# How to use WHO's family planning guidelines and tools - 1

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World Health Organization

human reproduction programme hrp
research for impact
UNDP-UNFPA-UNICEF-WHO-THE WORLD BANK

# Learning objectives

- To identify the purpose of WHO's family guidelines and tools.
- To identify and apply medical eligibility criteria and practice recommendations for family planning service delivery.
- To use these WHO family planning tools for service provision.
- To list other WHO reference materials on family planning.

# The need for evidence-based guidance

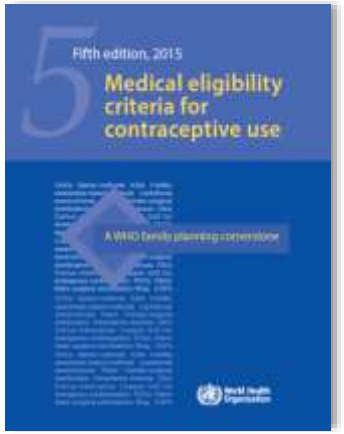
- To base family planning practices on the best available published evidence
- To address misconceptions regarding who can safely use contraception
- To reduce medical barriers
- To improve access and quality of care in family planning

# Part 1

- Medical Eligibility Criteria for contraceptive use (MEC)
- MEC Wheel
- Selected Practice Recommendations for contraceptive use (SPR)
- Decision Making Tool for FP providers and their clients
- Reproductive Choices and family planning for people living with HIV

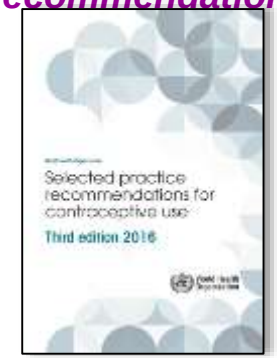
# Family planning guidelines and tools

***Medical Eligibility Criteria***

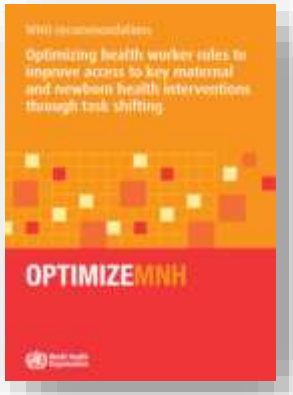



5th edition

***Selected Practice Recommendations***



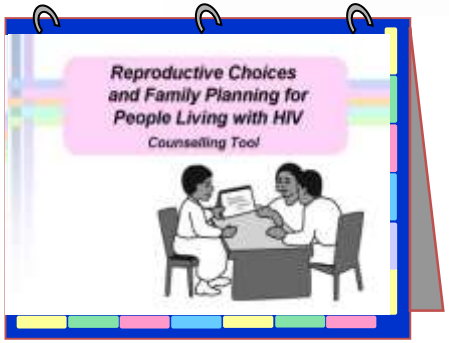

3rd edition in 2016



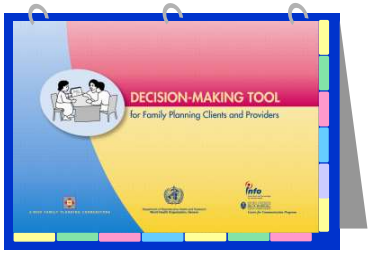


***The Medical Eligibility Criteria (MEC) Wheel* (new)**

CIRE




***Reproductive Choices and Family Planning for People with HIV*** *(to be updated)*

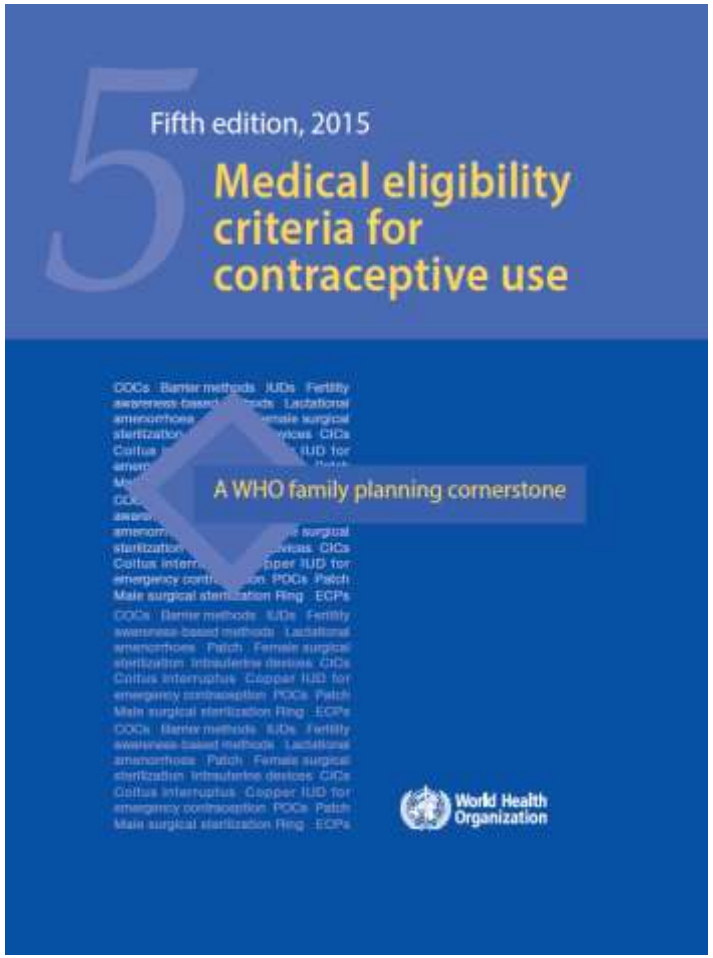



*Decision-Making Tool*
*(to be updated)*


***Global Handbook***
***To be updated in 2017***


***Guide to family planning for community health care providers and their clients (to be updated)***

# Medical eligibility criteria for contraceptive use (MEC)




Purpose: **Who can safely use contraceptive methods?**

- First published in 1996, revised through expert meetings held in 2000, 2003, 2008 and 2014
- Fifth edition offers ≈ 2000 recommendations for 25 methods
- Available in English; available soon in French, Spanish, and Portuguese. WHO will facilitate other language translations.

# MEC Categories

| | |
|---|---|
| **1** | A condition for which there is no restriction for the use of the contraceptive method |
| **2** | A condition where the advantages of using the method generally outweigh the theoretical or proven risks |
| **3** | A condition where the theoretical or proven risks usually outweigh the advantages of using the method |
| **4** | A condition which represents an unacceptable health risk if the contraceptive method is used |

Where warranted, recommendations will differ if a woman is starting a method (I = initiation) or continuing a method (C = continuation)

| CATEGORY | WITH CLINICAL JUDGEMENT | WITH LIMITED CLINICAL JUDGEMENT |
|---|---|---|
| **1** | Use method in any circumstances | **Yes** (Use the method) |
| **2** | Generally use the method | |
| **3** | Use of method not usually recommended unless other more appropriate methods are not available or not acceptable | **No** (Do not use the method) |
| **4** | Method not to be used | |

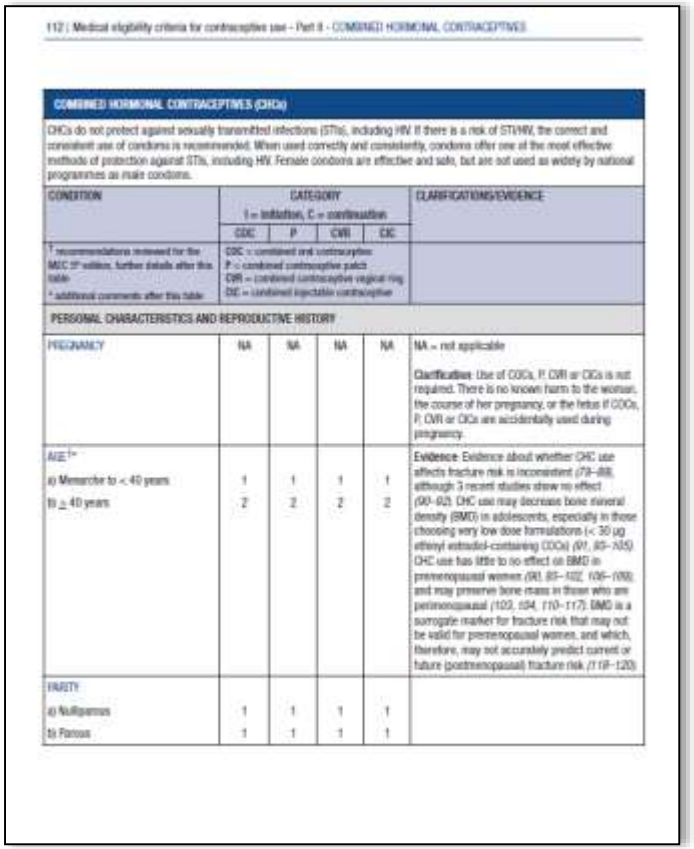
# Classification of recommendations - female and male surgical sterilization

Divided into four categories:

- Accept 'A'
  - There is no medical reason to deny sterilization to a person with this condition,
- Caution 'C‘
  - The procedure is normally conduced in a routine setting, but with extra preparation and precautions,
- Delay 'D'
  - The procedure is delayed until the condition is evaluated and or corrected. Alternative temporary methods of contraception should be provided,
- Special 'S'
  - The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anaesthesia, and other back-up medical support.
  - The capacity to decide the most appropriate procedure and anaesthesia regimen is needed.
  - Alternative temporary methods of contraception should be provided, if referral is required or there is otherwise any delay.

