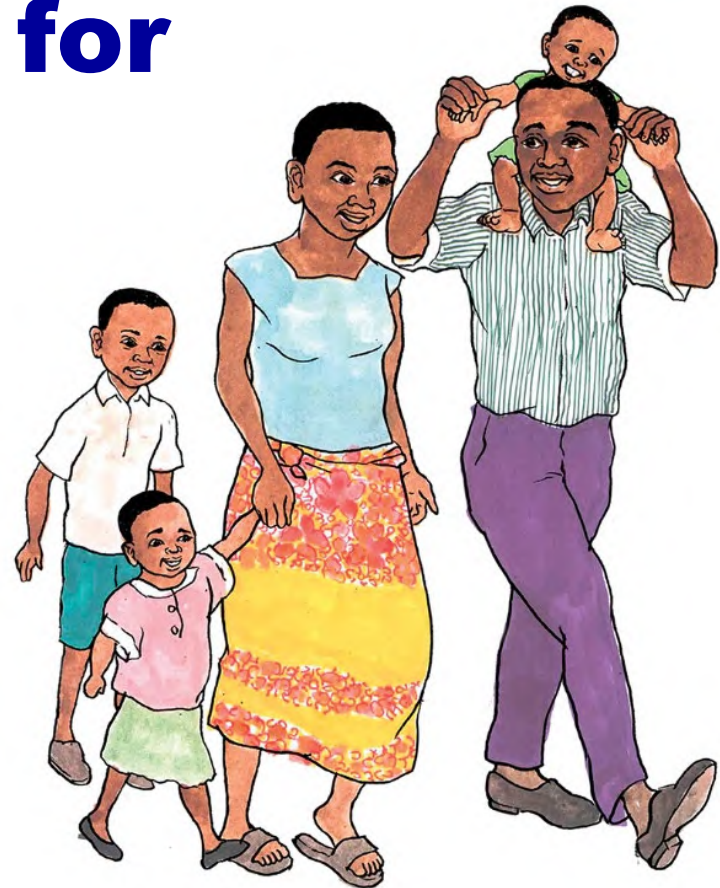


Community Health Worker Counseling Tool for Family Planning





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This counseling tool was initially created as part of the *Training Resource Package for Family Planning*. It was further refined during the *Technical Consultation on Community Counseling*, a collaborative effort convened by the World Health Organization (WHO), the Population Council, and the United States Agency for International Development, July 2011 in New Delhi, India. The concepts included in this tool were drawn from several existing counseling tools including the *Guide to Family Planning for Community Health Workers and their Clients* developed by the World Health Organization, 2011, and *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers*, published by the Population Council, 2008. In 2018 the tool was updated to reflect the *Medical Eligibility Criteria for Contraceptive Use*, published in 2015 by WHO. In 2019 it was updated to incorporate usability feedback from CHWs and clients after a field test in Uganda.

Credits for illustrations: Ambrose Hoona-Kab (water color drawings), Institute for Reproductive Health (LAM and SDM illustrations), Female Health Foundation (female condom illustrations), Rafael Avila (illustrations created/adapted for Family Planning: A Global Handbook for Providers), PATH (Sayana Press images).

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Purpose

The *Community Health Worker Counseling Tool for Family Planning* can be used by community health workers (CHWs) to offer family planning counseling.

Use this tool (manual and method choice chart) to help clients (or couples, if CHWs have been trained to provide couples' counseling) choose and use a family planning method that suits their needs.

The tool can be used with clients who already have a method in mind or who need to be reminded about how to use the method they are currently using.

The tool helps you use this general counseling process:

- assess the client's needs,
- ensure the client is not pregnant,
- ask questions to help the client narrow the possible method options,
- present information so the client can choose a suitable method, and
- give the client information about how to use the method.



Instructions

- Sit side-by-side so that you and the client can see each other's face and talk privately.
- Place the method choice chart directly in front of the client with the counseling tool where you can both see it (see illustration).
- Point to information on the method choice chart and the manual pages to help explain key information.
- Use the color-coded bars (and/or add tabs) to find information and move from one section to another.
- Use pages 6–9 to tell the client what you will do during the session, learn more about what the client needs, and explain how the client can benefit from family planning.
- Use pages 10–11 to make sure the client is not pregnant.
- If the client knows what method she (or he) wants, ask questions to ensure that the client has made an informed decision; then go to that method and explain how to use it.
- If client does not know what method she wants, ask the questions on pages 12–21 and instruct her to use the method choice chart to remove/cover methods that do not suit her needs.
- Use the first page of each method to provide an overview of the methods that a client may be interested in using.
- After the client selects a method, use the second page of the method to describe how to use the method.
- Use the checklists on pages 48, 49, 50 to make sure a client can safely use injectables, COCs or POPs.



During this session...

- We will listen to each other.
- Ask questions about anything any time.
- If I do not know the answer, I will find it for you.
- Everything you say is private.
- We will use this manual to guide us as we:
 - talk about your needs and concerns
 - make sure you are not pregnant
 - explore your interest in family planning and which methods might work for you



Tell me about you and your family...

- How many children do you have?
- How old are your children?
- Are you interested in family planning?

There are many methods of family planning; you can choose one that is right for you.

Do you have any questions?



Keep this in mind as you decide...

Mothers and babies are more healthy if women and girls:

- wait until they are 18 to get pregnant
- wait 2 years after a birth before trying to get pregnant
- wait 6 months after a miscarriage or abortion to get pregnant
- have their children before age 35

Young women who delay getting pregnant are more likely to finish school.

Family Planning Benefits Everyone

Benefits to baby:

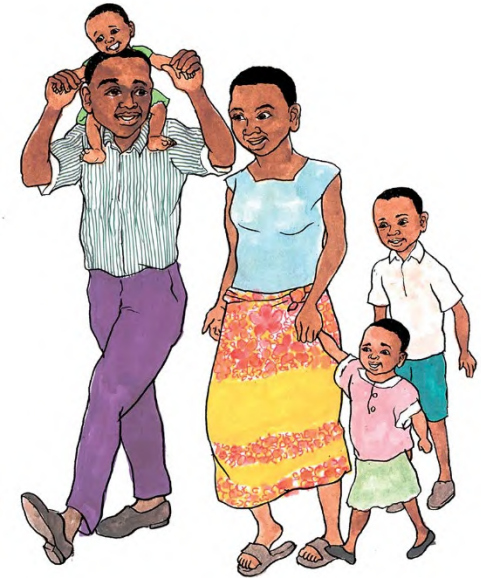
- Born healthy and strong
- Breastfeeds for a longer period and grows well

Benefits to mother:

- Regains her strength
- More time for baby and to care for the family

Benefits to family:

- More resources for food, clothing, housing, and education



Young women, women with HIV, and women with disabilities can all benefit.

Before starting a method, let's use these questions to be sure you are not pregnant.



1. Did your monthly bleeding start in the past 7 days?



2. Have you had no sex since your last monthly bleeding, delivery, abortion, or miscarriage?



3. Have you been using another method consistently and correctly since your last monthly bleeding, delivery, abortion, or miscarriage?



4. Did you give birth in the past 4 weeks?



5. Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and your monthly bleeding has not returned since then?



6. Have you had a miscarriage or abortion in the past 7 days?

**If you answer YES to one question, you are not pregnant.
If you answer NO to all the questions we cannot be sure.**

Unsure if pregnant...

