

Screening tool helps rule out pregnancy

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Studies show that a checklist developed and tested by Family Health International (FHI) is highly effective in ruling out pregnancy and can be used with confidence when laboratory tests are not available.

The checklist was originally designed as a screening tool for women seeking family planning services, and research has found that its use increases access to such services. But the checklist also can be useful for ruling out pregnancy in other situations. For example, providers can use the pregnancy checklist before prescribing medications that should be avoided during pregnancy, including certain antibiotics or anti-seizure drugs.

No need to wait

When a woman says she wants to begin using a contraceptive method, her physician or other healthcare provider may ask her if she is having her period. Providers often rely on the presence of menstruation to rule out pregnancy when laboratory tests are unavailable or unaffordable.

Providers are required to determine whether a woman might already be pregnant before giving her a hormonal method, inserting an intrauterine device, or performing a sterilisation procedure, because of concerns about possible harm to an unrecognised pregnancy and because pregnant women do not need contraception. But if a client is not having her period when she visits a clinic, she may be sent home empty handed.

FHI studies in Kenya, Senegal, Mali, Egypt, and Guatemala found that from 17% to 47% of all new, nonmenstruating family planning clients were denied their desired contraceptive methods because of their menstrual status. Most of these clients were sent home without any method, which put them at risk of unintended pregnancy.

But the evidence from several FHI studies to validate the pregnancy checklist shows that a woman need not wait until she is menstruating to receive her contraceptive method of choice. The checklist consists of six questions a provider can ask a woman while taking her medical history. These questions are based on criteria established by the World Health Organization to help providers rule out

pregnancy with a reasonable degree of certainty.

The FHI studies found that if a client answers yes to any of the questions and there are no signs or symptoms of pregnancy, then a provider can be reasonably sure the woman is not pregnant.

Ruling out pregnancy

FHI tested the validity of the checklist against a standard pregnancy test among 1852 new family planning clients at seven clinics in three regions of Kenya in 1999. The study was repeated among 1000 women in Egypt in 2005 and with 263 women in Nicaragua in 2004 and 2005. In all three studies, the checklist correctly identified women who were not pregnant 99% of the time.

Overall, only 1% to 2% of the study participants who sought family planning services had a positive pregnancy test. Given the low prevalence of pregnancy and the serious health consequences of unintended pregnancy, the study revealed that without the checklist, many women who were not pregnant would have been unjustifiably denied essential family planning services.

Provider resources

<http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/index.htm>

FHI's pregnancy checklist is one of four screening tools FHI has developed and tested. Three additional checklists help providers screen clients who want to initiate use of combined oral contraceptives, injectable contraceptives, or the copper IUD. These checklists are available with a reference guide to using and adapting them.

http://www.who.int/reproductive-health/publications/family_planning.html

The World Health Organization's Four Cornerstones of Family Planning Guidance support the safe and effective provision and use of family planning methods. They include *Medical Eligibility Criteria for Contraceptive Use*, *Selected Practice Recommendations for Contraceptive Use*, the *Decision-Making Tool for Family Planning Clients*, and *Family Planning: A Global Handbook*.

<http://www.fphandbook.org>

Printed copies of *Family Planning: A Global Handbook* are available free of charge to readers in developing countries. Copies may be ordered by mail from: Orders, INFO Project, Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, Maryland 21202, USA; by telephone at 1.410.659.6315; by fax at 1.410.659.6266; or by e-mail at orders@jhuccp.org. The entire handbook or individual chapters can be downloaded at this Web site.



Family planning providers at Koibatek District Hospital in Kenya's Rift Valley Province have posted FHI's checklists on the wall for easy reference

Improving access to services

From 2001 to 2003, FHI conducted research among 4823 women at 16 family planning clinics in Guatemala, Mali, and Senegal to determine whether introducing the pregnancy checklist would improve women’s access to contraceptive services. The study found that the checklist was helpful in Guatemala and Senegal, where a substantial number of new clients were denied such services because they were not menstruating.

The proportion of women denied their desired method because of their menstrual status declined significantly, from 16% to 2% of new clients in Guatemala and from 11% to 6% of new clients in Senegal. In Mali, where the denial rate was only 5% of new clients before the checklist was introduced, it remained essentially unchanged (see figure). Reducing such a low denial rate may not have been feasible.