# Clarifications

- Clarification of the classification, in cases where the number itself does not adequately communicate the essence of the recommendation
  - Appears in the right hand column of the MEC document
  - Responsibility of guideline development group



112 | Medical eligibility criteria for contraceptive use – Part II – COMBINED HORMONAL CONTRACEPTIVES

**COMBINED HORMONAL CONTRACEPTIVES (CHCs)**

CHCs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.

| CONDITION | CATEGORY (I = initiation, C = continuation) | | | | CLARIFICATIONS/EVIDENCE |
|---|---|---|---|---|---|
| | CHC | P | CVR | CIC | |
| † recommendations reviewed for the MEC 5th edition, further details after this table<br>* additional comments after this table | CHC = combined oral contraceptive<br>P = combined contraceptive patch<br>CVR = combined contraceptive vaginal ring<br>CIC = combined injectable contraceptive | | | | |
| **PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY** | | | | | |
| PREGNANCY | NA | NA | NA | NA | NA = not applicable<br>**Clarification:** Use of CHCs, P, CVR or CICs is not required. There is no known harm to the woman, the course of her pregnancy, or the fetus if CHCs, P, CVR or CICs are accidentally used during pregnancy. |
| AGE†*<br>a) Menarche to < 40 years<br>b) ≥ 40 years | 1<br>2 | 1<br>2 | 1<br>2 | 1<br>2 | **Evidence:** Evidence about whether CHC use affects fracture risk is inconsistent (79–88); although 3 recent studies show no effect (90–92). CHC use may decrease bone mineral density (BMD) in adolescents, especially in those choosing very low dose formulations (< 30 µg ethinyl estradiol-containing CHCs) (91, 93–105). CHC use has little to no effect on BMD in premenopausal women (93, 95–102, 106–109) and may preserve bone mass in those who are perimenopausal (103, 104, 110–117). BMD is a surrogate marker for fracture risk that may not be valid for premenopausal women, and which, therefore, may not accurately predict current or future (postmenopausal) fracture risk (118–120). |
| PARITY<br>a) Nulliparous<br>b) Parous | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | |

# Presentation of recommendations: an example

| SUMMARY TABLE | | | | | | | |
|---|---|---|---|---|---|---|---|
| | COC//P/CVR | CIC | POP | DMPA/NET-EN | LNG/ETG/ IMPLANTS | CU-IUD | LNG-IUD |
| OBESITY | | | | | | | |
| a) ≥ 30 kg/m$^2$ BMI | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| b) Menarche to < 18 years and ≥ 30 kg/m$^2$ BMI | 2 | 2 | 1 | 2[a] | 1 | 1 | 1 |

**Source: Medical Eligibility Criteria for Contraceptive Use. WHO: Geneva, 2015.**

# Presentation of recommendations – another example

| SUMMARY TABLE | | | | | | | |
|---|---|---|---|---|---|---|---|
| | COC/P/CVR | CIC | POP | DMPA/NET-EN | LNG/ETG/ IMPLANTS | CU-IUD | LNG-IUD |
| ENDOCRINE CONDITIONS | | | | | | | |
| DIABETES | | | | | | | |
| a) History of gestational disease | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| b) Non-vascular disease | | | | | | | |
| i) non-insulin-dependent | 2 | 2 | 2 | 2 | 2 | 1 | 2 |
| ii) insulin-dependent | 2 | 2 | 2 | 2 | 2 | 1 | 2 |
| c) Nephropathy/retinopathy/ neuropathy | 3/4[a] | 3/4[a] | 2 | 3 | 2 | 1 | 2 |
| d) Other vascular disease or diabetes of > 20 years' duration | 3/4[a] | 3/4[a] | 2 | 3 | 2 | 1 | 2 |
| THYROID DISORDERS | | | | | | | |
| a) Simple goitre | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| b) Hyperthyroid | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| c) Hypothyroid | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| GASTROINTESTINAL CONDITIONS | | | | | | | |
| GALL BLADDER DISEASE | | | | | | | |
| a) Symptomatic | | | | | | | |
| i) treated by cholecystectomy | 2 | 2 | 2 | 2 | 2 | 1 | 2 |
| ii) medically treated | 3 | 2 | 2 | 2 | 2 | 1 | 2 |
| iii) current | 3 | 2 | 2 | 2 | 2 | 1 | 2 |
| b) Asymptomatic | 2 | 2 | 2 | 2 | 2 | 1 | 2 |

**Source: Medical Eligibility Criteria for Contraceptive Use. WHO: Geneva, 2015.**

# Case study: which methods can be used ?

- A 24 year old woman with a body mass index greater than 30 kg/$m^2$ ?
  - COC ?
  - IUD ?
  - Injectable ?
  - Implants ?
- A 38 year old woman who with diabetes for more than 20 years ?
  - COC ?
  - IUD ?
  - Implants ?
  - Injectable ?

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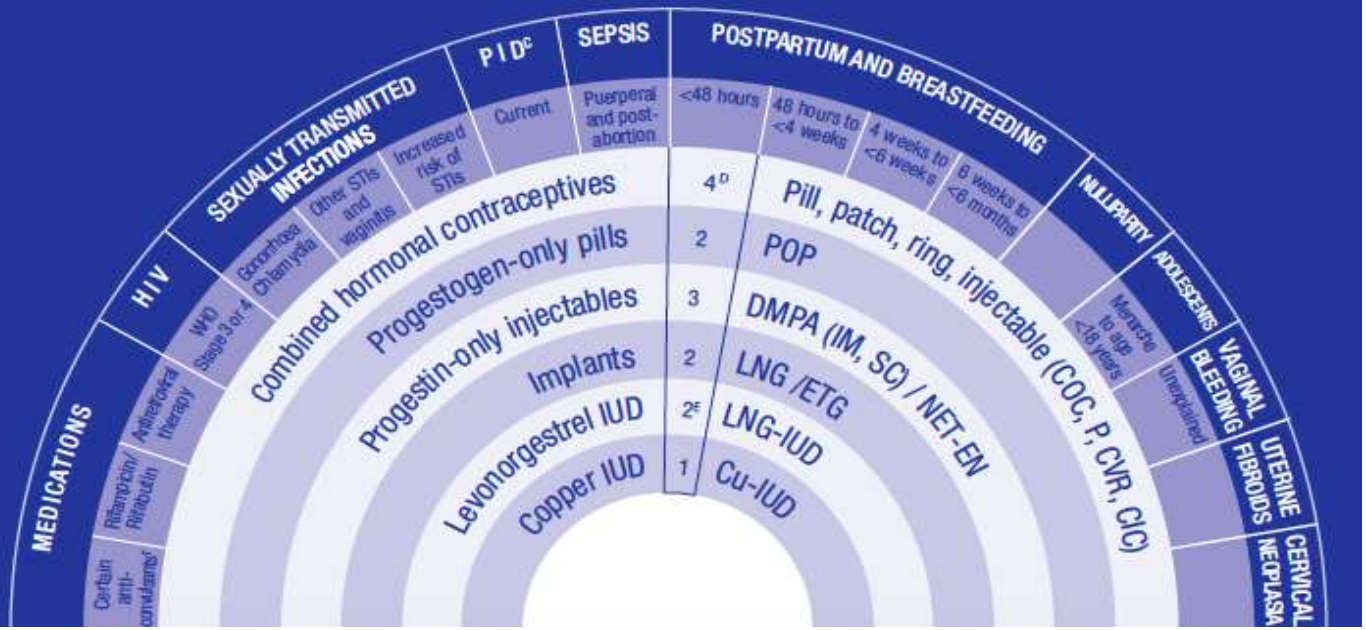
# MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

## 2015



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# MEC Wheel

- Offers accessible MEC guidance for most commonly encountered medical conditions.
  Recommendations available numerous methods
  - Combined methods (pills, the patch, the vaginal ring, combined injectable)
  - Progestogen-only methods (injectable [DMPA IM & subcutaneous, NET-EN], implants, pills)
  - Copper-bearing IUD
  - LNG-releasing IUD

- Conditions that are either '1' or '2', appear on back of wheel.
- Additional explanations for certain recommendations appear on the back of wheel.
- Locate condition of interest, then turn wheel to identify eligibility category.

# MEC Wheel


- Selected methods
- Medical or health conditions
- MEC category
- Comments



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| | |
|---|---|
| **A** | If condition develops while using method, can continue using it during treatment. |
| **B** | If very high likelihood of exposure to gonorrhoea or chlamydia =3. |
| **C** | If past pelvic inflammatory disease (PID) all methods =1, including IUDs. |
| **D** | If <3 wks, not breastfeeding & no other VTE risk factors =3. |
| **E** | If not breastfeeding =1. |
| **F** | If 3 to <6 wks, not breastfeeding & no other VTE risk factors =2, with other VTE risk factors =3. |
| **G** | If ≥6 wks & not breastfeeding =1. |
| **H** | If uterine cavity distorted preventing insertion =4. |
| **I** | Refers to hepatocellular adenoma (benign) or carcinoma/ hepatoma (malignant). |
| **J** | If adenoma CIC =3, if carcinoma/hepatoma CIC =3/4. |
| **K** | CIC =3. |
| **L** | If established on anticoagulation therapy =2. |
| **M** | If condition developed while on this method, consider switching to non-hormonal method. |
| **N** | Risk factors: older age, smoking, diabetes, hypertension, obesity & known dyslipidaemias. |
| **O** | If cannot measure blood pressure & no known history of hypertension, can use all methods. Either systolic or diastolic blood pressure may be elevated. |
| **P** | If age <18 yrs & obese DMPA/NET-EN =2. |
| **Q** | For insulin-dependent & non-insulin-dependent. If complicated or >20 yrs duration, COC/P/CVR, CIC =3/4; DMPA, NET-EN =3. |
| **R** | If <15 cigarettes/day CIC =2. If ≥15 cigarettes/day COC/P/CVR =4. |
| **S** | Aura is focal neurological symptoms, such as flickering lights. If no aura & age <35 COC/P/CVR, CIC =2, POP =1. If no aura & age ≥35 COC/P/CVR, CIC =3, POP =1. |
| **T** | Barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate & lamotrigine. |
| **U** | If barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone or topiramate CIC =2. |
| **V** | If lamotrigine =1. |
| **W** | DMPA =1, NET-EN =2. |
| **X** | CICs =2. |
| **Y** | If antiretroviral therapy with EFV, NVP, ATV/r, LPV/r, DRV/r, RTV: COC/P/CVR, CIC, POP, NET-ET, Implants =2; DMPA =1. For all NRTIs, ETR, RPV, RAL each method =1. See jacket for full names of medications. |
| **Z** | If WHO Stage 3 or 4 (severe or advanced HIV clinical disease) IUD =3. |

## Conditions that are category 1 and 2 for all methods (method can be used)

**Reproductive Conditions:** Benign breast disease or undiagnosed mass • Benign ovarian tumours, including cysts • Dysmenorrhoea • Endometriosis • History of gestational diabetes • History of high blood pressure during pregnancy • History of pelvic surgery, including caesarean delivery • Irregular, heavy or prolonged menstrual bleeding (explained) • Past ectopic pregnancy • Past pelvic inflammatory disease • Post-abortion (no sepsis) • Postpartum ≥ 6 months

**Medical Conditions:** Depression • Epilepsy • HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2) • Iron-deficiency anaemia, sickle-cell disease and thalassaemia • Malaria • Mild cirrhosis • Schistosomiasis (bilharzia) • Superficial venous disorders, including varicose veins • Thyroid disorders • Tuberculosis (non-pelvic) • Uncomplicated valvular heart disease • Viral hepatitis (carrier or chronic)

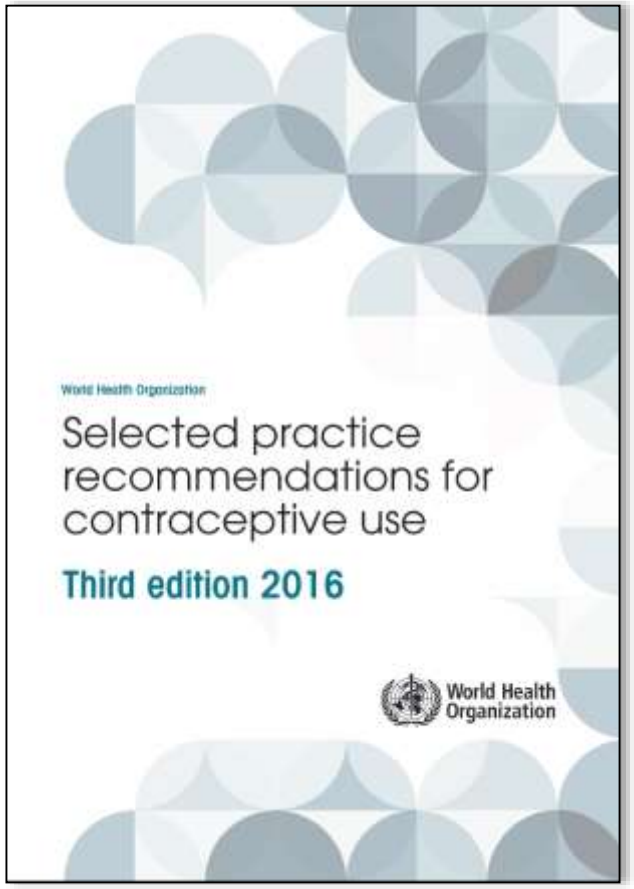
**Other:** Adolescents • Breast cancer family history • Venous thromboembolism (VTE) family history • High risk for HIV • Surgery without prolonged immobilization • Taking antibiotics (excluding rifampicin/rifabutin)

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhoea method; for the complete list of recommendations, please see the full document.

