should start at time she would have had repeat injection.
- If switching from IUD, and menstrual bleeding started more than 7 days ago, can get implants now but leave IUD in place until the next menstrual period.

Next Move:

Client ready to start now?

If **yes**, insert implants or arrange for insertion as soon as possible.

If **not**, arrange another visit (during next menstrual period would be best).
Give condoms to use until then. Explain their use.





What to remember

- Come back when it is time to have the implants removed
- Side-effects are common but rarely harmful. Come back if they bother you.
- Come back any time if you have problems or want implants removed

*Anything else I can repeat or explain?
Any other questions?*

See a nurse or doctor if:

- A bright spot in your vision before bad headaches



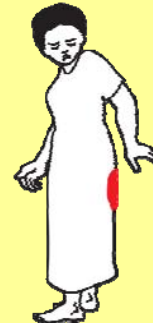
- May be pregnant, especially if pain or soreness in belly



- Infection or continued pain in the insertion site



- Unusually heavy or long bleeding



- Yellow skin or eyes





What to remember

- **Come back when it is time to have the implants removed**
- **Side-effects are common but rarely harmful. Come back if they bother you.**
- **Come back any time if you have problems or want implants removed**

- **See a nurse or doctor if:**
 - A bright spot in your vision before bad headaches (migraine aura)
 - May be pregnant, especially if pain or soreness in belly
 - Infection or continued pain in the insertion site
 - Unusually heavy or long bleeding
 - Yellow skin or eyes

Last Moves:

“Do you feel confident you can use this method successfully? Is there anything I can repeat or explain?”

Remember to offer condoms for dual protection!

Last, most important message: “Please come back any time you have questions or want to have implants removed.”



- **Women under 70 kg:** Come back in **7 years**. If a woman gains much weight, she should come back sooner.
- **Woman 70 to 79 kg:** Come back in **5 years**.
- **Woman 80 kg or more:** Come back in **4 years**.
- At this time all women can have their implants replaced or choose a new method
- If possible, give client a durable card that states date of insertion and date (with month) when she should return.



- Remind client that implants can be removed *any time* she wishes.



Return Signs:

- *“In many cases these signs are not related to the implants. But a doctor or nurse needs to check if a serious problem is developing and if you can continue using implants.”*
- *“I want you to know about them and remember them.”*

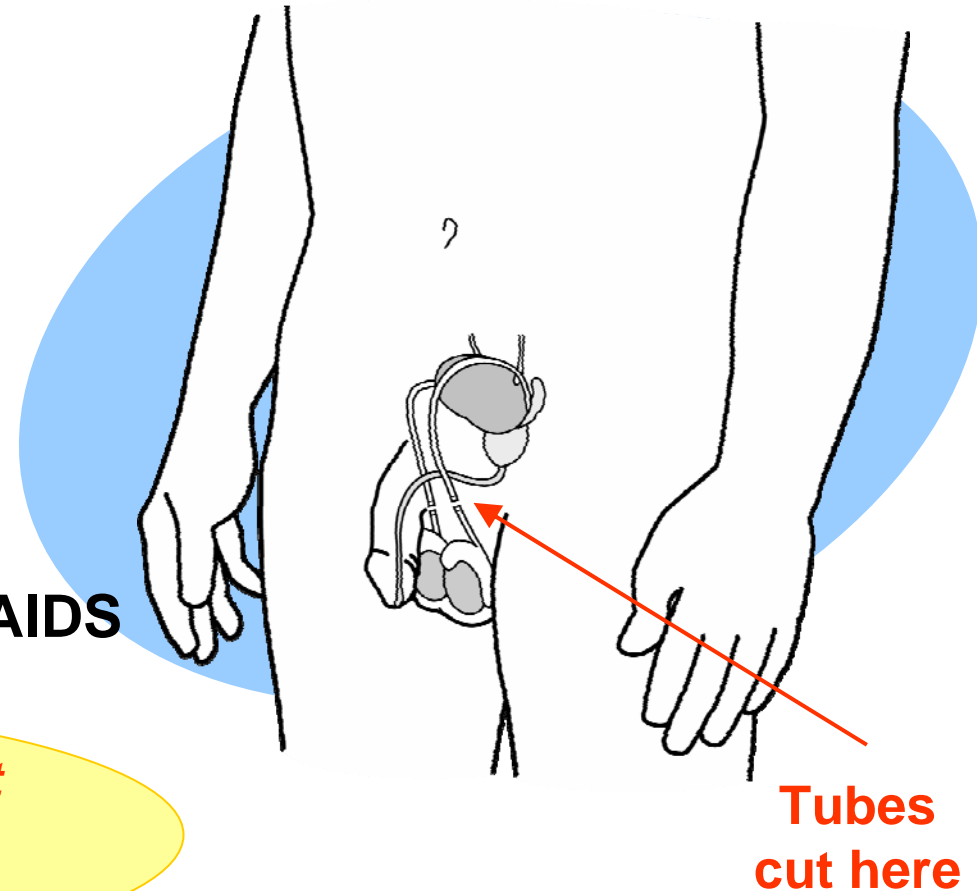


- Bleeding that is more than 8 days long or twice as heavy as usual.

- If another health care provider asks about her medications, she should mention the implants.

Vasectomy for Men

- Simple surgical procedure
- Permanent. For men who will not want more children.
- Very effective
- Very safe
- No effect on sexual ability
- No protection against STIs or HIV/AIDS



Do you want to know more about this method, or talk about a different method?



Vasectomy for Men

- Simple surgical procedure
- Permanent. For men who will not want more children.
- Very effective
- Very safe
- No effect on sexual ability
- No protection against STIs or HIV/AIDS



About vasectomy:

- Works by keeping sperm out of semen. Tubes that carry sperm are cut.
- During procedure man stays awake and gets injection to prevent pain (local anaesthetic).
- Usually can go home in a few hours.
- May hurt for a few days.



Usually cannot be reversed.

- “Please consider carefully: Might you want more children in future? What if you could no longer father children?”
- Ask about partner’s preferences or concerns.
- Can also consider female sterilization. Vasectomy is simpler and safer to perform and slightly more effective.



- One of the most effective family planning methods.
- Not effective immediately. Must use condoms or partner must use an effective method for 3 months after. “Would this be difficult?”



- Check for concerns, rumours:
“What have you heard about vasectomy?”



Explain common myths:

- **NOT** castration. Can still have erections. Can still ejaculate.
- Does **NOT** affect masculinity. Does **NOT** make men more feminine.



- **For STI/HIV/AIDS protection, also use condoms.**

Next Move:

“Would you like to know more about vasectomy, or talk about a different method?”

If client wants to know more about vasectomy, go to next page.

To discuss another method, go to a new method tab or to Choosing Method tab.



When you can have vasectomy

Most men can have vasectomy at any time



But may need to wait if:

- Any problems with genitals such as infection, swelling, injuries, lumps in penis or scrotum
- Some other serious conditions or infections





When you can have vasectomy

Most men can have vasectomy at any time

But may need to wait if:

- **Any problems with genitals such as infection, swelling, injuries, lumps in penis or scrotum**
- **Some other serious conditions or infections**



No conditions rule out vasectomy, but some require delay, referral, or special caution.

- **Delay** (until problem resolved) if STI; inflammation of tip of penis, sperm ducts, testicles; scrotal skin infection or mass in scrotum. Refer for care of these conditions.
- **Refer or caution** for other problems with genitals.



- **Delay** (until problem resolved) if acute systemic infection or serious gastroenteritis.
- **Refer** if current AIDS-related illness or coagulation disorders. Procedure should be done by experienced surgeon and in well-equipped facility.
- **Caution** if diabetes. Procedure can still be done but check carefully for wound infections after procedure.

Next Move:

If client is able to have vasectomy, go to next page.

If client is unable to have vasectomy now or in this facility, refer as needed.

Before you decide

Let's discuss:

- Temporary methods are also available
- Vasectomy is a surgical procedure
- Has risks and benefits
- Prevents having any more children
- Permanent—decision should be carefully considered
- You can decide against procedure any time before surgery



*Are you ready to choose
this method?
Want to know more about
the procedure?*



Before you decide

Let's discuss:

- Temporary methods are also available
- Vasectomy is a surgical procedure
- Has risks and benefits
- Prevents having any more children
- Permanent—decision should be carefully considered
- You can decide against procedure any time before surgery



- **Explain** so client understands.
- **Discuss** as much as needed.
- **Confirm** that client understands each point.



- Mention condoms and available methods for women.

- See next page for details.

Risks

- Surgical complications are uncommon. They include bleeding or infection.
- A few men report pain in scrotum that lasts for months or years.

Benefits

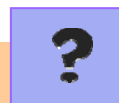
- Single quick procedure leads to lifelong, safe, and effective family planning.
- No known long-term health risks.

- Should be very sure he will want no more children.
- May not be suitable for younger clients.

- And will not lose rights to other medical, health or other services or benefits.

Next Move:

Make sure client understands all points, then ask what he has decided.



If client understands and wants vasectomy, **explain consent form** (if any) and ask him to sign.
Go to next page.

If he decides against vasectomy, help him choose another method.

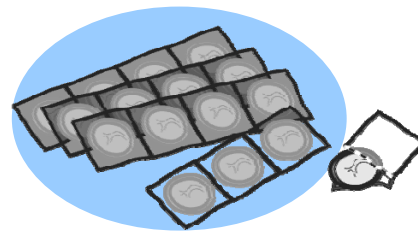
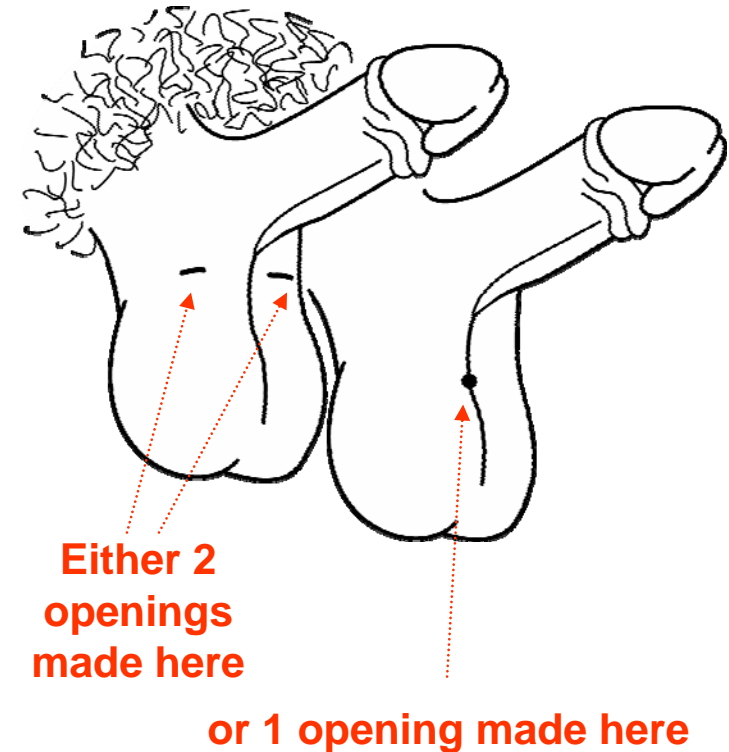


The procedure

1. You will stay awake and get medication to stop pain
2. Small opening made in scrotum — not painful
3. Tubes that carry sperm are cut and tied
4. The opening is closed
5. Rest 15 to 30 minutes

Afterwards:

- You should rest for 2 days
- Avoid heavy work for a few days
- **Important!** Use condoms for next 3 months



What questions do you have?



The procedure

1. You will stay awake and get medication to stop pain
2. Small opening made in scrotum — not painful
3. Tubes that carry sperm are cut and tied
4. The opening is closed
5. Rest 15 to 30 minutes

Afterwards:

- You should rest for 2 days
- Avoid heavy work for a few days
- **Important!** Use condoms for next 3 months

Next Move:

Does client understand surgical procedure and feel confident to continue?



If procedure will be done now,
go to **next page** to advise client on what he must
remember after surgery.

If procedure planned for another day, arrange a
convenient time for client to return.
Offer condoms to use in the meantime.

Describe the steps in vasectomy procedure. Explain:

- Vasectomy can be done in a clinic or office with proper infection-prevention procedures. It does not always have to be done in hospital.
- Usually, the whole procedure can take less than 30 minutes.

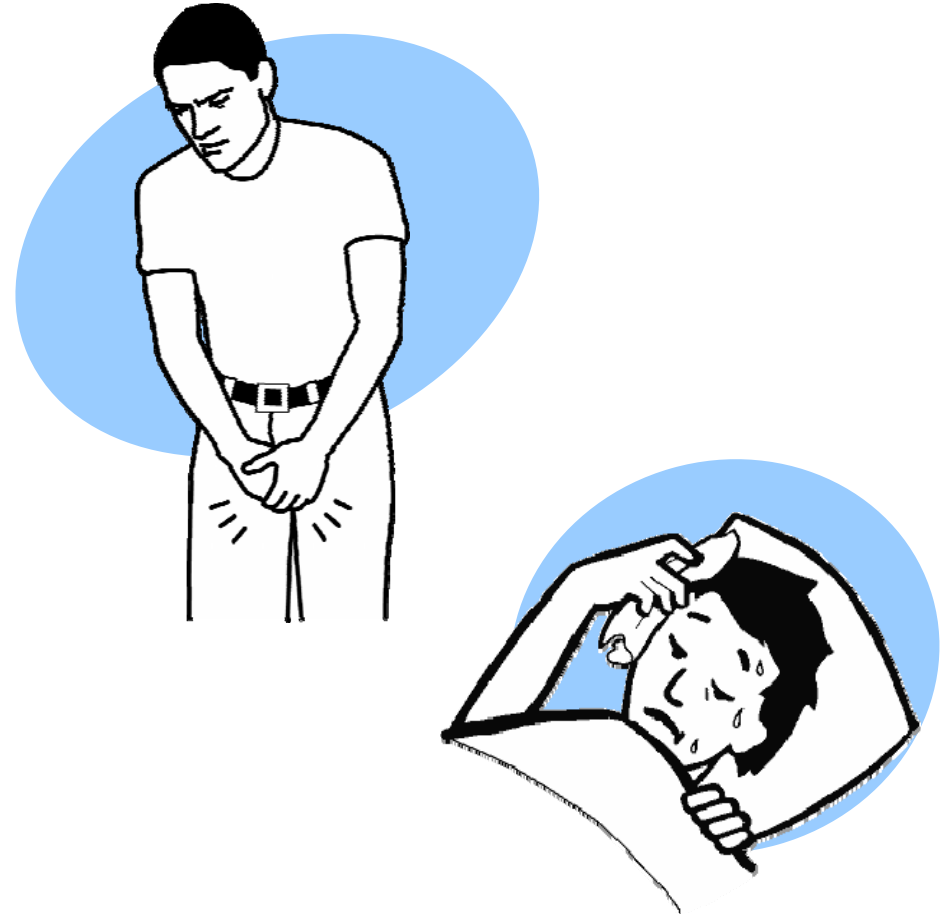
- Explain local anaesthetic.
- Can get more pain medication if needed.
- Explain incision or no-scalpel puncture.
- If stitches will be used, mention them.



Medical reasons to return

Come at once if:

- Swelling in first few hours after surgery
- Fever in first 3 days
- Pus or bleeding from wound
- Pain, heat, redness of wound





Medical reasons to return

Come at once if:

- Swelling in first few hours after surgery
- Fever in first 3 days
- Pus or bleeding from wound
- Pain, heat, redness of wound



- Over 38°C in first 4 weeks (and especially in first 3 days).
- If fever develops early, it can be serious. May require surgical drainage of wound site.