- Come back when you get your monthly bleeding so we will be sure you are not pregnant.
- In the meantime, use condoms or abstain.
- If you do not get your bleeding when it should come, or you have already missed your monthly bleeding, get a pregnancy test.

Had unprotected sex (sex without using an FP method) in the last five days and do not desire pregnancy...

Go to pages on ECPs.

Not pregnant...

- If you have a method in mind, let's talk about that method now to make sure it suits your needs...

Go to method page.

- If you do not have a method in mind, I will ask you some questions to help you decide. You can use the method choice chart to keep track of your options...

*Go to next page.
Use the method choice chart.*

1. Do you have the cooperation of your partner in family planning?

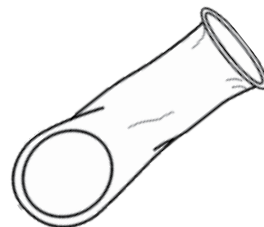




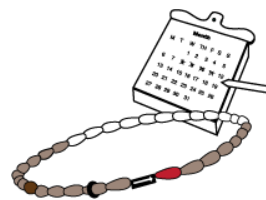
If NO, remove condoms and SDM from your choices on the method chart. The CHW explains why. If desired, help client learn to talk with her partner to add to her method options.



Male condoms



Female condoms



Standard Days Method

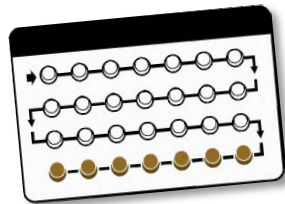
If YES, keep condoms and SDM.



2. Are you breastfeeding an infant less than six months old?



If YES, remove the Pill (COCs) from your choices on the method chart. The CHW explains why.



COCs (The Pill)

If NO, remove LAM from your method choices.

Also remove LAM if you are not fully or nearly fully breastfeeding, or your monthly bleeding has returned. The CHW explains why.



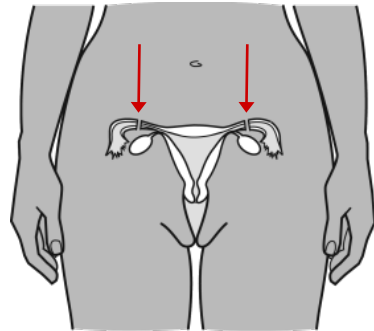
LAM

Continue

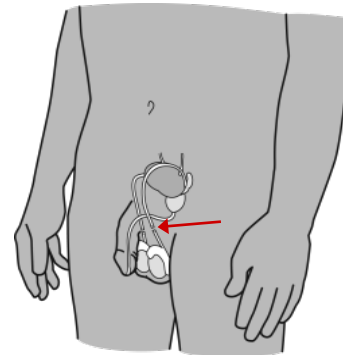
3. Do you wish to have children in the future?



If YES, remove female sterilization and vasectomy from your choices on the method chart. The CHW explains why.



Female Sterilization



Vasectomy

If NO, these methods are possible choices.



4. Are there any methods that you do not want to use or have not tolerated in the past?

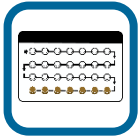
The client explains why. What happened?

Remove from the chart any methods you do not want to use.

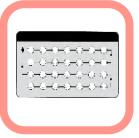
Respond to Concerns about Methods



- If used correctly, male condoms do not break or come off in the woman's body.



- Pills (COCs & POPs), implants, and injectables:



- Do not cause infertility; you can have babies after stopping.



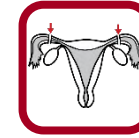
- Do not cause deformed babies if accidentally given to pregnant woman.



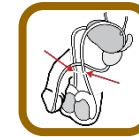
- Do not cause abortion.
- Can cause changes to monthly bleeding:
 - changes are normal and not harmful and differ by method.
 - regular pattern returns when method use stops; takes longer for some methods.
 - no menses while on these methods does not mean a woman is pregnant.



- IUDs do not move to other parts of the body.
- It does not cause discomfort during sex.
- It can be removed any time.



- The womb is not removed during female sterilization.
- It does not cause any illness.



- Testicles are not removed during vasectomy.
- It does not cause illness or weakness.
- It does not decrease sex drive, erection, ejaculation, or sexual performance.

Contraceptive methods do not cause cancer.
All methods are safe.

Continue

Here are some things to think about as you compare methods.

- Are there side effects? What would it be like for me if I have them?
- Is it easy to use? Can I use it without others knowing?
- How soon can I get pregnant after I stop?
- Can I get it now? If not now, is there a method I can use in the meantime?
- How long will it last?
- Does it prevent STIs and HIV?
If I'm at risk for STIs, what are my options?
- How effective is the method?
- How much will it cost?

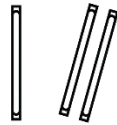


Let's learn about the methods you are interested in...

Compare Method Effectiveness

More effective

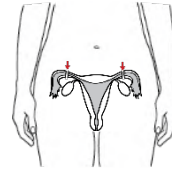
Less than 1 pregnancy per 100 women in 1 year



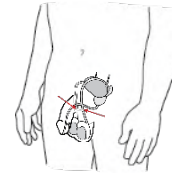
Implants



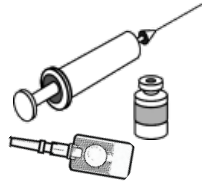
IUDs



Female sterilization



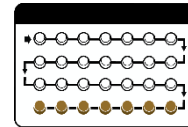
Vasectomy



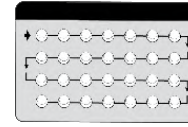
Injectables



LAM



COCs)



POPs



Male condoms



Standard Days Method



Female condoms

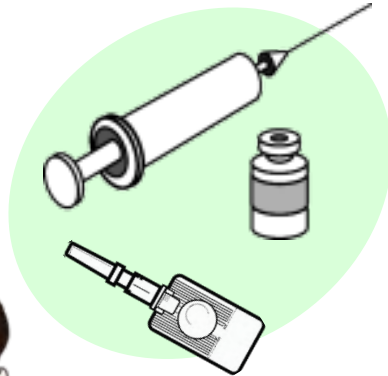
Male and female condoms are the only methods that also prevent STIs/HIV.

Less effective

About 20 pregnancies per 100 women in 1 year

Injectables

(DMPA IM and SC)



Correcting Myths—Injectables:

- Can stop monthly bleeding, but this is not harmful. Blood is not building up in the woman's body.
- Do not make women infertile.
- Do not disrupt an existing pregnancy.

- Given by injection every 13 weeks
- Prevents eggs from leaving the ovaries
- May take more time to become pregnant after stopping
- Use with condoms to prevent sexually transmitted infections

Who Can Use

- Most women can safely use injectables.
- Women with certain conditions should not use injectables. Use the screening checklist to find out, page 48.

How to Use

- Get an injection every 13 weeks.
- Do not massage injection site.
- Go to the clinic if you have a severe headache with vision problems, yellow skin or eyes, unusually heavy or long bleeding.
- Return on time for injection. Can be 2 weeks early or 4 weeks late. Come back even if late or if you have questions or concerns.

Some women have:

- Bleeding pattern changes such as prolonged or heavy bleeding, irregular bleeding or spotting, or no bleeding at all.
- Headaches and dizziness.
- Abdominal bloating and discomfort.
- Changes in mood and sex drive.
- Weight gain.