"Combined" is a combination of ethinyl estradiol & a progestogen.

**CIC**: combined injectable contraceptive **COC**: combined oral contraceptive pill
**Cu-IUD**: copper intrauterine device **CVR**: combined contraceptive vaginal ring
**DMPA (IM, SC)**: depot medroxyprogesterone acetate, intramuscular or subcutaneous
**ETG**: etonogestrel **LNG**: levonorgestrel **LNG-IUD**: levonorgestrel intrauterine device
**NET-EN**: norethisterone enanthate **P**: combined contraceptive patch
**POP**: progestogen-only pill

# Selected practices recommendation for contraceptive use (SPR)




Previous editions 2001, 2004

Purpose: How to safely use contraceptive methods, once deemed to be medically appropriate

Covers 19 topics with over 75 recommendations.

Added new methods:

- The patch
- The combined vaginal ring
- DMPA-SC
- Sino-Implant (II)
- ulipristal acetate (an ECP)

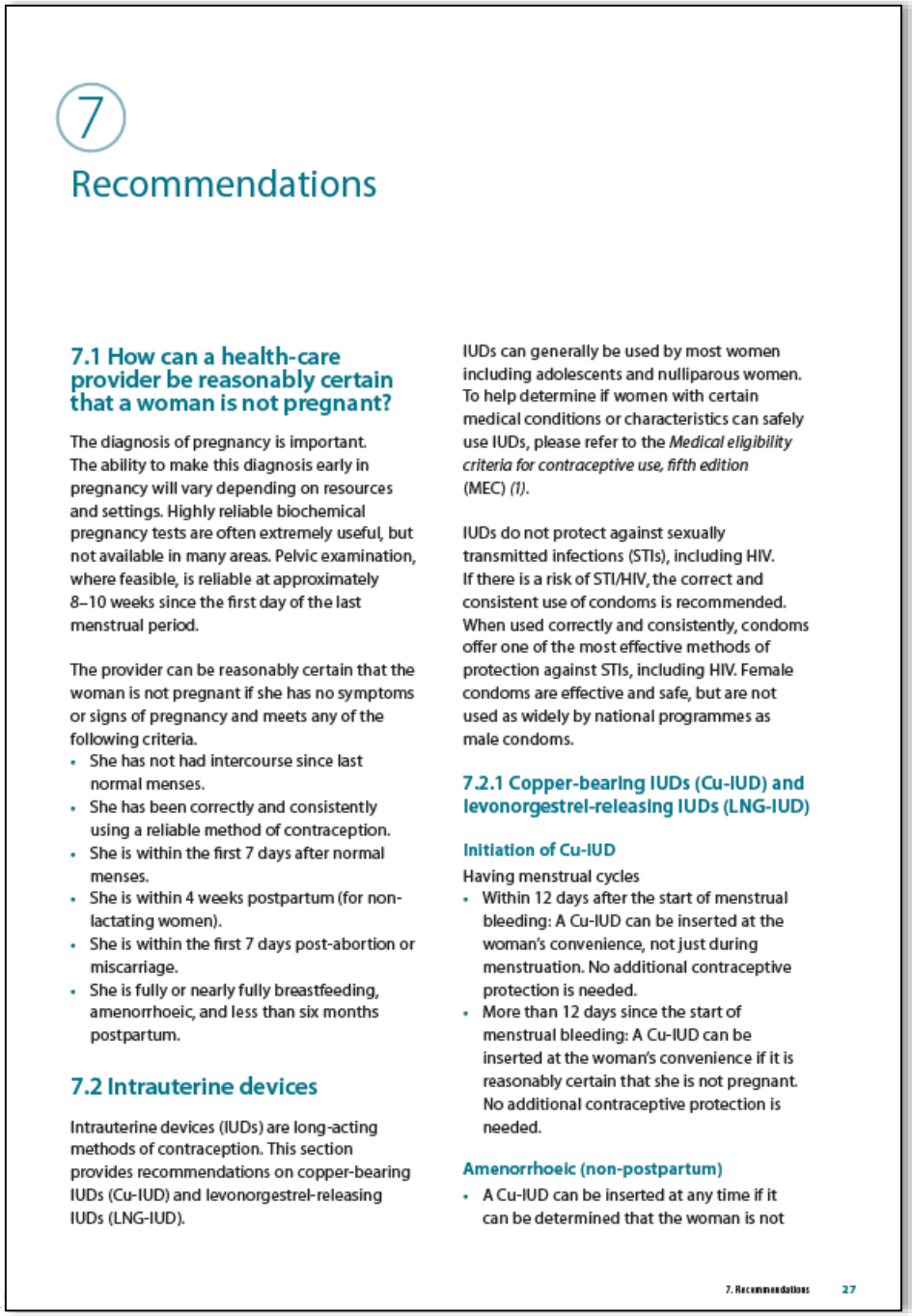
User-friendly presentation of information

- By contraceptive method, not by question
- Most effective methods presented first
- Topics listed sequentially according clinical relevance
  - method initiation, exams/tests, management of problems, follow-up

# Practice questions

Examples:

- when to start
- when to re-administer
- how to manage problems
  - missed pills
  - bleeding (progestogen-only methods and IUDs)
  - prophylactic antibiotics and IUD insertion
- what examinations and tests are required before starting a method



7

## Recommendations

### 7.1 How can a health-care provider be reasonably certain that a woman is not pregnant?

The diagnosis of pregnancy is important. The ability to make this diagnosis early in pregnancy will vary depending on resources and settings. Highly reliable biochemical pregnancy tests are often extremely useful, but not available in many areas. Pelvic examination, where feasible, is reliable at approximately 8–10 weeks since the first day of the last menstrual period.

The provider can be reasonably certain that the woman is not pregnant if she has no symptoms or signs of pregnancy and meets any of the following criteria.

- She has not had intercourse since last normal menses.
- She has been correctly and consistently using a reliable method of contraception.
- She is within the first 7 days after normal menses.
- She is within 4 weeks postpartum (for non-lactating women).
- She is within the first 7 days post-abortion or miscarriage.
- She is fully or nearly fully breastfeeding, amenorrhoeic, and less than six months postpartum.

### 7.2 Intrauterine devices

Intrauterine devices (IUDs) are long-acting methods of contraception. This section provides recommendations on copper-bearing IUDs (Cu-IUD) and levonorgestrel-releasing IUDs (LNG-IUD).

IUDs can generally be used by most women including adolescents and nulliparous women. To help determine if women with certain medical conditions or characteristics can safely use IUDs, please refer to the *Medical eligibility criteria for contraceptive use, fifth edition* (MEC) *(1)*.

IUDs do not protect against sexually transmitted infections (STIs), including HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms is recommended. When used correctly and consistently, condoms offer one of the most effective methods of protection against STIs, including HIV. Female condoms are effective and safe, but are not used as widely by national programmes as male condoms.

#### 7.2.1 Copper-bearing IUDs (Cu-IUD) and levonorgestrel-releasing IUDs (LNG-IUD)

**Initiation of Cu-IUD**

Having menstrual cycles

- Within 12 days after the start of menstrual bleeding: A Cu-IUD can be inserted at the woman's convenience, not just during menstruation. No additional contraceptive protection is needed.
- More than 12 days since the start of menstrual bleeding: A Cu-IUD can be inserted at the woman's convenience if it is reasonably certain that she is not pregnant. No additional contraceptive protection is needed.

**Amenorrhoeic (non-postpartum)**

- A Cu-IUD can be inserted at any time if it can be determined that the woman is not



# Contents

Recommendations are presented in sub-sections by type of contraceptive method:

- Intrauterine devices (IUDs);
- Progestogen only contraceptives (POCs);
- Combined hormonal contraceptives (CHCs);
- Emergency contraception (EC);
- Standard Days Method (SDM); and
- male sterilization.

In these method sub-sections, recommendations are presented for:

- timing of initiation;
- examinations and tests needed before initiation;
- continuation, discontinuation and switching methods;
- management of problems during usage, such as side-effects or dosing errors; and
- appropriate follow-up.

In addition, remarks and information on underlying principles are provided when needed, as well as lists of all relevant references.

## 3.1 Classification of examinations and tests before initiation of contraceptive methods

Regarding examinations and tests that may be considered before initiation of contraceptives, the following classification was used in differentiating the applicability of the various examinations and tests:

Class A = The examination or test is essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B = The examination or test contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context. The risk of not performing the examination or test should be balanced against the benefits of making the contraceptive method available.

Class C = The examination or test does not contribute substantially to safe and effective use of the contraceptive method.

| Examination or test | Cu-IUD and LNG-IUD* |
|---|---|
| Breast examination by provider | C |
| Pelvic/genital examination | A |
| Cervical cancer screening | C |
| Routine laboratory tests | C |
| Haemoglobin test | B |
| STI risk assessment: medical history and physical examination | A‡ |
| STI/HIV screening: laboratory tests | B‡ |
| Blood pressure screening | C |

* Class A: The examination or test is essen circumstances for safe and effective use Class B: The examination or test contrib effective use, but implementation may public health and/or service context. Th examination or test should be balanced the contraceptive method available; Cla not contribute substantially to safe and method.