- Becomes worse or does not stop? Signs of infection.

Last Moves:

"Do you feel happy with your choice of method? Is there anything I can repeat or explain?"

Remember to offer condoms for dual protection!

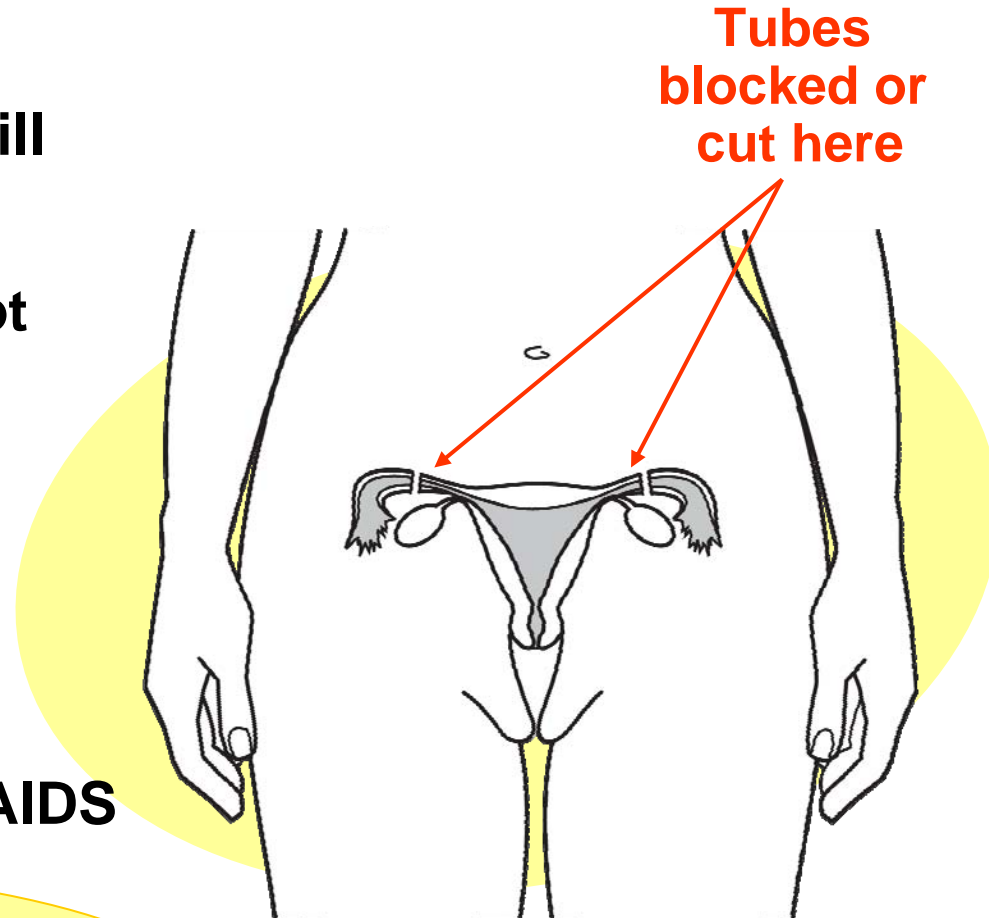
Last, most important message:

"Use condoms or another method for 3 months after the procedure."



Female Sterilization

- A surgical procedure
- Womb is NOT removed. You will still have menstrual periods.
- Permanent—for women who will not want more children
- Very effective
- Very safe
- No long-term side-effects
- No protection against STIs or HIV/AIDS



*Do you want to know more about
this method, or talk about a
different method?*



Female Sterilization

- A surgical procedure
- Womb is NOT removed.
You will still have menstrual periods.
- Permanent—for women who
will not want more children
- Very effective
- Very safe
- No long-term side-effects
- No protection against STIs
or HIV/AIDS

Next Move:

About female sterilization:

- Fallopian tubes that carry eggs to the womb are blocked or cut and sealed (womb is left untouched).
- May hurt for a few days after.
- Usually woman not put to sleep but gets injection to prevent pain.
- Usually can go home in a few hours.

Usually cannot be reversed.

- “Please consider carefully: might you want children in the future?”
- Ask about partner’s preferences or concerns.
- Vasectomy might be another good choice. Vasectomy is simpler and safer to perform and slightly more effective.

- One of the most effective family planning methods for women.
- Very rarely, pregnancy does occur.

- Check for concerns, rumours:
“What have you heard about problems with sterilization?”
Use Appendix 10 to talk about myths about contraception.
- Explain that all women can have sterilization if they want, even those with no children.



- Serious complications of surgery are rare (risk of anaesthesia, need for further surgery).

- For STI/HIV/AIDS protection, also use condoms.

“Do you want to know more about sterilization, or talk about a different method?”

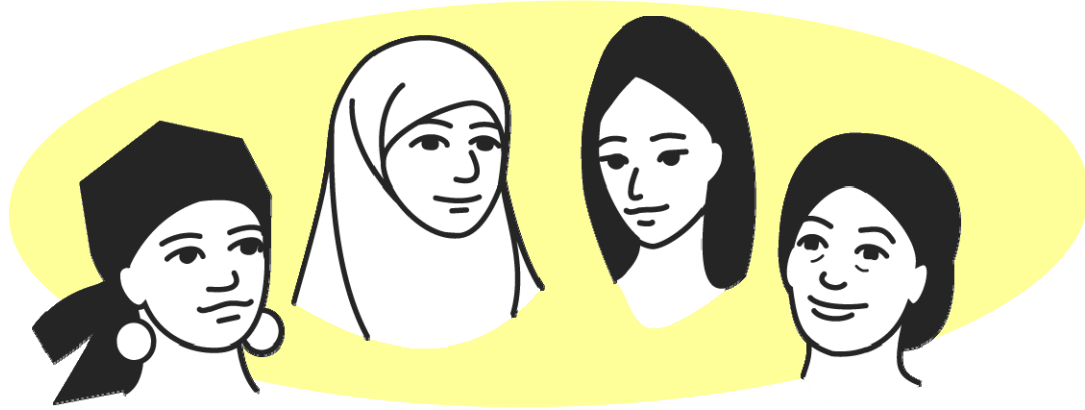
If client wants to know more about
sterilization, go to next page.

To discuss another method, go to a new
method tab or to Choosing Method tab.



When you can have sterilization

Most women can have sterilization at any time



But may need to wait if:



- Gave birth between 1 and 6 weeks ago



- May be pregnant



- Infection or other problem in female organs



- Some other serious health conditions



When you can have sterilization

Most women can have sterilization at any time

But may need to wait if:

- **Gave birth between 1 and 6 weeks ago**
- **May be pregnant**
- **Infection or other problem in female organs**
- **Some other serious health conditions**



No conditions rule out female sterilization, but some situations require delay, referral, or special caution.

- Procedure can be done any time **except** between 7 days and 6 weeks after delivery.
- Can be done up to 7 days after delivery, if she decided in advance.

- If in any doubt, use pregnancy checklist in Appendix 1 or perform pregnancy test.

Delay sterilization until these conditions are fully treated:

- Pelvic inflammatory disease.
- Chlamydia, gonorrhoea or purulent cervicitis.
- Infection after abortion or childbirth.
- Cancer in female organs.

May need to delay with serious health conditions:

- Such as stroke, high blood pressure, or diabetes with complications that require management before surgery.

Next Move:

If client is able to have sterilization,
go to next page.

If client is unable to have sterilization now or in
this facility, refer as needed.

Before you decide

Let's discuss:

- Temporary methods are also available
- Sterilization is a surgical procedure
- Has risks and benefits
- Prevents having any more children
- Permanent—decision should be carefully considered
- You can decide against procedure any time before surgery



*Are you ready to choose
this method?
Want to know more about
the procedure?*



Before you decide

Let's discuss:

- Temporary methods are also available →
- Sterilization is a surgical procedure →
- Has risks and benefits →
- Prevents having any more children →
- Permanent—decision should be carefully considered →
- You can decide against procedure any time before surgery →

- **Explain** so client understands.
- **Discuss** as much as needed.
- **Confirm** that client understands each point.



- Discuss available temporary methods.

Risks

- Any surgery, including sterilization, carries risks.
- Complications are uncommon. They include infection, bleeding, injury to organs, need for further surgery.
- Rarely, allergic reaction to local anaesthetic or other serious complications from anaesthesia.

Benefits

- Single procedure leads to lifelong, safe, and very effective family planning.
- Nothing to remember; no supplies.
- May help protect against ovarian cancer.

- Probably, procedure cannot be reversed.
- May not be suitable for younger women.

- And will not lose rights to medical, health or other services or benefits.

Next Move:

Make sure client understands all points. Then ask what she has decided.



If client understands and wants sterilization, **explain consent form** (if any) and ask her to sign.
Go to next page.

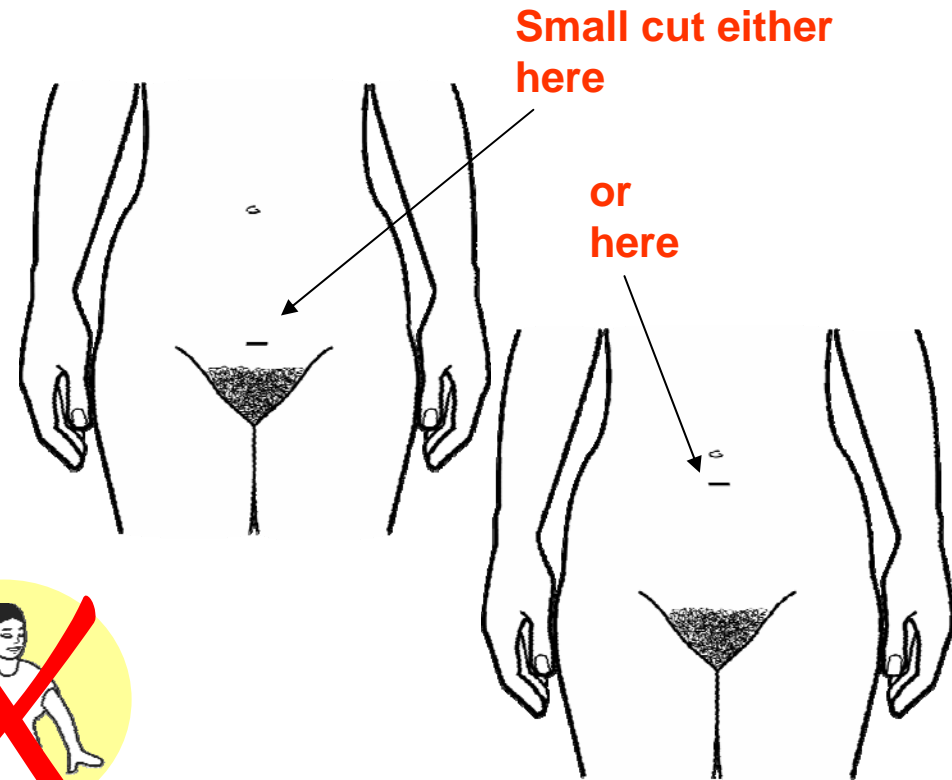
If she decides against sterilization, help her choose another method.

The procedure

1. Medication helps you keep calm and helps prevent pain
2. You stay awake
3. Small cut is made — not painful
4. Tubes are blocked or cut
5. Opening closed with stitches
6. Rest a few hours

Afterwards:

- You should rest for 2 or 3 days
- Avoid heavy lifting for a week
- No sex for at least 1 week



*What questions
do you have?*



The procedure

1. Medication helps you keep calm and helps prevent pain
2. You stay awake
3. Small cut is made — not painful
4. Tubes are blocked or cut
5. Opening closed with stitches
6. Rest a few hours



Describe the steps in sterilization procedure. Explain:

- It is a simple, safe surgical procedure that can be done in a hospital or health centre with the right facilities.
- Often, the whole procedure (including rest time) can take just a few hours.

- Explain how light sedation will be given—oral or intravenous.
- Explain incision—where and how.
- Encourage her to let providers know if she feels pain during procedure. *“You can ask for more pain medicine if you want it.”*

- Rest in the clinic before going home.

Afterwards:

- You should rest for 2 or 3 days
- Avoid heavy lifting for a week
- No sex for at least 1 week



- No sex until all the pain is gone.

Next Move:

Does client understand surgical procedure and feel confident to continue?



If procedure will be done now, go to **next page** to advise client on what she must remember after surgery.

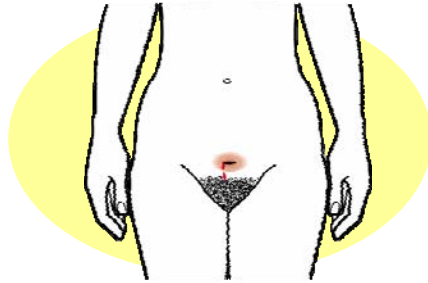
If procedure planned for another day, arrange a convenient time for client to return. Offer condoms to use in the meantime.

Medical reasons to return

In first week, come at once if:



- High fever

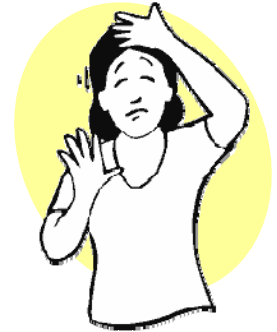


- Pus or bleeding from wound

- Pain, heat, swelling, redness of wound



- Steady or worsening pain, cramps, tenderness in belly



- Fainting or very dizzy

At any time in the future, come at once if:

- You think you may be pregnant



- Pain or tenderness in belly, or fainting





Medical reasons to return

In first week, come at once if:

- High fever
- Pus or bleeding from wound
- Pain, heat, swelling, redness of wound
- Steady or worsening pain, cramps, tenderness in belly
- Fainting or very dizzy



- Over 38°C in first 4 weeks and especially first week.



- Signs of infection.



At any time in the future, come at once if:

- You think you may be pregnant
- Pain or tenderness in belly, or fainting



- Pregnancy after sterilization is rare. But when it does occur, 20% to 50% of these pregnancies are ectopic.
- These are signs of ectopic pregnancy.
- She should come back immediately at **any** time in the future if she thinks she might be pregnant.



Last Moves:

"Do you feel happy with your choice of method? Is there anything I can repeat or explain?"

Remember to offer condoms for dual protection!

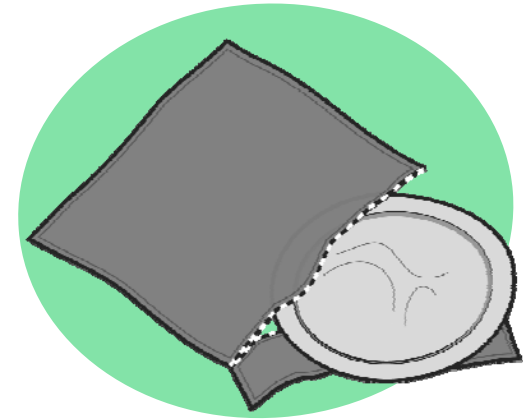
Last, most important message:

"Please come back any time you have questions or problems."