Sayana® Press (DMPA-SC) Self-injection Instructions

STEP 1: Wash hands



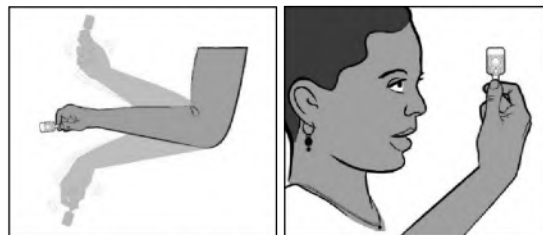
- Use soap and water.
- Shake hands in air to dry.

STEP 2: Open pouch



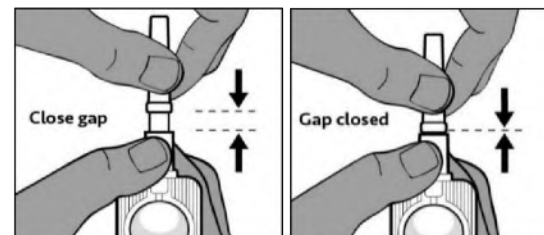
- Open pouch and remove device.
- Do not bend device.

STEP 3: Mix solution and check device



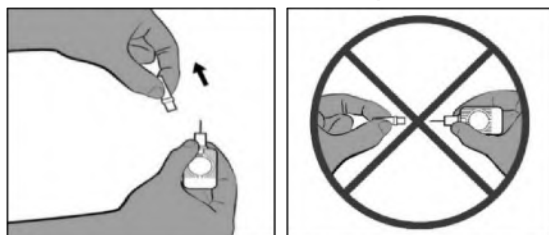
- Hold device **by the port** and shake until mixed (about 30 seconds).
- Check to ensure no damage or leaking.
- If you do not inject right away, shake and mix again.

STEP 4: Activate device by closing the gap



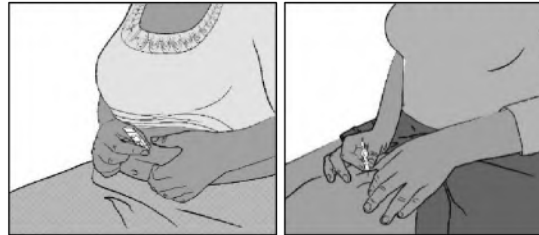
- Hold device by port.
- Point needle upward to prevent dripping.
- Push cap firmly into port.
- If gap is not fully closed, you will not be able to press reservoir for injection.

STEP 5: Remove the needle cap



- Remove needle cap.
- Do not put needle cap back on.
- Throw cap in trash.

STEP 6: Gently pinch skin and insert needle



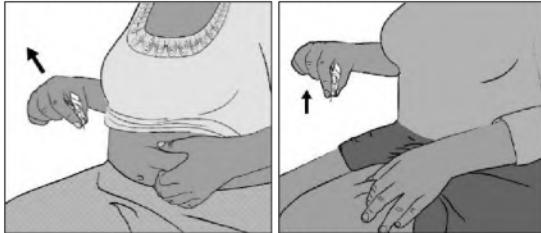
- Pinch skin to create a “tent”.
- Hold device by the port and insert needle straight into skin at a downward angle. The port should touch skin completely to ensure needle is inserted at correct depth.

STEP 7: Press the reservoir slowly



- Press reservoir slowly for 5 to 7 seconds.
- It is OK if there is some liquid left in the reservoir.

STEP 8: Remove the needle

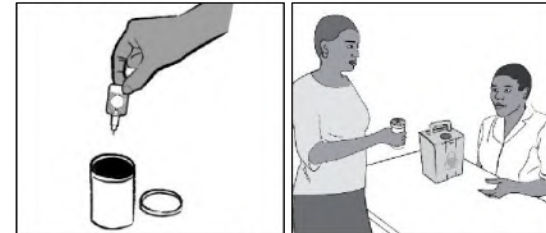


- Remove the needle, then let go of the skin "tent".



- Do not rub injection site.

STEP 9: Discard the device



- Immediately discard device in puncture-proof container.
- Put on the container lid.
- Give it to CHW or health worker to be discarded.

STEP 10: Plan for your next injection in 3 months

- Use a calendar to count 3 months to your next injection date.
- Write that injection date on your calendar.

What if you miss your scheduled reinjection date?

If you are within 2 weeks before or 4 weeks after your scheduled injection date:

- You can still give yourself an injection and be protected against pregnancy.
- Cross off the date you missed on your calendar and write your actual injection date.
- Count 3 months from your actual injection date to your next injection date.
- Write that new injection date on your calendar.

If you are more than 1 month after your scheduled injection date:

- Do not give yourself a Sayana Press injection.
- Contact your health worker.
- Use condoms or do not have sex until you speak with your health worker.

Example calendar

Month 1						
Mon	Tues	Wed	Thu	Fri	Sat	Sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
Month 2						
Mon	Tues	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

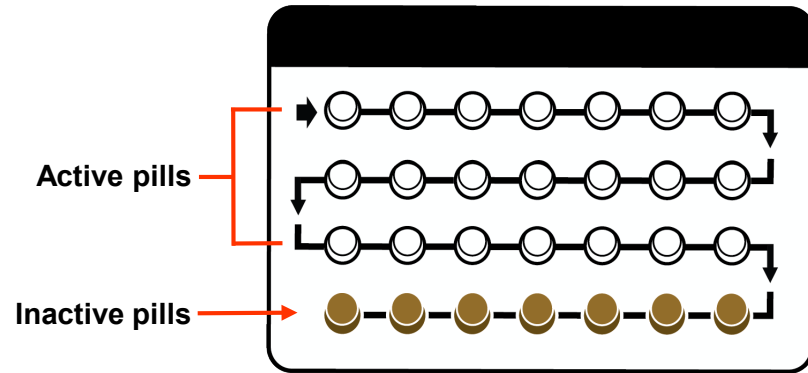
Month 3						
Mon	Tues	Wed	Thu	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
Month 4						
Mon	Tues	Wed	Thu	Fri	Sat	Sun
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	X	X	X

Other important information

Store Sayana Press in a safe place away from children or animals and extreme heat or cold.

If you have questions about self-injection, your health, or side effects, please contact a health worker.

COCs (The Pill)



Correcting Myths—COCs:

- Do not make women infertile.
- Do not cause birth defects or multiple births.
- Do not change a woman's sexual behavior.
- Do not cause an abortion.
- Do not build up in a woman's body; no "rest" is needed.

- A pill taken every day to prevent pregnancy
- Prevents eggs from leaving the ovaries
- After you stop taking it, you can have babies
- Use with condoms to prevent sexually transmitted infections



Who Can Use

- Most women can safely use pills.
- Women with certain conditions should not use pills. Use the screening checklist to find out, page 49.

How to Use

- Take one pill at the same time each day.
- If you miss 1 or 2 active pills in a row or start a pack 1 or 2 days late, take a pill as soon as you remember. If you miss any inactive pills throw them away.
- If you miss 3 or more active pills in a row, or start a pack 3 or more days late:
 - Take a pill as soon as possible, continue taking 1 pill each day, and use condoms or avoid sex for the next 7 days. If you had sex in the past 5 days, consider ECPs.
 - If you miss these pills in week 3, ALSO skip the inactive pills and start a new pack.
- Go to the clinic if you have sharp pain in your leg or abdomen, severe chest pain, or a severe headache with vision problems.
- Return if questions or concerns and for resupply of pills.

Some women have:

- Nausea: take the pill with food.
- Headaches and dizziness: take the pill at night and take NSAIDs.
- Irregular spotting: take the pill at same time every day and take NSAIDs.
- Breast tenderness or mood changes.