‡ The *Medical eligibility criteria for contrac* states: "IUD insertion may further incre inflammatory disease] among women limited evidence suggests that this risk determining increased risk of STIs have varies by individual behaviour and local many women at increased risk of STIs c some women at increased risk (very hig should generally not have an IUD insert treatment occur" *(1)*.

| Examination or test | Implants* |
|---|---|
| Breast examination by provider | C |
| Pelvic/genital examination | C |
| Cervical cancer screening | C |
| Routine laboratory tests | C |
| Haemoglobin test | C |
| STI risk assessment: medical history and physical examination | C |
| STI/HIV screening: laboratory tests | |
| Blood pressure screening | |

* Class A: The examination or test is essential circumstances for safe and effective use of t B: The examination or test contributes subst use, but implementation may be considered and/or service context. The risk of not perfor test should be balanced against the benefits method available; Class C: The examination substantially to safe and effective use of the

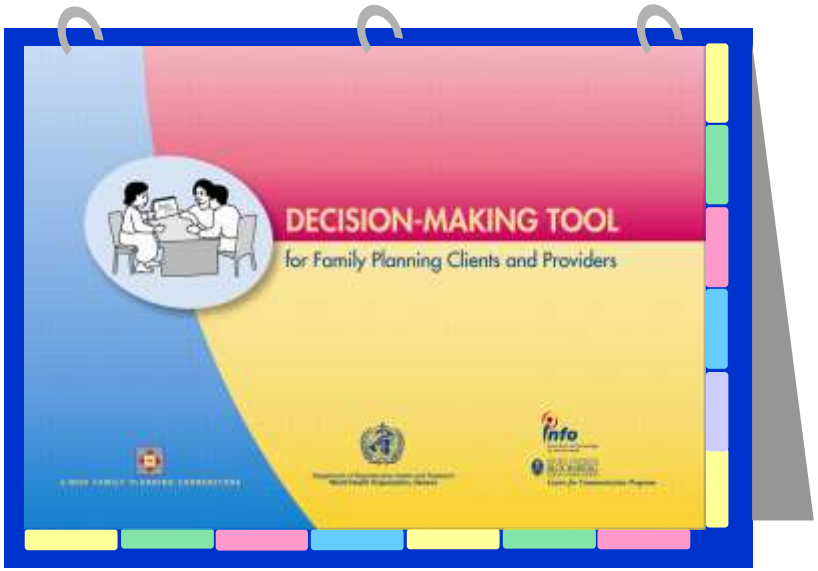
‡ It is desirable to have blood pressure meas initiation of implants. However, in some se measurements are unavailable. In many of related morbidity and mortality risks are hi are among the few methods that are widel women should not be denied use of hormo their blood pressure cannot be measured.

| Examination or test | POIs* |
|---|---|
| Breast examination by provider | C |
| Pelvic/genital examination | C |
| Cervical cancer screening | C |
| Routine laboratory tests | C |
| Haemoglobin test | C |
| STI risk assessment: medical history and physical examination | C |
| STI/HIV screening: laboratory tests | C |
| Blood pressure screening | ‡ |

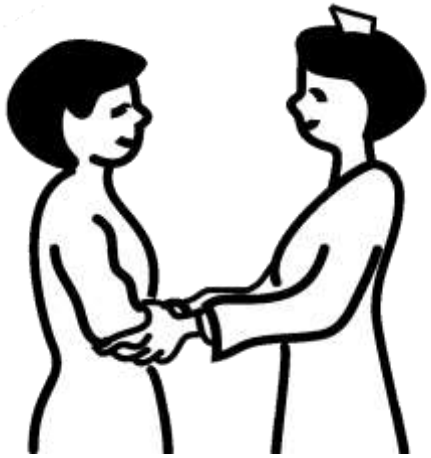
* Class A: The examination or test is essential and mandatory in all circumstances for safe and effective use of the contraceptive method; Class B: The examination or test contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context. The risk of not performing the examination or test should be balanced against the benefits of making the contraceptive method available; Class C: The examination or test does not contribute substantially to safe and effective use of the contraceptive method.

‡ It is desirable to have blood pressure measurements taken before initiation of POIs. However, in some settings, blood pressure measurements are unavailable. In many of these settings, pregnancy-related morbidity and mortality risks are high, and hormonal methods are among the few methods that are widely available. In such settings, women should not be denied use of hormonal methods simply because their blood pressure cannot be measured.

# Decision-making tool for family planning clients and providers




- A tool for providers and their clients. Contains evidence-based technical information
- Contains evidence-based technical information and a counseling process
- To be used with clients in the clinic
- Uses simple language
- Illustrations for clients



# Improved counseling has the potential to :

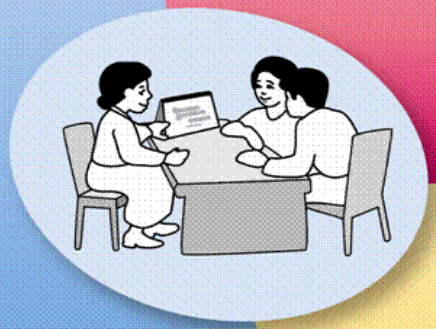
Increase:

- **Client satisfaction**
- **Provider satisfaction**
- **Correct use of methods**
- **Continuation of use**

Reduce:

- **Dropout from services**
- **Unnecessary health risks**
- **Method failure**
- **Unwanted pregnancy**

# Process for helping different types of clients



## DECISION-MAKING TOOL

for Family Planning Clients and Providers

A WHO FAMILY PLANNING CORNERSTONE

Department of Reproductive Health and Research
World Health Organization, Geneva

info
Information and knowledge for optimal health
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Communication Programs

- Welcome
- Choosing a Method
- Dual Protection
- Special Needs
- Returning Client
- Appendices

EC | IUD | Pill | Mini Pill | Inject | Mon Inject | Impl | Vase | Steril | Cond | FemCond | Vag Meth | LAM | FAB

Methods



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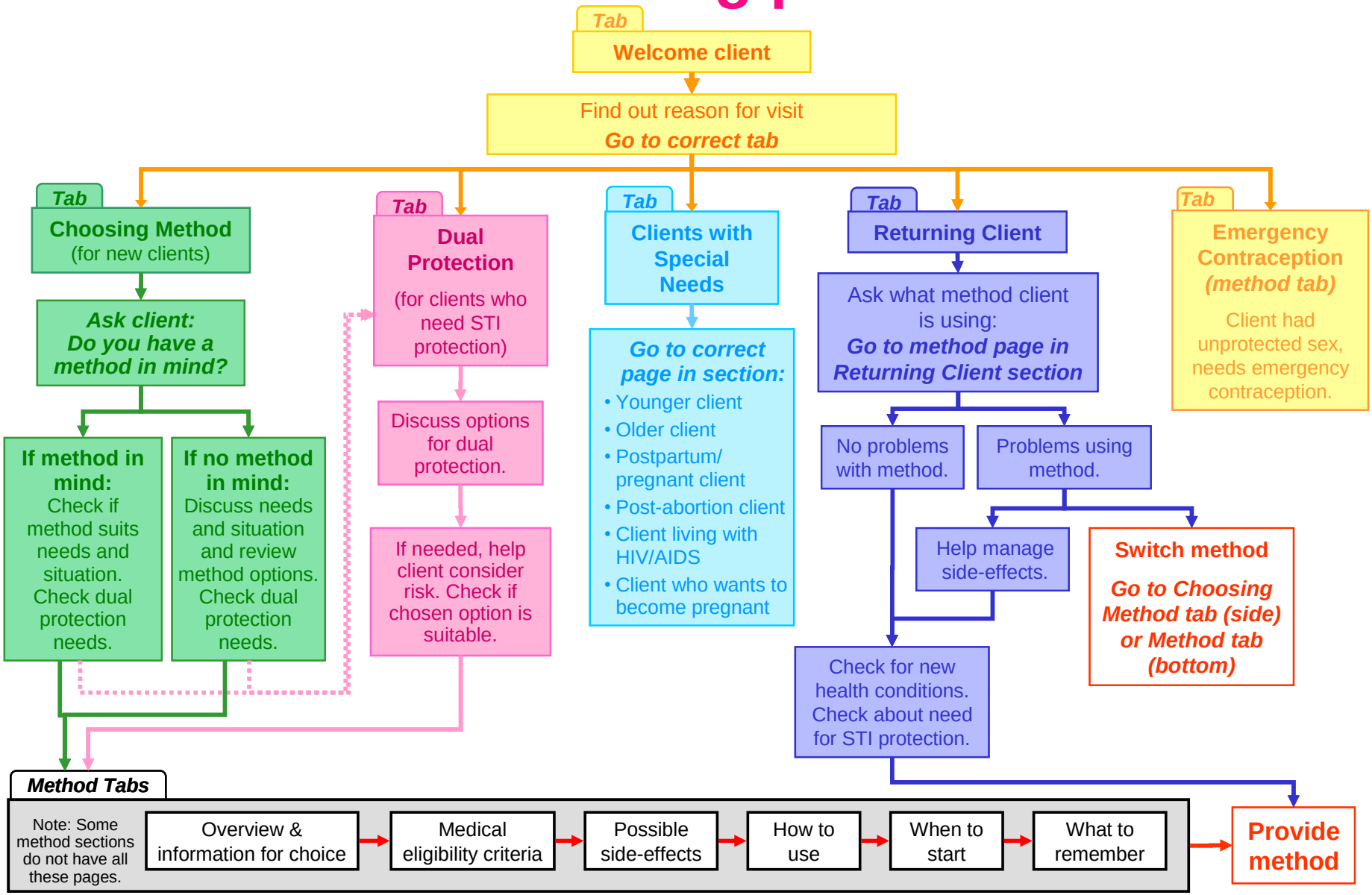
# A structured counselling process



# Main points on a CLIENT PAGE

Most important points for client


Decision-making question: client needs to respond and participate before going to next page