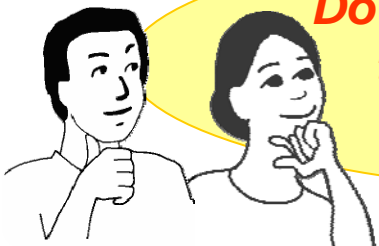
The Male Condom

- Protects against both pregnancy AND STIs including HIV/AIDS
- Very effective when used **EVERY TIME** you have sex
- Can be used alone or with another family planning method
- Easy to get, easy to use
- Usually partners need to discuss



*Would you like to see
a condom and learn
how to use it?*

*Do you want to know more about
this method, or talk about a
different method?*



Vaginal methods

- Includes spermicides and diaphragm
- Must be placed in the vagina each time before sex
- Some users have side-effects

• May be messy

Spermicides:

- Less effective than other methods
- No protection against STIs or HIV/AIDS

Diaphragm:

- Can be effective when used correctly every time
- Needs pelvic exam to check for size
- Possible protection against some STIs

Next Move:

“Do you want to know more about vaginal methods, or talk about a different method?”

If client wants to know more about vaginal methods, go to next page.

About vaginal methods:

- The **diaphragm** is a soft flexible piece of rubber that blocks the sperm from entering the womb.
- **Spermicides** are gels, creams, foaming tablets, suppositories, foam or melting film that kill the sperm.
- Both are inserted by the woman into her vagina ahead of time. They don't have to interrupt sex.

- **Side-effects:** possible irritation, burning or bladder infection.

- *“Would putting something in your vagina be uncomfortable for you?”*
- *“Do you feel comfortable with a method that may be messy after sex?”*

- **For STI/HIV/AIDS protection, also use condoms.**

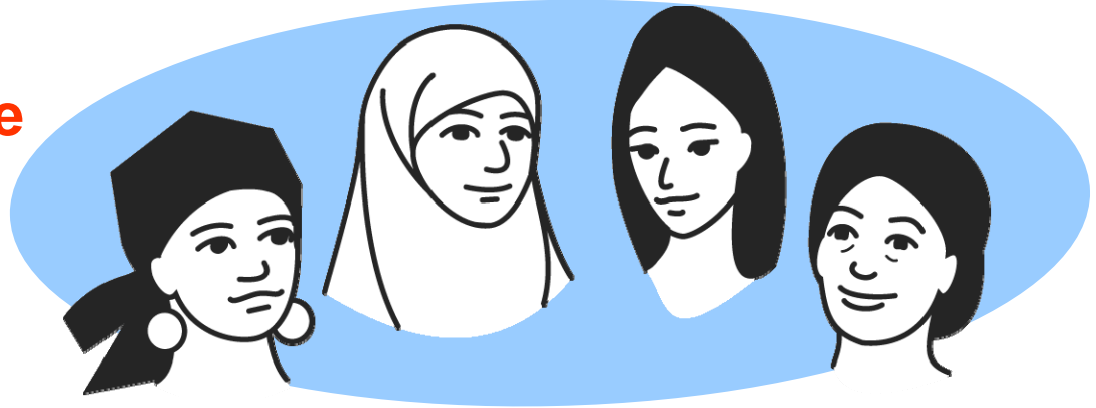
- Diaphragms (together with spermicide) are most effective when used correctly every time.

- Protection by diaphragms against HIV/AIDS is uncertain.
For STI/HIV/AIDS protection, also use condoms.

To discuss another method, go to a new method tab or to Choosing Method tab.

Who can and cannot use vaginal methods

Most women can safely use vaginal methods



But usually should not use SPERMICIDES or DIAPHRAGM with spermicides if:

And if you are thinking about the DIAPHRAGM, tell me if you:



- Have a medical condition that makes pregnancy dangerous



- More than one sex partner or partner has sex with others (high HIV risk)
 - Have HIV/AIDS



- Recently had a baby or abortion



- Are allergic to latex
- Ever had toxic shock syndrome

Who can and cannot use vaginal methods

Most women can safely use vaginal methods.

But usually should not use SPERMICIDES or DIAPHRAGM with spermicides if:

- Have a medical condition that makes pregnancy dangerous
- More than one sex partner or partner has sex with others (high HIV risk)
- Have HIV/AIDS



- Conditions include high blood pressure, diabetes, heart disease, stroke, some cancers, STIs including HIV/AIDS, liver disease, anaemia, tuberculosis.
- A more effective method may be more suitable for women with these conditions.



- Spermicides should NOT be used if woman is at high risk for HIV infection.
- The effectiveness of diaphragms *without* spermicides is not known.

And if you are thinking about the DIAPHRAGM, tell me if you:

- Recently had a baby or abortion
- Are allergic to latex
- Ever had toxic shock syndrome



- Generally should wait 6 to 12 weeks after childbirth or second-trimester abortion to fit diaphragm, depending on when the uterus and cervix return to normal size and shape.



- She should not use a latex diaphragm.



- Generally should not use diaphragm.

Next Move:

Client able to use method:

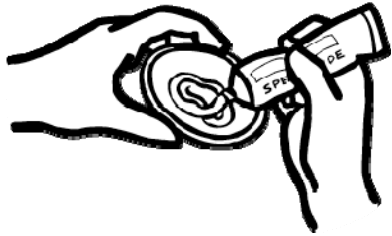
Go to next page to discuss diaphragm or page VM4 to discuss spermicides.

Client unable to use vaginal methods:

Help her choose another method.

How to use the diaphragm

1



Squeeze plenty of spermicidal cream or jelly into diaphragm and around rim

2



Press the rim together and push the diaphragm into the vagina as far as it goes

3



Touch the diaphragm to make sure it covers the cervix

4

After sex:

- Leave the diaphragm in place for **AT LEAST 6 hours** but **NO MORE THAN 24 hours**
- To remove, gently slide a finger under the rim and pull the diaphragm down and out

ALSO: For each additional act of intercourse, use an applicator to insert additional spermicide into the vagina. **DO NOT** remove the diaphragm.



Do you want to try using this method and see how you like it?



How to use the diaphragm

1

Squeeze plenty of spermicidal cream or jelly into diaphragm and around rim



- Use about a tablespoon of jelly or cream.

2

Press the rim together and push the diaphragm into the vagina as far as it goes

3

Touch the diaphragm to make sure it covers the cervix



- Through the dome of the diaphragm, make sure you can feel the cervix, which feels like the tip of the nose.

4

After sex:

- Leave the diaphragm in place for **AT LEAST 6 hours** but **NO MORE THAN 24 hours**
- To remove, gently slide a finger under the rim and pull the diaphragm down and out



- Be careful not to tear the diaphragm when removing.
- Wash diaphragm with mild soap and clean water after each use.
- Check for holes in the diaphragm by filling it with water or by holding it up to the light.
- Dry the diaphragm and store it in a clean, dark, cool place, if possible.

For each additional act of intercourse, use an applicator to insert additional spermicide into the vagina. DO NOT remove the diaphragm.

Next Move:

Does client understand how to use diaphragm? Is she ready to choose method?



If she has decided to use method, go to next page to discuss spermicides if needed.

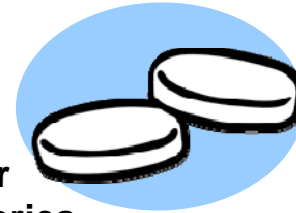
If not, discuss further or consider other methods.



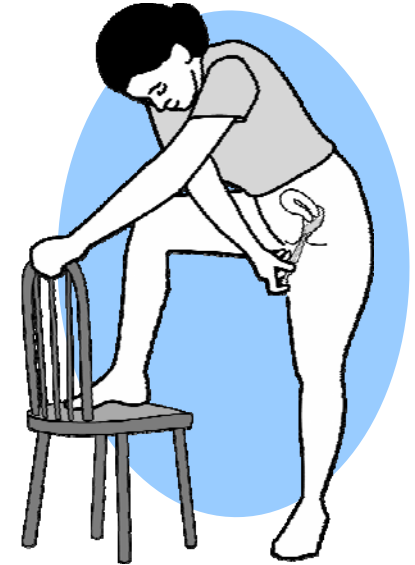
How to use spermicides



Tablets or
suppositories



- Insert before sex (up to 1 hour before)
- Insert deep into vagina using applicator or fingers
- Do not wash vagina for at least 6 hours after sex
- If possible, store in a cool, dry place



*Do you want to try
using this method and
see how you like it?*





How to use spermicides

- Insert before sex (up to 1 hour before)
- Insert deep into vagina using applicator or fingers
- Do not wash vagina for at least 6 hours after sex
- If possible, store in a cool, dry place



With tablets, suppositories, film

- Must insert at least 10 minutes before sex.
- If using film, fold in half and insert with dry fingers near the cervix.

With foam

- Shake container well first.



- Helps keep foaming tablets from melting.

Next Move:

Does client understand how to use spermicides? Is she ready to choose method?



If she has decided to use method,
go to next page.

If not, discuss further or consider
other methods.

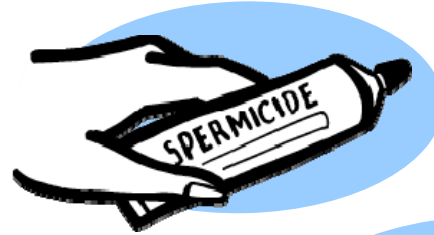




What to remember

Come back if:

- You need more spermicide
- Diaphragm becomes stiff or thin or develops holes
- You or your partner has reaction (itching, rash, irritation)
- You feel pain when urinating



*Anything else I can
repeat or explain?
Any other questions?*



What to remember

Come back if:

- You need more spermicide



- Discuss where she can get resupply – at clinic or pharmacy.
- Important to get more spermicide before she runs out.

- Diaphragm becomes stiff or thin or develops holes



- These diaphragms should be replaced.
- Also, diaphragms should be refitted after childbirth or abortion.

- You or your partner has reaction (itching, rash, irritation)



- Could be due to spermicide or latex, or could be infection or vaginitis.
- May need to switch brand of spermicide, or switch methods.

- You feel pain when urinating



- Sign of urinary tract infection.

Last Moves:

*“Do you feel confident you can use this method successfully?
Is there anything I can repeat or explain?”*

Remember to offer condoms for dual protection and/or back-up!

Last, most important message: “Use method every time.”



LAM

Lactational Amenorrhoea Method

- A contraceptive method based on breastfeeding
- LAM means breastfeeding often, day and night, and giving baby little or no other food
- Effective for 6 months after giving birth
- Breast milk is best food for babies
- No protection against STIs or HIV/AIDS



Do you want to know more about this method, or talk about a different method?



LAM

Lactational Amenorrhoea Method

- **A contraceptive method based on breastfeeding**
- **LAM means breastfeeding often, day and night, and giving baby little or no other food**
- **Effective for 6 months after giving birth**
- **Breast milk is best food for babies**
- **No protection against STIs or HIV/AIDS**



About LAM:

- “Lactational”—related to breastfeeding. “Amenorrhoea”—not having menstrual bleeding.
- Using LAM means choosing to breastfeed in a way that prevents pregnancy. It works by stopping ovulation (see Appendices 4 & 5).

- Giving baby ONLY breast milk (with little or no other food) gives best protection from pregnancy and is best for the baby’s health.
- See page L3 for how to breastfeed for best protection.
- *“How would breastfeeding your baby in this way suit you?”*

- If periods have not returned.
- Very effective when used correctly.
- But as commonly used it is less effective.

- Healthiest way to feed most babies for first 6 months. Breast milk contains the exact nutrients the baby needs and helps protect the baby from infections. Breastfeeding benefits the mother’s health too.
- Breastfeeding should be started within 1 hour after birth, and babies should be given no other food or drink until they are 6 months old.
- Breast milk can be a major part of diet for 2 years or more.

- For woman’s STI/HIV/AIDS protection, also use condoms.
- Breastfeeding can pass HIV from mother to baby.

Next Move:

“Do you want to know more about LAM, or talk about a different method?”

**If client wants to know more about LAM,
go to next page.**

**To discuss another method, go to a new
method tab or to Choosing Method tab.**

When you can use LAM

If breastfeeding now, can use LAM if:

① Baby is less than 6 months old

AND

② Baby gets little or no food or drink except breast milk

AND

③ Menstrual periods have not come back

But please tell me if:

- Have AIDS? Or infected with HIV, the AIDS virus?**





When you can use LAM

If breastfeeding now, can use LAM if:

- ❶ **Baby is less than 6 months old**
- AND**
- ❷ **Baby gets little or no food or drink except breast milk**
- AND**
- ❸ **Menstrual periods have not come back**

But please tell me if:

- **Have AIDS? Or infected with HIV, the AIDS virus?**

- Breastfeeding women can start LAM any time if they meet **all 3 conditions**.



- It is best for the baby to breastfeed for at least 2 years.

Once her baby is 6 months or older:

- She should **use another method** of family planning.
- If she continues to breastfeed, nonhormonal methods are best. She can also use progestogen-only methods (mini-pill, long-acting injectable or implants).

- Cannot use LAM if she has had 2 or more straight days of menstrual bleeding. (Bleeding in first 8 weeks after childbirth does not count.)

- HIV may be passed to the baby in breast milk.
- Where a safe replacement infant formula is available (either home-prepared or bought), a woman with HIV should not breastfeed and should use another family planning method.
- If no safe replacement infant formula is available, a woman with HIV should breastfeed exclusively. After 6 months, or if safe replacement food becomes available, she should stop breastfeeding.
- See Special Needs tab (page SN1) for special advice for women with HIV/AIDS.

Next Move:

If client can start now or when she gives birth, go to instructions on next page.

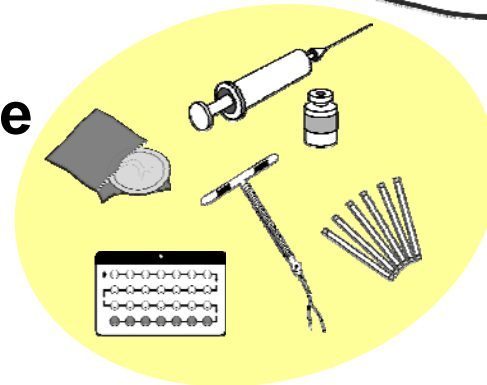
If client can no longer use LAM or is unable to use LAM, help her choose another method.

How to use LAM

- Can start LAM as soon as baby is born
- Breastfeed often

What to do after LAM:

- Start giving baby other foods when he/she is 6 months old, but continue to breastfeed
- Start another method at the right time



*Are you ready to
choose this
method?*

*Anything else I can
repeat or explain?
Any other questions?*



How to use LAM

- Can start LAM as soon as baby is born



- Breastfeed often



What to do after LAM:

- Start giving baby other foods when he/she is 6 months old, but continue to breastfeed
- Start another method at the right time



- **After childbirth**, start breastfeeding as soon as possible, for baby's health and best protection from pregnancy.

- She should breastfeed whenever the baby is hungry, both day and night.
- If feedings become more than 4 hours apart in the day, or more than 6 hours apart at night, she should consider another method of family planning.
- She should keep breastfeeding even if she or the baby is sick.
- *"Are you ready to keep up this pattern of breastfeeding?"*
- Advise on breastfeeding technique and diet.

- When additional foods are introduced, she should breastfeed before each feeding of other food or drink.

- When her menstrual periods return (bleeding in first 8 weeks after childbirth not included)
- **OR** when she stops fully or nearly fully breastfeeding (baby takes other foods/liquids regularly)
- **OR** when baby is 6 months old (about time child starts sitting up)
- **OR** when she no longer wants to use LAM
- **(whichever comes first).**

- Offer supplies now, such as condoms, that she can start using when needed.