POPs (minipills)

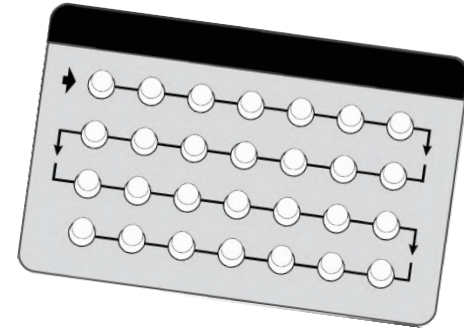
progestin-only pills



Correcting Myths—POPs:

- Do not make women infertile.
- Do not cause a breastfeeding woman's milk to dry up.
- Do not cause diarrhea in breastfeeding babies.

All the pills
in a POP
pack are
active



- A pill taken every day at the same time to prevent pregnancy
- Prevents eggs from leaving the ovaries and thickens cervical mucus which blocks sperm from meeting an egg
- After you stop taking it, you can have babies
- Use with condoms to prevent sexually transmitted infections



Who Can Use

- Most women can safely use POPs.
- Women with certain conditions should not use POPs. Use the screening checklist to find out, page 50.

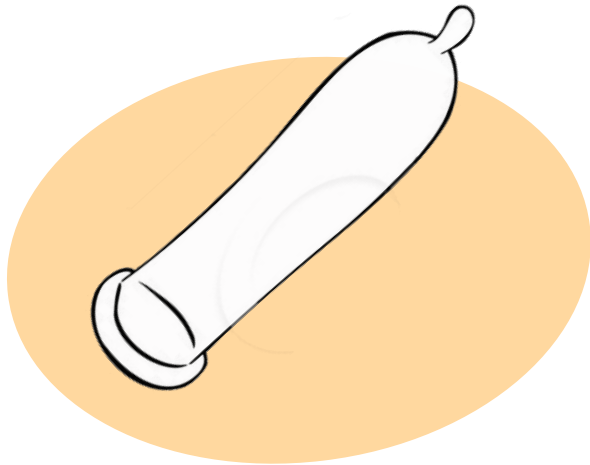
How to Use

- Take one pill each day until the pack is empty.
- Women who are not breastfeeding should take a pill at the same time each day. Taking a pill more than 3 hours late makes it less effective.
- When one pack is finished, take the first pill from the next pack on the very next day.
- If you are 3 or more hours late taking a pill (12 or more hours late taking a POP containing desogestrel 75 mg), or if you miss a pill completely, you should:
 - Take a pill as soon as possible, continue taking 1 pill each day, and use condoms or avoid sex for the next 2 days.
 - Also, if you had sex in the past 5 days, consider taking ECPs.
- Go to the clinic if you have sharp pain in your leg or abdomen, severe chest pain, or a severe headache with vision problems.
- Return if questions or concerns and for resupply of pills.

Some women have:

- Nausea: take the pill with food. Vomits within two hours of taking a pill: take another.
- Headaches and dizziness: take the pill at night and take NSAIDs.
- Irregular spotting: take the pill at same time every day and take NSAIDs.
- Breast tenderness or mood changes.

Male Condom



Correcting Myths—Male Condoms:

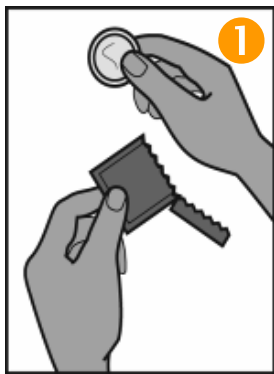
- Do not make men sterile, impotent, or weak.
- Do not decrease men's sex drive.
- Cannot get lost in the woman's body.
- Do not have holes that HIV can pass through.
- Are not laced with HIV.

- A thin rubber cover that fits over the erect penis
- Prevents pregnancy and sexually transmitted infections including HIV/AIDS
- Effective when used correctly every time you have sex
- Use alone or with another method
- Can be used by any couple who agrees to use it, including married couples

Who Can Use

- Women who have the support of their partners.
- All men can safely use condoms (avoid condoms made of latex if allergic).

How to Use



1
Use a new condom for each sex act. Make sure it is not expired.



2
Before any contact, place the condom on the tip of the erect penis with the rolled side out.



3
Unroll the condom all the way to the base of the penis.



4
After ejaculation, hold the rim of the condom in place and withdraw the penis while it is still hard.

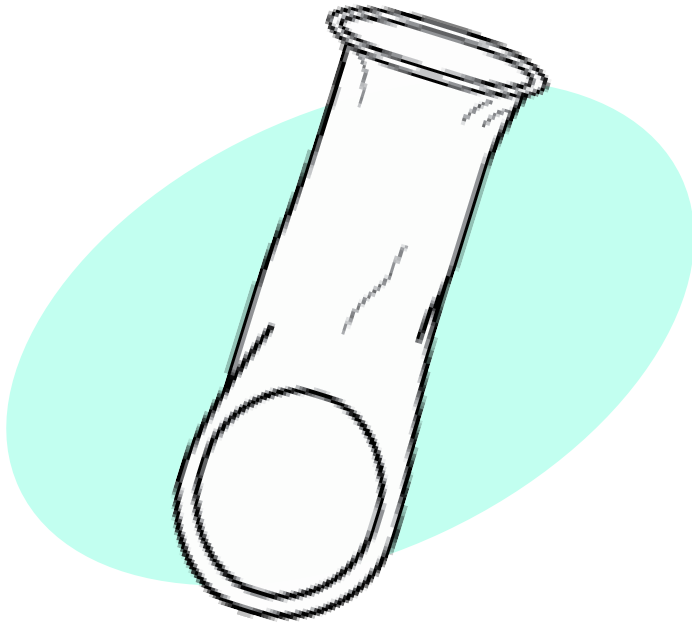


5
Throw the used condom away safely.

What to Remember

- Use water-based lubricants only.
- Store in a cool dry place.
- Side effects are rare.
- Be careful not to tear when opening or putting on.
- Emergency contraceptive pills can be used if condom fails.

Female Condom



Correcting Myths—Female condoms:

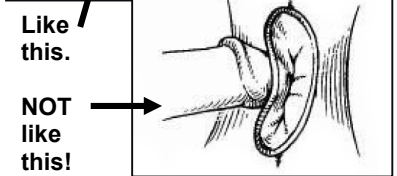
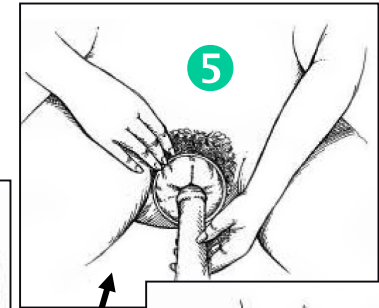
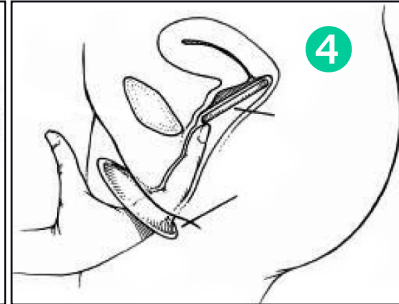
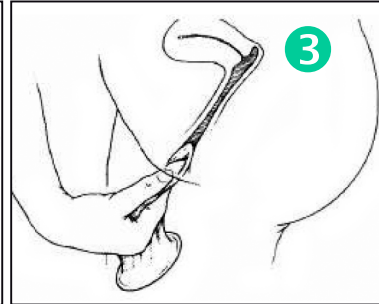
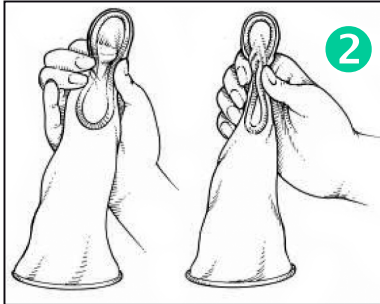
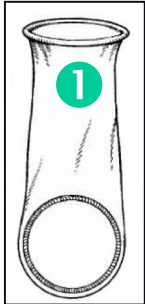
- Cannot get lost in the woman's body.
- Are not difficult to use, but correct use needs to be learned.
- Do not have holes that HIV can pass through.