# Main points on a PROVIDER PAGE

**Section marker**

**Main point to address**

**Key discussion points**

**Next move**

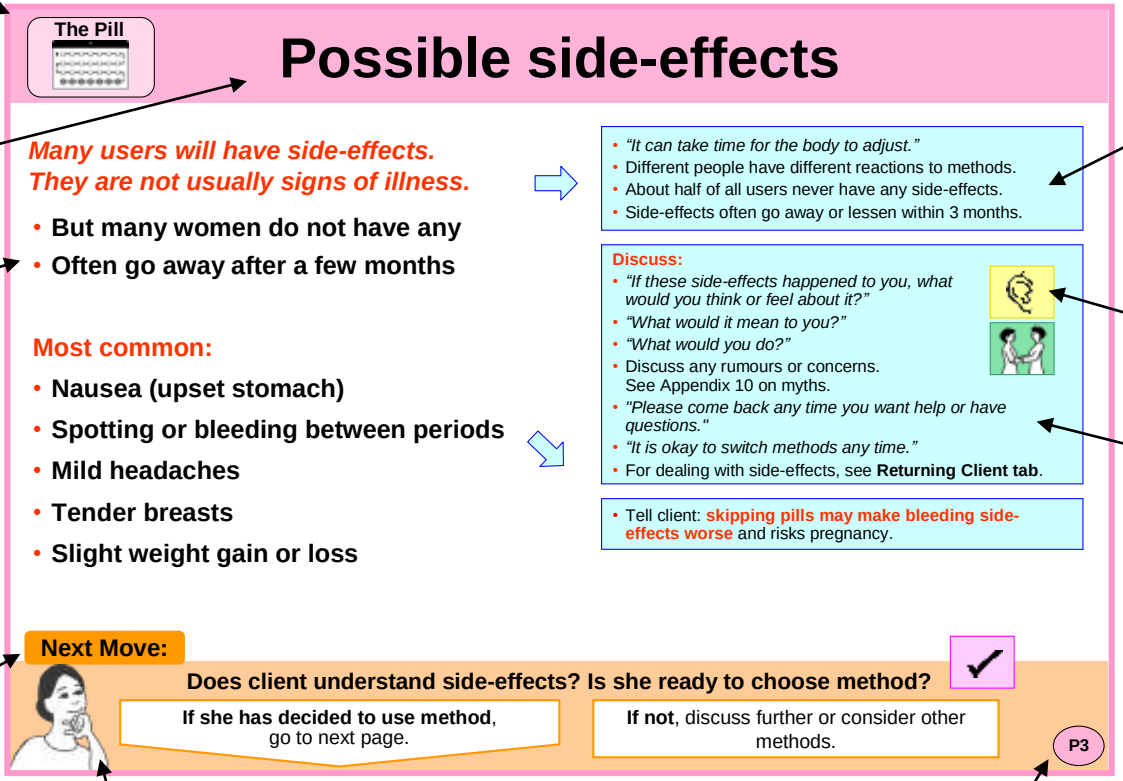
**Decision-making reminder**

**Provider's information:** questions, phrases, actions, reference information.

**Counseling Icon**

***"Suggested words** you might use."*

**Page numbering for each section.**



# Counseling Icons

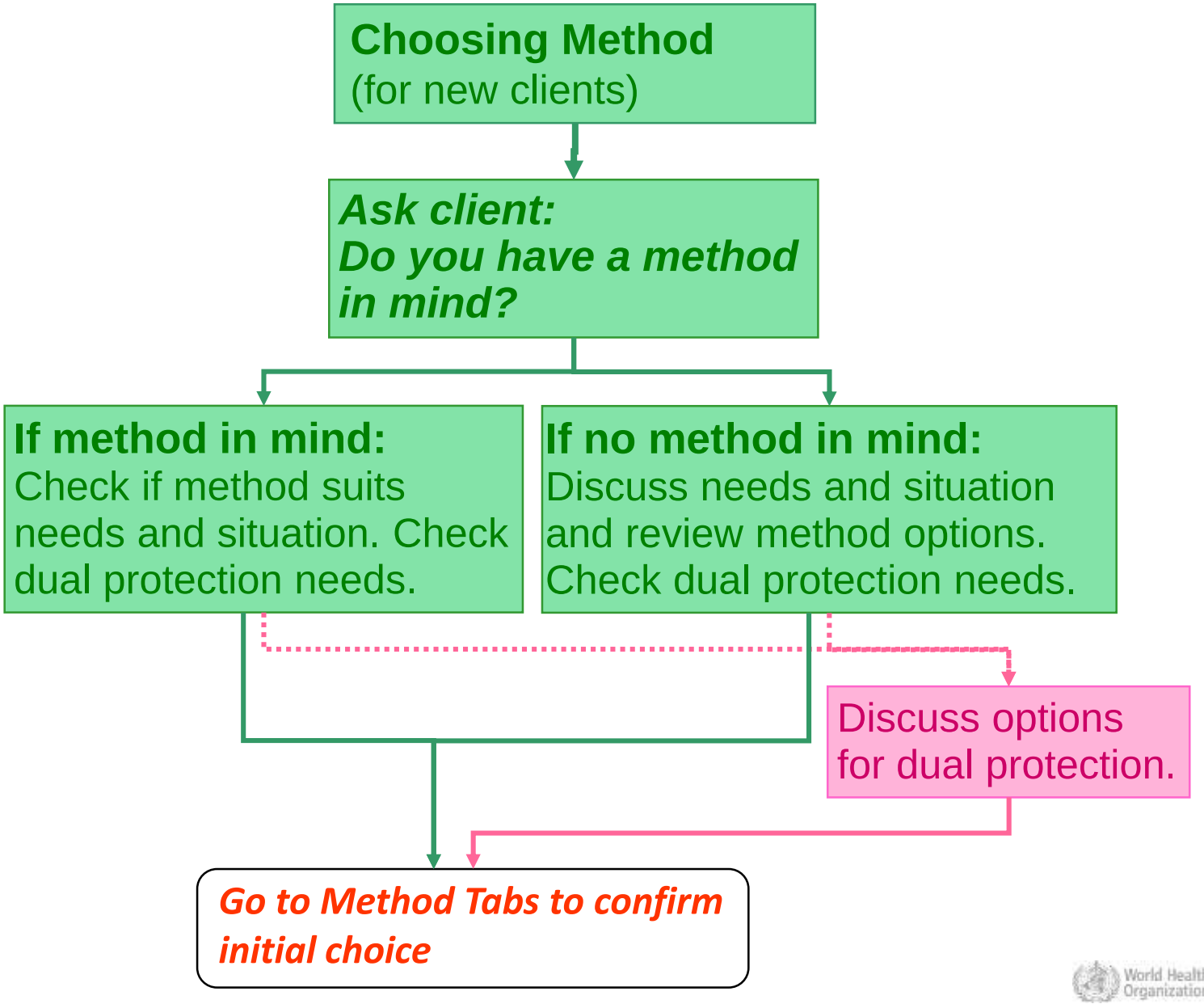
Ask if client has questions

Offer support

Check understanding

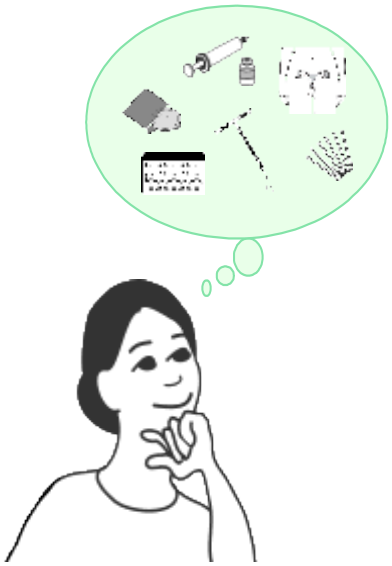
Listen carefully

# Choosing a method



# Choosing a method

## Do you have a method in mind?



**If you do, let's talk about how well it suits your needs**

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

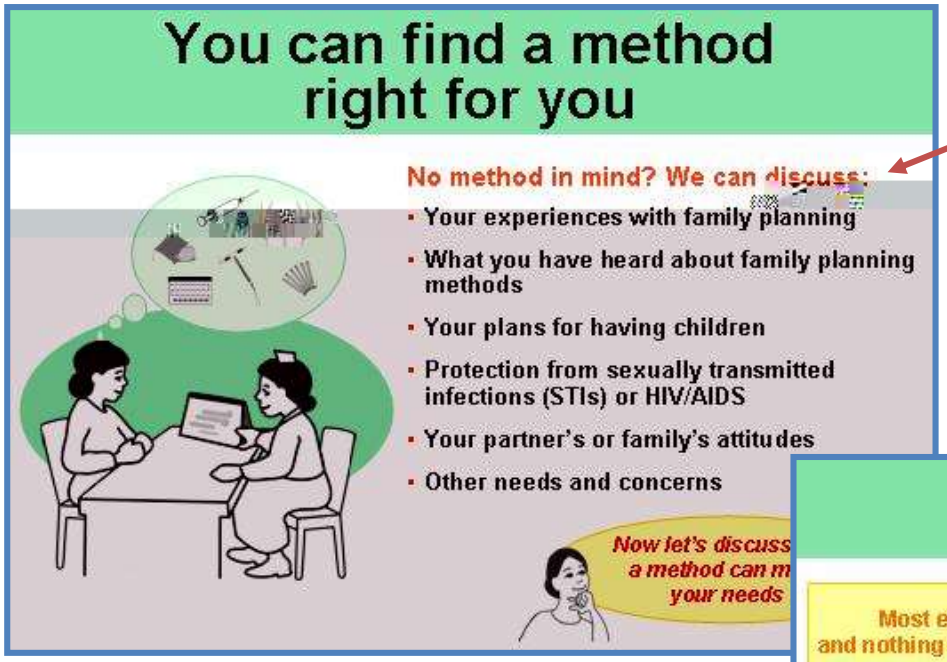
**If not, we can find a method right for you**

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

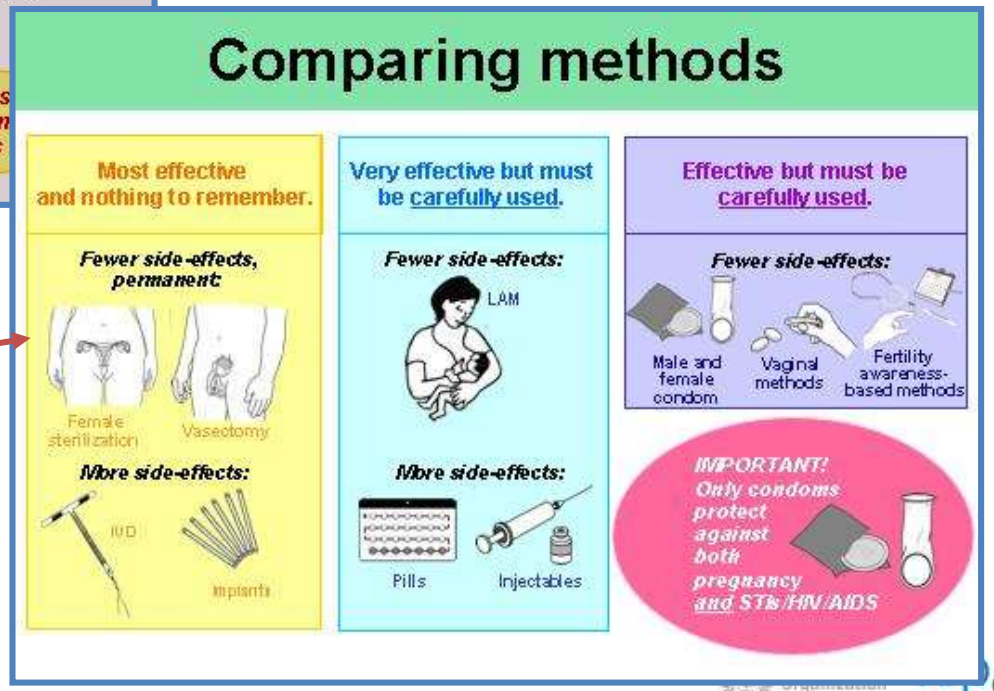
*Do you need protection from pregnancy **AND** sexually transmitted infections?*