Impact on service delivery

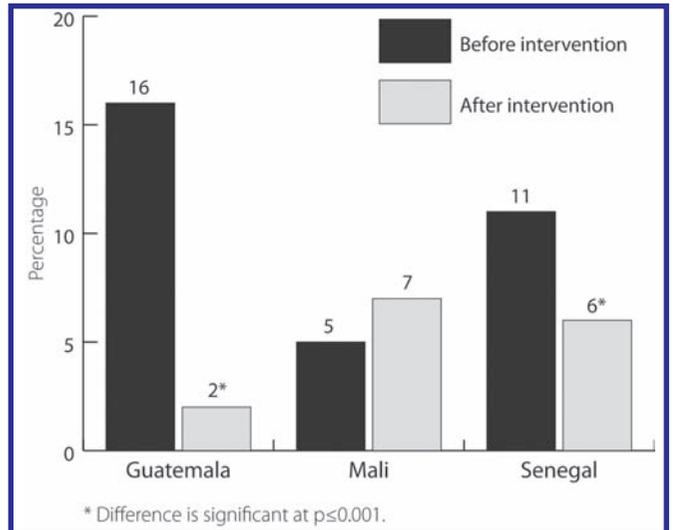
After the results of the research were presented in Senegal, the country’s Ministry of Health (MOH) had the pregnancy checklist translated into Wolof and incorporated into the national family planning guidelines. The results also prompted use of the checklist in clinics run by the national family planning association in Guatemala.

Since then, the pregnancy checklist has been used in at least 15 countries, often together with three additional checklists that FHI developed to help providers determine a client’s eligibility for contraceptive services (see ‘Provider resources’).

FHI has worked with ministries of health and non-governmental organisations in a number of countries to

incorporate these checklists into practice. In Kenya, for example, the MOH’s Department of Reproductive Health worked with FHI to adapt the checklists, and it is training providers to use the new versions. The Ugandan MOH also adapted the provider checklists and incorporated them into various training courses.

The pregnancy checklist has been translated into Kiswahili and many other languages. Its inclusion in a new global handbook for family planning providers (see ‘Global family planning handbook’) will encourage its use in other countries throughout the world.

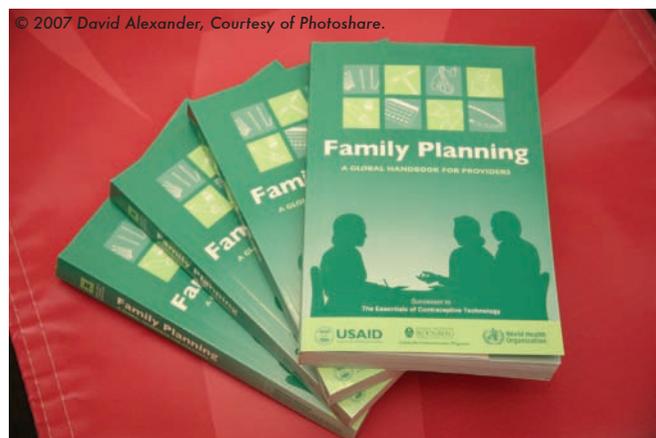


Percentage of family planning clients denied a method because of menstrual status

Global family planning handbook

Healthcare providers with questions about a client’s eligibility for a certain contraceptive method, or those who have concerns about counselling a client on the relative merits of a method, can now turn to a comprehensive handbook for advice based on the best available scientific evidence.

Family Planning: A Global Handbook is designed to help providers of family planning services meet the needs of their clients at all levels of a healthcare system. Its content



represents a consensus among technical experts from more than 30 organisations in many countries, and it has been endorsed by 46 leading health and family planning organisations.

The handbook is one of the World Health Organization’s (WHO) ‘four cornerstones’ of family planning guidance (see ‘Provider Resources’). Published by WHO, the Johns Hopkins Bloomberg School of Public Health, and the US Agency for International Development, it complements the other cornerstone documents by translating international guidelines into practical recommendations.

The format of the handbook is similar to that of the publication it replaces, *The Essentials of Contraceptive Technology*, but the information in the new book has been updated and expanded. It will also be translated into nine languages.

The core of the book consists of 19 chapters about contraceptive methods. Other chapters address important service delivery topics or reproductive health issues. A new section of the book provides many job aids and other tools for providers.



In July 2011, FHI became FHI 360.



FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

Visit us at www.fhi360.org.