Last Moves:



*"Do you feel confident you can use this method successfully?
Do you need any more advice on breastfeeding?"*

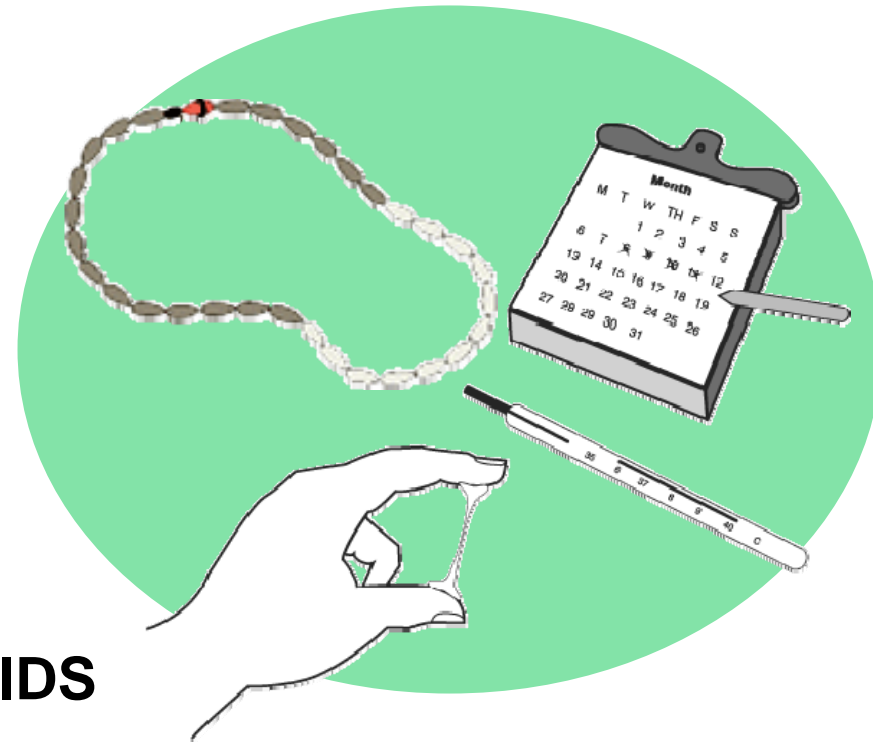
Remember to offer condoms for dual protection and/or back-up!

Last, most important message: "Come back for another method when the baby is 6 months old, or your periods return, or the baby starts taking other food."

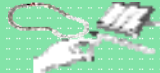


Fertility Awareness-Based Methods

- Learn on which days of the menstrual cycle you can get pregnant
- To prevent pregnancy, you and your partner either avoid sex OR use a condom on fertile days
- Can be effective if used correctly
- No side-effects
- Does not protect against STIs or HIV/AIDS



Do you want to know more about these methods, or talk about a different method?



Fertility Awareness-Based Methods

- Learn on which days of the menstrual cycle you can get pregnant



- To prevent pregnancy, you and your partner either avoid sex OR use a condom on fertile days



- Can be effective if used correctly



- No side-effects



- Does not protect against STIs or HIV/AIDS



Next Move:

About fertility awareness-based methods:

- Natural methods: a woman learns the fertile days of her menstrual cycle.

- She can also use other barrier methods on fertile days, such as diaphragm.
- The **couple must agree** to avoid intercourse or use a barrier method on days when pregnancy is possible.

3 different methods:

1) Standard Days Method: See following pages. A new method that she can use with special “CycleBeads.”

2) Cervical Mucus Methods: Checking daily for cervical secretions, then recording what she finds on a chart.

3) Symptothermal Methods: Checking daily secretions AND taking her temperature every day before getting up, then recording on a chart.

(2) and (3) require special teaching. Refer if necessary.

- But this is one of the least effective methods when not used correctly.

- Does not involve taking or applying any medication.

- **For STI/HIV/AIDS protection, use condoms.**



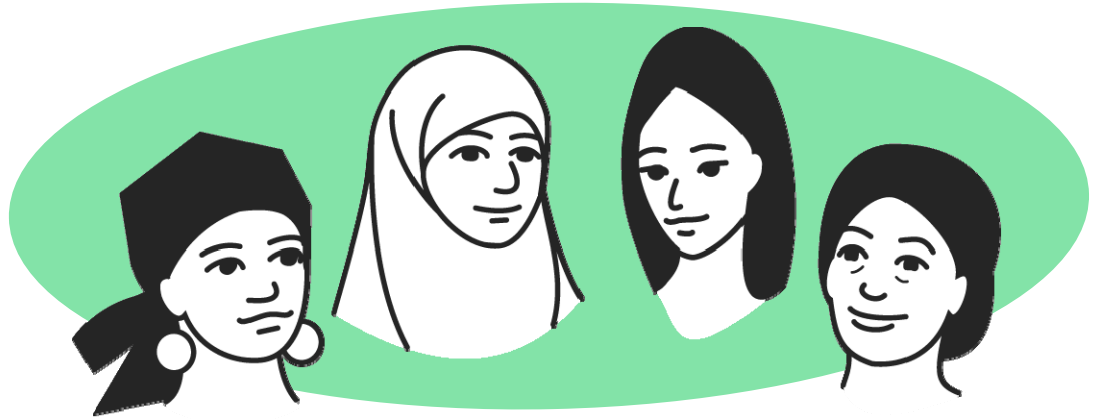
“Would you like to know more about Standard Days Method, or talk about a different method?”

To discuss Standard Days Method,
go to next page.

To discuss another method, go to a new
method tab or to Choosing Method tab.

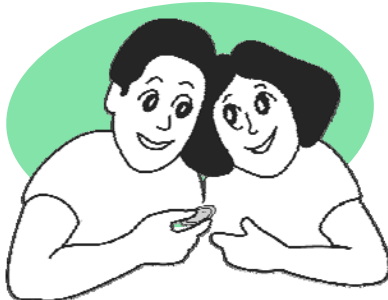
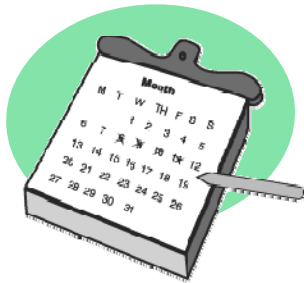
Who can and cannot use Standard Days Method

Most women can use Standard Days Method



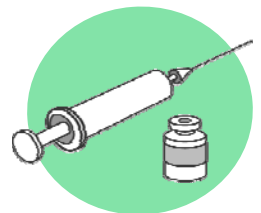
You can use if:

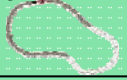
- Your menstrual cycles are regular, between 26 and 32 days long
- You and your partner can avoid sex or use condoms on fertile days



You may need to wait if:

- Your periods have not returned after childbirth
- You recently stopped using a long-acting injectable





Who can and cannot use Standard Days Method

Most women can use Standard Days Method. You can use if:

- Your menstrual cycles are regular, between 26 and 32 days long
- You and your partner can avoid sex or use condoms on fertile days

You may need to wait if:

- Your periods have not returned after childbirth
- You recently stopped using a long-acting injectable



- Women with irregular cycles cannot use the method.
To determine the length of her menstrual cycle, ask:
“Do you usually get your period at the same time every month?”
- Mark on calendar the first day of her last period.
- Mark on calendar when she expects her next period to start.
- Count the number of days in the menstrual cycle.
- If the cycle just calculated is between 26 to 32 days, she can use Standard Days Method.

- Do both partners think they can avoid intercourse for 12 days in a row during each cycle, or use condoms if they have sex on these days?
- They can use condoms or other barrier methods on fertile days.

- She needs to have had at least 3 cycles between 26 and 32 days long since giving birth.

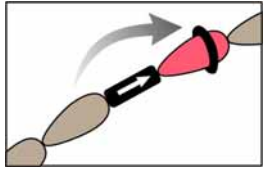
- After stopping long-acting injectables, she must have at least 1 cycle between 26 and 32 days long before starting this method.
- If switching from other hormonal methods, she can start immediately (as long as her periods were regular and between 26 to 32 days before she used the hormonal method).

Next Move:

If client has regular cycles between 26 and 32 days, she can use Standard Days Method, go to next page.

If client does not have regular cycles between 26 and 32 days, help her choose another method.

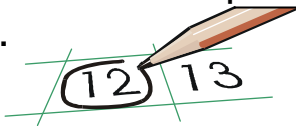
How to use Standard Days Method



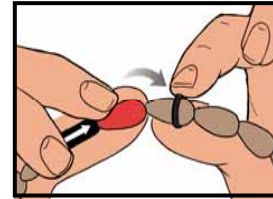
1 THE RED BEAD is day 1 of cycle.

On the **first day of your period**, move the rubber ring onto the red bead.

Mark a calendar to help remember.



Each bead represents a day of your menstrual cycle



2 Every morning move the rubber ring to the next bead.

Always move the ring in the direction of the arrow.

3 WHITE BEAD DAYS are days when you CAN get pregnant.

Use a condom or do NOT have sex on these days to prevent pregnancy.



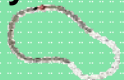
4 BROWN BEAD DAYS are days when pregnancy is unlikely.

You can have sex on these days. No condom needed.

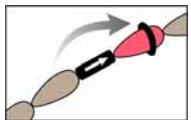
When your next period starts, move the ring to the red bead again. Skip over any remaining beads.

Are you ready to choose this method?





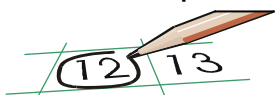
How to use Standard Days Method



1 THE RED BEAD is day 1 of cycle.

On the **first day of your period**, move the rubber ring onto the red bead.

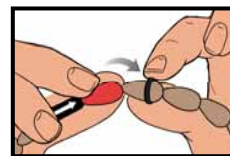
Mark a calendar to help remember.



4 BROWN BEAD DAYS are days when pregnancy is unlikely.

You can have sex on these days. No condom needed.

When your next period starts, move the ring to the red bead again. Skip over any remaining beads.



2 Every morning move the rubber ring to the next bead. Always move the ring in the direction of the arrow.

Move the ring even on days when you have your period.

3 WHITE BEAD DAYS are days when you CAN get pregnant.

Use a condom or do NOT have sex on these days to prevent pregnancy.



Each bead represents a day of your menstrual cycle

- Give her the beads and show her how to move the rubber ring over each bead. *"You don't have to wear the beads. Keep them safe so that no one else can move the ring."*
- Invite her to show that she knows how to use the beads, and ask her to move the rubber ring to the current day of her cycle now, so that she is on schedule.
- Offer supplies of condoms to all users. Offer and discuss other barrier methods, if available.



Next Move:

Does client understand how to use CycleBeads? Is she ready to choose method?

If she has decided to use method, go to next page.

If not, discuss further or consider other methods.



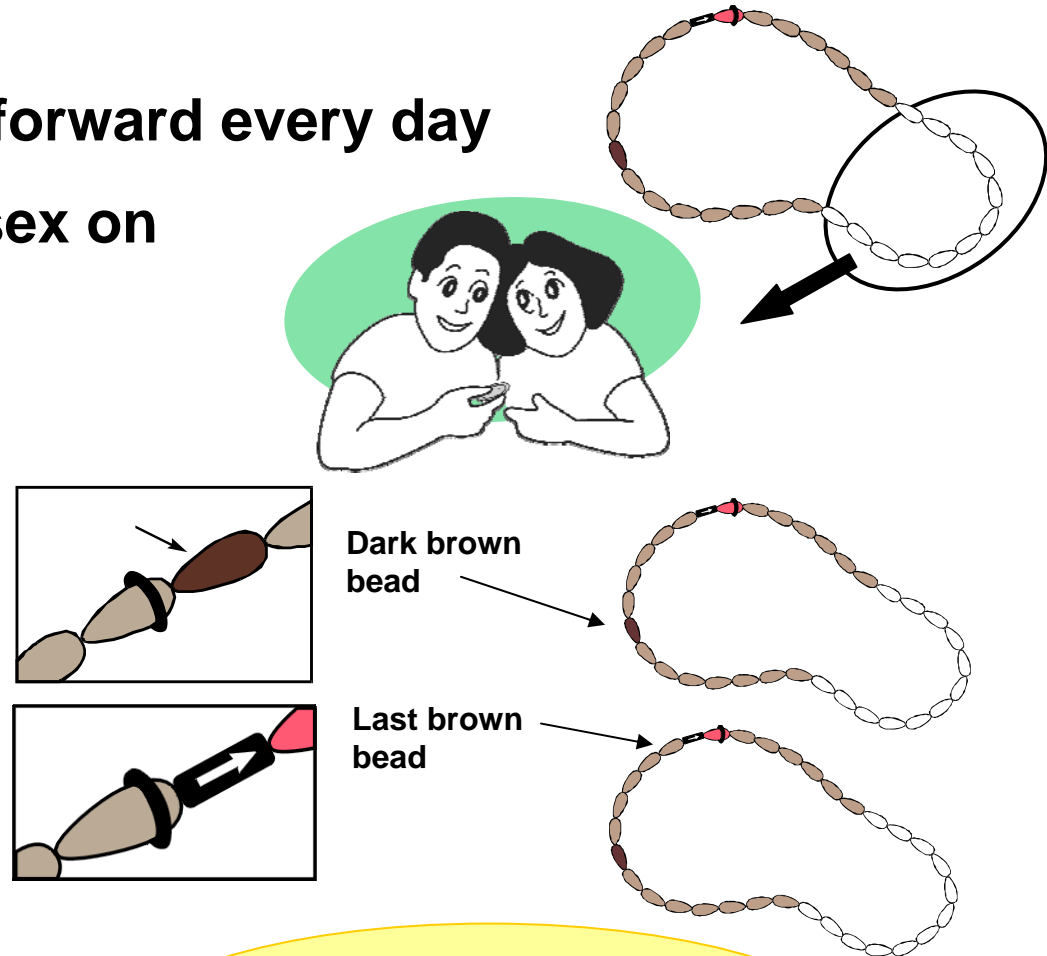


What to remember

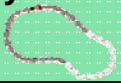
- Move the rubber ring one bead forward every day
- Always use condoms or avoid sex on fertile “white bead” days

Come back if:

- **You get your period early**
(it starts *before* you put the ring on the dark brown bead)
- **You get your period late**
(it does NOT start by the day after you put the ring on the last brown bead)
- **You have unprotected sex on a fertile “white bead” day**



*Anything else I can
repeat or explain?
Any other questions?*



What to remember

- Move the rubber ring one bead forward every day
- Always use condoms or avoid sex on fertile “white bead” days



- Advise her to always **mark the first day of her period on her calendar** in case she forgets whether she has moved the ring.



- Offer and discuss other barrier methods, if available.
- If appropriate, discuss sexual pleasure without penetration.

Come back if:

- **You get your period early**
(it starts *before* you put the ring on the dark brown bead)
- **You get your period late**
(it does NOT start by the day after you put the ring on the last brown bead)
- **You have unprotected sex on a fertile “white bead” day**



- If menstrual bleeding started before reaching the dark brown bead, her cycles are shorter than 26 days.
- Show where the dark brown bead is and explain what it means.
- If menstrual bleeding has not started by the day after moving the ring over the last brown bead, her cycles are longer than 32 days.
- **If she has more than one cycle shorter than 26 days or longer than 32 days, the method may be less effective. She may need to choose another method.**



- If she has unprotected intercourse on these days, she can consider using **emergency contraception** as soon as possible.

Last Moves:

*“Do you think you can use a condom or avoid sex on all “white bead” days?
Is there anything I can repeat or explain?”*

Remember to offer condoms for dual protection and/or back-up!

