

Improving Contraceptive Access with a Simple Job Aid to Help Rule Out Pregnancy

Summary

The Problem:

Research consistently showed that menstruation requirements in several countries prevented women from accessing their desired methods of family planning.

The Intervention:

Using criteria endorsed by the World Health Organization (WHO), Family Health International (FHI) developed, introduced, and trained health care providers to use a simple checklist to help rule out pregnancy in women who are not menstruating.

The Impact:

The evidence-based tool has been requested by health professionals in approximately 20 countries. At least seven ministries of health have endorsed the checklist, and it is being incorporated into family planning guidelines and national training materials to help improve contraceptive access.

In the 1990s, research consistently showed that women all over the world were being denied contraception if they were not menstruating at the time they presented for family planning services. Today, this is still a barrier to contraceptive access in many countries.

Health care providers often use the presence of menses to be sure that they do not provide contraception to a woman who is already pregnant. But what providers may not know is that the World Health Organization (WHO) has endorsed evidence-based criteria that could help them rule out pregnancy with a reasonable degree of certainty and without the added cost of a pregnancy test.

FHI recognized the need to educate providers about these WHO-endorsed criteria and increase contraceptive access at the same time. Using the criteria as a basis, FHI developed a simple job aid—*How to be Reasonably Sure a Client is Not Pregnant*—that contains six questions a provider can ask a woman while taking her medical history. If the woman answers yes to any of the six questions and has no signs or symptoms of pregnancy, then a provider can be reasonably sure that she is not pregnant.

Scientists at FHI have tested the validity of this “pregnancy checklist” in Kenya, Egypt, and Nicaragua—among women seeking a variety of modern contraceptives including oral contraceptive pills, injectable contraceptives, and the intrauterine device. In all three studies, the checklist correctly identified women who were not pregnant 99 percent of the time.

Additional research by FHI showed that introducing the checklist in Guatemala, Senegal, and Mali significantly reduced the proportion of women who were denied contraception.

Facilitating change

Disseminating the checklist

Since 2003, FHI has distributed more than 9,000 printed copies of the checklist in three languages. At least half of these have been disseminated as a result of direct requests. The checklist has also been posted to five external Web sites and sent in electronic format to more than 4,000 reproductive health professionals. Since 2006, when an updated version of the checklist was posted on the Web, it has been viewed approximately 14,000 times.

Training providers

FHI and its partners have conducted both large and small workshops to train health professionals on how to use the checklist. In Uganda and Kenya, for instance, more than 870 trainers, health managers, providers, and HIV counselors have been trained. In 2006, the government of the Dominican Republic conducted a series of nationwide training workshops for family planning providers in which about 1,700 doctors and nurses were trained to use the checklist.

Changing policies

Since 2006, FHI and its partners have been working closely with ministries of health to endorse the checklist and incorporate it into family planning guidelines and national training materials. These types of endorsements build national-level ownership of evidence-based practices and generate support from health care providers, which increases the likelihood that the practice will become standard.

So far, the ministries of health in Kenya, Madagascar, Romania, South Africa, Senegal, Tanzania, and Uganda have endorsed and co-branded the checklist. The Tanzania Food and Drug Administration has also translated the

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checklist into Kiswahili and incorporated it into the family planning module of its 2006 training manual for drug-shop managers.

Documenting changes

Health professionals from approximately 20 countries have requested the pregnancy checklist from FHI, and evaluations of its usefulness in Uganda and the Dominican Republic suggest that many providers find it useful.

Interviews with 38 health care providers and managers in Uganda found that almost all who had the checklist used it, and more than three-quarters who had been trained on using it found the training “very helpful.” Likewise, in the Dominican Republic, more than half of 61 providers who had been trained on using the checklist said they had found it and similar job aids “very useful.”

Promoting further use

To further improve contraceptive access, FHI has also developed checklists to help providers screen women for safe use of combined oral contraceptive pills, the injectable depot-medroxyprogesterone acetate (DMPA), and the intrauterine device. The pregnancy checklist has been incorporated into each of these job aids. Reference manuals on how to use each

of the four checklists have also been produced and are being widely distributed.

The pregnancy checklist has been translated into at least 10 languages and incorporated into a variety of educational materials, including a counseling handbook produced in Zambia through the Strategic Partnership Programme between WHO and the United Nations Population Fund (UNFPA), two technical briefs by the U.S. Agency for International Development (USAID), and *Family Planning: A Global Handbook*. The latter handbook, published in 2007 by WHO and its partners, provides evidence-based guidance for family planning providers and has been endorsed by 46 leading health and family planning organizations.

The pregnancy checklist was originally developed as a tool for family planning providers. However, pharmacists and other providers who need to rule out pregnancy can also use it. For example, WHO included an adapted version of the checklist in its 2007 guidelines for the provision of antiretroviral drugs, since some of the drugs are safer than others for women who are pregnant.

Despite all of these achievements, not all providers use the pregnancy checklist when it is available. FHI is documenting this and plans to test interventions to reduce provider resistance to using this and other job aids.



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The Evidence Base

Studies from Cameroon, Ghana, Jamaica, Kenya, and Senegal have shown that between 25 and 50 percent of new, nonmenstruating family planning clients are denied their desired contraceptive method because of their menstrual status. To help address this barrier to contraceptive access, WHO has endorsed a list of situations that effectively prevent pregnancy, such as having just finished menstruating, having recently given birth, and using a reliable contraceptive method. FHI recognized the importance of these criteria and used them to design a simple “pregnancy checklist” that providers can use to help rule out pregnancy.

In 1999, FHI tested the validity of the checklist among 1,852 new family planning clients in Kenya. The study was repeated in 2005 among 1,000 women in Egypt, and in 2004 and 2005 among 263 women in Nicaragua. In all three studies, the checklist correctly identified women who were not pregnant 99 percent of the time.

From 2001 to 2003, FHI conducted research among 4,823 women at family planning clinics in Guatemala, Senegal, and Mali where the pregnancy checklist had been introduced. When the checklist was used among new clients, the proportion who were denied their desired method because of their menstrual status declined significantly—from 16 to 2 percent in Guatemala and from 11 to 6 percent in Senegal. In Mali, where the denial rate was only 5 percent before the checklist was introduced, it remained essentially unchanged.

To view this evidence-based job aid, as well as an accompanying training and reference guide, see <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/pregnancy/index.htm>.

In July 2011, FHI became FHI 360.



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