1. Focus on what she knows about the method
2. Check understanding of the method
3. Can also discuss other options

# Best practices in FP counseling

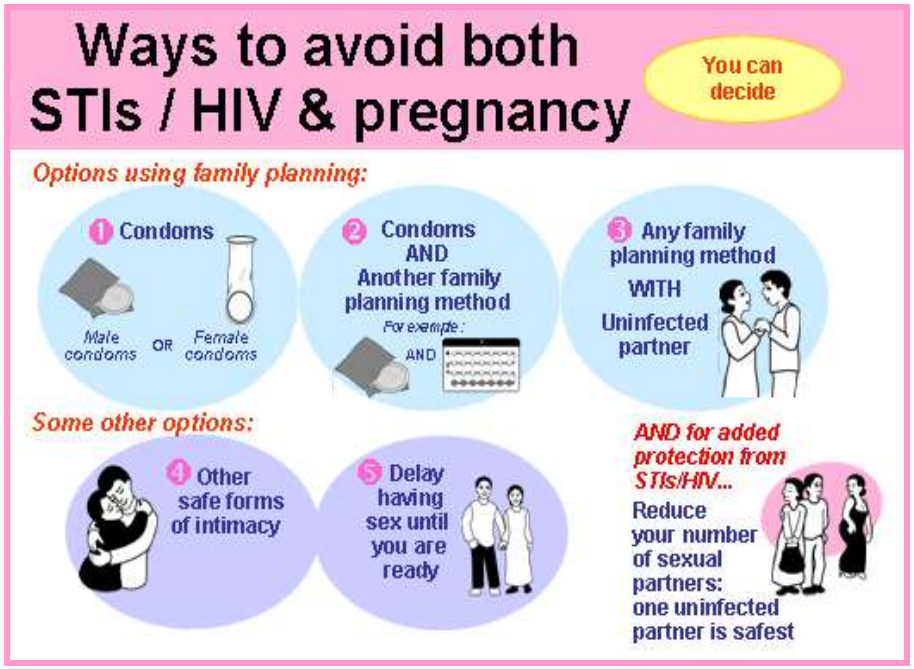



1. Focus on needs and situation




2. Compare methods in light of needs and situation

# Dual Protection




*Dual Protection = Protection from pregnancy and STIs/HIV*

# Dual Protection

## 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

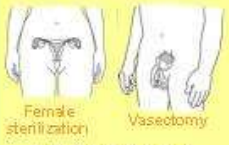
*Important for choosing a method:*
*Do you need protection from sexually transmitted infections (STIs) or HIV/AIDS?*

Part of the decision-making process

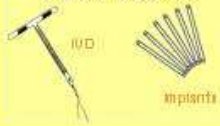
## Comparing methods

**Most effective and nothing to remember.**

*Fewer side-effects, permanent:*




*More side-effects:*




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

*Fewer side-effects:*


*More side-effects:*


**Effective but must be carefully used.**

*Fewer side-effects:*

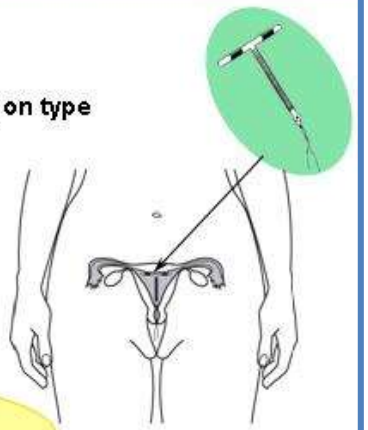

*IMPORTANT! Only condoms protect against both pregnancy and STIs/HIV/AIDS*

## 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?*

# Special Needs

Special needs

## 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

Special Needs Clients

**Next Move:**

Go to correct page in this section.

SN 1

# Returning Clients

Returning Client

## What method are you using?

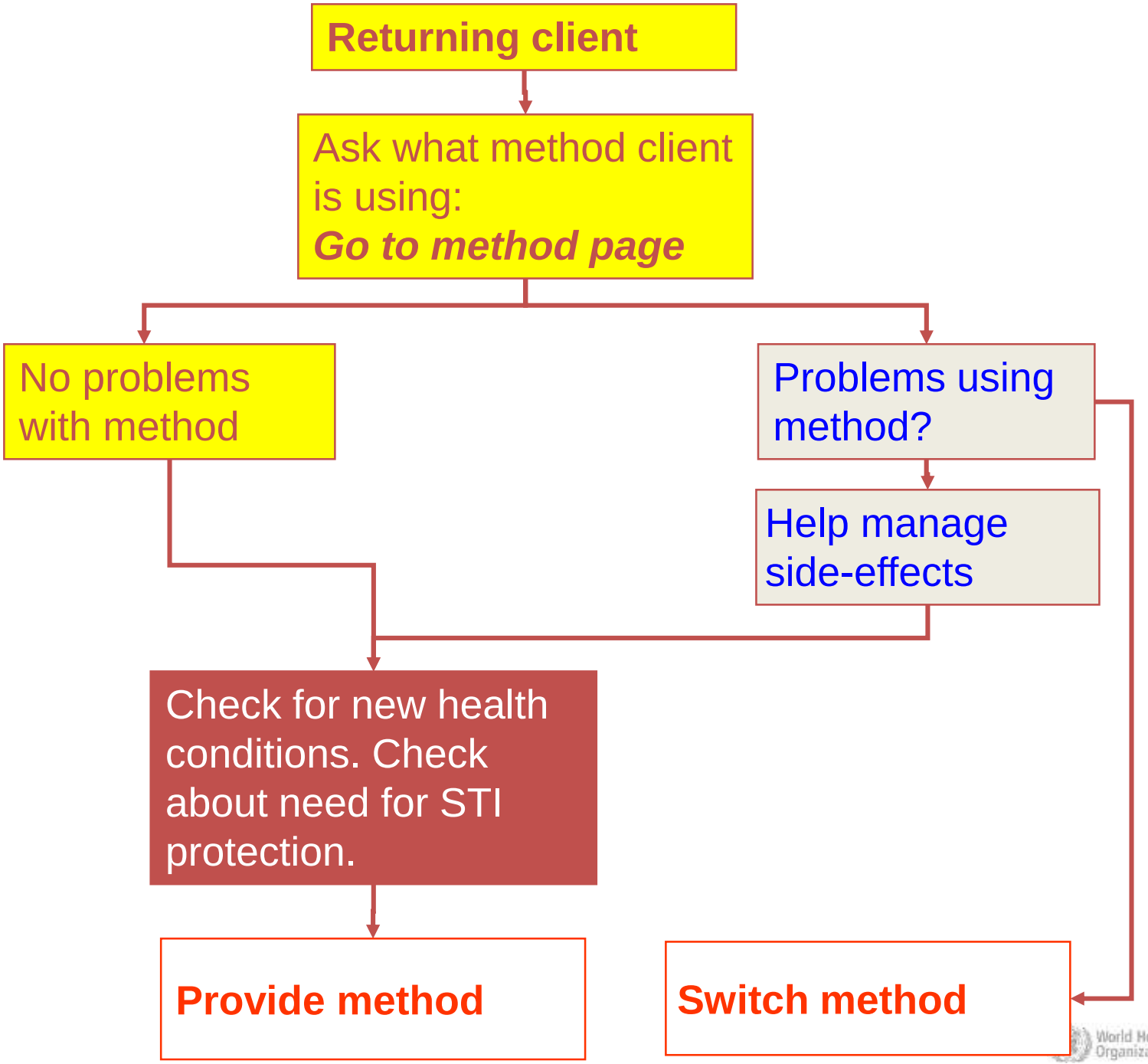
- IUD.....next page
- The Pill.....page RC 4
- The Mini-Pill.....page RC 6
- Long-Acting Injectable.....page RC 8
- Monthly Injectable.....page RC 10
- Implants.....page RC 12
- Vasectomy or Female Sterilization .....page RC 14
- Condoms (male or female).....page RC 15
- Vaginal Methods.....page RC 17
- LAM.....page RC 19
- Fertility Awareness-Based Methods.....page RC 21

**Next Move:**

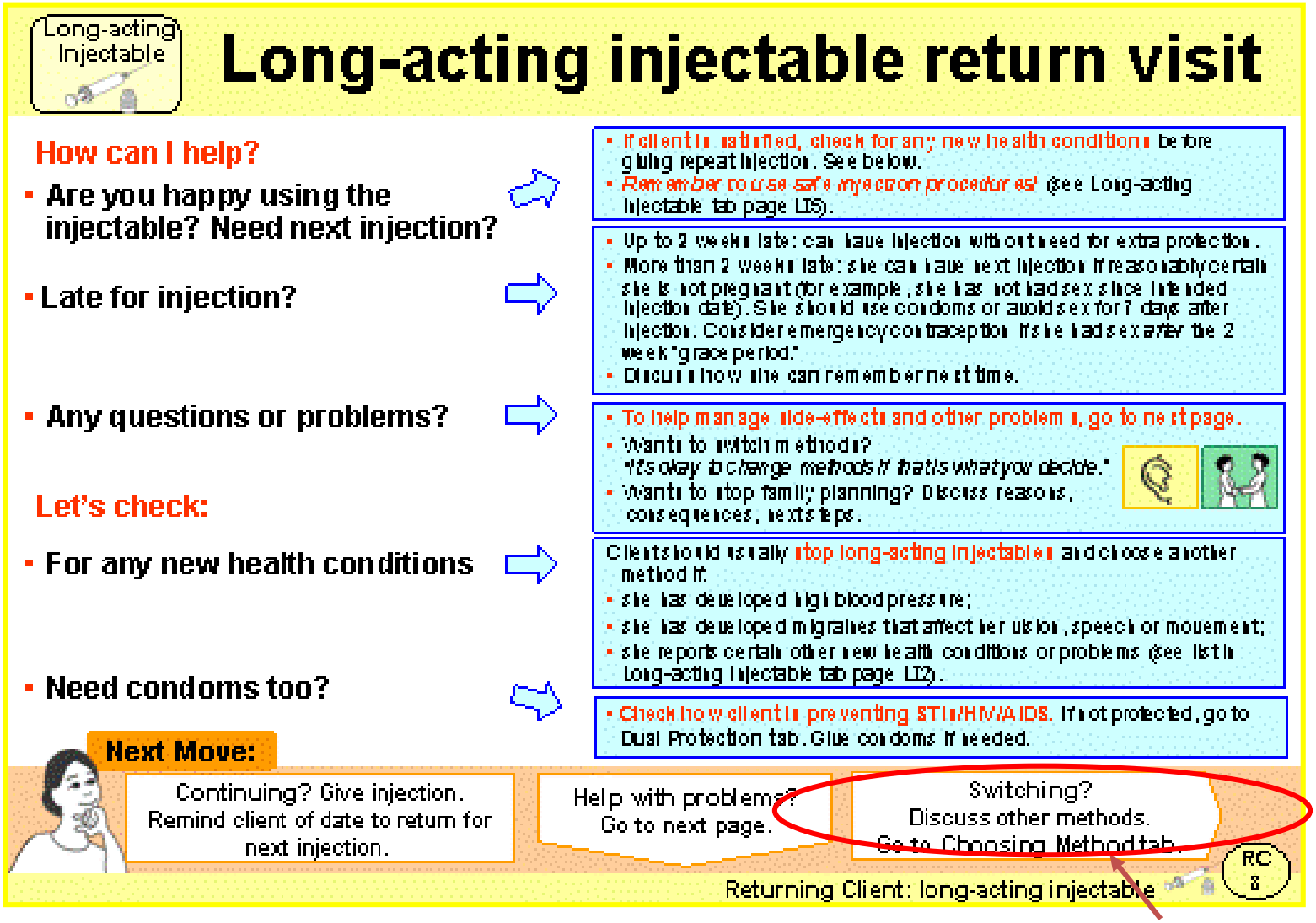
Go to the correct page to help returning client.

RC 1

TAB: Returning Client


Returning client
Ask what method client is using:
Go to method page
No problems with method
Problems using method?
Help manage side-effects
Check for new health conditions. Check about need for STI protection.
Provide method
Switch method

# Returning Clients




Find the right page in the section (no tabs)

# Managing problems

## Help using implants

Any questions or problems? We can help.

- Bleeding changes?