**Last, most important message: “Move rubber ring forward every day
and avoid sex or use condoms on white bead days.”**



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APPENDICES

Tools for clients and providers

- Appendix 1:** Questions to be reasonably sure a woman is not pregnant
- Appendix 2:** Which methods meet the client's needs?
- Appendix 3:** Comparing effectiveness of methods
- Appendix 4:** The female reproductive system
- Appendix 5:** The menstrual cycle
- Appendix 6:** The male reproductive system

Information for providers

- Appendix 7:** Starting a method
- Appendix 8:** Facts about STIs/HIV/AIDS
- Appendix 9:** Promoting communication between partners
- Appendix 10:** Myths about contraception
- Appendix 11:** Sexual and reproductive health tips
- Appendix 12:** Tips and hints for counselling
- Appendix 13:** Supporting women living with violence

Let's check that you are not pregnant



1. Menstrual period started in the past 7 days?



2. Gave birth in the past 4 weeks?



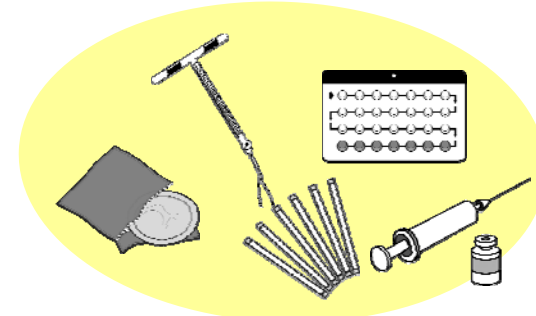
3. Breastfeeding AND gave birth less than 6 months ago AND periods have not returned?



4. Had miscarriage or abortion in the past 7 days?



5. No sex since your last period?



6. Been using another method correctly?

If ANY of these are true, you can start a method now.

1: Questions to be reasonably sure a woman is not pregnant (for family planning clients not menstruating now)

Women who are not currently menstruating may still be able to start hormonal methods (pills, injectables, implants), the IUD or to have sterilization NOW. Ask these questions to be reasonably sure she is not pregnant.

If the client answers **NO** to **ALL** of the questions, pregnancy cannot be ruled out. She should wait until next menstrual period (and avoid sex or use condoms until then) or else take pregnancy test.

If the client answers **YES** to **AT LEAST ONE** of the questions and has no signs or symptoms of pregnancy,* provide her with the method.

NO		YES
	1. Did your last menstrual period start within the past 7 days?	
	2. Have you given birth in the last 4 weeks?	
	3. Are you fully (or nearly fully) breastfeeding AND gave birth less than 6 months ago AND had no menstrual period since then?	
	4. Have you had a miscarriage or abortion in the past 7 days?	
	5. Have you had NO sexual intercourse since your last menstrual period?	
	6. Have you been using a reliable contraceptive method consistently and correctly?	

*Signs of Pregnancy

If a woman has a late menstrual period or several other signs, she may be pregnant. Try to confirm by pregnancy test or physical examination.

Early signs

Late menstrual period
Breast tenderness
Nausea
Vomiting
Urinating more often

Weight change
Always tired
Mood changes
Changed eating habits

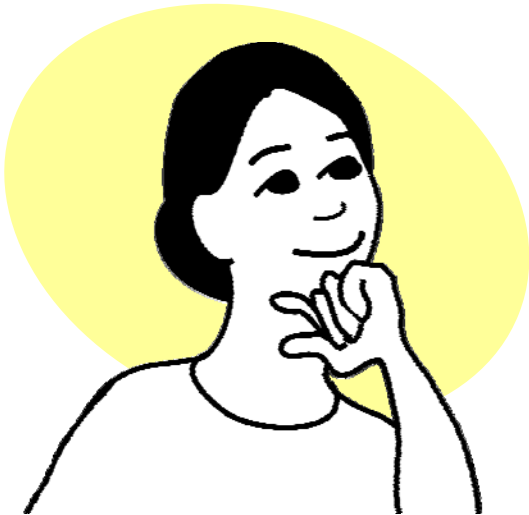
Later signs

Larger breasts
Darker nipples
More vaginal discharge than usual
Enlarged abdomen
Movements of a baby

Which methods meet your needs?


What is most important to you?

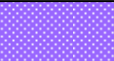

















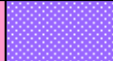
























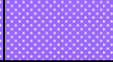























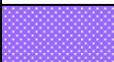
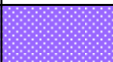

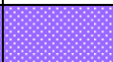
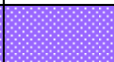
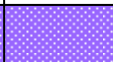
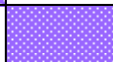

- Very effective
- Protects against STIs and HIV/AIDS
- Good while breastfeeding
- Can have more children later
- Permanent
- Few side-effects
- Private
- Easy to use
- Easy to stop
- Nothing to do before sex
- Used only when needed
- Avoids touching genitals
- Others?



2: Which methods meet the client's needs?

This chart helps find methods that meet a client's needs. The chart reflects common experiences with methods. Some clients may have different opinions or experiences.

Key:  a **top choice** for this need  a **good choice** for this need

What is important to this client?	IUD	The Pill	The Mini-Pill	Long-acting Injectable	Monthly Injectable	Norplant Implants	Vasectomy	Female Sterilization	Male Condom	Female Condom**	Vaginal Methods	LAM***	Fertility Awareness
Very effective*													
Helps protect against HIV/AIDS and STIs													
Good while breastfeeding													
Can have children later													
Permanent													
Few side-effects													
Easy to use													
Easy to stop													
Nothing to do before sex													
Use only when needed													
Avoid touching genitals													

* See next page for effectiveness chart.

** The amount of protection that female condoms give against STIs is unknown.

*** Can be used only in the first 6 months of breastfeeding.

Comparing effectiveness of methods

Most effective

Generally
2 or fewer
pregnancies
per 100
women in one
year

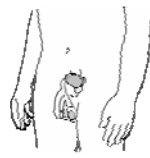
About 15
pregnancies
per 100
women in one
year

About 30
pregnancies
per 100
women in one
year

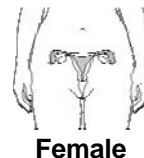
Least effective



Implants



Vasectomy



Female
Sterilization



IUD

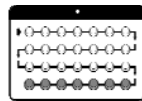
**How to make your method
most effective**

One-time procedures. Nothing to do
or remember.



Injectables

Need repeat injections
every 1 to 3 months



Pills

Must take a pill each day



LAM

Must follow LAM instructions



Male
Condoms

Must use every time you have sex;
requires partner's cooperation.



Diaphragm

Must use every time
you have sex



Female
Condom

Must use every time you have sex;
requires partner's cooperation.



Fertility Awareness-
Based Methods

Must abstain or use condoms on fertile
days; requires partner's cooperation.

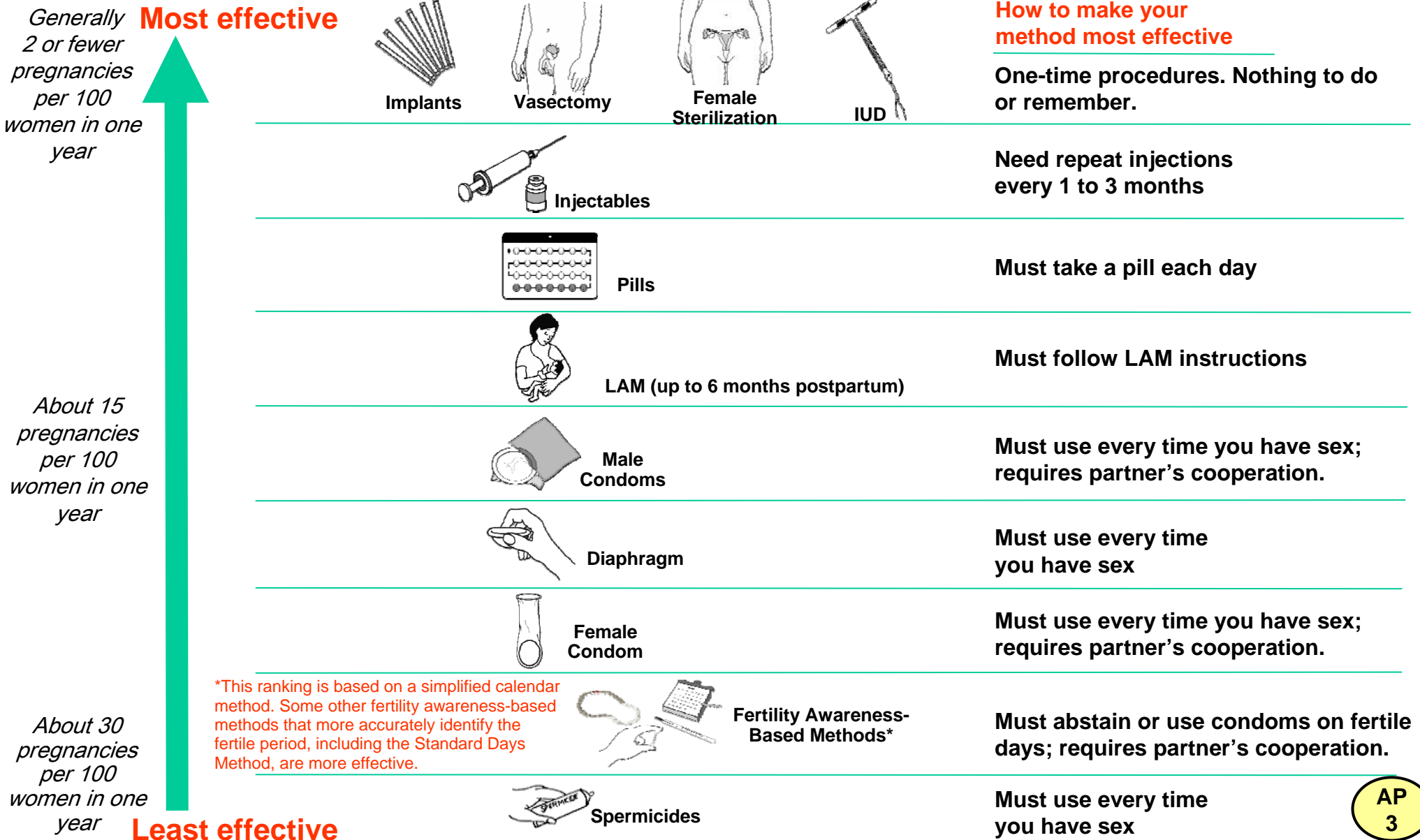


Spermicides

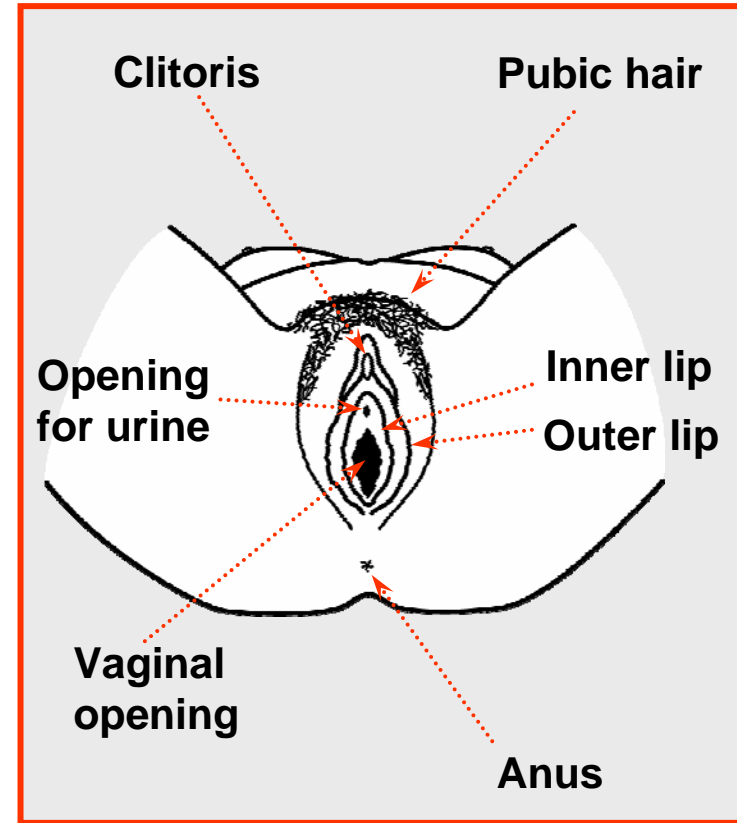
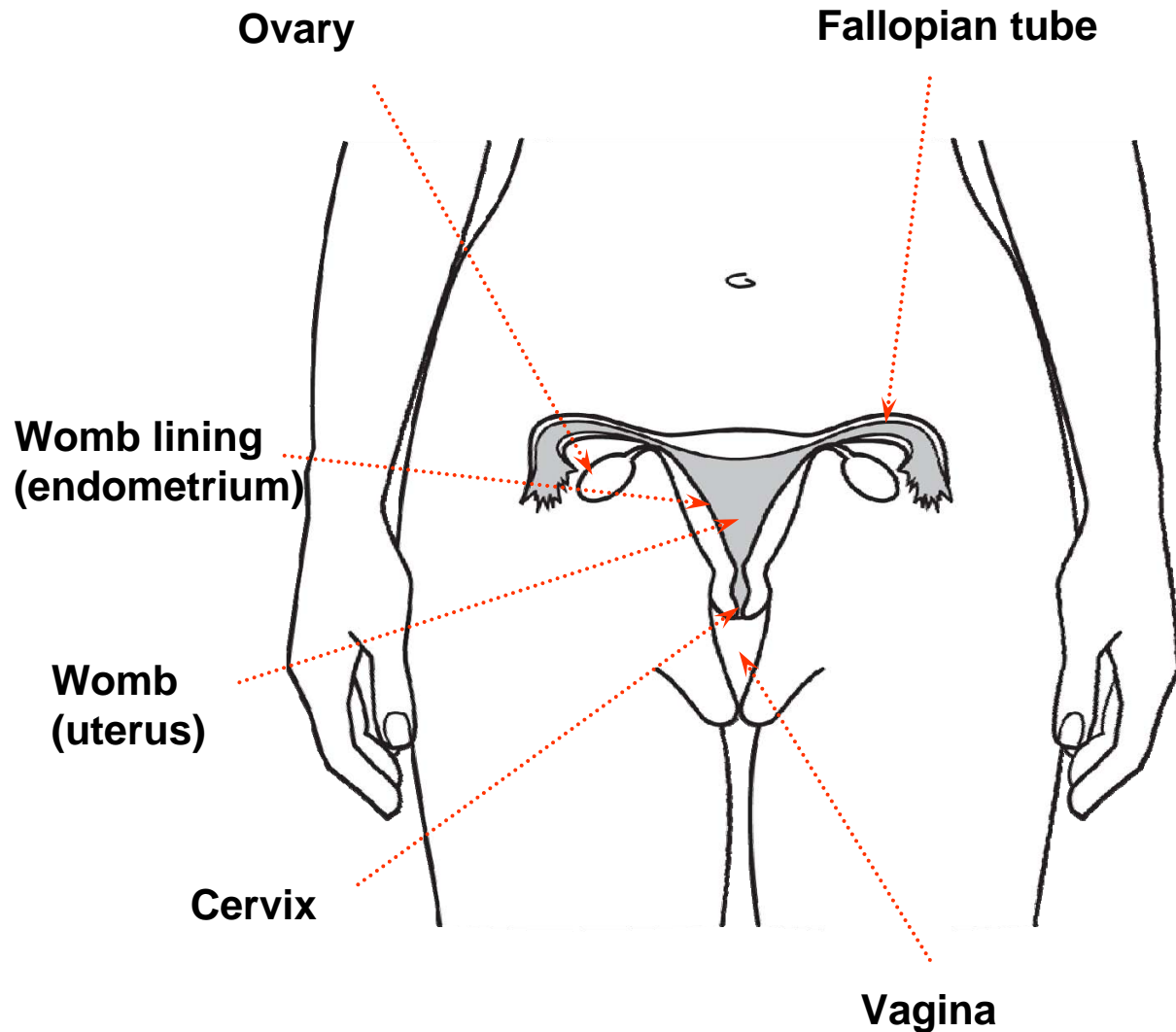
Must use every time
you have sex

3: Comparing effectiveness of methods

This chart shows how effective methods are as usually used. The top four methods are most effective; the user has nothing to do. The effectiveness of the other methods depends on the user's behaviour. These other methods are more effective when used correctly.



