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

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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

Selected Practice Recommendations

The Medical Eligibility Criteria (MEC) Wheel (new)

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

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

- Medical Eligibility Criteria
  - 5th edition
  - (to be updated)

- Selected Practice Recommendations
  - 3rd edition in 2016

- Global Handbook
  - To be updated in 2017

- Decision-Making Tool
  - (to be updated)
Medical eligibility criteria for contraceptive use (MEC)

Purpose: Who can safely use contraceptive methods?

- 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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>WITH CLINICAL JUDGEMENT</th>
<th>WITH LIMITED CLINICAL JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use method in any circumstances</td>
<td>Yes (Use the method)</td>
</tr>
<tr>
<td>2</td>
<td>Generally use the method</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Use of method not usually recommended unless other more appropriate methods are not available or not acceptable</td>
<td>No (Do not use the method)</td>
</tr>
<tr>
<td>4</td>
<td>Method not to be used</td>
<td></td>
</tr>
</tbody>
</table>

Where warranted, recommendations will differ if a woman is starting a method (I = initiation) or continuing a method (C = continuation)
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 conducted 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
### Presentation of recommendations: an example

<table>
<thead>
<tr>
<th>SUMMARY TABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COC//P/CVR</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td><strong>OBESITY</strong></td>
</tr>
<tr>
<td>a) $\geq 30 \text{ kg/m}^2 \text{ BMI}$</td>
</tr>
<tr>
<td>b) Menarche to $&lt; 18$ years and $\geq 30 \text{ kg/m}^2 \text{ BMI}$</td>
</tr>
</tbody>
</table>

## Presentation of recommendations – another example

<table>
<thead>
<tr>
<th>ENDOCRINE CONDITIONS</th>
<th>CDC/P/CVF</th>
<th>GIC</th>
<th>POP</th>
<th>DMPA/NET-EN</th>
<th>LNG/ETG/IMPLANTS</th>
<th>CU-IUD</th>
<th>LNG-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIABETES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) History of gestational disease</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>b) Non-vascular disease</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i) non-insulin-dependent</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>ii) insulin-dependent</td>
<td>3/4a</td>
<td>3/4a</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c) Nephropathy/retinopathy/neuropathy</td>
<td>3/4a</td>
<td>3/4a</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d) Other vascular disease or diabetes of &gt; 20 years' duration</td>
<td>3/4a</td>
<td>3/4a</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>THYROID DISORDERS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a) Simple goitre</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>b) Hypothyroid</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>c) Hypothyroid</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
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<tr>
<td><strong>GASTROINTESTINAL CONDITIONS</strong></td>
<td></td>
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<tr>
<td><strong>GALL BLADDER DISEASE</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Symptomatic</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i) treated by cholecystectomy</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>ii) medically treated</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>iii) current</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b) Asymptomatic</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Case study: which methods can be used?

- A 24 year old woman with a body mass index greater than 30 kg/m²?
  - COC?
  - IUD?
  - Injectable?
  - Implants?

- A 38 year old woman who with diabetes for more than 20 years?
  - COC?
  - IUD?
  - Implants?
  - Injectable?
WHO

MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

2015
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
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 (explanations) • 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): deep medroxyprogesterone acetate, intramuscular or subcutaneous ETG: etonogestrel LNG: levonorgestrel LNG-IUD: levonorgestrel intrauterine device NET-EN: norethisterone enanthate POP: progestogen-only pill

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 ≥8 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, COCP/CVR, CIC = 3/4; DMPA, NET-EN = 3.
R. if <15 cigarettes/day CIC = 2. If ≥15 cigarettes/day COCP/CVR = 4.
S. Aura is focal neurological symptoms, such as flickering lights. if no aura & ago ≥35 COCP/CVR, CIC = 2, POP = 1.
T. if Barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate & lamotrigine.
U. if barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone or topiramate CIC = 2.
V. if lamotrigine = 1.
W. DMPA = 1, NET-EN = 2.
X. CICs = 2.
Y. if anti-retroviral therapy with EFV, NVP, ATV/r, LPV/r, DRV/r, RTV: COCP/CVR, CIC, POP, NET-1, 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.
Selected practices recommendation for contraceptive use (SPR)

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

Previous editions 2001, 2004
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
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.
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
A structured counselling process

Welcome client

Find out reason for visit

Go to correct tab

Method Tabs

Choosing Method (for new clients)

Ask client: Do you have a method in mind?

Tab

Dual Protection (for clients who need STI protection)

Discuss options for dual protection.

If needed, help client consider risk. Check if chosen option is suitable.

Clients with Special Needs

Go to correct page in section:

• Younger client
• Older client
• Postpartum/pregnant client
• Post-abortion client
• Client living with HIV/AIDS
• Client who wants to become pregnant

Returning Client

Ask what method client is using:

Go to method page in Returning Client section

No problems with method.

Problems using method.

Help manage side-effects.

Check for new health conditions. Check about need for STI protection.

Switch method

Go to Choosing Method tab (side) or Method tab (bottom)

Provide method

Method Tabs

Overview & information for choice
Medical eligibility criteria
Possible side-effects
How to use
When to start
What to remember

Note: Some method sections do not have all these pages.

Introduction for the Provider
Main points on a CLIENT PAGE

Possible side-effects

Many users will have side-effects. They are not usually signs of illness.

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

Most common:

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

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

Decision-making question: client needs to respond and participate before going to next page
Main points on a PROVIDER PAGE

Possible side-effects

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

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

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

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

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

Next Move:
Does client understand side-effects? Is she ready to choose method?
- If she has decided to use method, go to next page.
- If not, discuss further or consider other methods.