- A thin rubber lining that fits loosely inside a woman's vagina
- Prevents pregnancy and sexually transmitted infections including HIV/AIDS
- Effective when used correctly every time you have sex
- Use alone or with another method
- Can be used by any couple who agrees to use it, including married couples

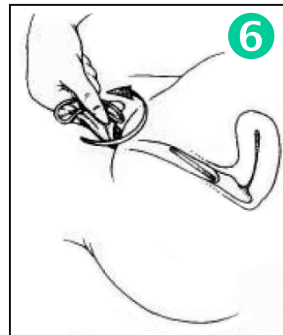
Who Can Use

- Women who have the support of their partners.
- All women and men can safely use condoms (avoid latex if allergic).

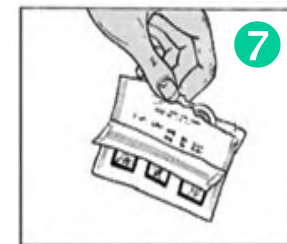
How to Use



- Use a new condom for each sex act.
- Make sure it is not expired.
- Wash hands if possible.
- Insert condom before any physical contact.
- Can insert up to 8 hours before sex
- Hold ring at closed end and squeeze it.
- Insert ring into vagina as far as it will go.
- Insert finger inside condom to push it into place.
- Ensure that penis enters and stays inside condom!



- After man withdraws penis, hold outer ring, twist to seal in fluids, and gently pull condom out.
- Condom does not need to be removed immediately.
- Remove the condom before standing up, to avoid spilling semen.



- Dispose of used condom safely.

What to Remember

- Be careful not to tear condom when inserting.
- Emergency contraceptive pills can be used if condom fails.

Lactational Amenorrhea Method (LAM)

(for breastfeeding mothers)



Correcting Myths—LAM:




- Is highly effective when a woman meets all three LAM criteria.
- Can be used by women with normal nutrition; no special foods are required.
- Can be used for 6 months without the need for additional food for the infant.

- Breastfeed only, day and night, to prevent pregnancy
- Very effective for 6 months if fully or nearly fully breastfeeding and monthly bleeding has not returned
- Do not use bottles, pacifiers or other artificial nipples; these discourage your baby from breastfeeding as frequently
- Use with condoms to prevent sexually transmitted infections

Who Can Use

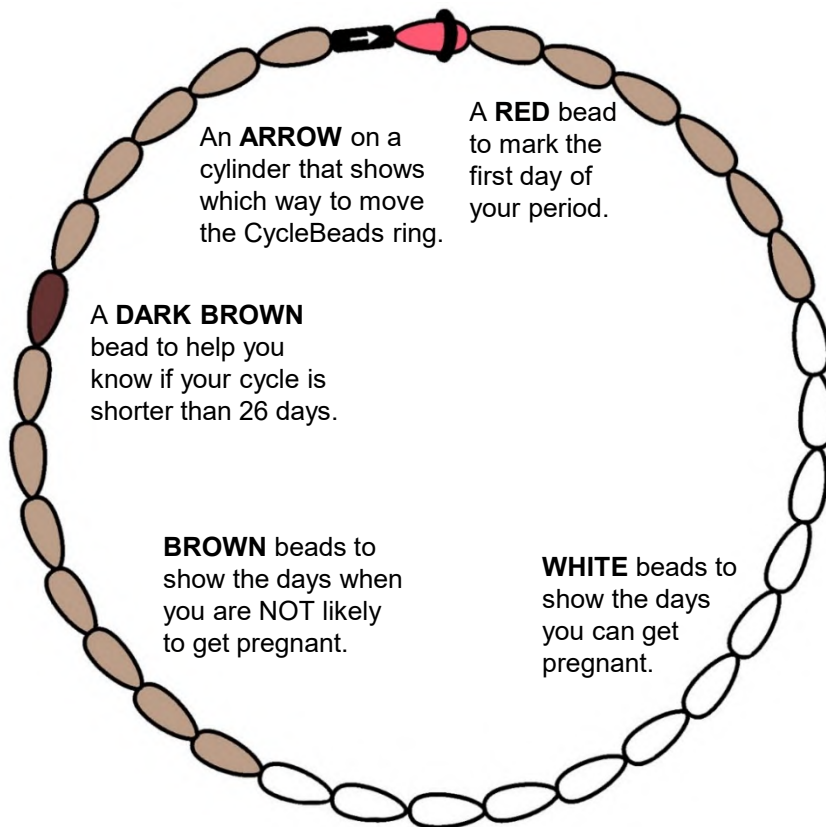
- You can use LAM if you meet all three criteria at the same time.

How to Use

<p>1</p> 	<p>2</p> 	<p>3</p> 
<p>No monthly bleeding since baby was born.</p>	<p>You only breastfeed your baby, day and night. No other food or liquids are given.</p>	<p>Baby is less than 6 months old.</p>

- Must breastfeed often, day and night, even when baby is sick.
- Give no other food or liquids. Medicines and vitamins are okay.
- Have another method ready to start at 6 months, or before, if monthly bleeding returns or breastfeeding decreases.

Standard Days Method (CycleBeads)



Correcting Myths—SDM:

- Can be effective if used consistently and correctly.
- Does not require literacy or advanced education.
- Does not harm men who abstain from sex.

- Natural method with no side effects
- Helps you know what days during the month you can get pregnant
- Prevent pregnancy using condoms or not having sex on days you can get pregnant
- Also use condoms to prevent sexually transmitted infections

Who Can Use

You can use the Standard Days Method if you meet BOTH of these conditions:

- You have your monthly bleeding about once a month, and
- You and your partner can use condoms or avoid sex on fertile days.

How to Use



Move ring to RED bead when period starts. Mark the day on your calendar.

Move ring to next bead every day. Move ring even on bleeding days.

BROWN beads are safe days to have sex (no pregnancy).

Use condoms or do not have sex when ring is on WHITE beads.

When period starts again move ring to red bead to begin again.

Check that your period comes between dark brown bead and last brown bead.

What to Expect

- Partners must avoid sex or use condoms for 12 days in a row, every month.
- If monthly bleeding becomes less regular, you need to choose another method.
- Women who recently had a baby or are breastfeeding must wait to have regular cycles before using.

Implants



- Small plastic capsules or rods placed under the skin of the inside upper arm (1 or 2 capsules or rods depending on type)
- Last 3 to 5 years
- Use with condoms to prevent sexually transmitted infections

Correcting Myths—Implants:

- Do not work once they are removed; their hormones do not remain in a woman's body.
- Do not cause any harm if they stop monthly bleeding; blood is not building up in the woman's body.
- Do not make women infertile.