The female reproductive system



4: The female reproductive system

Ovary

Where eggs are stored. One egg is released each month (ovulation). The egg dies if not fertilized by sperm within 12 to 24 hours after release.

Fallopian tube

An egg travels along one of these tubes once a month, starting from the ovary. Fertilization of the egg (when egg meets the sperm) occurs in these tubes.

Womb lining (endometrium)

Lining of the uterus, which thickens and is then shed once a month, causing menstrual bleeding. During pregnancy, this lining is not shed but instead changes and nourishes the foetus (growing baby).

Womb (uterus)

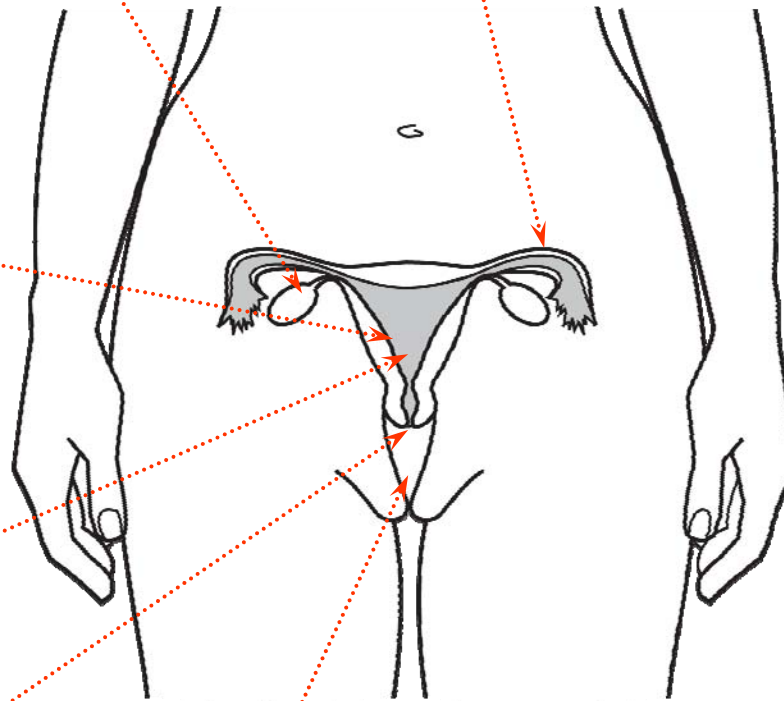
Where a fertilized egg grows and develop into a foetus.

Cervix

The entrance of the womb, which stretches down into the back of the vagina. It produces mucus.

Vagina

Joins the outer sexual organs with uterus. Babies are born through this passage. To clean itself, the vagina sheds mucus every now and then (vaginal discharge).



Pubic Hair

Hair that grows during puberty and surrounds the female organs.

Clitoris

Sensitive ball of tissue creating sexual pleasure.

Inner lip

Two folds of skin inside the outer lip that extend from the clitoris.

Opening for urine

Opening where urine (liquid waste) leaves the body.

Outer lip

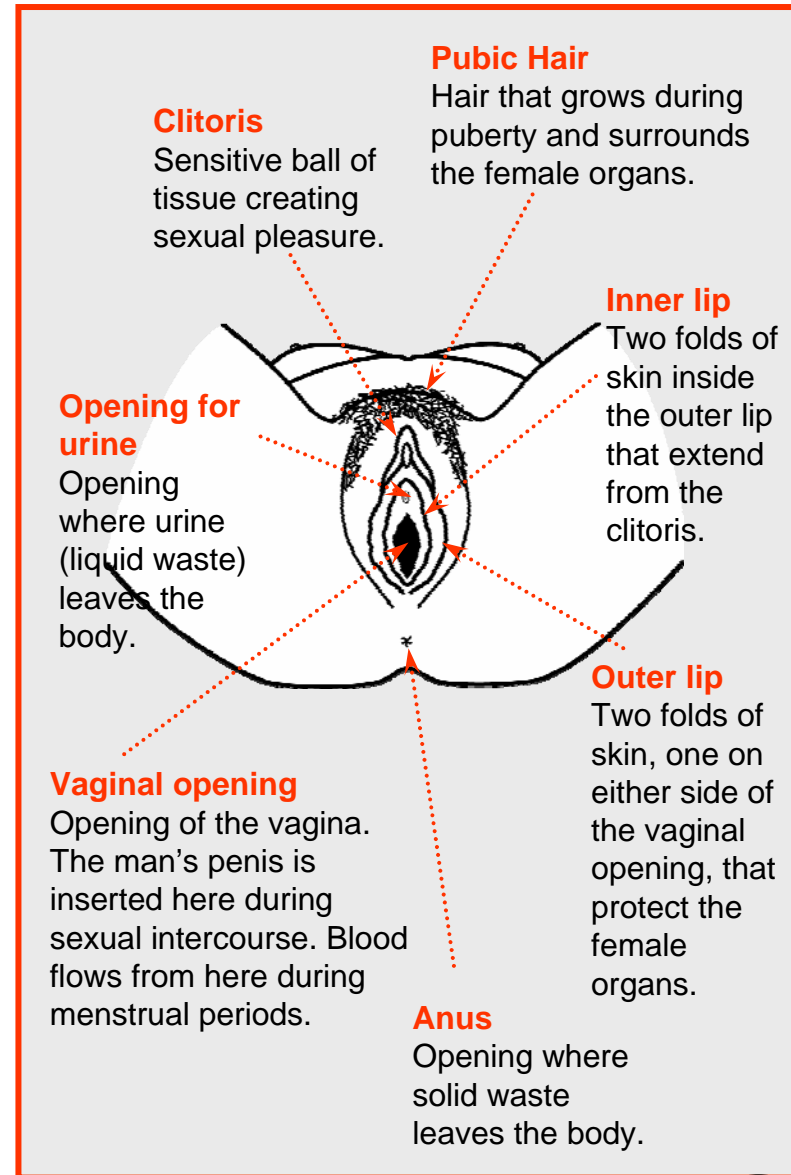
Two folds of skin, one on either side of the vaginal opening, that protect the female organs.

Vaginal opening

Opening of the vagina. The man's penis is inserted here during sexual intercourse. Blood flows from here during menstrual periods.

Anus

Opening where solid waste leaves the body.

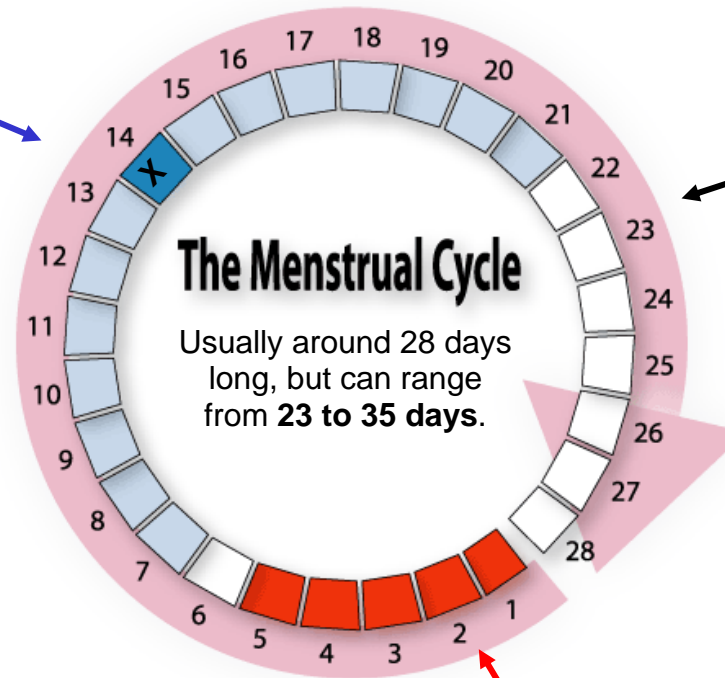
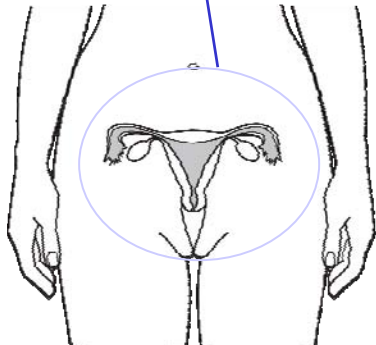
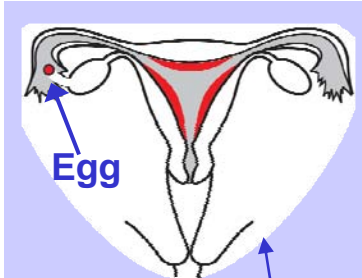


The menstrual cycle

- The **FERTILE TIME** of the cycle is the day of ovulation and the 5 days before it.
- For full protection from pregnancy, it's best to use contraception **THROUGHOUT THE CYCLE**.

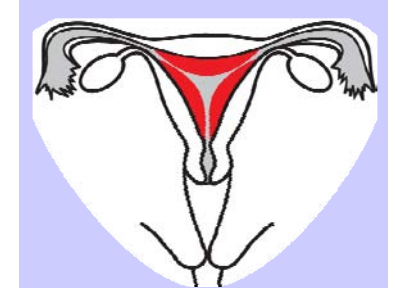
1. Ovulation

(usually occurs between days 7 and 21 of the cycle, often around day 14)



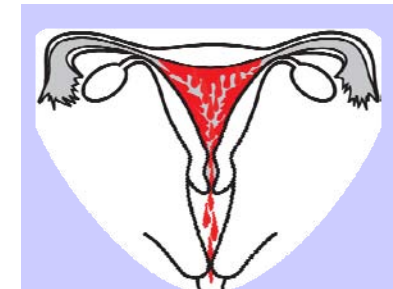
2. Thickening of the womb lining

(usually about 14 days long after ovulation)



3. Menstrual bleeding (period)

(usually ranges from 2 to 7 days, often about 5 days)



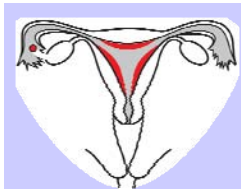
5: The menstrual cycle

Many clients, in particular younger clients, may not know basic biological facts. This page will help you explain the normal menstrual cycle.

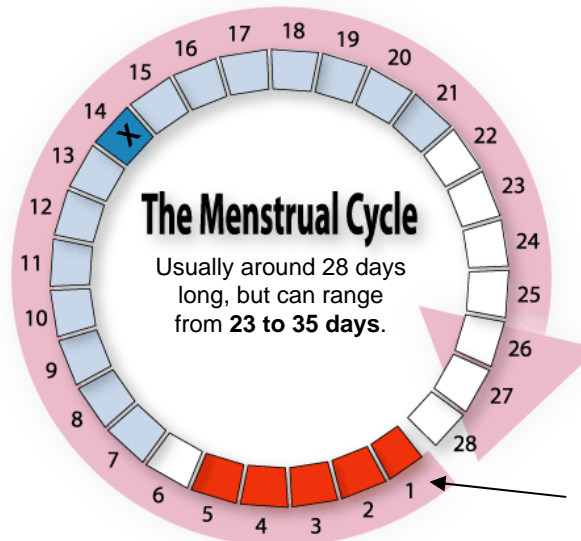
Key points about the menstrual cycle:

- The menstrual cycle is the process through which a woman's body prepares for pregnancy.
- Young women usually start to have periods (menstruate) between the ages of 11 and 17. Women stop having periods between the ages of 45 and 55 (menopause).
- The menstrual cycle is usually about 28 days long, but it varies from woman to woman and from month to month. It can range from 23 to 35 days.
- The **fertile time** of the menstrual cycle (when a woman can get pregnant) can last for up to 6 days, starting 5 days before ovulation and ending on the day of ovulation.
- Ovulation usually occurs between days 7 and 21 of the cycle (see below). It can, however, occur at ANY TIME in the cycle after the end of the menstrual period. The precise day of ovulation cannot be predicted.
- For best protection from pregnancy, a couple should use contraception throughout the menstrual cycle.

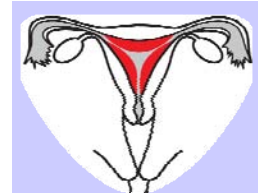
1. Ovulation (usually occurs between days 7 and 21 of the cycle, often around day 14)



One egg is released from the ovaries each cycle (usually once a month). The egg travels down a fallopian tube towards the womb and may become fertilized during this time by a sperm cell that has travelled upwards from the vagina.



2. Thickening of the womb lining (usually about 14 days long after ovulation)



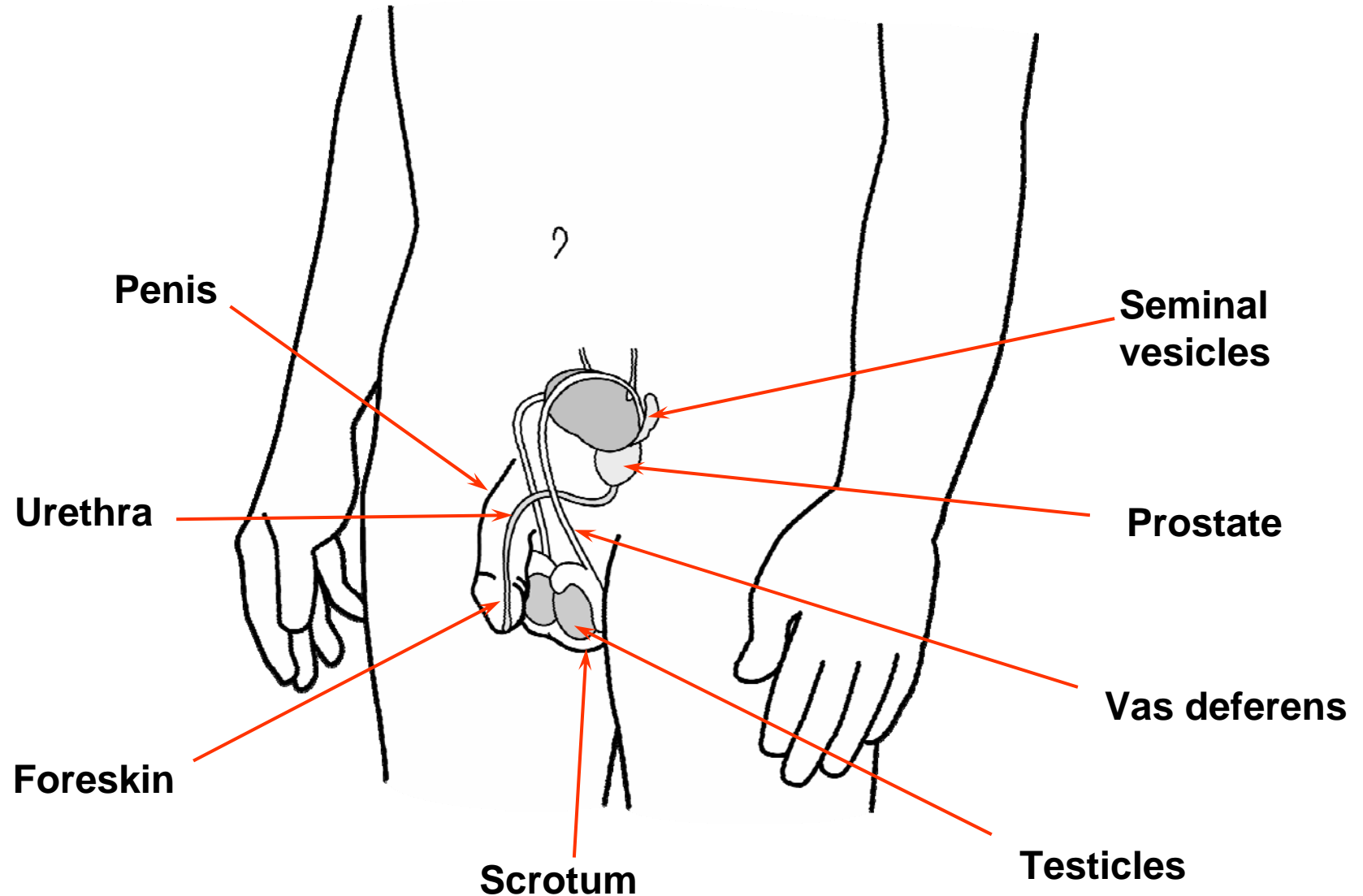
The lining of the womb (the endometrium) becomes thicker during this time to prepare for a fertilized egg. Usually there is no pregnancy, and the unfertilized egg cell dissolves in the body.