Page numbering for each section.
Counseling Icons

Ask if client has questions
Offer support
Check understanding
Listen carefully
Choosing a method

Choosing Method
(for new clients)

Ask client:
Do you have a method in mind?

If method in mind:
Check if method suits needs and situation. Check dual protection needs.

If no method in mind:
Discuss needs and situation and review method options. Check dual protection needs.

Discuss options for dual protection.

Go to Method Tabs to confirm initial choice
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

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

Important for choosing a method:
Do you need protection from pregnancy AND sexually transmitted infections?
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?

Comparing methods

- Most effective and nothing to remember.
  - Fewer side-effects, permanent
  - Female sterilization
  - Vasectomy

- Very effective but must be carefully used.
  - Fewer side-effects: LAM

- Effective but must be carefully used.
  - Fewer side-effects: Male and female condom
  - Vaginal methods
  - Fertility awareness-based method

Copper IUD

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

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

Next Move:

Go to correct page in this section.
Returning Clients

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.
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

Long-acting injectable return visit

How can I help?

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

Let’s check:

- For any new health conditions
- Need condoms too?

Next Move:

- Continuing? Give injection. Remind client of date to return for next injection.
- Help with problems? Go to next page.
- Switching? Discuss other methods. Go to Choosing Method tab.

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

- She has developed high blood pressure;
- She has developed migraines that affect her vision, speech or movement;
- She reports certain other new health conditions or problems (see list Long-acting Injectable tab page 11).

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

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

Returning Client: long-acting injectable
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

- Overview & information for choice
- Medical eligibility criteria
- Possible side effects
- How to use
- When to start
- What to remember
For other less common conditions, need to check on providers page.
Appendices: extra counseling tools

13 appendices with additional tools and information for providers

**Ruling out pregnancy**

1. Menstrual period started in the past 7 days?
2. Gave birth in the past 4 weeks?
3. Breastfeeding AND gave birth less than 6 months ago AND periods not returned?
4. Had miscarriage or abortion in the past 7 days?
5. No sex since your last period?
6. Been using another method correctly?

*If ANY of these are true, you can start the method now*

**The female reproductive system**

- Ovaries
- Fallopian tubes
- The womb lining (endometrium)
- The womb (uterus)
- Vagina
- Cervix
- Clitoris
Comparing effectiveness of methods

<table>
<thead>
<tr>
<th>Least effective</th>
<th>Most effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implants, IUD</td>
<td>One-time procedure: Nothing to do or remember.</td>
</tr>
<tr>
<td>Injections</td>
<td>Need repeat injections every 1 to 3 months.</td>
</tr>
<tr>
<td>Oral contraceptive pills</td>
<td>Must take a pill each day;</td>
</tr>
<tr>
<td>Male Condoms</td>
<td>Must use every time you have sex; require partner's cooperation.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Must use every time you have sex; require partner's cooperation.</td>
</tr>
<tr>
<td>Female Condoms</td>
<td></td>
</tr>
</tbody>
</table>

About 98 pregnancies per 100 women in one year

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 treated by antibiotics. This includes gonorrhea, chlamydia, and syphilis. Tuberculosis, while usually not sexually transmitted, can also be treated.

What are HIV and AIDS?
- HIV (Human Immunodeficiency Virus) is a virus that can reduce the body's ability to fight disease (for example, pneumonia, tuberculosis, malaria, syphilis, or other infections).
- AIDS (Acquired Immunodeficiency Syndrome) is characterized by certain infections that develop during the final stages of the HIV infection that HIV cannot control.

Testing, counseling, and treatment for HIV/AIDS
- A person living with HIV cannot be cured and their health is impaired. Most people with HIV do not know that they are carrying the virus.
- To prevent infections and to promote access to care and treatment, HIV is critical for a person to know whether they have HIV.
- The only way to tell if a person has HIV is a blood test. Blood tests can usually detect HIV in a few weeks after the person has been exposed to the virus.
- Blood test results need confirmation before diagnosing or counseling the patient.
- HIV testing and counseling are confidential.
- When a client learns that they have HIV, they are offered counseling and support, including couples counseling. Encourage sexual partners to be tested as well; it can be offered confidentially, if appropriate.
- As of 2020, AIDs has no curable cure but there is no vaccine against it. However, in some cases, 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 world 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 education and support.

Anyone at risk for STIs, including HIV, should use CONDOMS!
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
  - Assessment: Questions for you
    - Do you know your partner's status?
- **Not in a sexual relationship**
  - Wants to prevent pregnancy
    - You can use almost any method
    - Possible protection strategies: Dual protection
    - Know the facts about condoms: Dual protection
    - Comparing methods
    - Making a choice and a plan
- **Thinking about pregnancy**
  - What you need to know
  - Risk of infecting the baby
  - What to consider
  - Having a baby
- **Help using your method**
  - Male condom
  - Female condom
  - The Pill
  - Long-acting injectable
  - Emergency contraception
  - Lactational amenorrhoea method
  - Fertility awareness-based methods
  - Referral methods
- **Appendix 1: Postpartum clients**
- **Appendix 2: Tips for talking with your partner**
- **Appendix 3: Making reasonably sure a woman is not pregnant**
- **Appendix 4: Effectiveness chart**
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?

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

- Family planning Training Resource Package
  - [https://www.fptraining.org/](https://www.fptraining.org/)

- WHO Family planning guidelines
  - [http://www.who.int/reproductivehealth/topics/family_planning/en/](http://www.who.int/reproductivehealth/topics/family_planning/en/)

- Implementing Best Practices (IBP) Initiative and Knowledge Gateway
Thank you

For more information,

Follow us on Twitter  @HRPresearch

Website  who.int/reproductivehealth/en