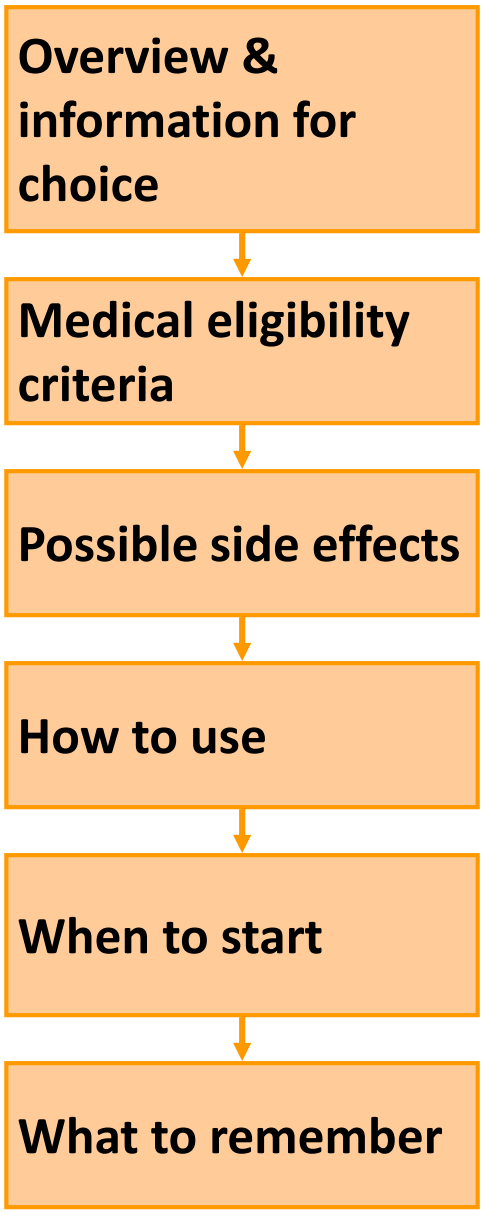
- Infection in the insertion site?

- Headaches?

- Others?

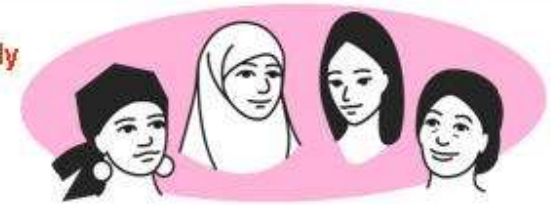
*Happy to continue with implants, or want to switch methods?*

# Method Sections



# 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

Medical eligibility criteria in the method section

For other less common conditions, need to check on providers page

The Pill

# 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)*

*"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 her vision, speech or movement is affected by the migraines. Women under 35 who have migraines *without* these symptoms, 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).

*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?"*

**Next Move:**

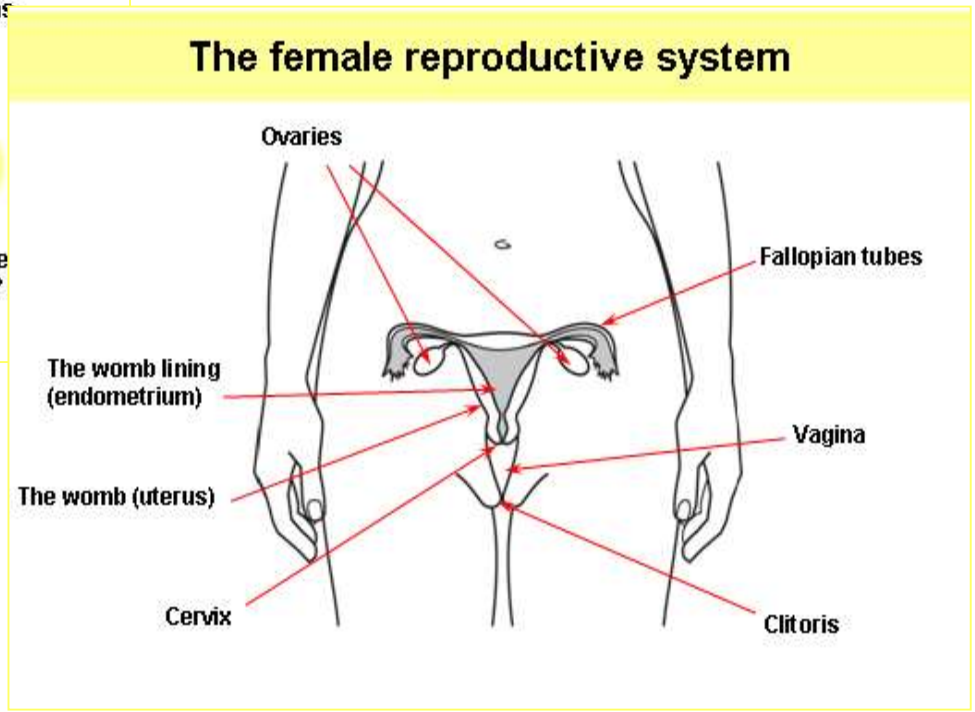
Client able to use the pill: go to next page.

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

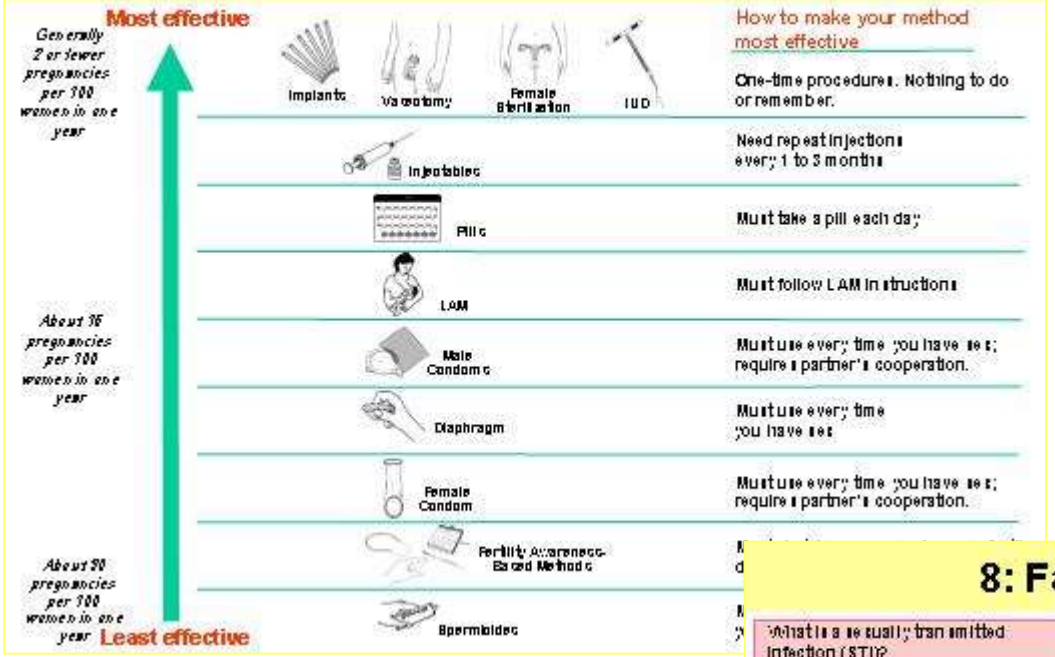
P2

# Appendices: extra counseling tools


13 appendices with additional tools and information for providers



# Comparing effectiveness of methods




# 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 papillomavirus (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 re-used 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 insects/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 illness normally take many years to develop.

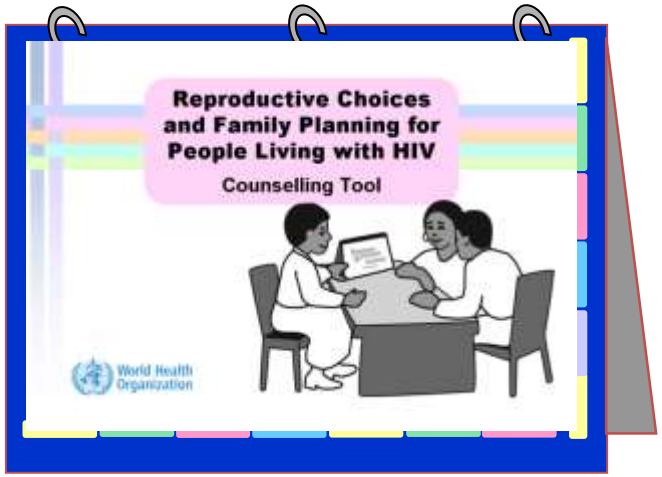
## Testing, counselling, and treatment for HIV/AIDS

- 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!**

AP 8

# Reproductive Choices and Family Planning for People with HIV




- Two-day training and job aid – an adaptation of the Decision-Making Tool for Family Planning Clients and Providers
- Developed as part of Integrated Management of Adolescent and Adult Illness (IMAI) series
- Field tested in Uganda and Lesotho
- Developed in collaboration with the INFO Project at Johns Hopkins Bloomberg School of Public Health
- First edition published in 2006 and available on WHO website

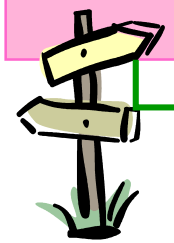
# Road map of this counseling tool

For all clients

**Welcome and discussion topics:**
You can have a healthy sexual life — 1

**Assessment:**
Questions for you — 2
Do you know your partner's status? — 3

**Safer sex and living with HIV** — 4



**Not in a sexual relationship** — 5

**Wants to prevent pregnancy**
- You can use almost any method — 6
- Possible protection strategies: Dual protection — 7
- Know the facts about condoms: Dual protection — 8
- Comparing methods — 9
- Making a choice and a plan — 10

**Thinking about pregnancy**
- What you need to know — 11
- Risk of infecting the baby — 12
- What to consider — 13
- Having a baby — 14