Note: When counting the days in the menstrual cycle, always start with the first day of menstrual bleeding.

3. Menstrual bleeding (period) (bleeding usually lasts from 2 to 7 days, often about 5 days)

- If there is no pregnancy, the thickened lining of the womb is shed. It leaves the body through the vagina. This monthly bleeding is called menstruation. Contractions of the womb at this time can cause period pains (cramps).
- Menstruation is different in different women. Some women can bleed for a short time (for example, 2 days), while others can bleed for up to 8 days. Bleeding can be heavy or light.
- If the egg is fertilized by a man's sperm, the woman will become pregnant, and she will stop having periods.

The male reproductive system



6: The male reproductive system

Penis

Male sex organ made of spongy tissue. When a man becomes sexually excited, it stiffens and grows larger. Semen, containing sperm, is released from the penis during sexual intercourse (**ejaculation**).

Urethra

Tube through which semen and sperm are released from the body. Urine is released through the same tube.

Foreskin

Hood of skin covering the end of the penis. Circumcision removes the foreskin.

Scrotum

Sack of thin loose skin containing the testicles.

Seminal vesicles

Where sperm is mixed with semen.

Prostate

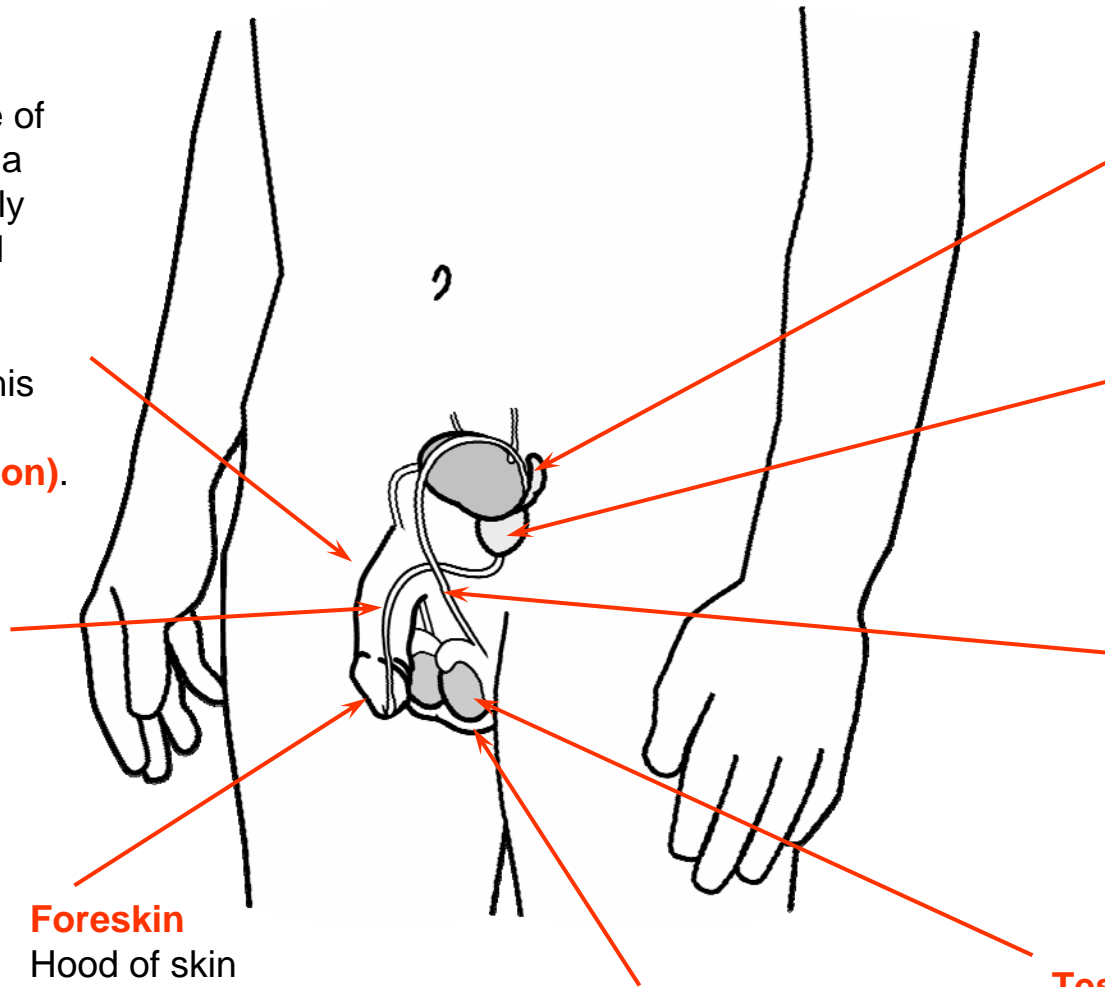
A reproductive organ that produces a fluid to help sperm move.

Vas deferens

2 thin tubes that carry sperm from the testicles to the seminal vesicles. Vasectomy blocks these tubes.

Testicles

Organs producing sperm.



Information for Providers

7: Starting a method

This chart shows when methods can be started, both during the menstrual cycle and after childbirth. **ALL METHODS CAN BE STARTED ON ANY DAY OF THE MENSTRUAL CYCLE**, as long as you can be reasonably certain the client is not pregnant (see questions in Appendix 1).

Method Type	Starting days in the menstrual cycle when no extra protection is needed	After childbirth	
		Not breastfeeding	Breastfeeding
IUD	1 to 12	Within 2 days, or from 4 weeks after childbirth	Within 2 days, or from 4 weeks after childbirth
The pill	1 to 5	3 weeks after childbirth	6 months after childbirth
The mini-pill	1 to 5	Immediately after childbirth	6 weeks after childbirth
Long-acting injectable	1 to 7	Immediately after childbirth	6 weeks after childbirth
Monthly injectable	1 to 7	3 weeks after childbirth	6 months after childbirth
Norplant implants	1 to 7	Immediately after childbirth	6 weeks after childbirth
Vasectomy for men	Use extra protection for next 3 months	--	--
Female sterilization	Any time, if reasonably certain she is not pregnant	Within 7 days, or from 6 weeks after childbirth	Within 7 days, or from 6 weeks after childbirth
Condoms (M & F)	Any time	Immediately after childbirth	Immediately after childbirth
Diaphragm	Any time	From 6 to 12 weeks after childbirth*	From 6 to 12 weeks after childbirth*
Spermicides	Any time	Immediately after childbirth	Immediately after childbirth
LAM	--	--	Start immediately after childbirth; can use for up to 6 months
Fertility awareness (Standard Days Method)	Any time (as long as she knows when her period started)	After 3 menstrual cycles of 26–32 days	After 3 menstrual cycles of 26–32 days

* Depending on when the uterus and cervix return to normal

--Not applicable to this method

8: Facts about STIs and HIV/AIDS

What is a sexually transmitted infection (STI)?

- An STI is an infection that can be spread from person to person by sexual contact.
- Some STIs can be transmitted by any sexual act that involves contact between the penis, vagina, anus and/or mouth. For best protection, **a couple should use condoms, or avoid any contact in the genital area (including oral and anal sex).**
- **STIs may or may not cause symptoms.** Some cause pain. Often, however, people (particularly women) may not know that they have an STI until a major problem develops.
- **Some common STIs can be treated and cured** with antibiotics. These STIs include gonorrhoea, chlamydial infection, chancroid and syphilis. Trichomoniasis, while usually not sexually transmitted, also can be treated.
- **Some cannot be cured**, including hepatitis B, genital herpes, human papilloma virus (HPV) and HIV (see right).
- If a woman has an STI, she is at greater risk for some reproductive cancers, pelvic inflammatory disease, ectopic pregnancy, miscarriage and HIV infection. **Some STIs can cause infertility and death, particularly if not treated.**

To see who is at risk for STIs, see Dual Protection tab, page DP2.

What are HIV and AIDS?

- **HIV** (Human Immunodeficiency Virus) **is a virus that is present in the blood, body fluids and in some body secretions** of infected people. HIV can be transmitted:
 - by sexual contact (through semen or vaginal fluids during penetrative vaginal and anal sex, and to a much lesser degree during oral sex);
 - through infected blood, in particular through shared or reused syringe needles and equipment (either for medical injections or drug use);
 - from mother to child during pregnancy or childbirth or through breast milk.
- HIV is NOT TRANSMITTED through the air, by insect bites, through saliva or kissing (as long as there are no cuts in the mouth), through touching or hugging, or by sharing food, plates or cups.
- Girls and young women are at particularly high risk of acquiring HIV during unprotected sexual intercourse due to social and biological vulnerability.
- **AIDS** (Acquired Immune Deficiency Syndrome) is characterized by certain **diseases that develop during the final stages of the HIV infection** (if left untreated). Illnesses develop because HIV progressively weakens the immune system and reduces the body's ability to fight disease (for example, pneumonia, tuberculosis, malaria, shingles or diarrhoea).
- After a person contracts HIV, **signs and symptoms of sickness normally take many years to develop.**

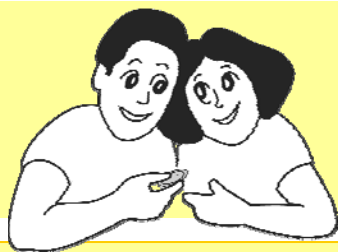
Testing, counselling, and treatment for HIV/AIDS

- **A person living with HIV usually looks and feels healthy.** Most people with HIV do not know that they are carrying the virus.
- To prevent infections and to promote access to care and treatment, **it is important for a person to know his/her HIV status.**
- The only way to tell if a person has HIV is a blood test. Blood tests can usually detect HIV 6 weeks after the person has been exposed to the virus. Positive test results need confirmation before diagnosing or counselling the patient.
- Recommend HIV testing for all clients who may be at risk of acquiring HIV. Testing should always be voluntary, based on informed consent, and be combined with counselling. Assure client that **all tests are confidential.**



- When a client learns that he/she has a positive HIV test result, offer counselling and support, including couple counselling. Encourage sexual partners to tell each other their test results, if this is not risky. Refer as appropriate.
- As of 2005, **AIDS has no definite cure and there is no vaccine against HIV. However, in some places, treatment for HIV with antiretroviral drugs may be available.** Treatment can significantly enhance quality of life and length of life.
- To prevent mother-to-child transmission of HIV, a wide range of services should be made available for women living with HIV, including family planning services, drugs to avoid transmission to the baby, and proper breastfeeding advice and support.

Anyone at risk for STIs, including HIV, should use CONDOMS!



9a: Promoting communication between partners: It's good to talk!

Talking with your partner can bring benefits:

"It helps to talk with your partner about contraception and sex."

"When partners are given good information about family planning and understand its importance for your lives, they can offer their support."

- Explain the value of sharing information with partners:
 - shows concern for his/her health, and helps them think about their own health,
 - both partners make a good choice together about contraception,
 - can strengthen the relationship,
 - can show that you expect honest and respectful treatment.

Choosing a method together with a partner is best:

- **Invite client to bring her/his partner into the clinic to discuss family planning needs and choices.**
- If couples choose a method together, both partners are more likely to support method use.
- If partner cannot or will not come to the clinic, offer the client materials on family planning and/or STIs to show to his/her partner.

Be aware of the risks that some clients may face:

- Some women may be putting themselves at **risk of violence** when talking about family planning and/or condom use with partners.
- If you suspect violence, offer support or refer for care (see Appendix 13).
- No client should be forced or pushed into talking with her partner about family planning.
- If a client would like to use family planning in secrecy, help her choose an appropriate method.

Different ways to counsel clients on communication:

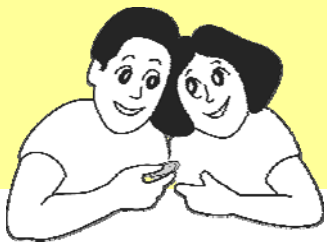
- One-on-one counselling with the client.
- Couple counselling with the client and her/his partner.
- Women's or men's discussion groups.

Ways to talk to a partner:

- Clients can find a time when they and their partners are both relaxed, feeling positive and in a private place.
- They can tell their partner how important it is to them to discuss contraception and/or protection from STIs and HIV/AIDS. They can say that they would like to plan their family and have safe sex.
- They can discuss the various methods for protecting themselves. They can use print materials from the family planning provider.

Special advice for younger clients:

- If client is having problems with a partner, suggest that he/she share their problem with a trusted friend, parents or relatives.
- If the partner does not think that safe sex or contraception is important, suggest she/he talk to partner about the risks of unsafe sex. Offer print materials to take home, or **ask if partner could come to clinic to discuss**. She/he can ask for time to let the relationship develop without sex (see next page) or to try alternative forms of intimacy (see Dual Protection tab).
- Some younger clients may be pressured or bribed to have sex. Explain that accepting money, gifts or favours in return for sex can lead to even more problems (unwanted pregnancy, STIs, HIV/AIDS). If you suspect **violence**, refer client for care (see Appendix 13).
- *Use the role plays on the next page to help practice communicating with a partner.*



9b: Promoting communication between partners: What you can do and say

Practice role plays with clients:

- Show pictures or tell stories of different situations, and ask clients to act out how they would respond in these situations. You can play the role of the partner.
- In groups, ask clients to comment on the role-playing, on what was done well and what could be improved.

Hold group discussions at the clinic:

- Invite members of the group to talk about their experiences in talking with partners.
- Use paper, cards, or flip charts to write down good communication techniques or strategies.
- Encourage discussion on broader issues of contraceptive use (such as experiences using methods, the pros and cons of using methods, how to use methods, etc.), STIs/HIV/AIDS transmission and protection, etc.