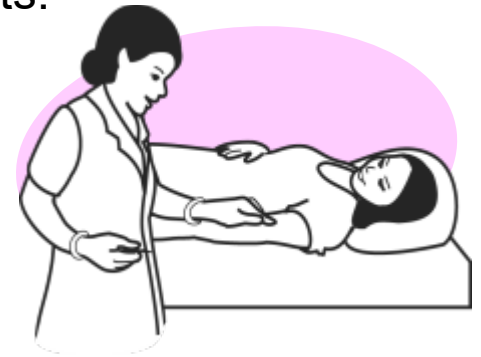


Who Can Use

- Most women can safely use implants.
- Women with certain conditions should not use implants. Refer interested clients to a clinician.

How It Works

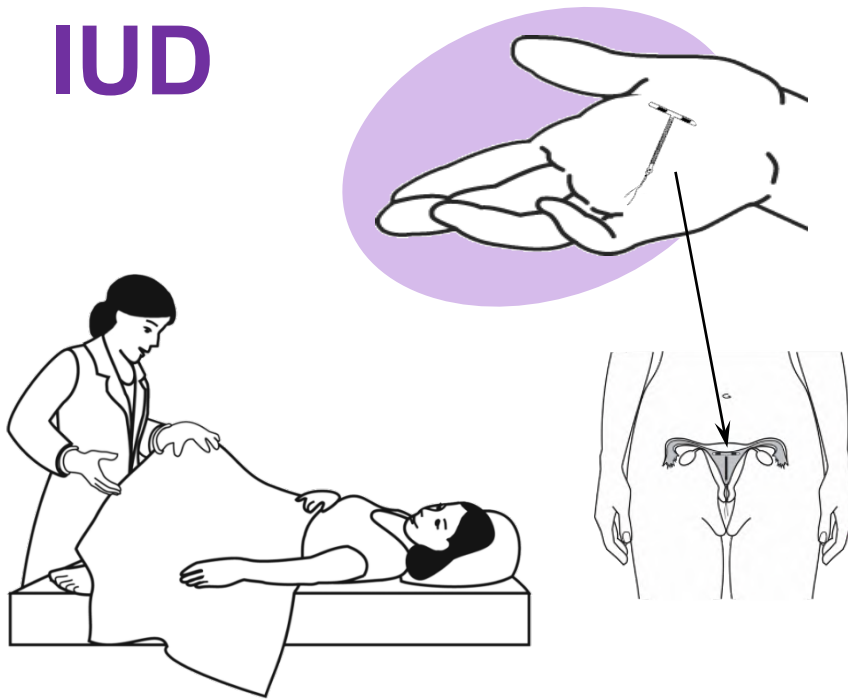
- Prevent eggs from leaving the ovaries and thickens cervical mucus.
- Can be removed any time if you want to get pregnant.



What to Expect

- Start any day of the menstrual cycle, if not pregnant.
- Insertion and removal is quick, easy, and painless.
- Provider bandages the opening – no stitches.
- Bleeding pattern changes are common and may include irregular spotting or no bleeding.
- Return to clinic any time you have questions, problems, or want the implant removed or replaced.

IUD



Correcting Myths—IUDs (copper):

- Can be used by women of any age, including adolescents.
- Can be used by women who have or do not have children.
- Do not increase the risk of contracting STIs, including HIV.
- Do not make women infertile.
- Do not cause birth defects.
- Do not cause cancer.
- Do not get lost in the woman's body.
- Do not cause pain for the woman or the man during sex.

- Small, plastic "T" wrapped in copper wire placed in the womb
- Stops sperm from reaching egg
- Can be used for up to 12 years
- Must be inserted and removed by trained nurse or doctor
- Use with condoms to prevent sexually transmitted infections

Who Can Use*

- Safe for all healthy women.
- Can be put in right after giving birth as well as at other times.

How It Works

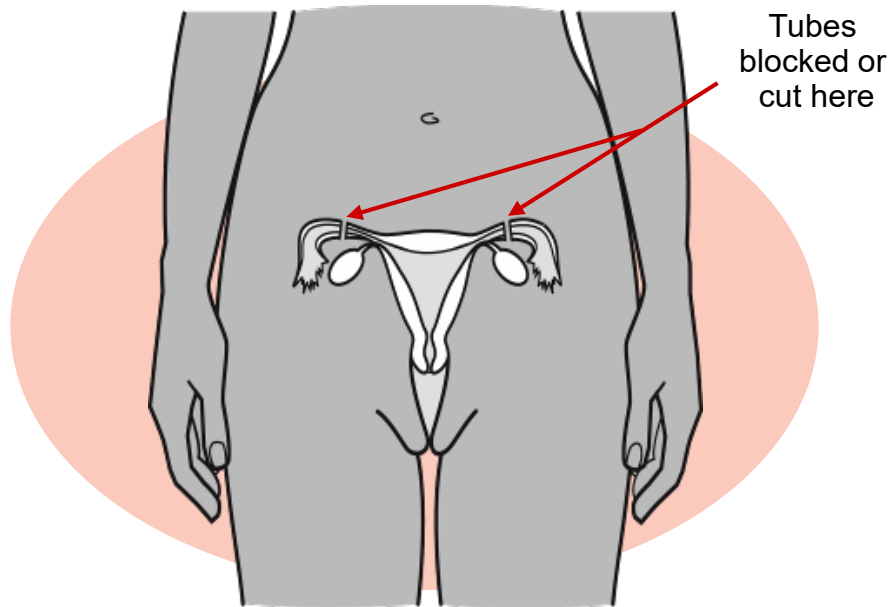
- Prevents sperm from meeting egg.
- Can be removed any time if you want to get pregnant.

What to Expect

- Start any day of the menstrual cycle, if not pregnant.
- May be uncomfortable during insertion.
- May have cramps or menstrual spotting for a few weeks after.

** Can be used as emergency contraception if inserted within 5 days of unprotected sex.*

Female Sterilization



Correcting Myths—Female sterilization:

- Does not make women weak.
- Does not cause lasting pain in back, womb (uterus), or abdomen.
- Does not remove a woman's womb (uterus).
- Does not cause hormonal imbalances.
- Does not cause heavier bleeding or irregular bleeding or otherwise change women's menstrual cycles.
- Does not cause any changes in weight, appetite, or appearance.
- Does not change a woman's sexual behavior or sex drive.

- Permanent method for women and couples who do not want more children
- Woman's tubes that carry eggs to the womb are cut or blocked
- Simple surgery that must be performed by a trained clinical provider
- Use condoms to prevent sexually transmitted infections

Who Can Use

- Women who do not want any more children.
- Can be done right after having a baby as well as other times.