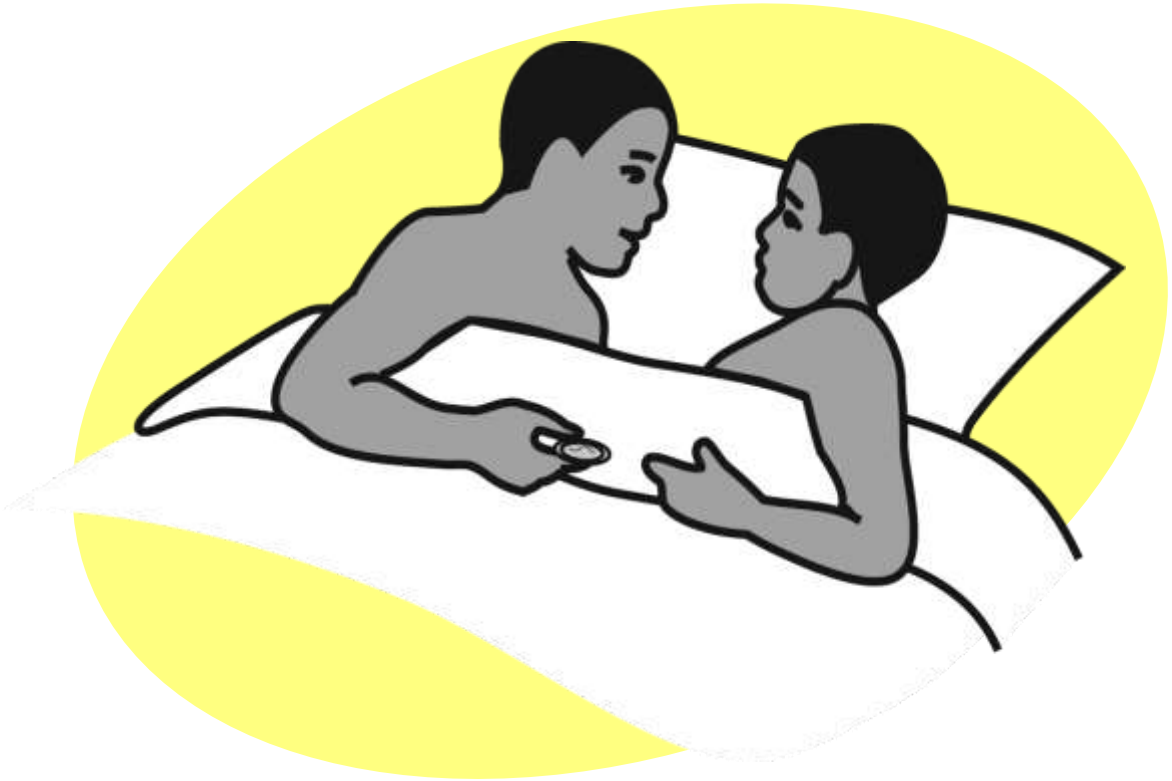
- Male condom — 15
- Female condom — 18
- The Pill — 21
- Long-acting injectable — 24
- Emergency contraception — 27
- Lactational amenorrhoea method — 29
- Fertility awareness-based methods — 30
- Referral methods — 31

**Help using your method** — 32

- Appendix 1: Postpartum clients — 33
- Appendix 2: Tips for talking with your partner — 34
- Appendix 3: Making reasonably sure a woman is not pregnant — 35
- Appendix 4: Effectiveness chart — 36

# Safer sex and living with HIV

- Can still enjoy sexual intimacy
- There are ways to lower risk
- Some sexual activities are safer than others



*Any questions?*

# Do you know your partner's HIV status?

For all clients

## Questions about sexual relationships:

- Does client know the HIV status of sex partner(s)?
- Does partner(s) know client's HIV status?

## If a partner's status is unknown:

- Discuss reasons that client's partner(s) should be tested for HIV.
  - Even if you are HIV positive, your partner may not be infected.
  - When both partners know their status, they can then know how best to protect themselves.
- When status is unknown, assume your partner is negative and needs protection from infection. Important to use condoms.

## If a partner is HIV negative:

- Explain that it is common for a person who is HIV positive to have a partner who is HIV negative.
- HIV is not transmitted at every exposure, but HIV-negative partners are at a high risk of infection.
- Important to always use condoms or avoid penetrative sex.

## If both you and your partner are HIV positive:

- If mutually faithful, the couple may choose not to use condoms and may choose another method for pregnancy protection.
- If not mutually faithful or faithfulness is uncertain, condoms should be used or penetrative sex avoided to prevent STIs.

***How to use this page:***

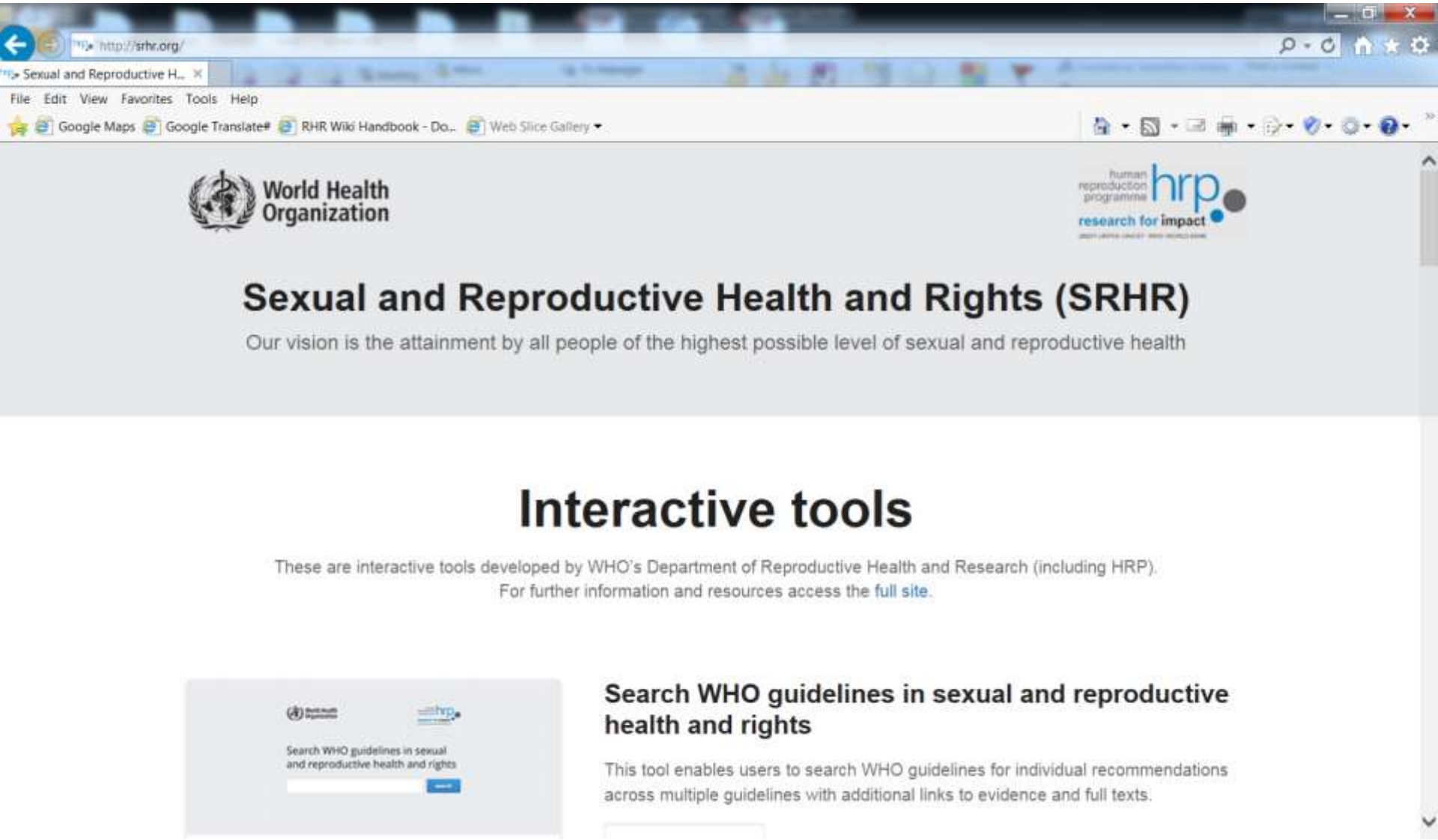
- Discuss HIV status of client and partner(s) so they can know how to best protect themselves.
- If client has not disclosed HIV status to partner, discuss benefits and risks of disclosure.
- Help client develop strategy for disclosure, if client is ready.
- Strongly encourage and help with partner testing and counselling.

***Next step:*** **Discuss safer sex and living with HIV (go to next page).**

***Preparing to disclose HIV status***

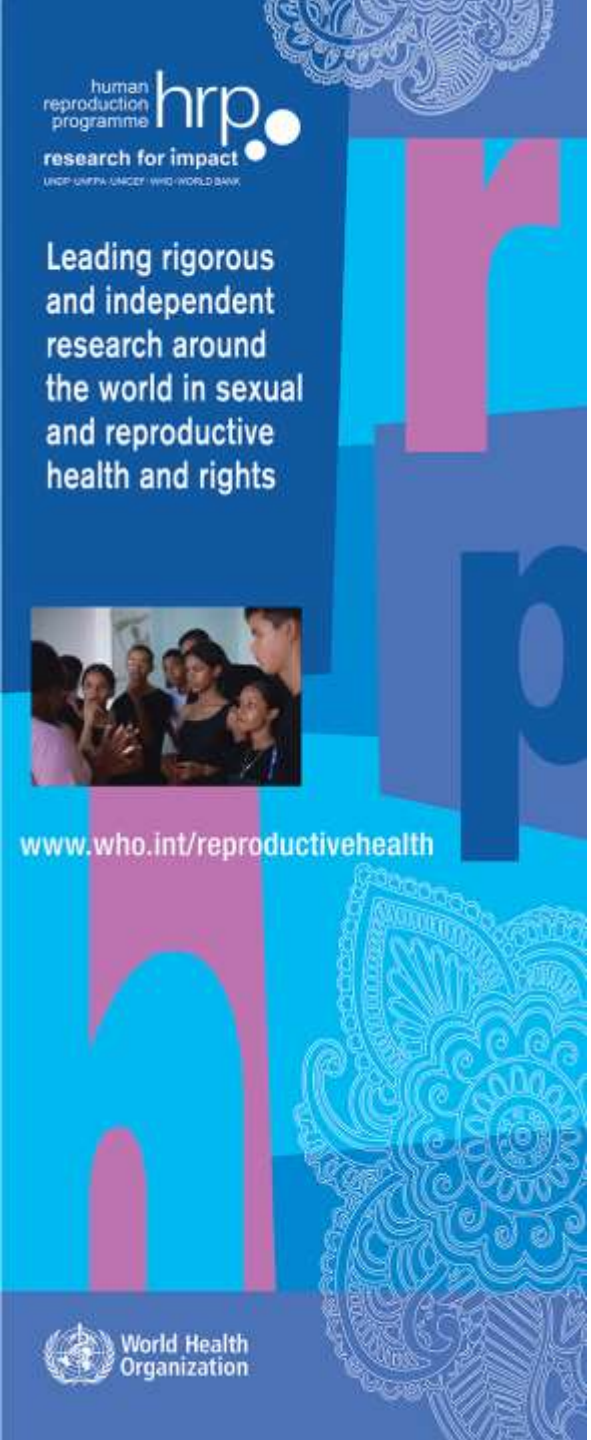
- Who to tell?
- When to tell?
- How to tell? Make a plan.
- What you will say? Practice with client.
- What will you say or do if…?
- If there is a risk of violence, discuss whether or not to disclose, or how to disclose with counsellor or friend present.

# http://srhr.org



# Useful website links:

- WHO RHR – Family planning
  - http://www.who.int/mediacentre/factsheets/fs351/en/
- Family planning Training Resource Package
  - https://www.fptraining.org/
- WHO Family planning guidelines
  - http://www.who.int/reproductivehealth/topics/family_planning/en/
- Implementing Best Practices (IBP) Initiative and Knowledge Gateway
  - http://www.ibpinitiative.org/index.php




**Thank you**

For more information,

Follow us on Twitter **@HRPresearch**

Website **who.int/reproductivehealth/en**

World Health Organization hrp