Provide materials on couple communication:

- Provide leaflets, sheets, or “cue cards” on talking with partners, including useful phrases for discussing sex and contraceptive use.
- If available, show videos in the community or in clinic waiting rooms that depict scenes of couples discussing contraception.



Example role plays

- **Example One:** Christine and Alex have been together for several months, and they have had sex a few times. Christine has decided that she would like them to start using condoms, even though they never did before.
How should she tell Alex that she wants to use condoms?
(See the examples below for some ideas.)
- **Example Two:** Maria and José have been married for 5 years and already have 3 children. Maria does not want to have any more children. Jose wants to have a large family and believes that using contraception is wrong.
How should Maria tell him that she wants to plan her family now?
(See the examples below for some ideas.)

What can clients say to their partners?

Help clients talk to their partners by suggesting **useful things to say**.

• Persuading partner to use condoms:

“Either of us could have got an infection in the past, and still not know it now.”

“Sex is still enjoyable with condoms. We will both feel safe and happier if we use them.”

“If we use condoms, we will protect ourselves now and for the future. We will prevent pregnancy and STIs/HIV/AIDS.”

“Condoms rarely break if we use them properly. They are very good protection against HIV/AIDS and other infections if we use them every time. That’s much better than no condom!”

“Many married couples use condoms. They can be a very effective family planning method.”

• Smaller families can have advantages:

“Having many children can be good, but we can give more time, money and attention to each child if we have fewer.”

“Feeding and clothing two children is hard enough...How are we going to cope with another one?”

“Waiting several years between children is healthier for both children and for the mother.”

“Too many pregnancies can be dangerous for a woman’s health.”

• Saying NO to sex (especially for younger clients):

“Not everyone is having sex. Some talk about sex, but they are not always truthful.”

“I care for you, but I also care for myself. I do not want to get pregnant now.”

“There are other ways to show our love for each other. Let’s talk about those.”

10: Myths about contraception

Many clients have heard stories about family planning methods before coming to the clinic, which often make them fearful of using contraception. Use this page to help put clients' minds at ease and give them correct information. Do not make fun of their misunderstanding. Instead, address their beliefs and fears in a respectful and understanding way.



FALSE: Contraception permanently prevents pregnancy.

TRUE: The only methods that permanently prevent pregnancy are female sterilization and vasectomy. Women can become pregnant again soon after stopping all other methods (except long-acting injectables: fertility returns but takes longer).

FALSE: If contraception fails, the baby could be born with abnormalities.

TRUE: No method causes birth defects.

FALSE: Contraception causes large weight gain or disfigurement.

TRUE: No contraceptive method causes disfigurement or swelling. Hormonal methods may cause small changes in weight, either gain or loss. Long-acting injectables cause the most noticeable changes, with users gaining on average 1 to 2 kg each year.

FALSE: Some methods work by causing an abortion.

TRUE: Contraception does not interrupt an established pregnancy and so does not cause an abortion. Pills, injectables, implants and the IUD prevent pregnancy mainly by preventing ovulation and/or fertilization, and also by thickening cervical mucus (which blocks sperm).

FALSE: Older women cannot use hormonal methods or the IUD.

TRUE: Healthy older women can safely use any method. Exception: women over 35 who smoke should not use the pill or monthly injectables. (See "Special Needs" tab, page SN3.)

FALSE: Younger women should not use family planning.

TRUE: Younger women who have started their menstrual periods can safely use any method. Those with multiple partners or who change partners often should not use the IUD and should be encouraged to use condoms, either on their own or with another method.

FALSE: You cannot get pregnant or get an STI if there is no penetration.

TRUE: It is possible, although rare, to get pregnant even without penetration. And it is certainly possible to get some STIs through genital contact, even if the penis does not enter the vagina or anus.

FALSE: Contraception is bad for your health.

TRUE: For nearly all women, the health benefits of any method of contraception are far greater than any risks from the method.

- Some methods can cause side-effects such as nausea, headaches, or heavy menstrual bleeding. Women with bad side-effects can switch methods.
- Contraception does not affect strength or cause weakness in healthy women.
- There has been a concern that hormonal methods (pills, injectables, implants) may increase cancer risk, but substantial evidence now shows that there is little risk for most women:
 - Users of the pill and long-acting injectables are at low risk of breast cancer. Studies show that women who are using or who recently stopped using these methods (in the last 5 to 10 years) are more likely to have breast cancer diagnosed than non-users. This may result from earlier detection of existing disease.
 - Women who have persistent HPV infection and who have been using the pill for 5 years or more may have an increased risk for cervical cancer. Where possible, it is important that women are regularly screened for cervical cancer.
 - The pill protects against ovarian and endometrial cancer, particularly if used for a long time. Long-acting injectables protect against endometrial cancer.
 - There is not enough evidence to know if monthly injectables, the mini-pill or implants modify the risk of cancer, but available studies have not shown any increased risk.

FALSE: You need to have breaks from contraceptive use.

TRUE: All methods can be used for many years, and none requires breaks in use or rests.

11a: Sexual and reproductive health tips

Breast awareness

- Breast cancer is one of the most common forms of cancer in women.
- Those most at risk are women over 40 and those whose mother or a sister has had breast cancer.
- All women should be aware of changes in their breasts. They should watch for:
 - lumps or thickening;
 - any changes in appearance or shape;
 - change in the position or level of a nipple;
 - changes in the skin surface;
 - nipples that go inwards;
 - unusual discharge or bleeding from nipples.
- If she feels a lump, she should go to a doctor for a thorough check-up.

Pap smear tests

- A Pap smear (done with a cervical swab) can help find whether a woman has **cervical cancer** or changes in her cervix that could lead to cervical cancer. The result of this test does not affect contraceptive choices. Having a Pap smear should not be required to get a family planning method.
- Cervical cancer is caused by the human papilloma virus (HPV), a sexually transmitted infection. Thus women at risk for STIs also face higher risk for cervical cancer.
- Where a national testing programme exists with high-quality laboratory services, sexually active women should be tested regularly, at least every 3 years from age 20 to 65.
- Providers need special training to take a Pap smear.

Preparing for menopause

Important facts about the menopause

- Menopause is a natural stage that women reach **between age 45 and 55**. Before menopause, menstruation becomes irregular, and the amount of bleeding can vary. **Menopause is defined as a woman's last menstrual period. She can be sure of this if she has had no menstruation for 1 year.** She is no longer fertile after this time.
- The menopause is associated with **short-term problems** that are uncomfortable and distressing for women, including hot flushes, vaginal dryness (that may cause painful intercourse), and mood swings.
- It can be associated with **long-term problems** such as osteoporosis (weak bones that can cause bad back pain) or heart disease.

Counselling Tips

- You can **help women prepare for menopause** by explaining the changes that will happen in their bodies. **Reassure** women that these changes are normal.
- A woman should eat foods rich in calcium (such as milk, bean products, yoghurt, fish) to prevent osteoporosis.
- Women going through the menopause may be able to take **hormone replacement therapy** to relieve some symptoms. You may be able to **refer** her for treatment.

For family planning advice for older women, see “Special Needs” tab, page SN4.



Men's sexual and reproductive health needs

Men have similar sexual and reproductive needs to women. They may need:

- Screening and treatment for STIs, including HIV/AIDS. Refer to WHO's manual, *Sexually transmitted and other reproductive tract infections: a guide to essential practice*.
- Counselling on how to prevent STIs and HIV/AIDS (see Dual Protection tab).
- Correct information on family planning—particularly information on condom use and vasectomy.
- Counselling and treatment for infertility (see next page).
- Counselling and treatment for sexual dysfunction.
- Screening and treatment for penile, testicular, and prostate cancer.
- Information about their bodies, about women's bodies, and about sex, pregnancy and birth.
- Help in understanding the needs and concerns of their partners and why support and understanding is important.

11b: More sexual and reproductive health tips

Problems having children? (Infertility)

Important Facts

- Many couples around the world have problems conceiving (getting pregnant) at some point in their lives.
- Infertility can be caused by factors in **either the man or the woman**.
- **Many cases of infertility are caused by STIs.** Early **detection and treatment of STIs** can help prevent infertility (see Appendix 8). STIs cause pelvic inflammatory disease (PID), which can scar the fallopian tubes. If a woman has PID, it should be treated immediately with antibiotics.
- If STIs are common in the community, it may be important to counsel all clients about **STI prevention** and promote condom use where needed (see Dual Protection tab).
- Other causes of infertility include problems in the reproductive functions of the man or woman (such as low sperm counts, problems with ovulation) or unsafe health care practices during childbirth or abortion.
- Often, there is no cure for infertility. Some treatments may be available but are usually very expensive. You may be able to **refer** an infertile couple for diagnosis and treatment.

Counselling Tips

- It is important to counsel **both partners** together about infertility.
- Often, men blame women for infertility problems. You can counsel the couple and explain that factors in men and women can be the cause. It may not be possible to learn what or who is the cause of the problem.
- **Reassure couples** who are having problems conceiving that they are not abnormal and have not “failed” as human beings.
- Reassure couples that family planning methods do not cause infertility.
- It is normally possible to conceive only in about 1 of every 5 menstrual cycles. Couples trying to conceive should try for at least 1 year before receiving further counselling or treatment (although older women may need treatment sooner).
- The most fertile time of the menstrual cycle is on and several days before the day of ovulation (see Appendix 5).
- Couples should have sexual intercourse regularly, 2 or 3 times a week, to increase the chances of conception.



Preparing for childbirth

If a client comes to the clinic pregnant, you can help her prepare for a safe delivery:

- Pregnancy is a special period when all women should take particular care. Any pregnant woman can have complications, including serious ones. It is very important for a woman who thinks she is pregnant to go to the health centre and begin care as early in pregnancy as possible.
- Advise her to attend **antenatal care** as recommended.
- It is vital to prepare for the birth and any possible emergencies in advance. She should make a **birth and emergency plan** with a health worker to decide where it is best to deliver the baby, where to go if danger signs appear, and how to get there. She should arrange for **childbirth with a skilled attendant**, such as a midwife or doctor.
- After the birth, she will need **postpartum care** for herself and the newborn. She may also need to consider her future family planning needs (see Special Needs tab).
- If you are a maternal health nurse or doctor, you can refer to WHO's manual for pregnancy, *Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice*.

12: Tips and hints for counselling

General tips about counselling

Welcoming the client

Ask yourself:

- Is the meeting place private?
- Do I look friendly and comfortable?
- Am I showing that I care?

Partnership

- There are two experts in the room: The client is the expert on her/his needs, situation and preferences. You are the expert on family planning methods.

Participation

- Invite the client to participate, ask questions, and share her/his needs and concerns.

Asking questions

- Don't ask questions that can be answered just "yes" or "no."
- Ask one question at a time and listen to each answer with interest.
- Ask questions that encourage the client to express her or his needs.

Problem-solving

- Help new clients to plan for correct and consistent method use. For example, what will help the client remember to take a pill each day?
- Help returning clients with any problems. Take all concerns seriously.

Talking about sex

- You can **help individuals and couples enjoy healthy sexual relationships**. Many clients have concerns about their sexual health and welcome the opportunity to share their questions and problems in a safe environment.
- **Reassure client about privacy and confidentiality**. It is important that the client trusts you and feels free to ask questions or discuss intimate sexual issues.
- Be aware of your own attitudes, and **never judge the client** when discussing sexual relationships. Instead, you can help her or him make healthy choices.
- Both you and your client may find it hard to talk about sex. With good support, however, clients often find it easier than expected.
- Talking to your client about sexual issues and details can help promote healthy behaviours.
- When you discuss **dual protection from both pregnancy and STIs/HIV/AIDS**, you may need to help clients consider their risk. It may be helpful to discuss sexual behaviour—both the client's behaviour and that of her/his partner(s). If a client wants to discuss STIs, answer openly and truthfully.
- Clients choosing and using methods of contraception should be informed of how methods may affect their sexual relations.

Tips for helping the client choose a method

Decision-making

- Help the client through the decision-making steps. It may help to review these steps with the client:
 1. Consider needs and preferences (including dual protection needs).
 2. Discuss method options in light of needs and preferences.
 - If client has method in mind, discuss if it suits needs and preferences.
 - If client does not have method in mind, help client to compare methods and find ones that suit needs and preferences. Help client to narrow down options.
 3. When client is ready to choose, confirm method choice.

Focus on the client's needs

- Ask yourself:
 - Am I listening with interest and leaving time for questions?
 - What does this client want me to do? Am I sure?
 - Am I accepting this client's concerns, values and lifestyle and not expressing unhelpful judgements?
- Encourage clients to talk. Their story can tell you:
 - Whether her or his choice of method really suits her or his needs and situation.
 - Whether the client correctly understands the method.

Giving information

- Tailor information to the needs of the client. Talk about methods that interest the client or that suit her/his needs.
- There is a difference between information needed for choosing a method and information for using a method. Save details on using the method until client has expressed a choice. Even then, let clients change their minds if they wish.

13: Supporting women living with violence

RAISE AWARENESS of violence against women

- Help raise awareness of violence against women among clinic and reception staff.
- Make contact with local organizations that provide services to women living with domestic violence or to women who have been sexually assaulted.
- Display posters and leaflets that condemn violence.
- Display information on support groups for women.

BE AWARE of signs

- Women may tell you about domestic violence, or you may see unexplained bruises or other injuries that make you suspect possible abuse.
- You should provide a **supportive environment** in which abuse can be discussed.
- Don't ask questions in the presence of the partner, as this may increase the risk of violence for some women.
- Even if you feel unqualified to help women living with abuse, you can still acknowledge and be sympathetic about the woman's experience:

"It is not your fault."

"No one ever deserves to be hit."

"This happens to lots of women."

- If you suspect abuse, you may ask direct questions in a caring and nonjudgemental manner, for example:

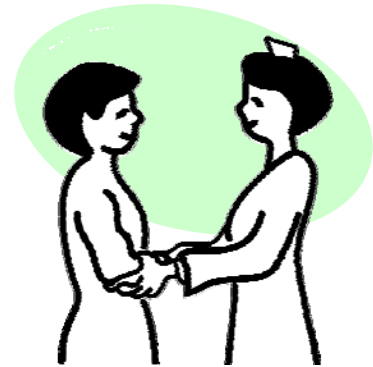
"Has your partner or another person important to you ever hurt or physically harmed you in any way (such as hitting, kicking or burning you)?"

"Are you afraid of your partner?"

"Have you ever been forced to have sexual intercourse?"

ASSESS and PROVIDE SUPPORT for women living with violence, or REFER if needed

- Ensure **privacy and confidentiality**.
- Help her to assess her present situation:
"Are you or your children in immediate danger?"
"Do you feel safe to go home?"
"Would you like some help with the situation at home?"
- Help her to identify **sources of support** such as family and friends, local women's groups, shelters and legal services. Make it clear that she is not alone.
- Offer her **information and referral** for legal advice, social, or other services available for women. Refer her for medical treatment if needed.
- Particularly for women living with sexual violence, discuss emergency contraception and refer for other services as appropriate.
- Discuss availability of post-exposure prophylaxis (PEP) for HIV and/or presumptive STI treatment in cases of rape or sexual assault.
- Invite her to **come back** and see you again.



DOCUMENT abuse in the client's records

- Record any injuries in the client's medical files, as this may provide evidence for a legal complaint later.
- Document the details of any injuries, including the reported perpetrator and cause of the injuries.