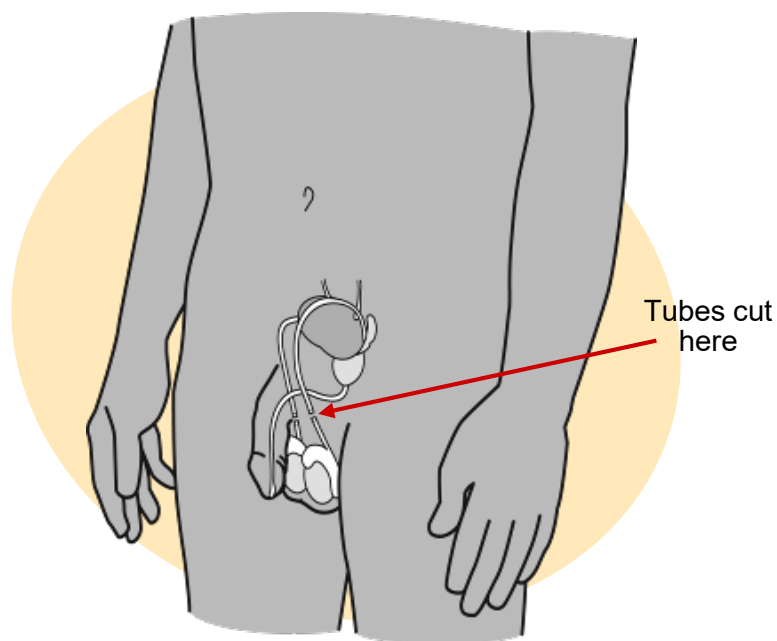
How It Works

- Tubes that carry eggs to the womb are cut. This prevents sperm and egg from meeting.

What to Expect

- Local pain killer is given.
- Can go home after a few hours.
- May have soreness for a few days after procedure.
- Monthly bleeding will continue as usual.
- No side effects.

Vasectomy



Correcting Myths—Vasectomy (male sterilization):

- Does not remove the testicles.
- Does not decrease sex drive.
- Does not affect sexual function. A man's erection is as hard, it lasts as long, and he ejaculates the same as before.
- Does not cause a man to grow fat or become weak, less masculine, or less productive.
- Does not cause any diseases later in life.

- Permanent method for men or couples who do not want more children
- Tubes that carry sperm to the egg are cut
- Simple surgery that must be performed by a trained clinical provider
- Use condoms to prevent sexually transmitted infections

Who Can Use

- Men who do not want any more children.

How It Works

- Tubes that carry sperm are cut. This keeps sperm out of semen.
- Testicles are not removed.

What to Expect

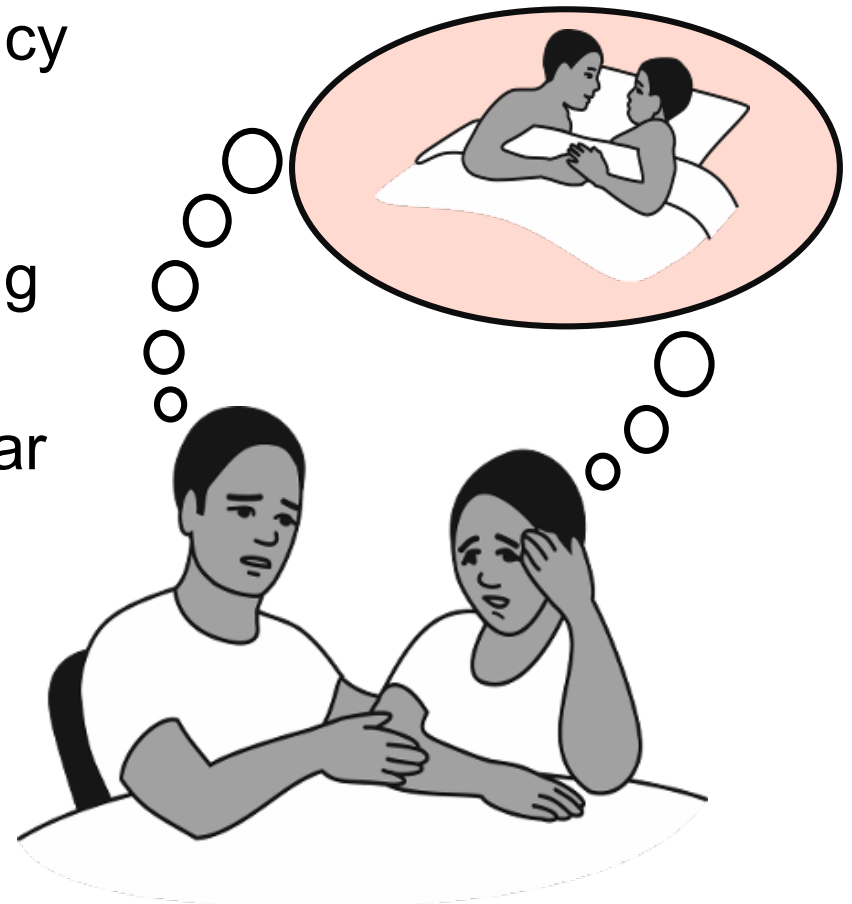
- Local pain killer is given; return home immediately.
- Some discomfort, swelling, and bruising; goes away in 2 to 3 days.
- Does not decrease sex drive, erection, ejaculation, or sexual performance.
- Must use back-up method for first 3 months.
- No side effects.

Emergency Contraceptive Pills (ECPs)

- Pills taken to prevent pregnancy after unprotected or under-protected sex* (up to 5 days)
- Work by preventing or delaying the release of eggs
- Is not a replacement for regular methods

Correcting Myths—ECPs:

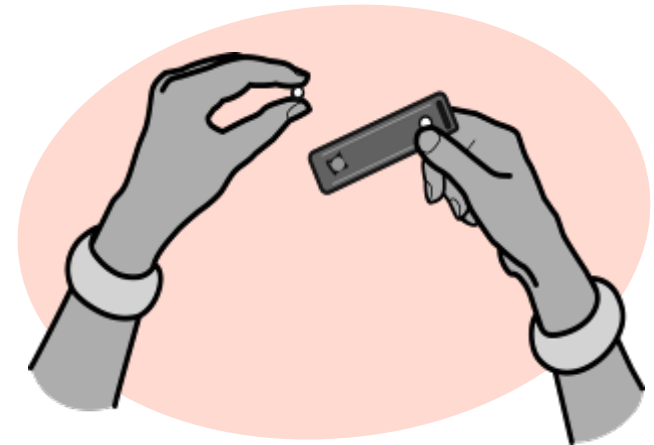
- Can be used by women of any age, including adolescents.
- Do not cause an abortion; do not prevent or affect implantation.
- Do not cause birth defects if pregnancy occurs.
- Are not dangerous to a woman's health.
- Do not increase risky sexual behavior.
- Do not make women infertile.
- Can be used more than once in a woman's cycle.
- Will not prevent pregnancy the next time you have sex; start a regular method.



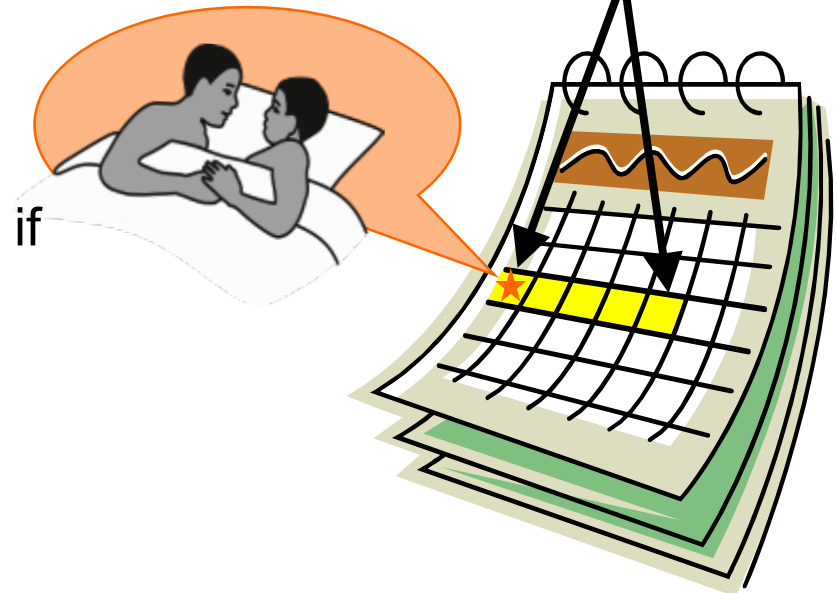
* *Unprotected or under-protected sex means forgetting to take your regular FP method, a condom breaking, or not using a method, and includes cases of rape or forced sex.*

How to Use EC

- Take as soon as possible
option 1 = single 1.5 mg pill
option 2 = two 0.75 mg pills; take pills at same time or 12 hours apart.
- Take up to 5 days after unprotected sex; most effective when used early.
- May cause nausea and vomiting and vaginal spotting or bleeding for a few days. Take another dose if you vomit within 2 to 3 hours.
- Next period may come a few days earlier or later.



5 days to use EC after unprotected sex




Refer for evaluation if there is a concern that partner has STIs/HIV.

Screening Checklist for Initiating Injectables—DMPA (IM and SC)

Ask questions 1–9. As soon as the client answers **YES** to any question, stop, and follow the instructions in the box.

NO	1. Have you ever been told you have breast cancer?	YES	She is not a good candidate for DMPA. Counsel about other methods or refer.
NO	2. Have you ever had a stroke or heart attack, or do you currently have a blood clot in your legs or lungs?	YES	DMPA cannot be initiated without further evaluation. Refer to her to a clinician. Offer condoms to use in the meantime.
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES	
NO	4. Have you ever been told you have diabetes (high sugar in your blood)?	YES	
NO	5. Have you ever been told you have high blood pressure?	YES	
NO	6. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES	
NO	7. Have you ever been told that you have lupus?	YES	
NO	8. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, high blood pressure, or diabetes?	YES	
NO	9. Are you currently breastfeeding a baby less than 6 weeks old?	YES	Tell her to return after the baby is six weeks old.

 If the client answered **NO** to all of questions 1–9, she can use DMPA if you made certain she is not pregnant using the checklist on page 10. If the client began her last menstrual period within the past 7 days, she can start DMPA now. No additional contraceptive protection is needed.

If the client began her last menstrual period more than 7 days ago, she can be given DMPA now, but she must use condoms or abstain from sex for the next 7 days. Give her condoms if needed.

Return to page 23 for How to Use DMPA.

Screening Checklist for Initiating the Pill (COCs)

Ask questions 1–12. As soon as the client answers **YES** to any question, stop, and follow the instructions in the box.

NO	1. Are you currently breastfeeding a baby less than 6 months of age?	YES	She is not a good candidate for COCs. Counsel about other methods or refer her to a clinician.
NO	2. Do you smoke cigarettes <i>and</i> are you more than 35 years of age?	YES	
NO	3. Have you ever been told you have breast cancer?	YES	
NO	4. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?	YES	
NO	5. Do you have repeated severe headaches, often on one side, and/or pulsating, causing nausea, and which are made worse by light, noise, or movement?	YES	
NO	6. Do you regularly take any pills for tuberculosis (TB) or seizures (fits)?	YES	
NO	7. Have you given birth in the last 6 weeks?	YES	COCs cannot be initiated without further evaluation.
NO	8. Do you have gall bladder disease or serious liver disease or jaundice (yellow skin or eyes)?	YES	
NO	9. Have you ever been told you have high blood pressure?	YES	
NO	10. Have you ever been told you have diabetes (high sugar in your blood)?	YES	Refer to her to a clinician.
NO	11. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, or diabetes?	YES	Offer condoms to use in the meantime.
NO	12. Have you ever been told that you have lupus?	YES	

If the client answered **NO** to all of questions 1–12, she can use COCs if you made certain she is not pregnant using the checklist on page 10. If the client began her last menstrual period within the past 5 days, she can start COCs now. No additional contraceptive protection is needed.


If the client began her last menstrual period more than 5 days ago, tell her to begin taking COCs now, but she must use condoms or abstain from sex for the next 7 days. Give her condoms if needed.

Return to page 27 for How to Use COCs.

Screening Checklist for Initiating the Minipill (POPs)

Ask questions 1–5. As soon as the client answers **YES** to any question, stop, and follow the instructions in the box.

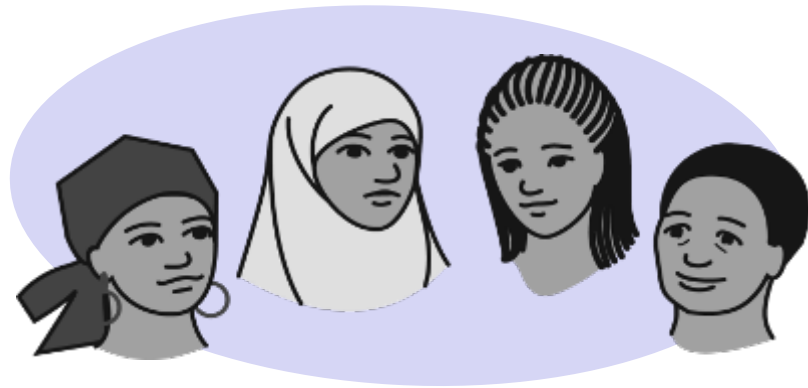
NO	1. Have you ever been told you have breast cancer?	YES	She is not a good candidate for POPs. Counsel about other methods or refer her to a clinician.
NO	2. Do you currently have a blood clot in your legs or lungs?	YES	POPs cannot be initiated without further evaluation. Refer to her to a clinician. Offer condoms to use in the meantime.
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES	
NO	4. Have you ever been told that you have lupus?	YES	
NO	5. Are you taking any drugs for tuberculosis (TB) or seizures (fits)?	YES	

 If the client answered **NO** to all of questions 1–5, she can use POPs if you made certain she is not pregnant using the checklist on page 10. If the client began her last menstrual period within the past 5 days, she can start POPs now. No additional contraceptive protection is needed.

If the client began her last menstrual period more than 5 days ago, tell her to begin taking POPs now, but she must use condoms or abstain from sex for the next 2 days. Give her condoms if needed.

Return to page 29 for How to Use POPs.

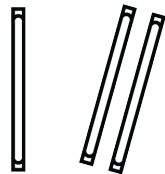
Come back anytime you have concerns or questions.




Thank you.

Which method is best for you?

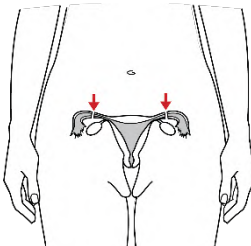
As you answer the four questions, cover methods that do not work for you.



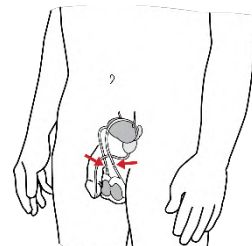
Implants*



IUD*




Female Sterilization*




Vasectomy*

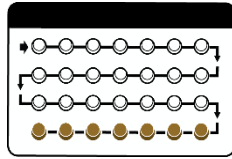
* referral methods



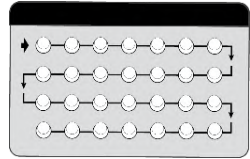
Injectables



Lactational Amenorrhea Method



COCs (The Pill)



POPs (minipill)



Male Condoms



Standard Days Method



Female Condoms